

# COUNSELING TRAVELERS

## Women and Men of Reproductive Age Who are Considering Travel to Areas with Risk of Zika

This guide describes recommendations to providers for counseling women and men of reproductive age who are considering travel to areas with risk of Zika. This material includes recommendations from [CDC's interim guidance](#) and talking points to cover while discussing recommendations.

Recommendation	Key Issues	Talking Points
<b>Assess risk of Zika exposure and prevention</b>	Environment	Discuss whether the planned area of travel is an area with risk of Zika ( <a href="#">see CDC Zika Travel Information website*</a> ).
		Discuss environment in which patient will be staying: advise traveler to stay in hotel rooms or other accommodations that are air conditioned or have good window and door screens to keep mosquitoes outside.
		Discuss mosquito bite prevention, including insect repellent, clothing (including permethrin-treated <sup>1</sup> ), and bed net use.
		Discuss how to prevent sexual transmission during and after the trip.
<b>Discuss Zika infection</b>	<ol style="list-style-type: none"> <li>Signs and symptoms of Zika virus disease</li> <li>When to seek care</li> <li>Treatment</li> <li>Preventing transmission after returning home</li> </ol>	Many people infected with Zika won't have symptoms or will have only mild symptoms. The most common symptoms of Zika are fever, rash, arthralgias, and conjunctivitis; other common symptoms include myalgia and headache.
		Illness usually lasts about a week.
		Zika infection during or just before pregnancy may cause poor pregnancy and infant outcomes, including birth defects. Guillain-Barré syndrome is possibly triggered by Zika in a small proportion of infections, as it is after a variety of other infections.
		People who have possibly been exposed and develop symptoms consistent with Zika should see a healthcare provider and report their (or their sexual partner's) recent travel if they have been to an area with risk of Zika.
<b>Discuss Zika infection and pregnancy</b>	Possible adverse outcomes of Zika infection during pregnancy	If travelers develop symptoms of Zika, they should rest, stay hydrated, and take acetaminophen for fever or pain. To reduce the risk of hemorrhage, aspirin or other NSAIDs should not be taken until dengue can be ruled out.
		To help prevent others from getting sick, people infected with Zika should prevent the spread of Zika through sex by using condoms or not having sex for 2 months (women) or 3 months (men). They should also strictly follow steps to prevent mosquito bites during the first week of illness. Even if they do not feel sick, travelers returning from an area with risk of Zika should take steps to prevent mosquito bites for 3 weeks. These steps will prevent them from passing Zika to mosquitoes that could spread the virus to other people.
		Zika can be passed to the fetus during pregnancy or at delivery if a woman is infected during pregnancy.
		Zika infection during pregnancy can cause microcephaly and other severe fetal brain defects.
		Children with microcephaly often have serious problems with development and can have other neurologic problems, such as seizures.
Zika has been linked to other problems in pregnancies and among fetuses and infants infected with Zika before birth, such as miscarriage, stillbirth, defects of the eye, hearing deficits, and impaired growth.		
There is no evidence that Zika infection poses an increased risk for birth defects in future pregnancies after the virus has cleared from the blood.		

[www.cdc.gov/zika](http://www.cdc.gov/zika)



**Centers for Disease Control and Prevention**  
National Center on Birth Defects and Developmental Disabilities

Recommendation	Key Issues	Talking Points
<b>Assess pregnancy plans related to timing of travel</b>	<ol style="list-style-type: none"> <li>1. Timing of conception</li> <li>2. Avoiding travel to areas with risk of Zika while pregnant</li> </ol>	<p>CDC recommends that women who are pregnant not travel to any <a href="#">area with risk of Zika</a>.</p> <p>If a pregnant woman must travel to one of these areas, discuss potential risks and the steps she should take to prevent mosquito bites and sexual transmission of Zika during and after the trip.</p> <p>CDC recommends that travelers returning from any area with risk of Zika wait to conceive.</p> <ol style="list-style-type: none"> <li>1. If traveler is female: Use condoms or do not have sex for at least 2 months after travel to an area with risk of Zika (if she doesn't have symptoms) or for at least 2 months from the start of her symptoms (or Zika diagnosis).</li> <li>2. If traveler is male: Use condoms or do not have sex for at least 3 months after travel to an area with risk of Zika (if he doesn't have symptoms) or for at least 3 months from the start of his symptoms (or Zika diagnosis).</li> </ol> <p>Note: If traveling as a couple, both travelers should use condoms or not have sex for at least 3 months.</p>
<b>Discuss Zika – risk of sexual transmission and need for contraception</b>	<ol style="list-style-type: none"> <li>1. Preventing sexual transmission</li> <li>2. Contraception</li> </ol>	<p>Zika can be passed through sex from a person who has Zika to his or her sex partners.</p> <p>Anyone who is not pregnant or trying to get pregnant who wants to avoid getting or passing Zika during sex can use condoms every time they have sex, or not have sex.</p> <ol style="list-style-type: none"> <li>1. If traveler is female: Consider using condoms or not having sex for at least 2 months after travel to an area with risk of Zika (if she doesn't have symptoms), or for at least 2 months from the start of her symptoms (or Zika diagnosis) if she develops Zika.</li> <li>2. If traveler is male: Consider using condoms or not having sex for at least 3 months after travel to an area with risk of Zika (if he doesn't have symptoms), or for at least 3 months from the start of his symptoms (or Zika diagnosis) if he develops Zika.</li> </ol> <p>To avoid conceiving for the advised periods of time, a woman or couple should also use the most effective contraceptive methods that can be used correctly and consistently (See Effectiveness of Family Planning Methods: <a href="http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf">http://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf</a>).</p>

### Related websites:

Zika Virus - <http://www.cdc.gov/zika/index.html>

\* Zika Travel Information - <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Guillain-Barré Syndrome - <http://www.cdc.gov/zika/about/gbs-qa.html>

Zika Virus Prevention - <http://www.cdc.gov/zika/prevention/index.html>

For Providers Caring for Pregnant Women -

<http://www.cdc.gov/zika/hc-providers/pregnant-women/zika-and-pregnancy.html>

Timeframes to Wait Before Trying to Conceive by Geographic Location -

<https://www.cdc.gov/zika/geo/countries-territories.html>

Zika Transmission & Risks - <http://www.cdc.gov/zika/transmission/index.html>

Zika Symptoms, Diagnosis & Treatment - <http://www.cdc.gov/zika/symptoms/index.html>

**\*\* For updates, please check <http://www.cdc.gov/zika/hc-providers/index.html>**

### Footnotes:

1. In some places, such as Puerto Rico, there is widespread permethrin resistance, and it is unlikely to be effective. Contact local authorities or a mosquito control district for more information on pesticides.