

Providing Family Planning Care for Non-Pregnant Women and Men of Reproductive Age in the Context of Zika



A Toolkit for Healthcare Providers

Version 3: November 15, 2016

This version has been updated to reflect CDC guidance published on September 30, 2016.

This toolkit will continue to be updated on an ongoing basis, as new research findings and clinical recommendations are published. We encourage providers to check the U.S. Office of Population Affairs website (www.hhs.gov/opa/) to ensure they are using the latest version.



This file is undergoing remediation for compliance with Section 508. The remediation will be complete by Wednesday, November 30, 2016. In the interim, should you require any accessibility assistance with the file, please contact Lorrie Gavin at Loretta.Gavin@hhs.gov or 240-453-2888.

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Suggested Citation

U.S. Department of Health and Human Services. Providing family planning care for non-pregnant women and men of reproductive age in the context of Zika. Rockville, MD: U.S. Department of Health and Human Services, Office of Population Affairs; 2016.

Acknowledgements

This document was developed with support from Cardea Services under the terms of Cooperative Agreement #FPTPA006024. OPA gratefully acknowledges the important contributions to this project of Dr. Christine Dehlendorf and Dr. Dominika Seidman from the University of California, San Francisco and Ms. Kimberly Aumack-Yee and the team from Cardea Services, Family Planning National Training Center for Service Delivery.

Table of Contents

Introduction	1
Core Information about Zika for Providers of Family Planning Services	3
Counseling Non-Pregnant, Female Clients about Family Planning in the Context of Zika	7
Counseling Male Clients with Non-Pregnant Partners about Family Planning in the Context of Zika	12
Where Can I Get More Information about Zika?	14

Attachments for Areas WITHOUT Local Mosquito-borne Transmission of Zika

[Click here for English](#) or [Click here for Spanish](#)

- Job Aids for Healthcare Providers
- Educational Handouts for Clients

Attachments for Areas WITH Local Mosquito-borne Transmission of Zika

[Click here for English](#) or [Click here for Spanish](#)

- Job Aids for Healthcare Providers
- Educational Handouts for Clients

Outreach Materials

[Click here for English](#) or [Click here for Spanish](#)

Introduction

Zika virus — which can be acquired from mosquitoes or from sex with a person (male or female) who has the virus — can be passed from a pregnant woman to her fetus and cause a serious birth defect called microcephaly, as well as other problems such as absent or poorly developed brain structures, defects of the eye, hearing deficits, and impaired growth. Zika virus is spreading rapidly, and local transmission (mosquitoes spreading Zika in the area) is already occurring in some parts of the United States, as well as several US territories and numerous other countries.

Providers of family planning services, including those in Title X clinics and in primary care sites such as Federally Qualified Health Centers, will play an important role in helping women and men make informed decisions about pregnancy and childbirth in the context of Zika. Most of these clients are not pregnant, so there is an opportunity to prevent the consequences of Zika by educating them about how it is transmitted and the risks that Zika poses to reproductive health, and helping them to consider how those risks may affect their plans for pregnancy and their use of contraception.

- Some women and couples seeking pregnancy may change their minds and decide to delay until more is known about Zika.
- Women who decide they want to prevent pregnancy may use contraception more consistently and correctly, or may choose to use more effective, less user-dependent methods, such as contraceptive implants and intrauterine devices.
- Women trying to become pregnant, or who are pregnant, may wish to take precautions to reduce the risk of Zika transmission.

- Women who are unsure about their feelings about pregnancy and childbearing may be more likely to develop a plan that optimizes their health, including use of contraception and/or taking precautions to reduce the risk of Zika transmission.
- Women and men may be more likely to use condoms consistently and correctly, or abstain from sex, to prevent sexual transmission of Zika.¹

This toolkit was developed to help providers of family planning services in a variety of settings educate their non-pregnant clients about the risk of Zika infection. As decisions about pregnancy and childbirth are profoundly personal, the goal of counseling about the risks associated with Zika is not to persuade clients to adopt certain behaviors or contraceptive methods but rather to enable them to make informed decisions that reflect their values and preferences.

