

# Zika virus: Pregnant Women in RI Should Take Precautions

Zika virus infection poses a significant risk in pregnancy as it “is a cause of microcephaly and other severe fetal brain defects” according to the Centers for Disease Control and Prevention (CDC), an agency of the federal government responsible for monitoring and assessing threats to public health. “Microcephaly is a medical condition in which the circumference of the head is smaller than normal because the brain has not developed properly or has stopped growing,” according to the National Institute of Neurological Disorders and Stroke (NINDS), one of several institutes of the National Institutes of Health (NIH). “Some children may have only mild disability, while those with more severe cases may face significant learning disabilities, cognitive delays, or develop other neurological disorders. Many, if not most, cases of Zika microcephaly will be very severe, possibly requiring lifelong intensive care.”

According to the website of the Rhode Island Department of Health (RIDOH), “Zika virus is spread to people through mosquito bites or from sexual contact with an individual who is infected with Zika virus. The species of mosquito that carries Zika virus is not known to be established in Rhode Island at any time of the year. In Rhode Island, Zika virus is considered to be travel-acquired. This means that confirmed cases will be because that person contracted the virus in another area and then returned to Rhode Island.” RIDOH further explains, “The most common symptoms of Zika virus are: fever, rash, joint pain, headache, muscle pain, [and] conjunctivitis (pink eye). Symptoms typically appear within three to 14 days of infection. About one in five people infected with Zika virus become ill [with symptoms].”

RIDOH spokesman Joseph Wendelken told *Motif*, “As of [last week], there have been 50 cases of Zika virus identified in Rhode Island. All cases had a history of travel to a country where Zika virus is circulating. In addition, only one case of congenital [at birth] Zika virus infection has been identified in an infant. The infant has no birth defects identified.” He continued, “Women who had possible Zika virus exposure through travel or sexual exposure are at risk of passing Zika virus to their partner through sex for 8 weeks after symptom onset [if they have symptoms] or last possible exposure [if they have no symptoms]. Men with possible Zika virus exposure are at risk of passing Zika virus to their partner through sex for 6 months after symptom onset or last possible exposure.”

The risks to a pregnant woman who becomes infected with Zika virus are a matter of scientific uncertainty. An article recently published in the *Journal of the American Medical Association* provides what is regarded as the best estimate of risk, finding that, in the United States, of 442 completed Zika-infected pregnancies “evidence of a Zika virus-related birth defect, primarily microcephaly with brain abnormalities” was present in 6% overall and in 11% with infection during the first trimester. However, as other researchers pointed out in the *New England Journal of Medicine*, there could be a large number of pregnant women infected with Zika virus who are never tested and are therefore unaware of their status.

In Rhode Island, according to Wendelken, “More than 500 pregnant women have been offered testing. RIDOH works with reporting obstetricians to ensure that pregnant women who have a history of travel to a country where Zika virus is circulating or sex with a male partner who has a history of travel to one

of those countries are tested for Zika virus. Providers are counseling pregnant females to avoid travel and follow safe sex practices (abstinence, condom use) for the remainder of their pregnancy if they have a partner with a recent history of travel to an area where Zika virus is circulating.” RIDOH maintains an infectious disease surveillance unit, its laboratory has developed the capacity to test for Zika virus, and confirmatory testing and consultation in complicated cases is available from the CDC, he said. “Great effort has been made to partner with the ob-gyn community and community health center staff to provide education regarding prevention as well as testing and monitoring during pregnancy, at delivery, and in the newborn period for pregnant women and their infants with potential Zika exposure.”

RIDOH has ramped up a substantial response to the threat since February 2016, Wendelken said, with existing staff reassigned to Zika virus tasks. “A multidisciplinary task force, led by emergency preparedness and response specialists, has been coordinating a multifaceted response. Task force members include maternal and child health services specialists, infectious disease specialists, laboratory specialists, communications staff, maternal and fetal medicine specialists, mosquito control specialists and birth defects surveillance specialists.” Rhode Island has been awarded federal grant funding from the CDC for additional staff and laboratory equipment as well as a public information campaign for arriving travelers at T.F. Green Airport and on the radio, he said.

RIDOH Zika virus information: [health.state.ri.us/diseases/mosquitoes/?parm=147](http://health.state.ri.us/diseases/mosquitoes/?parm=147)