



Fit For Finance

ASTF Information Bulletin



Zika virus disease

The Zika virus disease is transmitted by mosquitos of the genus *aedes* (the tiger mosquito). This illness was reported for the first time in 1947 in rhesus monkeys in Uganda. The first cases in human beings were identified in 1952 in Uganda and in the United Republic of Tanzania.

** Location of the epidemics*

From 1947 to 2007, sporadic cases were reported in Africa and in South Asia. The first epidemic outbreak occurred in 2007 and affected the Pacific Region. Since 2013, cases and also epidemics have been reported in Africa, America and in the Western Pacific. In 2013 there were major epidemic outbreaks in Brazil and in French Polynesia.

** Transmission of the disease:*

The Zika virus is transmitted to a human being who has been bitten by an infected mosquito. Note: only the female mosquito bites. Recently, reference has been made to contamination by the sexual route.

** Signs and symptoms:*

The incubation period of the illness is not known but the WHO states that it is probably a few days. More often than not the illness is benign. The patient suffers from a high temperature, muscle and joint pains, skin eruptions, headaches, conjunctivitis and feels unwell. These symptoms disappear after 2 to 7 days.

On the occasion of the epidemic outbreaks in 2013 and 2015, potential autoimmune neurological complications were reported, notably the Guillain-Barré syndrome and an increase in the number of neonates affected by microcephaly. The Guillain-Barré syndrome is a neurological syndrome which typically features weakness or even paralysis of the limbs and is often



accompanied by sensory issues (tingling in the hands and feet). Patients generally recover, but symptoms such as muscle weakness may persist.

Microcephaly is an anomaly of the infant which typically features an unusually small head as a consequence of the abnormal development of the child's brain in the uterus and during early childhood.

**Diagnosis of the illness:*

Diagnosis is based on a questionnaire (to find out whether the person concerned has visited an infected zone) and a clinical examination (Cf. Symptoms). The diagnosis may be confirmed by isolating the virus from blood samples. This diagnosis of the blood is difficult because cross-reactions occur with other types of virus (dengue, yellow fever...).

** Treatment and prevention:*

At present there is no specific treatment and in particular no vaccine.

The symptoms are treated by administration of pain relief and antipyretic (fever reducing) pharmaceuticals, rest and hydration.

Prevention is the best treatment. If you travel to infected zones you must apply mosquito repellents, wear garments that cover the whole body, preferably of a light colour, and sleep under a mosquito net. It is also imperative to avoid leaving stagnant water (which is where mosquitos reproduce) by emptying and cleaning all containers that are liable to contain water

(buckets, flower pots...).

Note: The mosquito cannot fly over a distance of more than 400 metres and will therefore be carried involuntarily from one place to another by human beings.

** Specific case of pregnant women*

The health authorities are currently investigating the link between the Zika virus disease and microcephaly. The present state of our knowledge shows that women wishing to become pregnant must take precautions to prevent mosquito bites.

If you are pregnant and present symptoms or are afraid of having contracted the illness after a stay in an epidemic zone, please contact your gynaecologist who will monitor your pregnancy closely. If business travel to an endemic country is scheduled for a female staff member of child-bearing age, contraception must be used and if the staff member concerned is already pregnant such travel should preferably be avoided.

Useful links: <http://www.who.int>

*For further information,
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