

# Information bulletin

## Asia Pacific: Zika preparedness

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**This bulletin is issued for information only, and reflects the current situation and details available at this time. The International Federation of Red Cross and Red Crescent Societies (IFRC), in consultation with the National Societies in Asia Pacific, is finalizing a preparedness plan for potential support to the National Societies of countries at risk in Asia Pacific region.**

[<Click here for detailed contact information>](#)

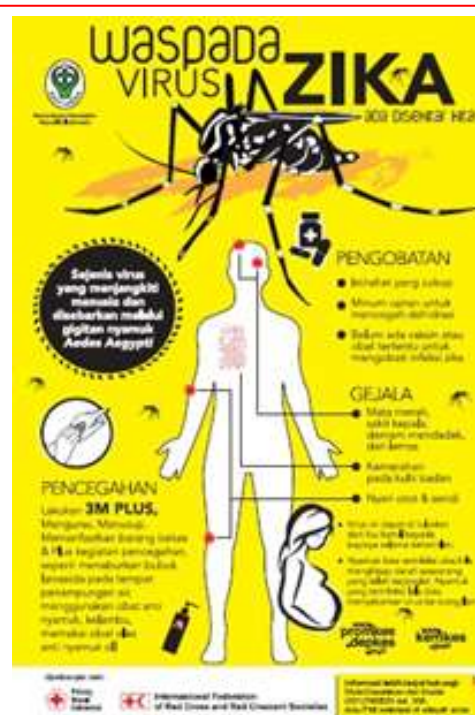
## The situation

On 1 February 2016, WHO declared the *Zika Virus*<sup>1</sup> a Public Health Emergency of International Concern due to i) the rapid spread of disease with strongly suspected causal relation with clusters of microcephaly<sup>2</sup> and other neurological abnormalities and ii) wide global distribution of the mosquitoes that can transmit the virus. WHO has called for a coordinated and multisectoral response through an interagency Strategic Response Framework focusing on response, surveillance and research.

In response to the disease outbreak in the Americas, IFRC launched an [emergency appeal](#) on 2 February 2016 to combat Zika virus and other vector borne diseases in the region.

The Zika virus, first discovered in Uganda in 1947 in the rhesus monkeys, made its way across to Asia Pacific in the late 60s followed by the Americas in the recent outbreak.

The risk of the virus spreading within Asia Pacific is potentially high as sporadic cases have been reported in Malaysia (1969), Indonesia (1977), New Zealand (2002), Cambodia (2010), Thailand and Philippines (2012), Australia (2014) and Maldives (2015) in the past. Risk factors that are of concern are the chronic infestation of *Aedes* mosquitoes and the lack of immunity to the Zika virus in many populations in the region. The risk is further heightened in places with the tropical heat, widespread poverty, overcrowding and poor sanitation. In addition, international travel can cause the virus to cross borders into new territories.



Zika virus flyer and poster developed and circulated by the Indonesian Red Cross (PMI) during community awareness activities.

Country	Observation of Zika virus*
Australia	23 suspected cases since 2012
Fiji	4 suspected cases (awaiting diagnostics)
New Zealand	10 confirmed cases and 1 suspected case in 2016 6 suspected cases in 2015 and 57 suspected cases in 2014
Samoa	no recent cases 3 confirmed cases in September and October 2015
Tonga	The country has declared an epidemic state – 12 confirmed cases and 857 suspected cases
China	2 confirmed cases (both imported from Venezuela)
Thailand	1 confirmed case
*1 confirmed case (imported from Thailand – picked up at temperature screenings at Airport in Taipei) and 4 confirmed cases and more than 200 suspected cases in American Samoa	

<sup>1</sup> See [attached](#) the Zika Virus Fact Sheet

<sup>2</sup> Microcephaly is a neurological disorder in which infants are born with smaller craniums and brains

Although initial documentation of transmission focused only around the Aedes mosquito as the sole mode of transmission, it has unfolded that the Zika virus can be indeed transmitted sexually (reported cases in the USA and Senegal) and via bodily fluids such as blood, urine and saliva. It can also be vertically transmitted from mother to foetus during pregnancy and possibly lead to complications such as birth defects (microcephaly) and neurological conditions (Guillain Barre Syndrome). There is much yet unknown about the virus.

