

Reproductive Facts

Patient fact sheet developed by the American Society for Reproductive Medicine



Want to Know About the Zika Virus?

The Zika Virus

- Is found in South America, North America, the Caribbean, Central Africa, India, and Southeast Asia
- There is currently no vaccine or medicine to prevent or treat Zika
- Symptoms can be mild or not present, making it difficult to know if you have it
- Is spread primarily through daytime-active mosquitos
- Can be transmitted through intimate sexual contact (vaginal and anal sex), blood transfusion, and from mother to fetus (unborn child)
- Might be transmitted through oral sex or the sharing of sex toys
- Can be stopped from spreading from one sexual partner to another through the use of condoms or avoiding any sexual contact

What are the symptoms of Zika virus?

Common symptoms include fever, rash, joint pain, conjunctivitis (red eyes), muscle pain, and headache. The incubation period is up to 2 weeks and the symptoms last 2–7 days. But most people will not have symptoms.

What about Zika virus and pregnancy?

The World Health Organization (WHO) reports that the Zika virus can cause microcephaly or congenital Zika syndrome when transmitted from mother to fetus (unborn child). Microcephaly is a medical disorder where the head is smaller than normal and is associated with brain shrinkage and cell death, causing serious developmental problems in the child. Infection with Zika virus during pregnancy is also linked to miscarriage, impaired growth, eye defects, and hearing loss in the child.

Should I be tested for Zika virus?

There are two tests that can confirm Zika infection, the NAT (nucleic acid test) in blood or urine or an antibody test in blood. The NAT test should be done first, with the antibody testing optional only if the NAT is negative. The antibody test cross-reacts with another disease, so the usefulness of the test is debated. If Zika virus is found in the blood or urine, it is assumed to be present in semen

or other bodily fluids. Testing of semen or vaginal fluids is not recommended to determine whether a person could transmit Zika virus during sex to another person because available tests are not yet reliable for these fluids.

Zika Testing Limitations

- Testing is not equally available everywhere and the cost is not always covered by insurance. Your health-care provider should know what tests are available in your community, the limitations of these tests, which patients will be allowed testing, and whether testing is covered by insurance.
- A negative blood test result does not necessarily mean that Zika virus is not present in other body fluids; this means you could still be at risk even with a negative blood test.
- No test is correct 100% of the time. Testing could show a negative result when Zika virus is actually present (false-negative result) or show the virus present when it really isn't (false positive). The possibility of false-positive or false-negative test results should be discussed between the health-care provider and patient(s) before making any decisions about reproduction.
- Individuals can contract Zika virus after they have tested negative.

Will the Zika virus affect my plans to undergo assisted reproduction procedures?

Using your own sperm and eggs

For men and women planning pregnancy who live in an area of active transmission, the risk is always present due to continuous potential exposure. The safest option is to delay pregnancy; however, this is not always possible, particularly in those women older than 35 years. Individuals using only their own eggs and sperm in assisted reproduction should follow the same precautions as for a non-assisted reproduction.

Donor Egg and Sperm

Per the US Food and Drug Administration (FDA), the use of sperm, eggs, and embryos from living persons is not allowed if the donors (either known or anonymous):

- Had a diagnosis of Zika virus infection in the past 6

Reproductive Facts

Patient fact sheet developed by the American Society for Reproductive Medicine



months

- Reside in or traveled to an area with active Zika virus transmission within the past 6 months
- Have had sex with a person within the past 6 months who, during the 6 months before this sexual contact:
 - Was diagnosed with Zika virus disease,
 - Experienced an illness consistent with Zika virus disease, or
 - Traveled to an area of active Zika virus transmission

Gestational Carriers

Gestational carriers are women who carry a pregnancy for someone else (intended parents), typically using the intended parent(s)' or donated eggs and/or sperm. They should follow the same precautions as for non-assisted reproduction.

Should I wait to get pregnant?

Guidance from the Centers for Disease Control and Prevention (CDC), WHO, and ASRM about attempting pregnancy is summarized on the table below.

CDC recommendations for preconception counseling and prevention of sexual transmission of Zika virus among persons with possible Zika virus exposure – United States, August 2016	
Exposure scenario	Recommendations (update status)
Only the male partner travels to an area with risk for Zika virus transmission and couple planning to conceive	The couple should use condoms or abstain from sex for at least 3 months after the male partner's symptom onset (if symptomatic) or last possible Zika virus exposure (if asymptomatic). (Updated recommendation 2018)
Only the female partner travels to an area with risk for Zika virus transmission and couple planning to conceive	The couple should use condoms or abstain from sex for at least 2 months after the female partner's symptom onset (if symptomatic) or last possible Zika virus exposure (if asymptomatic). (No change in recommendation)*
Both partners travel to an area with risk for Zika virus transmission and couple planning to conceive	The couple should use condoms or abstain from sex for at least 3 months after the male partner's symptom onset (if symptomatic) or last possible Zika virus exposure (if asymptomatic). (Updated recommendation 2018)
One or both partners have ongoing exposure (i.e., live in or frequently travel to an area with risk for Zika virus transmission) and couple planning to conceive	The couple should talk with their health care provider about their plans for pregnancy, their risk for Zika virus infection, the possible health effects of Zika virus infection on a baby, and ways to protect themselves from Zika. If either partner develops symptoms of Zika virus infection or tests positive for Zika virus infection, the couple should follow the suggested timeframes listed above before trying to conceive. (No change in recommendation)
Men with possible Zika virus exposure whose partner is pregnant	The couple should use condoms or abstain from sex for the duration of the pregnancy. (No change in recommendation)*

The WHO recommends waiting 6 months for men and women after possible or confirmed exposure to Zika virus. In contrast, ASRM and CDC agree that waiting 3 months for men and waiting 8 weeks for women is adequate.

Why don't all the recommendations agree?

Not all agencies agree on their recommendations because there are many unknowns. Zika virus stays in the blood and urine of infected women a relatively short time and women do not appear to store the virus anywhere else in their body. Therefore, the CDC recommends for women to wait 8 weeks from a positive test result to attempt pregnancy. However, the WHO has adopted a more conservative 6-month recommendation. Since the reports are reassuring for waiting 8 weeks, and other variables like age and infertility may also need to be considered, ASRM recommends waiting a minimum of 8 weeks for females and 3 months for males who have been exposed or diagnosed. For those with ongoing exposure, ASRM recommends that each woman discuss her individual situation with her health-care provider to decide the length of time to wait to attempt pregnancy.

Other considerations:

In areas where Zika virus-carrying mosquitos have been identified, women of reproductive age, particularly those who are attempting pregnancy, should take measures to prevent breeding of mosquitos and prevent bites. For the latest information on minimizing Zika infections, please visit <https://www.cdc.gov/zika/prevention/index.html>.

Visit the CDC website to find the latest information about where the Zika virus-carrying mosquitoes have been found: www.cdc.gov/zika/geo/index.html

If you are using donated embryos, eggs, or sperm, you should consider the potential exposure of the embryos to Zika virus, particularly if they were frozen at a time before these screening processes were in effect.

Laboratory techniques that have been used to prevent the transmission of other viruses in sperm, such as human immunodeficiency virus (HIV), have not been shown to prevent Zika virus at this time.

Information about Zika virus, including how it is transmitted, ways to test for it, and what effects it has on babies and adults, is continually changing. Guidance published today may not be accurate for counseling and treatment of individuals tomorrow. Check with your health-care provider and the CDC and FDA for the latest information.