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Zika virus
Fact Sheet

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Introduction

Zika virus is a mosquito-borne virus first identified in 1947 in a Rhesus macaque monkey in Uganda, with human infections recognized in Africa during the 1950s. From the 1960s to the 1980s, it was sporadically detected across Africa and Asia. Since 2007, outbreaks have been recorded in Africa, the Americas, Asia, and the Pacific. In the past decade, Zika virus infection has been linked to increased cases of Guillain-Barré syndrome and, notably during the 2015 epidemic in Brazil, to microcephaly and other congenital malformations, collectively known as congenital Zika syndrome. Infection during pregnancy can cause serious outcomes, including fetal loss, stillbirth, and preterm birth, with an estimated 5–15% of infants showing Zika-related complications. These complications can result from both symptomatic and asymptomatic infections. The WHO declared a Public Health Emergency of International Concern from February to November 2016. Although global cases declined after 2017, low-level transmission continues, and 89 countries and territories have reported evidence of mosquito-transmitted infection.

Transmission

Zika virus is primarily transmitted by infected mosquitoes of the *Aedes* (Stegomyia) genus, mainly *Aedes aegypti*, in tropical and subtropical regions. *Aedes* mosquitoes usually bite during the day. These mosquitoes also transmit dengue, chikungunya, and urban yellow fever.

Zika virus is also transmitted from mother to fetus during pregnancy, as well as through sexual contact, transfusion of blood and blood products, and possibly through organ transplantation.

Symptoms

Most people infected with Zika virus do not develop symptoms. Among those who do, symptoms typically start 3–14 days after infection and are generally mild, including rash, fever,

conjunctivitis, muscle and joint pain, malaise, and headache. Symptoms usually last for 2–7 days.

Diagnosis

The WHO recommends using laboratory tests to diagnose Zika virus infection, primarily relying on the detection of viral RNA through nucleic acid amplification tests (NAATs), such as RT-PCR, especially within the first few days after symptom onset. Serological testing for Zika virus IgM antibodies is also crucial, particularly when viral RNA detection is negative or when symptoms are present after the early viremic period. *(Reference: Laboratory testing for Zika virus and dengue virus infections)*

Treatments

There is no specific treatment available for Zika virus infection or disease.

People with symptoms such as rash, fever, or joint pain should get plenty of rest, drink fluids, and treat symptoms with antipyretics and/or analgesics. Nonsteroidal anti-inflammatory drugs should be avoided until dengue virus infection is ruled out due to bleeding risk. If symptoms worsen, patients should seek medical care and advice.

Pregnant women living in areas with Zika transmission or who develop symptoms of Zika virus infection should seek medical attention for laboratory testing, information, counselling, and other clinical care.

Risk Groups and Sexual Transmission of Zika Virus

Certain groups are at greater risk of complications from Zika virus infection. Pregnant women are especially vulnerable due to the risk of severe birth defects, including microcephaly, if the virus is transmitted to the fetus. People living in or traveling to areas with ongoing Zika transmission, individuals with multiple sexual partners, and those whose partners have recently traveled to affected regions are also at increased risk.

Zika virus can be transmitted sexually by individuals with or without symptoms, and the virus has been found to persist longer in semen than in other body fluids, making men particularly likely to transmit the virus for weeks or even months after infection. As a result, health authorities recommend that men with possible Zika exposure use condoms or abstain from sex for at least three months, and women for at least two months, to prevent sexual transmission and reduce the risk to future pregnancies.

Prevention

Currently, there is no vaccine available to prevent or treat Zika virus infection, though vaccine development is ongoing. Prevention relies mainly on avoiding mosquito bites, especially among pregnant women, women of reproductive age, and young children. Key measures include wearing light-colored, body-covering clothing, using window screens, applying insect repellents, and sleeping under mosquito nets. Eliminating mosquito breeding sites by removing standing water is crucial. Since sexual transmission can also occur, practicing safer sex is recommended, particularly during pregnancy or after travel to areas with active Zika transmission.