**Zika virus**

Fact sheet
Updated February 2016

**Key facts**

* Zika virus disease is caused by a virus transmitted by *Aedes* mosquitoes.
* People with Zika virus disease usually have symptoms that can include mild fever, skin rashes, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days.
* There is no specific treatment or vaccine currently available.
* The best form of prevention is protection against mosquito bites.
* The virus is known to circulate in Africa, the Americas, Asia and the Pacific.

**Introduction**

Zika virus is an emerging mosquito-borne virus that was first identified in Uganda in 1947 in rhesus monkeys through a monitoring network of sylvatic yellow fever. It was subsequently identified in humans in 1952 in Uganda and the United Republic of Tanzania. Outbreaks of Zika virus disease have been recorded in Africa, the Americas, Asia and the Pacific.

* Genre: Flavivirus
* Vector: *Aedes* mosquitoes (which usually bite during the morning and late afternoon/evening hours)
* Reservoir: Unknown

**Signs and Symptoms**

The incubation period (the time from exposure to symptoms) of Zika virus disease is not clear, but is likely to be a few days. The symptoms are similar to other arbovirus infections such as dengue, and include fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache. These symptoms are usually mild and last for 2-7 days.

**Potential complications of Zika virus disease**

During large outbreaks in French Polynesia and Brazil in 2013 and 2015 respectively, national health authorities reported potential neurological and auto-immune complications of Zika virus disease. Recently in Brazil, local health authorities have observed an increase in Guillain-Barré syndrome which coincided with Zika virus infections in the general public, as well as an increase in babies born with microcephaly in northeast Brazil. Agencies investigating the Zika outbreaks are finding an increasing body of evidence about the link between Zika virus and microcephaly. However, more investigation is needed to better understand the relationship between microcephaly in babies and the Zika virus. Other potential causes are also being investigated.

**Transmission**

Zika virus is transmitted to people through the bite of an infected mosquito from the *Aedes* genus, mainly *Aedes aegypti* in tropical regions. This is the same mosquito that transmits dengue, chikungunya and yellow fever. However, sexual transmission of Zika virus has been described in 2 cases, and the presence of the Zika virus in semen in 1 additional case.

Zika virus disease outbreaks were reported for the first time from the Pacific in 2007 and 2013 (Yap and French Polynesia, respectively), and in 2015 from the Americas (Brazil and Colombia) and Africa (Cabo Verde). In addition, more than 13 countries in the Americas have reported sporadic Zika virus infections indicating rapid geographic expansion of Zika virus.

**Diagnosis**

Infection with Zika virus may be suspected based on symptoms and recent history (e.g. residence or travel to an area where Zika virus is known to be present). Zika virus diagnosis can only be confirmed by laboratory testing for the presence of Zika virus RNA in the blood or other body fluids, such as urine or saliva.

**Prevention**

Mosquitoes and their breeding sites pose a significant risk factor for Zika virus infection. Prevention and control relies on reducing mosquitoes through source reduction (removal and modification of breeding sites) and reducing contact between mosquitoes and people.

This can be done by using insect repellent regularly; wearing clothes (preferably light-coloured) that cover as much of the body as possible; using physical barriers such as window screens, closed doors and windows; and if needed, additional personal protection, such as sleeping under mosquito nets during the day. It is extremely important to empty, clean or cover containers regularly that can store water, such as buckets, drums, pots etc. Other mosquito breeding sites should be cleaned or removed including flower pots, used tyres and roof gutters. Communities must support the efforts of the local government to reduce the density of mosquitoes in their locality.

Repellents should contain DEET (N, N-diethyl-3-methylbenzamide), IR3535 (3-[N-acetyl-N-butyl]-aminopropionic acid ethyl ester) or icaridin (1-piperidinecarboxylic acid, 2-(2-hydroxyethyl)-1-methylpropylester). Product label instructions should be strictly followed. Special attention and help should be given to those who may not be able to protect themselves adequately, such as young children, the sick or elderly.

During outbreaks, health authorities may advise that spraying of insecticides be carried out. Insecticides recommended by the WHO Pesticide Evaluation Scheme may also be used as larvicides to treat relatively large water containers.

Travellers should take the basic precautions described above to protect themselves from mosquito bites.

**Treatment**

Zika virus disease is usually relatively mild and requires no specific treatment. People sick with Zika virus should get plenty of rest, drink enough fluids, and treat pain and fever with common medicines. If symptoms worsen, they should seek medical care and advice. There is currently no vaccine available.

**WHO response**

WHO is supporting countries to control Zika virus disease through:

* Define and prioritize research into Zika virus disease by convening experts and partners.
* Enhance surveillance of Zika virus and potential complications.
* Strengthen capacity in risk communication to help countries meet their commitments under the International Health Regulations.
* Provide training on clinical management, diagnosis and vector control including through a number of WHO Collaborating Centres.
* Strengthen the capacity of laboratories to detect the virus.
* Support health authorities to implement vector control strategies aimed at reducing *Aedes* mosquito populations such as providing larvicide to treat standing water sites that cannot be treated in other ways, such as cleaning, emptying, and covering them.
* Prepare recommendations for clinical care and follow-up of people with Zika virus, in collaboration with experts and other health agencies.

Explore

[Road Safety PSA Brazil "Boy"](https://www.youtube.com/watch?v=3EncC_S8suU" \o "Road Safety PSA Brazil \"Boy\")

[WHO: What's disability to me? Highlights from the video series](https://www.youtube.com/watch?v=pkoFA_l89IA" \o "WHO: What's disability to me? Highlights from the video series)

[WHO: Join us! World Health +SocialGood](https://www.youtube.com/watch?v=qj627w-XpXI" \o "WHO: Join us! World Health +SocialGood)

[WHO: Implementations after WHA 2015 - Interview at "World Health +SocialGood"](https://www.youtube.com/watch?v=vn0H2t6vU9A" \o "WHO: Implementations after WHA 2015 - Interview at \"World Health +SocialGood\")

[Kenya - Natural Plant Products](https://www.youtube.com/watch?v=6HiCuoEVwdo" \o "Kenya - Natural Plant Products)

[WHO: GO Training - Social mobilization and community engagement - Module 4.4](https://www.youtube.com/watch?v=hSpdhhl6QpU" \o "WHO: GO Training - Social mobilization and community engagement - Module 4.4)

Related

[**Zika virus disease**](http://contextly.com/redirect/?id=1eW7S6BU7X:206690:5810:6:IlRJRHwyMDY2Nzl8ODA1MzF8NjFiNzBlOWIyMjRkYjYyMjFhZWZmMWRiODgyNzdiZDV8MjA2ODM1fDZlMjhiMDBiZmRiMzM0YTkzNDg0OWJhZjFjZTdjNzI4fDNkYmRlMGQ2NmNiN2FiMGYxNGI0MmU2YTMwZmY5ZWQwfDIwNDk2M3xlNjljNzFjZmQ4YzlhMzZhYTdkZTM3NzM4ODU1ZjM1OXwxNjk4Nzd8NDIwMDd8Nzk4NTgi::previous:56cf4ba9004f04-51909993)

[**Chikungunya**](http://www.who.int/entity/mediacentre/factsheets/fs327/en/index.html)

[**Zika virus disease: Questions and answers**](http://www.who.int/features/qa/zika/en/index.html)

[**WHO collaborates with the Association of Southeast Asian**](http://www.who.int/entity/neglected_diseases/Dengue_day_asean_2013/en/index.html)