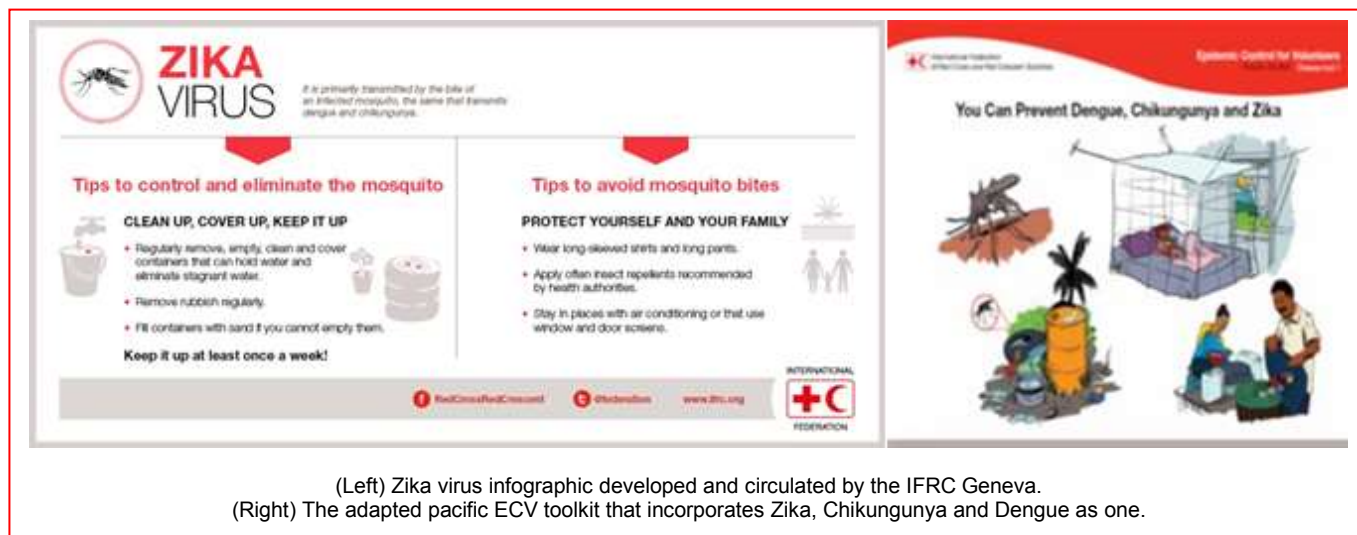
Only 1 out of 5 infected people develop mild symptoms such as fever, rash, joint pain, and conjunctivitis that last a week. This makes surveillance difficult, as majority of infected people do not show symptoms, and those with mild symptoms may not seek medical attention. Apart from sharing the same vector, Zika and Dengue share similar symptoms which can also lead to misdiagnosis and under-reported of Zika. There is currently no rapid testing for Zika as yet, and diagnosis is dependent on polymerase chain reaction (PCR) and virus isolation from blood samples, which makes diagnosing a lengthy and costly process. There is no vaccine nor specific curative treatment for Zika. Climate change and possible resistance to chemical vector control further complicates the situation. Stigma, religious and cultural beliefs may also challenge prevention activities around sexual reproductive and maternal health.

## Red Cross and Red Crescent action

Some National Societies in Asia Pacific have started engaging with the respective Ministries of Health, and started to intensify community mobilization to support awareness campaigns, and scale up pre-existing dengue and vector prevention campaigns that have been adapted to include Zika virus using common approaches and tools such as the Community based Health and First Aid (CBHFA), Behavioral Change Communication (BCC) and Epidemic Control for Volunteers (ECV).

Dissemination of information to the general public via a combination of communication channels and a variety of materials to increase awareness on the virus, risks, transmission and prevention measures to subsequently reduce or prevent the spread of disease. Efforts focused on protecting pregnant women from infection as they are susceptible to transmitting the virus to the foetus. Community volunteers are also mobilised for psychosocial support (PSS) services and community based surveillance.

The fight against Aedes mosquito includes community clean up campaigns, household and personal protection, and multiple vector control methods such destruction of breeding sites, dosing of larvicide in water tanks and fogging.



For National Societies that are involved with voluntary non-remunerated blood donation (VNRBD) programmes and clinical services, precautions are being taken to prevent transmission and preparedness to diagnose and treat patients with Zika virus.

The [Zika public health emergency](#) is a dynamic situation with new information rapidly emerging, thus it is vital to be kept up-to-date with current information. IFRC has launched a page on [FedNet](#) which includes [Guidance for planning community health and crisis response for Zika](#), technical packages on each area of focus and [Zika Communication, Engagement and Accountability Strategy](#), infographics and other information and links.