The toolkit is based on current Centers for Disease Control and Prevention (CDC) guidance and is composed of the following components:

- Core information about Zika virus and its implications for women's and men's family planning needs
- Guidance for healthcare providers on counseling non-pregnant women about family planning in the context of Zika
- Guidance for healthcare providers on counseling men about family planning in the context of Zika
- Links to CDC's clinical recommendations about Zika and other relevant resources
- Links to job aids and client handouts in English and Spanish for those in areas **without** local mosquito-borne transmission of Zika, and for those in areas **with** local transmission
- Links to outreach materials in English and Spanish

¹ Sex is defined as vaginal sex (penis-to-vagina sex), anal sex (penis-to-anus sex), oral sex (mouth-to-penis sex or mouth-to-vagina sex), and the sharing of sex toys.

Condoms include the use of male or female condoms for vaginal or anal sex, male condoms for oral sex (mouth-to-penis), and male condoms cut to create a flat barrier or dental dams for oral sex (mouth-to-vagina).

This toolkit is focused on the Zika-related health needs of non-pregnant women and men of reproductive age. However, providers should be aware that CDC has also published recommendations for pregnant women (<http://www.cdc.gov/zika/hc-providers/pregnant-woman.html>).

The toolkit will be updated on an ongoing basis, as new research findings and updated CDC clinical recommendations are published. We encourage providers to check the Office of Population Affairs (www.hhs.gov/opa/) or the Family Planning National Training Center (www.fpntc.org) websites on a weekly basis so that they are using the most current version.

Core Information about Zika for Providers of Family Planning Services

1. What are the risks of Zika virus infection during pregnancy?

Zika virus infection during pregnancy can cause microcephaly (a condition where a baby’s head is smaller than expected for age) and other severe fetal brain defects. Other problems have been detected in pregnancies and among fetuses and infants infected with Zika virus before birth, such as miscarriage, still-birth, defects of the eye, hearing deficits, and impaired growth. The incidence of birth defects in pregnancies affected by Zika virus is unknown, with some data suggesting a risk up to 29% of infected pregnancies.

The full scope of health problems associated with Zika virus infection during pregnancy is not yet known. It is also unknown whether risk of Zika infection differs according to the trimester of pregnancy in which infection occurs, or what the risk is for a woman who is infected with Zika around the time of conception. However, from what we know about other viral infections, infections around the time of conception can potentially lead to infections in the fetus.

2. What parts of the US will be affected by Zika?

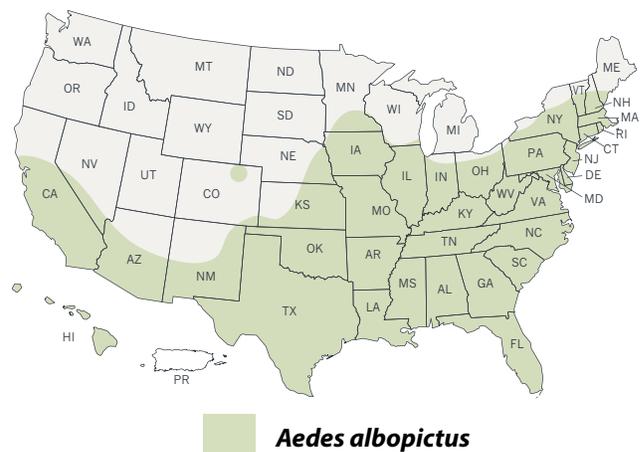
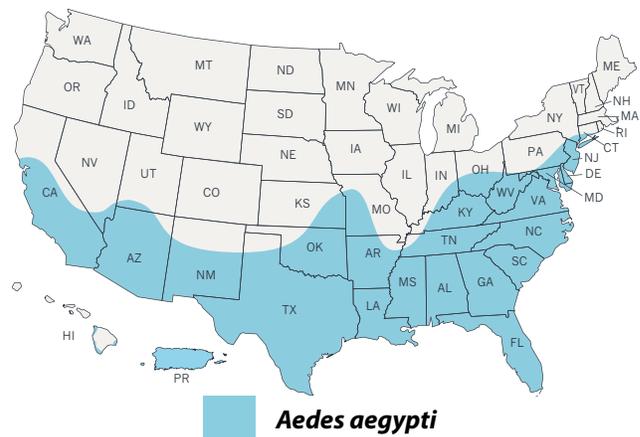
Zika virus is transmitted primarily through the bite of *Aedes aegypti* mosquitoes, although transmission via *Aedes albopictus* mosquitoes is also possible. Local transmission of the Zika virus by *Aedes aegypti* and *Aedes albopictus* mosquitoes has occurred in the following United States (US) territories: Commonwealth of Puerto Rico, the US Virgin Islands, and American Samoa. For the most current CDC update, see <http://www.cdc.gov/zika/geo/index.html>.

