



Zika Virus - Questions and Answers

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The Latin American Travel Association (LATA) brings together over 200 Latin American companies, including tourist boards, tour operators, hotels, wholesalers, media, airlines and overseas members.

In the last few weeks, the Zika virus has dominated the headlines, with a mixture of facts, theory and commentary which has led to confusion surrounding the risks posed to travellers to Latin America and beyond.

LATA is in communication with its members to ensure their customers get the best advice to mitigate the impact of the Zika virus, a dengue-like infection that is transmitted by Aedes mosquitoes, and is monitoring protocol and guidelines issued by the Foreign Office, Public Health England and the National Travel Health Network and Centre, as well as liaising with ABTA - The Travel Association.

The notes below aim to add some clarity for people thinking of visiting Latin America.

What is Zika?

The Zika virus was first identified in Uganda in the late 1940s. It is spread between humans by mosquitoes, in a similar way to dengue fever and malaria. Of those infected, about one in five people show any symptoms – which tend to be no more than short-lived flu-like symptoms such as a fever, rash and aching joints for between two and seven days.

Zika and Microcephaly

Although in the majority of cases there are no manifested effects of the Zika virus, a possible link between exposure to the virus in pregnancy and microcephaly has been identified which can have potentially serious consequences for unborn children. There is currently no conclusive proof that the two are connected, however investigations are ongoing and this is a major concern that has brought Zika to the world's attention.

Zika and Guillain-Barré Syndrome

More recently connections have been suggested between Zika and an apparent rise in neurological disorders such as Guillain-Barré Syndrome (GBS) which is a serious but rare condition. Treatments

are available for GBS and most people make a full recovery. Nevertheless investigations to determine the cause of infection and the possible connection to the Zika virus are ongoing

Where has Zika been found?

The Zika virus has previously been identified in parts of Africa, Southeast Asia, Polynesia, other Pacific regions and certain Caribbean Islands. More recently, the Zika virus has now been identified throughout much of the Americas. Locally-acquired transmission has also been reported by Cape Verde.

The Aedes mosquito is typically found in tropical and sub-tropical areas, and does not normally live at altitudes above 2,000m.

A map highlighting the countries and territories that are currently experiencing Zika virus transmission has been created by the European Centre for Disease Prevention and Control and can be viewed [here](#).

It is important to keep in mind that the threat posed by Zika remains small in comparison with other mosquito borne infections that are prevalent worldwide.

Should I avoid visiting Latin America?

The World Health Organisation currently states:

There should be no restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission.

In most cases, the Zika virus is mildly inconvenient for the average holidaymaker. Generally, travelling to Latin America following the rise of the Zika virus is no different to before. Travellers are advised to stay informed about the Zika virus and other mosquito-borne diseases and take necessary precautions during their visit. This includes mosquito bite avoidance measures such as the application of insect repellent containing DEET and wearing long trousers and long sleeved clothing.

Women who are pregnant are currently advised to postpone non-essential travel to areas with active Zika transmission until after pregnancy. In addition, it is recommended that women should avoid becoming pregnant while travelling in an area with active Zika virus transmission, and for 28 days following return home.

Transmission between humans

The risk of sexual transmission is thought to be very low however sexual transmission has been reported. As a precaution, [Public Health England](#) is advising men use condoms for 28 days after returning from an infected area if their partner is pregnant or may become so, or for six months if Zika symptoms develop.

Current advice

While the link between the Zika virus and more serious conditions is yet to be confirmed, the following advice is recommended:

- If you are pregnant
Pregnant women are currently recommended to postpone non-essential travel to areas with active Zika transmission until after pregnancy
- If you may become pregnant at any point during your trip
It is recommended that women should avoid getting pregnant while travelling in an area with an active Zika outbreak. As a woman leaves an area with active Zika transmission, it is recommended that she should not try to conceive for 28 days.
- None of the above
If you do not fall into these groups, Zika poses no compelling reasons to avoid travel, though as is usual throughout regions where mosquitoes are prevalent, precautions should be taken to avoid being bitten.

Sources

The above notes are based on information from the following sources:

- UK Foreign and Commonwealth Office
- UK National Travel Health Network and Centre (NaTHNaC)
- Public Health England
- European Centre for Disease Control (ECDC)
- The Pan American Health Organisation (PAHO)
- US Centre for Disease Control (CDC)
- The World Health Organisation (WHO)

Whilst we endeavour to provide updated and factual information, we would strongly recommend all travellers to seek balanced and updated information from the relevant authorities listed above.

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