

Domestic Readiness Initiative For Zika Virus Disease Task 10

Materials

Clinical Guidance 1: Preconception Counseling

Health care providers should discuss couples' travel plans in preconception counseling. Women and men who are planning to conceive in the near future should consider avoiding nonessential travel to areas with active Zika virus transmission. Women who have had possible Zika virus exposure through travel or sexual contact and do not have ongoing risks for exposure should wait at least 8 weeks from symptom onset (if symptomatic) or last possible exposure (if asymptomatic) to attempt conception. Women who wait at least 8 weeks to conceive might have an increased likelihood that Zika virus no longer presents a risk for maternal-fetal transmission. CDC now recommends that men with possible Zika virus exposure, regardless of symptom status, wait at least 6 months from symptom onset (if symptomatic) or last possible exposure (if asymptomatic) before attempting conception with their partner.

CDC previously recommended that men with possible Zika virus exposure who were asymptomatic wait at least 8 weeks from last possible exposure. The updated recommendation minimizes the likelihood that periconceptional sexual transmission will result in fetal exposure to Zika virus. The recommendation to wait at least 6 months for asymptomatic men is based on the range of time after symptom onset that Zika virus RNA has been detected in semen of symptomatic men and the absence of definitive data that the risk for sexual transmission differs between symptomatic and asymptomatic men. Zika virus has not been definitively cultured from semen more than 3 months after symptom onset. It is unknown whether detection of Zika virus RNA in semen indicates presence of infectious virus and the potential for transmission. Current recommendations provide couples planning to conceive with periods that, based on existing data, are expected to minimize risk for Zika virus transmission to an uninfected partner. Studies are underway to better understand the persistence of infectious Zika virus in semen and the associated risk for sexual transmission of the virus. Given that limited data are available, some couples in whom a partner had possible Zika virus exposure might choose to wait longer or shorter than the recommended period to conceive, depending on individual circumstances (e.g., age, fertility, details of possible exposure) and risk tolerance.

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Clinical Guidance 2: Zika Screening Tool for Pregnant Women

CDC's Response to **Zika**

ZIKA SCREENING TOOL FOR PREGNANT WOMEN



(To be administered by nurse, check-in receptionist, or other healthcare provider)

All pregnant women should be assessed for possible Zika virus exposure¹ at each prenatal care visit. Use this tool to evaluate pregnant women for exposure to Zika virus and for signs and symptoms of Zika virus disease to determine whether testing is indicated.

NOTE: If your pregnant patient has questions about Zika testing, educational factsheets are available on CDC's website: <http://www.cdc.gov/zika/hc-providers/pregnant-woman.html>

Assess for Possible Exposure¹ to Zika Virus Infection

(See references on back for more information.)

Circle response:

Do you live in or do you frequently travel (daily or weekly) to an area with active Zika virus transmission²?

YES | NO

Have you traveled to an area with Zika² during pregnancy or just before you became pregnant [8 weeks before conception or 6 weeks before your last menstrual period]?

YES | NO

Have you had sex (vaginal, anal, or oral sex) without a condom or shared sex toys with a partner(s) who lives in or has traveled to an area with Zika²?

YES | NO

➔ If your pregnant patient answered "NO" to ALL questions, she is at low risk for exposure to Zika.

If Pregnant Patient Answered "Yes" to Any Question, Assess for Signs and Symptoms of Zika Virus Disease

Circle response:

Do you currently have or have you had (in the last 12 weeks) fever, rash, joint pain, or conjunctivitis (red eyes)?

YES | NO

- ➔ If your pregnant patient answered "YES" to having any of these signs or symptoms, she might have symptomatic Zika virus infection. Test in accordance with CDC guidance for symptomatic persons³.
- ➔ If your pregnant patient answered "NO" to having any signs or symptoms, she has been exposed and might have an asymptomatic Zika virus infection. Test in accordance with CDC guidance for asymptomatic pregnant women³.

References:

- Possible exposure to Zika virus that warrants testing includes one or more of the following:
 - Living in an area with active transmission
 - Travel to an area with active transmission
 - Sex (vaginal, anal, and oral sex) without a condom or the sharing of sex toys with a person who traveled to or lives in an area with Zika.
- Visit CDC's website to see areas with active Zika transmission: <http://www.cdc.gov/zika/geo/index.html>
- Please see the algorithm on the back from CDC's Updated Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure to guide testing and interpretation of results. (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529a1.htm?a_cid=mm6529a1_a)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0572)

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Clinical Guidance 3: Prevention of Sexual Transmission

Domestic Readiness Initiative For Zika Virus Disease Task 10

Clinical Guidance for Healthcare Providers for Prevention of Sexual Transmission of Zika Virus



Language: English

Summary

Zika can be sexually transmitted from a person who has Zika to his or her sex partners, even while they are not symptomatic. Sex includes vaginal, anal, and oral sex and the sharing of sex toys. To prevent sexually transmitted Zika, CDC recommends that:

- All pregnant women with sex partners who live in or traveled to an area with Zika use condoms during sex or abstain from sex for the remainder of their pregnancy.
- All other couples in which a partner has been in an area with Zika can also reduce the risk of sexual transmission by using condoms or abstaining from sex.
 - Condoms include male and female condoms
 - To be effective, condoms must be used from start to finish, every time during vaginal, anal, and oral sex.
 - Dental dams (latex or polyurethane sheets) may also be used for certain types of oral sex (mouth to vagina or mouth to anus).

Healthcare providers should:

- Test all pregnant women who may have been exposed to Zika sexually (i.e., had condomless sexual contact with a person who lives in or has traveled to an area with Zika).
- Test any patients for Zika if they develop symptoms of Zika and report potential sexual exposure to a partner who lives in or traveled to an area with Zika, even if that partner was never sick.

Latest Changes: CDC has updated [interim guidance](#) for the prevention of sexual transmission of Zika virus and pregnancy planning for people with possible Zika virus exposure, now combined into a single document. CDC recommends that men with possible Zika virus exposure, regardless of symptom status, wait at least 6 months from symptom onset (if symptomatic) or last possible exposure (if asymptomatic) before attempting conception with their partner. They should also **wait at least 6 months before** having condomless sex to minimize their risk for sexual transmission of Zika virus to partners.

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Puerto Rico Materials

Clinical Guidance 1: Prevention of Sexual Transmission

Domestic Readiness Initiative For Zika Virus Disease Task 10

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Clinical Guidance 2: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission

Persons living in an area with active Zika virus transmission should be counseled on the possible risk for Zika virus infection during the periconception period. CDC has developed tools to assist health care providers with preconception counseling. Health care providers should provide counseling about the potential consequences to the fetus associated with Zika virus infection during pregnancy, such as microcephaly and other serious brain abnormalities. Women and men should discuss their reproductive life plans with their health care provider, in the context of potential and ongoing Zika virus exposure. Health care providers should review factors that might influence pregnancy timing (e.g., unknown duration of Zika virus outbreak, fertility, age, reproductive history, medical history, personal values and preferences). For couples who choose to conceive, health care providers should stress use of mosquito bite prevention strategies while attempting pregnancy and during pregnancy. Health care providers should counsel couples who decide to wait to attempt conception about strategies to prevent unintended pregnancy, including the most effective contraceptive methods (i.e., long-acting reversible contraception) and provide contraception or referral to appropriate providers for contraception care.