Local transmission has also been documented in the US since June, 2016. How widespread local transmission will be in the continental US, is unknown. Recent outbreaks in the continental United States of chikungunya and dengue, which are spread by the same types of mosquito, have been limited to a relatively small geographic area. These maps to the right show CDC’s best estimate of the potential range of *A. aegypti* and *A.*

albopictus in the United States; specifically areas where these mosquitoes are or have been previously found.

Shaded areas on the map do not necessarily mean that there are infected mosquitoes in that area. More about the maps can be found at <http://www.cdc.gov/zika/vector/range.html>.

Estimated range of *Aedes aegypti* and *Aedes albopictus* in the United States, 2016*



Source: CDC at <http://www.cdc.gov/zika/vector/range.html>

*Maps have been updated from a variety of sources. These maps represent CDC’s best estimate of the potential range of *Aedes aegypti* and *Aedes albopictus* in the United States. Maps are not meant to represent risk for spread of disease.

3. How is Zika spread?

Zika can be acquired from mosquitoes or from sex with a person (male or female) who has the virus. Anyone traveling to or living in regions in which there is local, mosquito-borne transmission of Zika virus has the potential to be infected. The CDC website <http://www.cdc.gov/zika/geo/index.html> maintains a current list of areas in which mosquito-borne transmission has occurred. In addition, men and women who travel to or live in areas with Zika transmission can transmit the Zika virus to their female and male sex partners through vaginal, anal, or oral sex or the sharing of sex toys.

At present, there is limited information about how long men and women exposed to Zika are at risk for spreading the virus. For men, it is known that the virus can persist in semen longer than in blood. CDC recommends that men with possible Zika exposure, regardless of symptoms, wait at least 6 months after symptom onset (if symptomatic) or last possible exposure (if asymptomatic) before attempting conception, or, if concerned about sexual transmission, before having sex without use of a condom (male or female) to protect against infection. Of note, men with asymptomatic Zika virus infection may sexually transmit Zika virus to their partners.

When considering risk of sexual transmission from an exposed female partner, it is most relevant to consider whether exposure occurred within the past 8 weeks. CDC recommends that women with possible Zika exposure, regardless of symptoms, wait at least 8 weeks after symptom onset (if symptomatic) or last possible exposure (if asymptomatic) before attempting conception, or, if concerned about sexual transmission, before having sex without use of a condom (male or female) to protect against infection.

A person's risk of mosquito-borne and sexually transmitted infection with Zika can be reduced, if they are willing and able to adopt prevention strategies, as described on page 5.

4. What steps can be taken by providers of family planning services who serve non-pregnant women and men of reproductive age?

How Zika-related care is integrated into family planning services will depend on the client's risk for disease, including whether the client or the client's partner(s) lives in, has traveled to, or intends to live in or travel to an area with local transmission of Zika (see Job Aid #3).

All non-pregnant female and male clients of reproductive age should be screened for exposure to Zika virus and educated about the risks of infection during pregnancy.

For clients with potential exposure to Zika, healthcare providers should integrate consideration of this exposure into their family planning services:

- Help clients to consider how information about Zika and their risk may affect their reproductive health goals and behaviors.
- Provide contraceptive services to those who wish to prevent or delay pregnancy, considering their Zika risk as one influence on their choice of a contraceptive method.
- Provide condoms to men and women who are at risk for sexual transmission of Zika.
- Counsel clients who are at risk of Zika infection and may become pregnant about how to reduce the risk of acquiring Zika before and during pregnancy.
- Offer testing to women and men who are exposed to Zika virus and develop symptoms.