The **IFRC Asia Pacific Regional Office in Kuala Lumpur** is monitoring the situation and continually to provide regular update and technical support to the National Societies, IFRC country clusters and country offices with regards to Zika virus preparedness. Below are some key supports provided:

- **Surveillance and monitoring** of reported cases and documented complications
- Organizing **webinars** (online platform) for sharing latest update and best practices and dissemination of information (fact sheet, situation updates, infographics, guidelines)
- Supporting scale up (and adaptation of) **campaigns** against Aedes mosquito (combined prevention against Zika, Dengue, Chikungunya and yellow fever)
- **Coordination, collaboration and cooperation** with other partners (WHO, MSF, ASEAN and pandemic preparedness network)
- **Technical expertise and support** in public health, vector control, media communications, beneficiary communications, disaster management
- Continuous support in using **technology and innovation** in disseminating information (GDPC Hazard Ap, push alerts)
- **Logistics support** for prepositioned stocks and procurement advise
- Organizing **Task Force meeting** to develop the preparedness plan

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## Contact information

**For further information specifically related to this operation please contact:**

### IFRC Country Cluster Support Team (CCST), Bangkok:

- Marwan Jilani, head of CCST; email: [marwan.jilani@ifrc.org](mailto:marwan.jilani@ifrc.org)

### IFRC Country Cluster Support Team (CCST), Beijing:

- Baktiar Mambetov, acting head of CCST; email: [baktiar.mambetov@ifrc.org](mailto:baktiar.mambetov@ifrc.org)

### IFRC Country Cluster Support Team (CCST), Delhi:

- Leon Prop, head of CCST; email: [leon.prop@ifrc.org](mailto:leon.prop@ifrc.org)

### IFRC Country Cluster Support Team (CCST), Jakarta:

- Giorgio Ferrario, head of CCST; email: [giorgio.ferrario@ifrc.org](mailto:giorgio.ferrario@ifrc.org)

### IFRC Country Cluster Support Team (CCST), Suva:

- Stephanie Zoll, disaster management coordinator; email: [stephanie.zoll@ifrc.org](mailto:stephanie.zoll@ifrc.org)
- Anne-Maree Delaney, health delegate; email [annemaree.delaney@ifrc.org](mailto:annemaree.delaney@ifrc.org)

### IFRC Regional Office for Asia Pacific, Kuala Lumpur:

- Martin Faller, head of operations; phone: +60 3 9207 5700; email: [martin.faller@ifrc.org](mailto:martin.faller@ifrc.org)
  - Durgavasini Devanath, emergency health senior officer, phone: +60 122 308 196; email: [durgavasini.devanath@ifrc.org](mailto:durgavasini.devanath@ifrc.org)
  - Necephor Mghendi, operations coordinator; phone: +60 122 246 796; email: [necephor.mghendi@ifrc.org](mailto:necephor.mghendi@ifrc.org)
  - Sanna Salmela, operations coordinator; phone: +60 196 200 357; email: [sanna.salmela@ifrc.org](mailto:sanna.salmela@ifrc.org)
  - Patrick Fuller, communications manager; +60 12 230 8451; [patrick.fuller@ifrc.org](mailto:patrick.fuller@ifrc.org)
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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.

## ZIKA VIRUS FACT SHEET

(17/02/2016)

