

# WHO guidelines for the prevention of sexual transmission of Zika virus



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# Recommendations

## 1. Recommendations for individuals living in areas with ongoing transmission of Zika virus:

### 1.1 Recommendations for all sexually active women and men

- a) All **women and men** with Zika virus infection and their sexual partners, particularly pregnant women,<sup>1</sup> should receive information about the risks of sexual transmission of Zika virus (Strong recommendation, very low certainty of evidence).
- b) All **women and men** should be offered a full range of contraceptives and be counselled to be able to make an informed choice about whether and when to prevent pregnancy in order to avoid possible adverse outcomes of Zika virus infection during pregnancy (Strong recommendation, best practice recommendation).
- c) **Men** should be informed about the possible risk of sexual transmission of Zika virus during the **3 months** after known or presumptive infection.<sup>2</sup> Men should be informed about the correct and consistent use of condoms or abstinence during that time period to prevent Zika virus infection through sexual transmission (Conditional recommendation, low certainty of evidence).
- d) **Women** should be informed about the possible risk of sexual transmission of Zika virus during the **2 months** after known or presumptive infection.<sup>2</sup> Women should be informed about the correct and consistent use of condoms or abstinence during that time period to prevent Zika virus infection through sexual transmission (Conditional recommendation, very low certainty of evidence).

### 1.2 Recommendations for women or couples planning to conceive or having sex that could result in conception

- a) **Women** who have had sex that could result in conception, and do not wish to become pregnant due to concerns about Zika virus infection, should have ready access to emergency contraceptive services and counselling (Best practice).
- b) **Women** should receive information about the possible risk of vertical transmission of Zika virus to the fetus. Women should avoid sex that could result in conception for **2 months** after known or presumptive infection,<sup>2</sup> to ensure that a possible Zika virus infection has cleared before becoming pregnant (Strong recommendation, very low certainty of evidence).
- c) **Male** sexual partners should receive information about the possible risk of sexual transmission of Zika virus during the **3 months** after known or presumptive infection.<sup>2</sup> Men should use condoms correctly and consistently or abstain from having sex for that time period to prevent Zika virus infection through sexual transmission (Strong recommendation, low certainty of evidence).
- d) Taking into account current and projected local transmission rates<sup>3</sup> of Zika virus, **women or couples** planning to conceive should be informed about the option to delay conception until the risk of Zika virus infection in the local area has substantially decreased, in accordance with local risk assessment (Conditional recommendation, very low certainty of evidence).

### 1.3 Recommendations for pregnant women<sup>1</sup> and their sexual partners

- a) **Pregnant women** and their sexual partners should use condoms correctly and consistently, or abstain from sex for **the whole duration of the pregnancy**, to prevent Zika virus infection through sexual transmission and possible adverse outcomes of Zika virus infection during pregnancy (Strong recommendation, very low certainty of evidence).

<sup>1</sup> Further guidance on Zika virus infection and pregnancy can be found in the WHO interim guidelines *Pregnancy management in the context of Zika virus infection* (available online at <http://www.who.int/csr/resources/publications/zika/pregnancy-management/en/>).

<sup>2</sup> After known or presumptive infection: After onset of symptoms compatible with Zika virus infection or, if asymptomatic, a positive test result for Zika virus. Most Zika virus infections are asymptomatic. Sexual transmission from a partner with asymptomatic Zika virus infection has been reported. Whether a person is infected or not may be hard to establish, given the low diagnostic accuracy of some available tests and the absence of resources for testing in some areas. Further guidance on the diagnosis of Zika virus infection can be found in the WHO interim guidance *Laboratory testing for Zika virus infection* (available online at <http://www.who.int/csr/resources/publications/zika/laboratory-testing/en/>).

<sup>3</sup> Local or projected transmission rates: In areas with high levels of current ongoing Zika virus transmission, delaying conception until the transmission rate decreases can reduce the risk of Zika virus infection during pregnancy.

## 2. Recommendations for individuals living in areas without ongoing transmission of Zika virus travelling to or from areas with ongoing Zika virus transmission

### 2.1 Recommendations for all sexually active women and men returning from areas with ongoing Zika virus transmission

- a) All **women and men** travelling to or returning from areas with ongoing Zika virus transmission and their sexual partners, particularly pregnant women,<sup>1</sup> should receive information about the risks of sexual transmission of Zika virus (Strong recommendation, very low certainty of evidence).
- b) All **women and men** travelling to or returning from areas with ongoing transmission of Zika virus should be offered a full range of contraceptives, and be counselled to be able to make an informed choice about whether and when to prevent pregnancy, in order to avoid possible adverse outcomes of Zika virus infection during pregnancy (Strong recommendation, very low certainty of evidence).
- c) **Men** returning from areas with ongoing Zika virus transmission and their sexual partners should use condoms correctly and consistently, or abstain from sex for at least **3 months** after the last possible exposure,<sup>4</sup> to prevent Zika virus infection through sexual transmission (Strong recommendation, low certainty of evidence).
- d) **Women** returning from areas with ongoing Zika virus transmission and their sexual partners should use condoms correctly and consistently, or abstain from sex for at least **2 months** after the last possible exposure,<sup>4</sup> to prevent Zika virus infection through sexual transmission (Strong recommendation, very low certainty of evidence).

### 2.2 Recommendations for women or couples planning to conceive, or having sex that could result in conception, and returning from areas with ongoing Zika virus transmission

- a) **Women** returning from areas with ongoing Zika virus transmission should avoid sex that could result in conception for at least **2 months** after the last possible

exposure<sup>4</sup> (Strong recommendation, very low certainty of evidence).

- b) **Male** sexual partners returning from areas with ongoing Zika virus transmission should use condoms correctly and consistently, or abstain from sex for at least **3 months** after the last possible exposure,<sup>4</sup> to prevent Zika virus infection through sexual transmission and reduce the risk of conception (Strong recommendation, low certainty of evidence).

### 2.3 Recommendations for pregnant women<sup>1</sup> and their sexual partners travelling to or returning from areas with ongoing Zika virus transmission

- a) **Pregnant women** and their sexual partners should use condoms correctly and consistently or abstain from sex for the **whole duration of the pregnancy** if the sexual partner is returning from areas with ongoing Zika virus transmission. This recommendation aims to prevent Zika virus infection through sexual transmission and possible adverse pregnancy and fetal outcomes (Strong recommendation, very low certainty of evidence).
- b) **Pregnant women** should consider delaying nonessential travel to areas with ongoing Zika virus transmission (Conditional recommendation, very low certainty).

## 3. Recommendations about safer sex

WHO always recommends the use of safer sexual practices. Safer sex is a behavioural concept that promotes the reduction of sexual risk-taking behaviour. It emphasizes measures to reduce the risk of contracting or spreading sexually transmitted infections (STIs), including postponing sexual debut, nonpenetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners.

Men and women should receive counselling and be informed about safer sex. Health authorities should ensure affordable and equitable access to condoms and other contraception methods, especially in the context of Zika virus transmission and other STIs. The correct and consistent use of condoms reduces the risk of an unintended pregnancy as well as STIs, including the human immunodeficiency virus (HIV).

<sup>4</sup> After the last possible exposure: After the last day of stay in an area with ongoing Zika virus transmission or the last day of sexual contact with a possibly Zika virus-infected person.