

## ABOUT THE ZIKA VIRUS

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### What is the Zika virus?

- Zika is a mosquito-borne virus with symptoms that include fever, rash, joint pain, conjunctivitis, and headache, which last from several days to a week (WHO, 2016a).

### Transmission of Zika

- Zika can be transmitted through the bite of an infected *Aedes* species mosquito, the same type that spreads dengue fever and yellow fever. *Aedes* mosquitoes breed in standing water such as in buckets and vases and bite most frequently during daytime (CDC, 2016a).
- Zika can also be transmitted through sexual contact, from blood transfusion, and from a pregnant woman to her fetus (CDC, 2016a).
- Traces of the virus have also been detected in breast milk, however there are no documented cases to date of Zika being transmitted to infants through breastfeeding (CDC, 2016a).
- Zika is a sexually transmitted infection (STI) that can be passed through unprotected sex, even if the person who is infected does not have any symptoms at the time (CDC, 2016b).
- Zika RNA has been detected in semen up to 60 days after the onset of symptoms, but experts suggest that it may stay for up to six months (Atkinson, et al., 2016).
- Some studies suggest that women are more likely than men to contract the virus, largely due to sexual transmission (Codeco Coelho, et al., 2016).

### Health impacts of Zika

- Zika manifests itself as a mild sickness for most infected people that usually does not require hospitalization and rarely results in death (CDC, 2016c).
- Most people who are infected with Zika do not display any symptoms or only display mild symptoms (CDC, 2016d).
- Zika is strongly associated with Guillain-Barre syndrome, an autoimmune disorder in which the body's immune system attacks the peripheral nervous system (NIH, 2016).
- Zika contracted during pregnancy has been linked to cases of severe complications in pregnancy and fetal development such as microcephaly, an uncommon condition where babies are born with heads much smaller than what is typical; babies with microcephaly also often have smaller brains that may not have developed typically (CDC, 2016e).
- Strong evidence also suggests that Zika is associated with adverse birth outcomes such as intrauterine growth restriction, eye defects, congenital brain abnormalities, and other fetal abnormalities (Tepper, et al., 2016).

### 2015-2016 outbreak and response

- The most recent outbreak of the virus began in Brazil in May 2015 and has spread throughout Latin America, the Caribbean, parts of Southeast Asia and the United States (WHO, 2016b).
- From the beginning of the outbreak in summer 2015 to September 2016, 55 countries and territories have reported an outbreak (WHO, 2016c).
- In February 2016, the World Health Organization (WHO) declared Zika a Public Health Emergency of International Concern (WHO, 2016d).
- In the current outbreak, Zika has disproportionately impacted women who face severe inequalities due to poverty (Dreweke, 2016).
- The Centers for Disease Control and Prevention (CDC) currently advises individuals to wear clothing that covers the skin, use insect repellent, use mosquito netting, and abstain from sex altogether or use male or female condoms for those living or visiting Zika impacted areas (CDC, 2016c).
- In response to the epidemic and its link to fetal anomalies, many governments in the Latin American and Caribbean region have advised women to delay pregnancy, some until as late as 2018 (McNeil, 2016).
- WHO experts believe that vector management and mosquito control alone cannot prevent the spread of the virus (WHO, 2016e).
- WHO experts also expect that vaccine development could take at least 36 months (WHO, 2016e).
- Models by the WHO predict that by early 2017, 3 to 4 million people in the Americas (including the Caribbean) will have contracted the Zika (Aiken et al., 2016).

# Sexual and Reproductive Health and Rights in the Zika Response

Human rights are at the core of sexual and reproductive health and rights and serve as a critical roadmap to addressing health crises such as the Zika outbreak. Global health responses must be founded in these rights to help protect the rights of women before, during, and after pregnancy, regardless of disease.

## **Women have the right to make decisions concerning reproduction free of coercion and violence**

- International consensus documents such as the Sustainable Development Goals, the Beijing Platform of Action, and the International Conference on Population and Development (ICPD) state that women have the right to decide freely and responsibly the number, spacing, and timing of their children and to have the information and services and means to do so (Programme of Action of the International Conference on Population Development, 1994; Sustainable Development Goals, 2015); advising women to delay pregnancy is a violation of this human right.
- The prevalence of sexual violence in Zika-affected regions (Bott et al., 2012) is a barrier to the ability of all women to universally follow advice of avoiding pregnancy until after the Zika outbreak.
- Men and boys should be encouraged to participate equally in family planning and the prevention of sexually transmitted infections such as Zika (Programme of Action of the International Conference on Population Development, 1994).
- Barrier methods such as male and female condoms are an effective form of contraception that helps reduce the spread of Zika and other STIs (WHO, 2016f).
- In countries with restricted access to male and female condoms, the international community should assist with short-term contraceptive supplies that include condoms, (Programme of Action of the International Conference on Population Development, 1994) such as in a Zika outbreak.

## **During pregnancy, women need access to quality and respectful healthcare, including safe abortion**

- Healthcare for women during the Zika epidemic must prioritize geographic areas where women are less likely to have access to air conditioning, screened windows, and mosquito repellent.
- Pregnant women should not be restricted from travel nor mobility outside of the house for fear of contracting Zika environmentally.
- Pregnant women and their partners should have access to male and female condoms and information about their use to prevent sexual transmission of Zika during pregnancy.
- Women need information on, and access to, safe abortion and the ability to make decisions about terminating their pregnancy without judgment or discrimination.
- Pregnant women who are at risk of contracting Zika need access to frequent and quality prenatal care in order to detect microcephaly early, to remain informed on the progress of their pregnancy, and access to information on having a child with microcephaly.
- Comprehensive mental health support and counseling need to be incorporated as components of prenatal care for pregnant women infected with Zika.

## **After pregnancy, women and families need sustained healthcare and support**

- Women who give birth to children with microcephaly or other fetal anomalies as a result of Zika have a right to the resources and care required to raise their child, including developmental services and early intervention to support the child's physical and intellectual abilities (CDC, 2016e; Convention on the Rights of Persons with Disabilities, Convention on the Rights of Persons with Disabilities) in addition to respectful psychological care to support people raising a child with microcephaly.
- Women who had an abortion have a right to respectful post-abortion care (Programme of Action of the International Conference on Population Development, 1994).
- All women should be counselled on contraceptive options after pregnancy.

*(See next page for references)*

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