

# IMAP Statement

## on Zika virus and sexual and reproductive health

IPPF joins the global public health community in responding to the Zika virus outbreak, particularly as it affects women's sexual and reproductive health and rights and pregnancy outcomes.

### Introduction

This Statement has been prepared by the International Medical Advisory Panel (IMAP) and was approved in February 2016.

The International Planned Parenthood Federation joins the global public health community in responding to the Zika virus outbreak, particularly as it affects women's sexual and reproductive health and rights and pregnancy outcomes.

This IMAP Statement highlights the emerging facts about the Zika virus, the global response and the need for a concerted approach, by incorporating sexual and reproductive health information and services as an essential part of the response.

### Intended audience

This Statement is primarily intended for use by IPPF Member Associations:

- to help Member Associations position themselves to ensure the provision of sexual and reproductive health information and services as part of the response to the Zika outbreak
- to assist Member Associations' preparedness in countries where the Zika virus outbreak could potentially spread

The Statement is also aimed at all sexual and reproductive health organizations, activists and researchers, as well as policy and decision makers who are working to address the Zika virus outbreak.

### About the Zika virus

The Zika virus was first identified in Uganda in 1947 by scientists researching yellow fever in rhesus monkeys in the Zika Forest (*zika* means 'overgrown' in the Luganda language). The virus was subsequently isolated from humans in Uganda and Tanzania in 1952 and in Nigeria in 1954. Since then, confirmed cases of the Zika virus infection have been rare, until 2007 when an outbreak occurred in Yap Island, Micronesia. Outbreaks of the Zika virus disease have been recorded in Africa, Asia and the Pacific, and the Americas.

### TRANSMISSION

The Zika virus is an arbovirus – a mosquito-borne virus – that is transmitted to humans primarily through the *Aedes* mosquitoes, mainly *Aedes aegypti*, which is widespread in the tropics and sub-tropics, but can also be transmitted through *Aedes albopictus*, *Aedes africanus*, *Aedes luteocephalus* and *Aedes hensilli* – which are also responsible for the transmission of dengue fever, chikungunya and yellow fever.

The *Aedes* mosquitoes, unlike the mosquitoes that spread malaria, are mostly active during the day making the use of bed nets for protection ineffective.

Recent evidence<sup>1</sup> shows that the Zika virus may also be transmitted sexually,<sup>2</sup> through perinatal transmission, or through other bodily fluids<sup>3,4</sup> such as saliva and urine.

Diagnosis of Zika infection can be confirmed by isolating the virus in blood samples through polymerase chain reaction. However, laboratory diagnosis remains a challenge as there is no 'gold standard' and also because the virus can cross-react with the serum of other related viruses and other bodily fluids.

Of great concern is the gravity of complications likely to be linked to the Zika virus infections, including pregnancy outcomes such as miscarriage and stillbirth, impaired fetal development, and other neurological and auto-immune complications.

### SIGNS AND SYMPTOMS

In the general population, the Zika virus causes a mild illness characterized with fever, skin rashes, conjunctivitis, myalgia (muscle pain), arthralgia (joint pain), headache and malaise, and requires no specific treatment or hospitalization.

The symptoms are similar to other arbovirus infections and last between two and seven days. Asymptomatic infections have also been described in the literature. Zika does not have any serious complications.

Symptomatic treatment includes getting plenty of rest, taking fluids to prevent dehydration, and medication to relieve fever and pain. There is currently no vaccine or treatment for the Zika virus infection.

Of greater concern, however, is the gravity of complications likely to be linked to the Zika virus infections. These include serious pregnancy outcomes such as miscarriage and stillbirth; impaired fetal development where babies are born with microcephaly; and other neurological and auto-immune complications such as Guillain-Barré syndrome, a rare nerve disorder that presents with muscular weakness and tingling in the arms and legs, leading to acute or sub-acute flaccid paralysis

that may affect the respiratory muscles. We do not know yet if the Zika virus is the cause of the increase of microcephaly and other complications.

The best way to prevent Zika infection is to prevent mosquito bites.

### The 2015 Zika virus outbreak

The latest Zika virus outbreak started in 2015 in Brazil and Colombia in the Americas and in Cape Verde in Africa. By February 2016, sporadic Zika virus infections had been reported in the following 26 countries in the Americas: Barbados, Bolivia, Brazil, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, St Maarten, Suriname, United States Virgin Islands and Venezuela – indicating a rapid geographic expansion of Zika virus.

