



Zika virus infection

Last update: 2023-06-23

Key facts

Transmission: Vector-borne (mosquito)

- Mosquito bite (mostly spread by daytime biting mosquitoes, especially in early morning and late afternoon or evening)
- Mother-to-child transmission during pregnancy
- Unprotected sex with a person infected with Zika virus infection

Most vulnerable to severe consequences

- Pregnant women, women and girls of reproductive age, and couples who want children must remain very cautious - getting Zika during pregnancy can cause serious brain defects in an unborn baby

Most vulnerable to contracting the disease

- Any person in the community living or working near mosquito-breeding sites (stagnant water) can get Zika

Symptoms

(** People show symptoms with different levels of severity. Although some people become very sick, most people do not. Some people develop mild symptoms and some people do not show any symptoms, but they can still transmit the disease. Prevention of transmission is very important. **)

- Fever
- Skin rash
- Eye infection (red, draining eyes)
- Muscle and joint pain

- Feeling unwell
- Headache
- Weakness

What can you do to prevent and control an epidemic?

Vector control and prevention

- Initiate elimination of mosquitos and breeding sites
 - Remove standing water and apply larvicides
 - Promote community clean-up campaigns to remove rubbish and cover water containers
- Prevent mosquito bites by advocating the use of:
 - Insecticide-treated curtains or screens on windows and doors
 - Personal protection (application of repellents, wearing long sleeved clothes)
 - Insecticide-treated bed nets for children and others who sleep during the day

Monitoring the community and identifying sick people

- Identify community members with suspected Zika virus
- Identify babies born with microcephaly (small heads) or brain defects

Treatment and management

- Refer all suspected cases in pregnant women to health facilities
- Refer suspected cases of congenital Zika syndrome to health facilities
- Reproductive health counselling and support for couples who plan to have children and who live in areas where Zika is endemic
- Provide psychosocial support to the sick person and their family members
 - Promote ongoing psychosocial support to mothers, families and babies born with brain defects

Social mobilization and health promotion

- Find out the specific advice being given by health and other relevant authorities
 - Promote and practise public health messaging:
 - Encourage the practice of safe sex (especially applies to pregnant women, their partners, and

- travellers who return from areas in which Zika is present)
 - If possible, pregnant women should be encouraged not to travel to areas in which Zika is present
 - Identify if there are any community spaces where women give birth and engage with traditional birth attendants to share information about the disease transmission and prevention modes
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
 - Try to gain understanding about if and why health practice advice is not being followed
 - With the guidance of your supervisor and health authorities, work with communities to overcome barriers to following health advice and recommended practices

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with Zika? Where?
 - How many babies have been born with microcephaly or other obvious brain defects? Where? When?
 - Who and where are the vulnerable people?
 - Where are the local health facilities and services? (include traditional healers)
 - Where do women give birth? (include traditional birth attendants)
- Record the following information on the back of the map:
 - When did people start to fall sick with Zika?
 - Have any children been born with brain or head defects?
 - How many?
 - How many people live in the affected community?
 - How many young women/pregnant women live in the area?
 - Have the authorities established a vector control programme?
 - Do people generally cover their water containers (inside and outside)? Who is responsible for the maintenance of containers for household drinking water and for vessels to do laundry; is it women or men?
 - How does the community usually remove standing, stagnant water?
 - What are the usual ways of disposing of rubbish and solid waste in the community?
 - How common is it for people to live in houses with insect screens on windows and doors?
 - How common is it for people who sleep during the day (such as babies and children) to sleep under insecticide-treated bed nets?
 - Do pregnant women usually sleep under a bed net?
 - Are nets hung up and maintained properly?
 - If people are not using nets for daytime sleep, why not?
 - What are the community's habits, practices and beliefs about repellents and sprays?
 - What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed?

- Are children badly affected by Zika? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
- Is a social mobilization or health promotion programme in place?
- Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about Zika? What are the rumours?
- Are there family planning services that both women and men can access?
- Who spends more time in the household during the day (and is more exposed to the mosquito bite)? Women, or men, or both?

Other resources

Community-based surveillance and monitoring for Zika toolkit: [**Community based Surveillance and Monitoring for Zika Toolkit**](#)

Zika, Dengue and Chikungunya toolkit: [Zika, dengue and chikungunya toolkit | IFRC](#)