

Epidemiology

Zika virus infection (ZIKV) is a vector-borne disease that is transmitted from the bite of an infected mosquito (*Aedes aegypti*). Sexual transmission has also been documented. The most common symptoms include fever, headache, conjunctivitis, rash and muscle and joint pain. Symptoms are usually mild and last for a few days. The incubation period for Zika ranges from 3-12 days. The virus can cause microcephaly and other birth defects¹ and has been linked to Guillain-Barré syndrome (GBS).²

Where is transmission occurring?

Virus transmission has been documented in more than 70 countries with wide-spread transmission in the Americas and the Pacific. Many countries are reporting microcephaly, other CNS malformations and increases in GBS.³ As of January 10th, there have been 447 cases of ZIKV infection confirmed in Canada (439 travel-associated, 3 sexually-transmitted, 2 newborns and 3 pending). No deaths have been reported. Cases have been reported in all provinces with the most commonly reported symptoms: rash (70%), fever (55%), arthralgia (47%) and myalgia (40%). The cases are associated with travel, mainly to countries in Central America, South America, and the Caribbean. The South of Florida (including Miami) and Texas have reported local transmission of ZIKV.



Recommendations

Travelers to the affected regions should protect themselves from mosquito bites with protective clothing and appropriate insect repellent.

It is recommended that pregnant women and those considering becoming pregnant postpone travel to areas where the ZIKV is circulating. Additionally women should avoid becoming pregnant for 2 months after returning from a risk area. Male partners (returning from a risk area) of pregnant women should use condoms for the duration of pregnancy. It is not known how long the ZIKV is present in the semen/ejaculate of men who have had ZIKV. Men should use condoms with any partner who could become pregnant for 6 months after their return.⁴

Physicians should consider ZIKV as a differential if patients present with appropriate symptoms and have a history of travel to the affected areas. There is no specific antiviral treatment; however certain medications can provide symptom relief. Laboratory testing is done at the National Microbiology Laboratory with a 1-2 week turnaround time. Please mark travel and request for Dengue, Chikungunya, or Zika virus. If a patient is pregnant and presents with a fever and rash, consultation with an infectious diseases or tropical medicine expert is also suggested. Testing criteria include:

- A. Any patient traveling from a Zika endemic area who has or had Zika related symptoms (fever or rash or conjunctivitis)
- B. Any pregnant patient who has traveled to a Zika endemic area
- C. Any male or female who is undergoing consultations for in vitro fertilization testing (Name of Consultant needs to be attached)

For additional information regarding ZIKV please see:

[Canadian Recommendations on the Prevention and Treatment of Zika Virus](#)
[PHAC Zika Virus Infection Travel Health Notice](#)

¹ <http://www.cdc.gov/media/releases/2016/s0413-zika-microcephaly.html>

² World Health Organization. Zika Virus Microcephaly and Guillain-Barré Syndrome Situation Report, 7 April 2016

³ <http://apps.who.int/iris/bitstream/10665/246261/1/zikasitrep28Jul2016-eng.pdf?ua=1>

⁴ <http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=152>