This latest outbreak has been linked to complications of pregnancy and neurological disorders. Since no major Zika virus outbreaks were recorded before 2007, more research needs to be done to effectively link these complications to the virus and caution is needed when making these associations.

#### CONFIRMED CASES IN THE AMERICAS: GEOGRAPHICAL DISTRIBUTION



### SOME FACTS FROM THE AMERICAS

- An estimated 23 million women have an unmet need for contraception and account for 75 per cent of unintended pregnancies in the region.
- Latin America is also home to some of the most restrictive abortion laws in the world.
- 4.4 million abortions take place every year.
- An estimated 95 per cent of abortions are performed in unsafe conditions.
- In Latin America and the Caribbean, 22 per cent of adolescent girls report having sex before the age of 15, the highest rate in the world.
- Intimate partner violence against women ranges from 23.7 per cent in southern Latin America to nearly 41 per cent in the Andes, compared to the global average of 26.4 per cent.
- Free distribution and sale of emergency contraception was banned in Honduras in 2009.
- Five countries in the region do not permit abortion in any circumstances.

*Data sources:* Guttmacher Institute, World Health Organization, International Consortium for Emergency Contraception

In a region where approximately half of all pregnancies are unplanned; where sexual and gender-based violence is prevalent; and where laws on emergency contraception and abortion are restrictive, compliance with government recommendations for women to delay pregnancies will be difficult to achieve.

### Global response to the outbreak

In response to the outbreak, and the potential link to the stated pregnancy outcomes, some governments in the Americas have recommended that women should not get pregnant in the next two years. The government of Colombia has asked women to postpone pregnancies for 6–8 months; the government of El Salvador recommends women to postpone pregnancy until 2018; Ecuador also recommends postponement of pregnancy (with no specific timeframe); and Jamaica recommends postponing pregnancy for 6–12 months.

In a region where approximately half of all pregnancies are unplanned; where sexual and gender-based violence is prevalent; and where laws are restrictive in relation to accessing emergency contraception and safe abortion care services (see box), compliance with recommendations from government health authorities for women to delay pregnancies will be difficult to achieve.

This is especially true for poor women who are more susceptible to Zika virus infection because of the higher levels of stagnant water in poor communities; who are less likely to have personal protection against mosquitoes such as mosquito repellents; who are less likely to have access to sexuality education; and who are less likely to have access to contraception, including emergency contraception, and other sexual and reproductive health services. Young women are especially at risk of unintended pregnancies because of a lack of sexuality education and taboos that surround talking about their sexuality and exercising their sexual rights.

On 1 February 2016, the World Health Organization (WHO) declared the recent clusters of microcephaly and other neurological disorders in Brazil a Public Health Emergency of International Concern (PHEIC). In the absence of another explanation for the clusters of microcephaly and other neurological disorders, the International Health Regulations Emergency Committee recommended enhanced surveillance and research, and aggressive measures to reduce infection with Zika virus, particularly among pregnant women and women of childbearing age.

There is therefore an urgent need to mobilize governments, communities and resources to respond to contain the outbreak, including protecting the environments that are conducive to breeding of mosquitoes, to find a laboratory diagnosis, and to develop an effective vaccine and treatment. The World Health Organization has launched a global prevention and control strategy that is based on surveillance, response activities and research.

This Statement aims to complement the 2016 World Health Organization statement, plus other statements and guidelines,<sup>5,6,7</sup> and ensure that the sexual and reproductive health and rights of women and couples in the affected areas are adequately protected. This includes the right to decide freely and responsibly on the number, spacing and timing of their children as laid out in the Beijing Declaration and Platform for Action and the International Conference on Population and Development Programme of Action.

Building on World Health Organization and other region-specific guidelines for Zika virus control, all IPPF Member Associations in affected countries should strengthen the provision of sexual and reproductive health information and services to vulnerable women and the public.

## Recommendations for Member Associations

IPPF commits its support to Zika virus control efforts with a call to A) Member Associations in Zika affected areas; B) Member Associations in countries where Zika virus outbreak could potentially spread; and C) all Member Associations.

