

Guidance regarding the Zika virus for school medical staff

Introduction

1. The World Health Organisation (WHO) has declared the Zika virus a public health emergency and there is a lot of media coverage causing concern but also some misplaced anxiety.
2. This guidance is focused on the adolescent population with a second section relevant to the adult staff.
3. Women who are pregnant face the biggest threat with the infection being linked to cases of microcephaly but, in general, the illness associated with the Zika virus is self-limiting and mild, although there also appears to be an increased risk of developing Guillan-Barré Syndrome.

Advice for school pupils

4. Advice for pupils travelling to affected countries for holiday, school trips or because of residency is the same: -
 - Travel does not need to be curtailed unless an individual is pregnant or significantly immune suppressed.
 - Attention should be paid to **bite prevention** so as to avoid all infections associated with the mosquito (malaria, dengue, chikungunya and West Nile fever).
 - clothing to cover the body (long sleeves, trousers etc.).
 - effective insect repellent on exposed skin day and night.
 - use of a 'bed net', fan and / or air-conditioning.
 - The Zika virus is spread by a specific mosquito (Aedes species) and it can only be spread from human to human by sexual contact.
 - Reassurance for pupils that the above simple advice is effective and that the illness is generally asymptomatic or mild but that **prevention** is still important.
 - Report any 'flu-like illness that occurred whilst abroad, or within three weeks of return, to the medical centre.

Advice for medical staff

5. The situation is evolving and updated guidance should be sought from national centres. (See below for links).
6. Note it is estimated that at least 80% of cases are asymptomatic and the majority of cases are mild and self-limiting.
7. The typical illness lasts a few days, but possibly a few weeks, and **may** comprise the following symptoms and signs: -
 - acute onset fever and headache.
 - maculopapular rash and itching.

- arthralgia or myalgia.
- conjunctivitis.

8. Rarely do patients need hospitalisation but note that there appears to be an association with the subsequent development of Guillan-Barré Syndrome – rare.

Countries with active Zika virus transmission as at 7th February 2016 (this may change)

• Barbados	• Honduras
• Bolivia	• Martinique
• Brazil	• Mexico
• Cape Verde	• Nicaragua
• Colombia	• Panama
• Dominican Rep.	• Paraguay
• Ecuador	• Puerto Rico
• El Salvador	• Saint Martin
• French Guiana	• Samoa
• Guadeloupe	• Suriname
• Guatemala	• Thailand
• Guyana	• US Virgin Islands
• Haiti	• Venezuela

Map of affected countries: -



[Link to updated Zika map](#)

Please note the map and list of countries do not correlate – this is because the list encompasses those countries with significant intensity of virus transmission.

9. Treatment is symptomatic and caution must be applied to the use of anti-inflammatory drugs until dengue fever has been excluded because of an increased risk of haemorrhage.
10. Medical centres may wish to identify those pupils living in affected areas and those travelling on holiday so as to better inform the pupils, and for staff to remain alert to those at higher risk from a Zika-related illness (this will abate after three weeks of leaving the area). Future school trips to affected areas should be risk-assessed with the current evidence to hand.
11. Testing for Zika virus is not indicated in primary care because at present there are no commercially available tests and there is a close correlation with dengue and chikungunya, thus resulting in cross reactivity on testing.
12. Remember ‘common things are common’ and thus any person returning from an affected country with the above symptoms should be assessed with all other illnesses considered e.g. simple ‘flu, urinary tract infection, tonsillitis, meningitis, malaria and the related arboviruses.
13. Zika virus infection is not at present on the list of ‘Notifiable’ illnesses but it would seem sensible to liaise with a local microbiologist or Public Health team if there is a suspected case.
14. There is no vaccine available.

Advice surrounding pregnancy

15. The suspected link between microcephaly and the Zika virus is clinically the most important aspect of this epidemic and it may be that a member of staff on a school trip requires information.
16. Their registered GP would be the official medical contact but the points below encompasses the salient facts: -
 - *Current advice is that women who are pregnant or planning to become pregnant should discuss their travel plans with their doctor and if already pregnant to consider postponing travel to any region where a known outbreak of the Zika virus is occurring. If travel is unavoidable then scrupulous insect bite avoidance measures should be taken.*
 - A medical note can be issued to support any holiday insurance claims.
 - The risk from infection applies throughout pregnancy.
 - Pregnant women who have not visited an affected area may be exposed to the Zika virus through sexual contact, the virus being present in semen for up to two weeks. Thus the following related advice has been issued: -
 - *Men who have been to an affected country and remain well should use a condom for 28 days for any sexual contact on their return.*
 - *Men who have had a suspected or confirmed Zika virus*

infection should use a condom for six months.

- Note that 80% of cases are asymptomatic and, thus, it may be prudent to adopt the six month rule for all men returning to a pregnant partner or to a partner who is planning a pregnancy (NB this is not official guidance).

Definitions / links

Guillan-Barré Syndrome (GBS) - is a disorder in which the body's immune system attacks part of the peripheral nervous system. The first symptoms of this disorder include varying degrees of weakness or tingling sensations in the legs. In many instances the symmetrical weakness and abnormal sensations spread to the arms and upper body.

[GBS-National Institute for Neurological Disorders](#)

References / links

1. Public Health England www.gov.uk/zika
2. World Health Organisation
3. [European Centre for Disease Control](#)
4. New England Journal of Medicine, January 13, 2016, at NEJM.org
5. www.gov.uk/guidance/notifiablediseases

Some background information

1. [New England Journal of Medicine Review Article](#)

9th February 2016