International Federation of Fertility Societies

Zika Virus
Information for Member Societies and Practitioners

Introduction

The Zika virus outbreak has been declared a global health emergency by WHO. Its risk profile has changed from a mild threat to one with serious consequences. There is now scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome.

WHO has called for a collaborative response from NGOs in its Zika Virus Strategic Plan (June 2016) [1]

http://apps.who.int/iris/bitstream/10665/246091/1/WHO-ZIKV-SRF-16.3-eng.pdf?ua=1&ua=1

Given the implications of Zika infection in reproductive health the IFFS has a key role in disseminating information to its stakeholders to support the global effort in minimizing the risk of this infection.

Zika Virus

Zika virus is transmitted by a bite from an infected mosquito *Aedes aegypti* or through sexual contact of an infected person. The infection is now present in 60 countries and occurs where the mosquito *Aedes aegypti* is prevalent. The infection is generally mild and is characterized by muscle aches and pains, malaise, fever and a rash. Infection in pregnancy is thought to be a cause of microcephaly. The likelihood of this complication is not certain but epidemiological studies suggest a risk approximating to 1%. Zika virus is also associated with Guillain-Barré syndrome although the risk is likely to much less.


Advice for women who are pregnant

1. Pregnant women should avoid travel to countries where Zika virus has been reported.
2. Pregnant women living in a country where Zika virus is known to occur should take all reasonable precautions to avoid a bite by the known vector.
3. The sexual partners of pregnant women, living in or returning from areas where local transmission of Zika virus occurs should practice safer sex (including using condoms) or abstain from sexual activity throughout the pregnancy.

4. Pregnant women living in or returning from a country where local transmission of Zika virus is known to occur should, if possible, undergo serological tests and ultrasound surveillance for microcephaly in third trimester and/or their baby should have their head circumference measured at least 24 hours after birth and compared with WHO growth standards.

Advice for women trying to become pregnant, undergoing fertility treatment and gamete donation.

Evidence to date has confirmed the presence of Zika virus in semen and that it may persist in semen after the acute infection has resolved. There have been recorded incidences of sexually transmitted infection. The Zika virus is likely to survive freeze/thaw.

For these reasons the following is recommended:

**History suggestive of Zika infection**

Women or their partner or prospective sperm donors who have had symptoms of possible Zika infection:

1. Should not attempt pregnancy or undergo fertility treatment or donate gametes for 6 (six) months.

2. Sperm donors should be deferred from donation for 6 (six) months unless the semen is tested negative for Zika virus using RNA by nucleic acid testing (NAT).

**No history of Zika infection**

1. A woman or her partner returning from or living in an area where local transmission of Zika virus occurs and who have had no symptoms suspicious of Zika should wait 2 (two) months before attempting pregnancy or undergo infertility treatment if no symptoms suggestive of Zika virus infection appear in this period.

2. Prospective sperm donors returning from or living in an area where local transmission of Zika virus occurs and who have had no symptoms suspicious of Zika should not donate sperm for 2 (two) months and only if no symptoms suggestive of Zika infection develop in this time period.
Further information

http://www.who.int/mediacentre/factsheets/microcephaly/en/
https://www.asrm.org/eLearn/MD117_Zika_Virus_Guidance_for_Reproductive_Care/
https://britishfertilitysociety.org.uk/2016/02/01/zika-virus-fertility-treatment-and-gamete-donation/#sthash.3Mx1MXFZ.dpuf