### A MEMBER ASSOCIATIONS IN ZIKA AFFECTED AREAS

#### 1 To actively engage in Zika prevention and control activities in-country:

- Ensure representation and participation of the Member Association in key Zika prevention and control taskforces and/or technical working groups led by ministries of health or other government ministries, World Health Organization/Pan American Health Organization, professional health associations and others.
- Create awareness, provide facts and dispel myths about the Zika virus – its cause, transmission, diagnosis, the disease and complications – among IPPF clinic providers, clients and communities.
- Provide information and services to the public on vector control measures according to the World Health Organization and other region-specific guidelines.

#### 2 Building on the WHO and other region-specific guidelines for Zika virus control, all IPPF Member Associations in affected countries should **strengthen the provision of sexual and reproductive health information and services** to vulnerable women and the public:

- *For the public:* Strengthen public education and awareness about contraception and family planning options (including emergency contraception, and male and female condoms), and post-abortion care.
- *For health providers:* Facilitate access to and, in some cases, organize training and capacity building fora for health providers on the diagnosis and management of Zika virus infection and its complications, especially during pregnancy.

- *For women who want to delay pregnancy/ avoid an unintended pregnancy:* Strengthen service delivery points to provide appropriate counselling; effective contraception, including emergency contraception, and male and female condoms; and safe abortion where it is available legally, and post-abortion care services, to vulnerable women with unintended pregnancy and suspected Zika infection.
- *For women who are pregnant and want to continue the pregnancy:* In addition to routine antenatal care protocols, and WHO guidance on managing pregnant women, including those infected with Zika, provide pregnant women with information about the Zika virus; offer information on preventing the infection; counselling and support for women who may face potential risks to their pregnancy; and safe delivery services and post-natal care, including for women who are breastfeeding.
- *For families who have babies affected by Zika virus:* Provide care and social support for families of children with microcephaly and other neurological conditions and/or congenital malformations.
- *For women who are victims of sexual and gender-based violence:* Strengthen provision of counselling and support services, including pregnancy testing, emergency contraception and post-exposure prophylaxis for HIV.
- *For men:* Engage men in Zika control activities, including vector control, sexual and reproductive health decisions including about fertility, pregnancy, contraception and abortion. For example, Member Associations can hold public campaigns about men using condoms for contraception and thereby supporting women in their reproductive choices.
- *All Member Associations* need to ensure availability of a secure supply of essential sexual and reproductive health commodities and supplies, such as contraceptives, including emergency contraceptives, and male and female condoms, and misoprostol for post-abortion care.

*In addition, for governments and other stakeholders:*

- Protect and preserve women's right to decide on the timing of pregnancy, independent of the status of the Zika epidemic.
- Provide support and guidance to pregnant women and those who opt to get pregnant in relation to reducing their risk of Zika infection, ensuring appropriate care and management during pregnancy, and caring for babies born with microcephaly.
- Advocate for social and medical support for people with disabilities arising from the Zika virus infection, especially children born with microcephaly and other neurological deficiencies and disorders.
- Advocate for abortion and other legal reforms to ensure access to safe abortion services for women who have Zika infection and might want an abortion because of fear of microcephaly.
- Ensure availability of a secure supply of essential sexual and reproductive health commodities and supplies, including a range of long-acting reversible contraceptives, emergency contraceptives and condoms.

#### **B MEMBER ASSOCIATIONS IN COUNTRIES WHERE ZIKA VIRUS OUTBREAK COULD POTENTIALLY SPREAD**

Member Associations in countries that are vulnerable to the potential spread of the Zika virus should engage with ministries of health, other relevant government ministries, the World Health Organization and regional offices such as the Pan American Health Organization and professional health associations in order to ensure that **prevention and preparedness planning** includes adequate sexual and reproductive health and rights responses.

#### **C ALL MEMBER ASSOCIATIONS**

All Member Associations should keep abreast of **research and latest scientific developments** on the Zika virus and ensure rapid dissemination through their health information networks, both internally and externally. The International Medical Advisory Panel will review the emerging evidence on causes and consequences of the Zika epidemic and update Member Associations as developments occur.

All Member Associations need to ensure availability of a secure supply of essential sexual and reproductive health commodities and supplies, such as contraceptives, including emergency contraceptives, and male and female condoms, and misoprostol for post-abortion care.

## Resources

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## WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.



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