All clients, whether or not they have a known risk for Zika, should also receive basic information about strategies to prevent Zika transmission, as individuals not currently at risk can develop new exposures over time.

This toolkit provides more detailed information about how to provide this care, as well as job aids (brief summaries of important content for providers to use during the course of clinical care) and client handouts.

5. What are symptoms of Zika infection?

Symptoms of Zika are typically mild, with the most common being acute onset of fever, macular or papular

rash, arthralgia (joint pain), and conjunctivitis (red eyes). Many people do not have symptoms and do not know they are infected. Neurologic and autoimmune complications are infrequent but have been described in outbreaks in Polynesia and, more recently, South America and Puerto Rico. The incubation period of the virus is not known with certainty, but may range from a few days to 2 weeks.

6. What strategies can help prevent Zika virus infection and its consequences?

The following strategies can be used by those at risk for Zika infection from exposure to either mosquitoes or sexual transmission of the virus.

Male and female condoms (and other barriers to protect against infection) can reduce the chance of getting Zika from sex if used correctly from start to finish, every time a couple has vaginal, anal, or oral sex or shares sex toys. Not having sex can eliminate the risk of sexual transmission of Zika infection (although there may still be risk of mosquito-borne transmission).

Using contraception consistently and correctly can prevent pregnancy and the risk of pregnancy complications associated with Zika. This should be considered in the context of women's feelings and plans about future pregnancy.

The following strategies can help prevent mosquito bites when living in or traveling to areas with local Zika virus transmission:

- Wearing long-sleeved shirts, long pants, and socks
- Staying and sleeping in places with air conditioning and window and door screens to keep mosquitoes outside
- Sleeping under a mosquito bed net if unable to close windows and doors
- Using Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone. When used as directed, EPA-registered repellents are safe and effective for pregnant women
- Treating clothing and gear with permethrin or purchasing permethrin-treated items
- Eliminating standing water near one's home and workplace

7. What tests are available for Zika virus?

Viral RNA can be identified by using reverse transcription polymerase chain reaction. Serum and urine samples for RNA testing should be collected less than 14 days after onset of symptoms. IgM antibodies may be detectable by testing in serum from 4 to 5 days after the start of illness up to about 12 weeks. For IgM testing, confirmatory testing is necessary using neutralizing antibodies. There is currently no validated test for the Zika virus in semen.

8. Who should get tested, and how can I get them tested?

CDC currently recommends that any person with potential exposure to Zika and who develops symptoms compatible with Zika should be tested for the purpose of establishing a diagnosis.

- Persons possibly exposed to Zika are those who have either traveled to or live in an area with local Zika transmission, or who have had sex without use of a condom with a man or woman who has traveled to or lived in an area with local Zika transmission.
- Symptoms of Zika are defined as one or more of the following within 2 weeks of possible exposure: acute onset of fever, rash, arthralgia (joint pain) or conjunctivitis (red eyes).

CDC does not recommend testing of asymptomatic men or women for the purpose of establishing that they are not infected with Zika or at risk of sexually transmitting Zika. This is because a negative test result may be falsely reassuring. Whereas a positive Zika test result indicates the definitive need to delay pregnancy, a negative test result cannot be used to establish the absence of risk. Persons with negative test results should still follow recommended prevention measures.

The only circumstance under which testing is currently recommended for an asymptomatic person is for a pregnant woman living in or who has traveled to an area with local transmission of Zika, or a pregnant woman who has had sex without barrier protection with a partner who lives in or traveled to an area with Zika.

Providers wishing to obtain testing for a client should contact their state or local health department to

facilitate the process. Providers can refer to [CDC's Health Department Sites and Governance website](#) for links to state health departments. The “governance model” links for each state lead to information on local health departments. Zika virus is a nationally notifiable condition. State, local, and territorial health departments are encouraged to report laboratory-confirmed cases to CDC through ArboNET, the national surveillance system for arboviral diseases. Healthcare providers should report suspected Zika cases to their state, local, or territorial health department according to the laws or regulations for reportable diseases in their jurisdiction.