- **Genre:** Flavivirus
- **Vector:** Aedes mosquitoes – A. Aegypti and A. Albopictus (which usually bite during the morning and late afternoon/evening hours). The same vector that transmits Dengue, Yellow fever and Chikungunya.
- **Transmission:** via infected mosquito bites, unprotected sexual intercourse, vertical transmission (mother to foetus)  
Also possible via infected saliva, urine and blood transmission (Precaution to ALL bodily fluids should be adhered to)
- **Reservoir:** Unknown
- **Incubation period** (the time from exposure to symptoms): is not clear, but is likely to be 3-12 days.
- **Symptoms** (usually mild): fever, itchy skin rash, conjunctivitis, muscle or joint pain, weakness, headache (Usually lasts for 2-7 days). Around 80% of infections do not result in symptoms.  
**Diagnosis:** diagnosed through PCR (polymerase chain reaction) and virus isolation from blood samples. Diagnosis by serology can be difficult as the virus can cross-react with other flaviviruses such as dengue, West Nile and yellow fever.
- **Complications:** possible neurological and auto-immune complications. Recent increasing reports of link (yet to be formally established by scientists) between the rise of Zika virus infections and the increase of babies born with microcephaly and Guillain-Barre Syndrome. (The direct relationship is unclear, and more investigation is needed to understand this relationship or rule out any other causes )
- **Treatment**
  - ✓ No vaccine available
  - ✓ No specific curative treatment available for Zika Virus
  - ✓ Only symptomatic treatment (although symptoms are usually relatively mild) – e.g. antipyretics (paracetamol etc.) for fever and pain.
  - ✓ Rest and Rehydrate
  - ✓ If symptoms worsen, seek medical attention.
  - ✓ All measures should be taken to prevent transmission from patient to others.
  - ✓ **If pregnant – seek antenatal/ medical attention.**
- **Prevention**
  - ✓ Vector control – source reduction, removal and modification of breeding sites e.g. tyres, flower pots, empty cans, any container with stagnant water, larvicide treatment (caution of resistance) or fish in stagnant water
  - ✓ Reducing mosquito bites – insect repellent, wearing clothes (preferably light- coloured and covers as much of the body as possible), close doors and windows, aerosols / vapour repellent. (Nets and IRS can be used however they are less effective)
  - ✓ Fogging – during outbreaks (Caution of resistance).
  - ✓ Sustainable improvement of environmental sanitation
  - ✓ Abstinence or safe sex (regular precautions against STI's should apply)
- **What can we do?**
  - ✓ **Inform all staff / volunteers** about the virus, key facts, what is yet unknown and ways to protect themselves.
  - ✓ Keep up-to-date with the plan of action of the MOH and other agencies, and look out for opportunities to collaborate.
  - ✓ Keep up-to-date with facts on Zika Virus as much is currently unknown and will unfold in the future

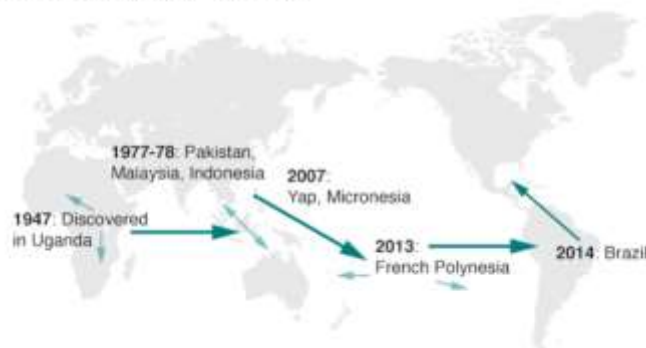
- ✓ **Awareness campaigns** – radio/ TV talk shows, social media alerts , GDPC Hazard AP alert, print and distribute IEC materials
- ✓ Mobilise volunteers to enhance **prevention efforts** – e.g. community clean up, vector control, environmental sanitation, larvicide treatment, safe sex messaging etc.
- ✓ **Scale up ongoing CBHFA or current dengue prevention programmes** (adapt to include IEC materials on Zika)
- ✓ **Scale up ECV roll out** – create Zika Virus info sheet (modify dengue info sheet), train volunteers and mobilize
- ✓ **Surveillance** – Report any cases or complications noticed during community / field visits to the authority and IFRC
- ✓ **PSS services** can be adapted to deal with public fear and worried mothers to be , alongside community engagement for behaviour change activities
- ✓ **RMNCH** – Sexual, reproductive and maternal health activities to create awareness and educate of the risk of transmission
- ✓ **VNRBD** – safe practices to prevent transmission via blood products
- ✓ **Clinical services** – National societies with clinical services that include diagnosing and treating patients will need to ensure measures to prevent in hospital/ clinic transmission.
- ✓ **HR: Travel and Antenatal precautions** - Precautions to be taken when travelling to areas with known cases of Zika virus or tropical countries with Aedes mosquitoes. Antenatal advise and precautions for pregnant staff and volunteers.

CDC (USA): <http://www.cdc.gov/media/releases/2016/s0205-zika-interim-guidelines.html>

Royal College of Obstetricians and Gynaecologist, UK: <https://www.rcog.org.uk/globalassets/documents/news/zika-virus-interim-guidelines.pdf>

- ✓ **Share** best practices with IFRC and other National Societies to learn from each other

How Zika virus spread from Africa



Source: Lancaster University

