

# Zika

Please read the following information carefully as it may impact the timing of your treatment

Zika virus disease (Zika) is a disease caused by the Zika virus, which is spread to people primarily through the bite of an infected *Aedes* species mosquito. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. However, Zika virus infection during pregnancy can cause a serious birth defect called [microcephaly](http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html)(<http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html>), as well as other severe fetal brain defects.

In May 2015, a world health alert was issued regarding the first confirmed Zika virus infection in Brazil. While no longer designated an “international emergency” by the World Health Organization, local transmission has been reported in many countries and territories since the first alert. The Center for Disease Control and Prevention (CDC) DC lists the countries and territories reporting active Zika transmission – please see <http://www.cdc.gov/zika/geo/index.html> and [the CDC Travelers' Health site](#) for the most updated travel information notices. Currently, including India, Philippines and other Southeast Asian countries and most of Central and South America. Specific areas where Zika is spreading are often difficult to determine and are likely to change over time. Most recently, the CDC issued guidance for people living in or traveling to certain areas in the U.S.

Zika virus is transmitted primarily through the bite of *Aedes aegypti* mosquitoes. Zika virus can also be transmitted through sex without a condom. The risk for sexual transmission of Zika virus from a person infected with Zika virus remains unknown. Most reported sexual transmissions have been from persons with symptomatic Zika virus infections, including from men to female sex partners, from a man to his male sex partner, and from a woman to her male sex partner. Even infected men who never develop symptoms can transmit Zika virus to their sex partners.. Sexual transmission of Zika virus has been associated with anal sex and vaginal sex without a condom and possibly also with fellatio (oral sex). Among reported cases of sexually transmitted Zika virus infection, the longest reported period between sexual contact that might have transmitted Zika virus and symptom onset was 32–41 days (based on an incubation period of 3–12 days). Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms.

The CDC and certain State health departments offer (and recommend) testing in certain situations. Persons with possible Zika virus exposure who have symptoms of Zika virus disease should receive testing in accordance with CDC interim guidance: “Algorithm for U.S. Testing of Symptomatic Individuals”. <http://www.cdc.gov/zika/laboratories/lab-guidance.html>. CDC does not recommend Zika virus testing of non-pregnant persons with possible Zika virus exposure who do not have symptoms of Zika virus disease, including persons who are planning to attempt conception, or to assess the risk for sexual transmission of Zika virus. Zika virus testing for this purpose remains of uncertain value, because current understanding of the duration and pattern of shedding of Zika virus in reproductive tissues is limited. Information on the performance of serologic Zika virus testing remains limited, with falsely positive tests resulting in avoidable stress and expense and falsely negative tests providing false reassurance and possibly leading to inadvertent fetal exposure to Zika virus. You should discuss the possibility of testing through your State health departments with your treating Provider.

There are no vaccines to protect against Zika and there is no specific treatment.

The CDC has issued guidance for pregnant women and women thinking about becoming pregnant. Please see <http://www.cdc.gov/zika/specific-groups.html>. The CDC has also issued guidelines for US health care providers caring for pregnant women and women of reproductive age during active Zika virus transmission. These guidelines apply to health care providers caring for women of reproductive age in the United States including US territories and will be updated as more information becomes available. Please see <http://www.cdc.gov/zika/hc-providers/qa-pregnant-women.html>. In addition, the American Society for Reproductive Medicine (ASRM) has issued guidelines based on the CDC and Food and Drug Administration (FDA) published guidelines. RSC follows these guidelines and strongly encourages you to continually monitor the CDC guidance as you attempt to become pregnant or become pregnant.

Because Zika virus transmission through assisted reproductive technology (ART), transmission through donated gametes (eggs and sperm) and embryos is theoretically possible, the FDA has issued guidelines for procedures using donated tissue, including protocols for sperm donation. Please see the [FDA's guidance for tissue donation \[PDF - 10 pages\]](#). If you are using donor egg or donor sperm, or a gestational carrier, the risk of Zika virus exposure through the donor or to the gestational carrier will also be addressed by your third party coordinator and in your third party consents.

Zika virus infection during pregnancy is a cause of microcephaly. Microcephaly is a condition in which a baby is born with a much smaller head than normal, because the brain has not developed properly during pregnancy. The baby may suffer from a number of physical and cognitive problems, ranging from mild to severe, including a decreased ability to learn and function.

Zika virus may also cause Guillain Barre Syndrome in infected individuals. Guillain Barre Syndrome can start as tingling in the extremities and progress to muscle weakness that in severe cases may result in paralysis.

Understanding of the Zika virus and its effect on infected pregnant women and their babies is still evolving. The Centers for Disease Control (CDC) is the primary resource for information and has the most current information including a list of countries affected. <http://www.cdc.gov/zika/about/index.html>

In 2016, almost 1300 pregnant women with a documented Zika infection were followed and 10% of them were found to have given birth to a child with birth defects, including brain abnormalities and/or microcephaly, eye abnormalities, other consequences of central nervous system dysfunction, and neural tube defects and other early brain malformations.<sup>1</sup>

**Based upon the information available regarding the risk to the unborn child and to patients, the physicians at RSC strongly advise you and any Spouse/Partner NOT to travel to countries with active Zika transmission while attempting pregnancy. Failure to comply with this advice may result in delay of your treatment or your dismissal as a patient from RSC**

If you or your Spouse/Partner have recently traveled to, or have had sex without a condom with a man infected with Zika, and you choose to attempt pregnancy, RSC will require that you wait to attempt pregnancy according to the timeframes currently suggested by the CDC and ASRM as outlined in the table on the top of the following page.

For international patients and their Spouses/Partners who live or recently lived in areas with active transmission of the Zika virus, if you have recently had Zika symptoms and are seeking fertility treatment at RSC, RSC will require that you wait to attempt pregnancy according to the timeframes mentioned in the table on the top of the following page.

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<sup>1</sup> [https://www.cdc.gov/mmwr/volumes/66/wr/mm6613e1.htm?s\\_cid=mm6613e1\\_e](https://www.cdc.gov/mmwr/volumes/66/wr/mm6613e1.htm?s_cid=mm6613e1_e)  
Zika Consent And Waiver  
2016(Revised 11/20/16)

**Possible exposure via recent travel or sex without a condom with a partner infected with Zika**

**Women**

**Men**

Wait at least 8 weeks after symptoms start or last possible exposure

Wait at least 6 months after symptoms start or last possible exposure

**People [living in or frequently traveling to areas with Zika](http://www.cdc.gov/zika/geo/index.html)(<http://www.cdc.gov/zika/geo/index.html>)**

**Women**

**Men**

**Positive Zika test**

Wait at least 8 weeks after symptoms start

Wait at least 6 months after symptoms start

**No testing performed or negative test**

Talk with doctor or health-care provider

Talk with doctor or healthcare provider

Decisions about pregnancy planning are personal and complex, and the circumstances for women and their partners will vary. Women and their partners should discuss pregnancy planning with your treating Provider. As part of counseling with healthcare providers, some women and their partners living in areas with active Zika virus transmission might decide to delay pregnancy.