Cover letter

Dear Editor in chief,

Due to explosive reemergence of reported Zika virus (ZIKV) potential linked to cases of congenital microcephaly, neurological disorders’ and still birth Western hemisphere and the rapid spread was declared as public health emergency of international concern by the World Health Organization (WHO) on February 1, 2016,. It is perhaps difficult, if not impossible to screening all reservoirs with the prevailing co-infections, with and/or without acquired immunity, dichotomy between medical, ethical, legal, religious and families. Still more evidence on the devastating microcephaly and neurological birth defects as a result of Zika virus infection that can ostensibly lead to seizures, developmental delay and shortened life expectancy are ongoing in affected populations.

But much remains unknown about transmission, diagnosis and long-term pathogenesis. Zika virus often causes minimal (or no) symptoms in infected patients. Pregnant mothers don’t need to have symptoms to transmit the virus to their fetus, and there’s neither reliable nor prompt point of care diagnostic test, nor treatment and vaccine to combat the disease and proven advice on travel or tourism, especially to places where the virus is circulating or transparent and equitable actions in morally acceptable alternatives without or limited harms “do no harms” versus “precautionary principle or uncertainty in justification” to the family/population as a whole benefits.

The paper addresses medical, ethical-legal and societal issues and implications of Zika virus epidemics; and advocates on innovative solutions in tackling the sexual-reproductive and mental health alongside transfusion medicine policies, programs and interventions strategies.

Thanks

Dr Tambo