9. Are healthcare providers at risk of infection from their patients or clients?

CDC recommends healthcare providers use standard precautions during patient care regardless of suspected or confirmed Zika infection status. Although there is no evidence of Zika transmission through aerosol exposure, minimizing the aerosolization of blood or body fluids as much as possible during patient care or laboratory tasks may help prevent workers from being exposed to other pathogens. Standard precautions include, but are not limited to, hand hygiene and the use of personal protective equipment (PPE) to avoid direct contact with blood and other potentially infectious materials, including laboratory specimens/samples. PPE may include gloves, gowns, masks and eye protection.

10. How can you communicate with community organizations about the risk of Zika?

The following text can be used to let organizations know about Zika and about the services you can provide. The brochure and poster referenced are included in the outreach materials at the end of this toolkit.

Do your clients have accurate information about the Zika virus and how to protect their health?

Although Zika — and the fact that it can cause birth defects when pregnant women are infected — has gotten a lot of attention in the media, many people may not have the information they need about the virus and what

it means for their health. Your clients may want to know how they can prevent infection (both from mosquitoes and from sex with infected partners), whether to use a different method of birth control, or how to plan a healthy pregnancy considering the risk of Zika.

We at [Name of your family planning service delivery site] provide:

- *Education and counseling about Zika*
- *A complete range of contraceptive methods*
- *Counseling and services to optimize a healthy pregnancy*

Please share our brochure [attached or with link] with your clients and put up this poster [attached, and may be printed on your own printer, or taken to a print shop and printed in a larger, 22 by 29 inch size].

If you have any questions about these Zika materials or the services we provide, please let us know.

Counseling Non-Pregnant, Female Clients about Family Planning in the Context of Zika

Every client is unique, so you should be prepared to discuss Zika whenever you find it is appropriate to do so. In many cases it will be most helpful to introduce the topic of Zika after assessing clients' feelings and intentions around future pregnancy. This will allow for information about Zika virus to be provided in a manner that is tailored to individuals' specific needs, followed by counseling that is appropriate given their desires and the possibility of future pregnancy (Figure 1, see Job Aid #1 for more detail). The content of counseling will depend on whether the clinic is located in an area with local transmission of Zika or not. While the basic structure of counseling is similar in both cases, we provide guidance about specific considerations for these two different situations in the sections below.



Counseling about Zika virus when there is so much uncertainty about pathogenesis, risk, and potential spread is challenging. Acknowledging this uncertainty when providing care can promote a transparent and trusting clinical relationship and enable women to make the best decisions for themselves based on the best information available.

This section focuses on the approach to providing family planning care to female clients. Information about counseling men about Zika risk is included on page 12.

1. Assessing reproductive goals

While women's reproductive intentions can be assessed using a variety of approaches, it may be most helpful

to initiate the discussion by asking open-ended questions, such as, "What are your thoughts about pregnancy?" Using an open-ended approach will help identify women who may be ambivalent or do not have timing-based intentions around pregnancy. Follow-up questions can clarify whether a client wishes to become pregnant or avoid pregnancy now or whether her intentions are unclear, as well as whether there are specific factors contributing to ambivalence that can be addressed.

2. Risk assessment

Assessing a client's risk for Zika is complicated by the potential for both mosquito-borne and sexual transmission, and the variable time periods of interest depending on issues such as whether or not an individual had symptoms of Zika. Therefore, a two-step screening process may facilitate efficient and accurate risk assessment.

For the first-step, the client can be provided with a screening form that provides a high-level assessment of possible risk prior to seeing the provider (e.g., at the time of checking in for an appointment or when being placed in an examination room) (Job Aid #2). During the one-on-one clinical encounter, providers can then use the responses to these questions to determine whether a more in-depth assessment is necessary.

The questions asked at both steps will vary by whether the clinic site is located in an area with or without Zika transmission.

For areas WITHOUT local mosquito-borne transmission

Initial screening questions for all female clients prior to the visit (Job Aid #2 for areas WITHOUT local mosquito-borne transmission)

1. Where have you traveled to or lived in the past 8 weeks?

2. Where do you plan to travel to or live in the next year?
3. Where has any person you are having sex with traveled to or lived in the past 6 months?
4. Where does anyone you are having sex with plan to travel to or live in the next year?

