



ZIKA VIRUS

What is it?

Zika virus is a single-stranded RNA virus of the *Flaviviridae* family that is **transmitted to humans through the bite of an infected *Aedes* species mosquito**. Approximately **1 in 5 people infected will become symptomatic**; the **majority of infection is asymptomatic** and **symptomatic disease is generally mild**. Clinical symptoms include acute onset fever with maculopapular rash, arthralgia, conjunctivitis, myalgia, and headache. Less common, but more severe adverse events include Guillain-Barre syndrome, poor pregnancy outcomes, fetal intracranial calcifications, and fetal microcephaly. While transmission is primarily through mosquito bites, during outbreaks **transmission can occur via human-to-human, perinatal, and in utero routes**. Case reports and laboratory testing of bodily fluids suggest transmission may occur through sexual intercourse and blood product transfusions.

Who is at risk?

While anyone living in or traveling to a known area where the Zika virus is endemic may be at risk for exposure to the virus, the **greatest risk for severe complications from the virus is thought to be to the fetus of an infected woman**. The CDC advises **women who are pregnant or who could become pregnant to delay travel to destinations with risk of Zika virus transmission**. Although women may be infected at any stage of pregnancy, it is unknown at which stage(s) transmission to the fetus occurs. Refer to the [CDC travel health notices](#) for the most up-to-date recommendations.

Who should be screened?

Any patient with clinical symptoms of infection AND travel to a known area of virus transmission should be screened.

Testing is recommended in pregnant women with a history of travel to a Zika virus transmission area **AND** who either:

1. Report **two or more symptoms** consistent with Zika virus disease during/within two weeks of travel **or**
2. Have **abnormal ultrasound findings** of fetal microcephaly or intracranial calcifications

Infants (born to women who traveled to or live in an affected area during pregnancy) who were diagnosed with microcephaly or intracranial calcifications or have mothers with positive/inconclusive test results should also be tested.

The CDC **does not recommend routine testing in all pregnant patients** who have traveled to an endemic area due to cross-reactivity to antibodies of similar viruses and unknown fetal risk if the mother has Zika virus antibodies present.

What should we do?

With no vaccine or medication to treat Zika virus currently available, **treatment is supportive care and symptom management**. For fever symptoms, acetaminophen is recommended (acetaminophen only for pregnant women; aspirin or NSAIDs may be appropriate in all other patients after infection with dengue fever is ruled out). Measures should be taken to **avoid additional mosquito bites** to prevent continued spread of the virus. **In pregnant women with confirmed Zika virus, serial ultrasounds may be recommended** to monitor fetal growth and development. Maternal Fetal Medicine specialist care may be required during and post pregnancy. Health care providers **must report suspected Zika infection cases to the local and state health departments** who in turn will notify confirmed cases to the CDC.

For detailed references and guidance, please refer to the Knowledge Center evidence summary document on Zika Virus and the [CDC section for Healthcare Providers](#).