

Zika Virus

Information Sheet | April, 2016

Any new and emerging infection throws up more questions than answers. There has been extensive media coverage of this previously almost unheard of virus.

Zika is a virus in the same family (Flavivirus) as dengue, Japanese encephalitis and yellow fever.

Zika was first discovered in the 1940s in Uganda but remained under the radar until very recently. There is a large ongoing outbreak in South and Central America and the Caribbean. There have also been many cases from the South Pacific islands and a few from South-East Asia. It is transmitted by the same mosquito as dengue, chikungunya and yellow fever – the Aedes mosquitos, which fortunately do not occur in WA. In Australia this mosquito only occurs in North Queensland. All cases of Zika virus in WA would be 'imported' from returned travellers.

Intriguingly it has also been found that some men carry Zika in their semen for up to 2 months and are able to transmit it to their partners.

Zika usually only causes a mild illness and almost no deaths. The incubation period is generally under a week. Fever, headache, arthralgia, myalgia, a generalised rash and conjunctivitis are the common symptoms which usually only last a few days. Many infections are also subclinical. Zika was not on the radar until cases started being reported of an association with microcephaly in children born of mothers who contracted Zika during pregnancy. Although the causation has not been definitely proven, the evidence is increasing. Zika has also been linked to Guillain-Barre syndrome (an inflammatory demyelinating neuropathy) which can also be precipitated by other infections like Campylobacter. The risk of Guillain-Barre following Zika infection is unknown but likely to be low.

There is currently no specific treatment or vaccine. Treatment is symptomatic. A person who has been infected with Zika is likely to be immune to further Zika infections.

Testing in WA

All Zika testing in WA is performed by the State Viral Reference Laboratory. Samples may be collected via Clinipath Pathology Collection centres which would be forwarded for Zika testing. Two of the Zika cases diagnosed in WA had samples collected via Clinipath Pathology.

Testing Recommendations:

For suspected acute or recently infected patients:

- Serum for antibody & PCR testing
- Urine for Zika PCR (may be positive for up to a month of symptom onset)

In Pregnancy

Women who are pregnant or plan to get pregnant should avoid travelling to countries where Zika transmission is ongoing. The list of countries is constantly updated. Pregnant women who are suspected to have Zika infection should undergo testing and be referred for specialist obstetrics management.

Sex

For men who have travelled to areas where there is ongoing Zika transmission (regardless of symptoms), whose partners are pregnant, should abstain from penetrative sex or use condoms consistently and correctly for sexual intercourse throughout the pregnancy.

Men who have a confirmed Zika infection whose partners are not pregnant are recommended to abstain or use condoms consistently for at least 3 months after resolution of symptoms.

Prevention

Measures to prevent mosquito bites are recommended.

There are many scenarios which are not covered by this brief information sheet. Information about emerging infections may become out of date rapidly.

Further information may also be obtained from websites of:
Australian Commonwealth Dept of Health, WA Dept of Health and Centers for Disease Control and Prevention (CDC)

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