In-depth risk assessment to be performed by provider based on answers to initial screening questions (Job Aid #3)

1. Have you traveled to or lived in an area with Zika in the past 8 weeks? (See <http://www.cdc.gov/zika/geo/index.html> for updated areas with local mosquito-borne transmission of Zika virus)
2. Are you having sex (including vaginal, anal, or oral sex or the sharing of sex toys), or have you had sex in the past 8 weeks, with a person who is at risk for spreading Zika? (*Note: People at risk of spreading Zika are defined on page 4.*) (Consider the following probes.)
 - If any male sex partner traveled to or lived in an area with Zika in the 6 months prior to sex
 - If any female sex partner traveled to or lived in an area with Zika in the past 8 weeks prior to sex
 - Whether the client used, or is using, a condom every time with any potentially exposed partner
3. If yes to either recent travel to an area with Zika or sex without a condom with a person at risk of Zika, did you have any of the following symptoms of Zika infection within 2 weeks from any time you might have gotten Zika?
 - Fever
 - Rash
 - Joint pain/Arthralgias
 - Red eyes/Conjunctivitis
4. Do you or any person you have sex with plan to travel to or live in an area with Zika?

For areas WITH local mosquito-borne transmission

Initial screening questions for all female clients prior to the visit (Job Aid #2 for areas WITH local mosquito-borne transmission)

1. Have you heard about the Zika virus and its impact on pregnancies?
2. What steps are you taking to protect yourself from Zika infection or its consequences?
 - Preventing mosquito bites
 - Using condoms
 - Using other forms of birth control

Follow-up screening to be performed by provider (Job Aid #3 for areas WITH local mosquito-borne transmission)

1. Have you had any of these symptoms of Zika infection within the past 8 weeks?
 - Fever
 - Rash
 - Joint pain/Arthralgias
 - Red eyes/Conjunctivitis
2. Has any person you have sex with had any of these symptoms in the past 6 months (for male partners) or 8 weeks (for female partners)?
 - Fever
 - Rash
 - Joint pain
 - Red eyes

3. Clients wishing to prevent pregnancy

The above assessment will identify clients at risk for Zika, including those who: (a) live in an area without local transmission but have been previously exposed to Zika based on their or their partner(s)' travel to an affected area, or who intend to travel, or whose partner(s) intend to travel to an affected area in the near future; or (b) live in an area with local transmission. Women who wish to prevent pregnancy should receive education about the epidemiology and risks associated with Zika virus at a level appropriate for their degree of risk (see Client Handout #1 for all clients, and Client Handout #2 for those with ongoing risk), as well as testing for Zika virus as indicated (see Job Aid #7). While these clients are not currently interested in pregnancy, this education can be framed as information

that can help them understand their risk of Zika, that may be helpful when choosing a contraceptive method, and that will be useful if their pregnancy desires change. This conversation can be initiated by asking clients what they know about Zika in order to facilitate an interactive, individualized educational discussion.

After providing this background, provide client-centered contraceptive counseling to help the client choose a method that is best for her. A person's risk of Zika may influence her contraceptive preferences. Specifically, those who are at greater risk due to geography, travel, or partner risk factors may be more interested in using a highly effective method to prevent an undesired pregnancy. At the same time, clients will continue to have preferences about other method characteristics that influence their choice of a contraceptive method. Helping clients to consider their reproductive options in the context of Zika and other personal and contextual influences should be done in a manner consistent with the CDC and Office of Population Affairs (OPA) recommendations, *Providing Quality Family Planning Services* (2014).

Key recommendations from these guidelines include:

- Engage in client-centered and culturally competent counseling that focuses on clients' individual needs and preferences.
- Use plain language and best practices for risk communication, and utilize the teach-back method and other approaches to ensure understanding.
- Discuss contraceptive effectiveness as one consideration in the choice of a contraceptive method.
- Offer a full-range of methods on a same-day, onsite basis, including long-acting reversible contraceptive methods (IUDs and implant). This includes offering emergency contraception to all clients.
- Educate clients that correct and consistent use of condoms reduces the risk for sexually transmitted infections (STIs), pregnancy, as well as Zika. Clients should be offered both condoms and other methods of contraception.

The Job Aids #4 and #5 can help you provide contraceptive services in a client-centered manner.

Following selection of a contraceptive method, ensure all women have received information about how to prevent Zika virus infection as appropriate for their level of risk (Client Handout #1 for all women, Job Aid #6 and Client Handout #2 for those with identified risk). While this is particularly important for those choosing a less effective method, who therefore are at increased risk of a pregnancy, this counseling should be provided to all women given that women using contraception may experience an unintended pregnancy and that women's feelings about future pregnancy and their related contraceptive behaviors may change.

All women who are concerned about Zika and who have a partner who has been exposed to Zika should use condoms, in addition to any other method of contraception they choose to use.

- For those living in areas **without** Zika: use condoms for at least 6 months after a male partner's symptom onset or return from an area with active Zika transmission; or 8 weeks after a female partner's symptom onset or return from an area with active Zika transmission.
- For those living in areas **with** Zika: If a partner experienced symptoms, condoms (and other barriers to protect against infection) should be used for at least 6 months after symptom onset for male partners and 8 weeks after symptoms onset for female partners. If the partner did not have symptoms, condoms (and other barriers to protect against infection) should be used for as long as Zika is in the area.

Factors to consider regarding condom use include the effectiveness of other contraceptive methods used by the woman, the partner's use of preventive measures against mosquito bites while in an area with Zika, and the acceptability and accessibility of condoms.

4. Clients who desire pregnancy

Following the risk assessment, providers can educate clients interested in becoming pregnant about the epidemiology and risks associated with Zika infection (see Client Handout #1 and Job Aids #2 and #3).

Additional steps should be taken for clients who are at risk for Zika infection. As described, at-risk clients include those who: (a) live in an area *without local transmission* but have been previously exposed to Zika

based on their or their partner(s)' travel to an affected area, or who intend to travel, or whose partner(s) intend to travel, to an affected area in the near future; or (b) live in an area *with local transmission*. Education for these clients should include specific information about the recommendations around timing of conception in the context of possible or known Zika exposure (Box 1 and Job Aid #3), as well as a determination of whether testing for Zika virus is necessary (Job Aid #7).

You can then explore with the client in a non-judgmental manner whether her risk of Zika virus both now and in the future influences her desire for pregnancy and the timing of attempts to conceive. For example, risk could be mitigated by avoiding conception before and after a planned trip to an area with local transmission or by avoiding non-essential travel to such areas. Other factors to consider include the ability to use strategies to prevent infection with Zika before and during pregnancy.

Current CDC guidelines provide couples planning to conceive with recommendations that, based on existing data, are expected to minimize risk for Zika virus transmission to an uninfected partner (see Box 1). Studies are underway to better understand the persistence of infectious Zika virus in semen and the associated risk for sexual transmission. Given that limited data are available, some couples in whom a partner had possible Zika virus exposure might choose to wait longer or shorter than the recommended period to conceive, depending on individual circumstances (e.g., age, fertility, details of possible exposure) and risk tolerance. For example, even though a negative test result does not confirm the absence of Zika virus, after consultation with their health care provider, symptomatic persons with negative test results who received testing in the appropriate time window and in accordance with the CDC testing guidelines might choose not to wait to conceive (See Job aid #7 for testing time windows).

For clients wishing to attempt conception now or in the near future, offer education regarding how to reduce risk of Zika infection. While this is most important for those with identified risks, all women should receive basic information (Job Aid #6, Client Handout #1 for all clients, Client Handout #2 for those with ongoing risk) as well as other preconception care. In addition,

provide information about Zika symptoms and how to seek care were those to occur.

For those who wish to, at least temporarily, avoid conception, client-centered contraceptive counseling can be provided as described on the previous page.

Box 1: Recommendations for Pregnancy Timing After Zika Exposure

Suggested timeframe to wait before pregnancy		
	Women	Men
People living in areas <i>without</i> Zika but <i>with</i> possible exposure via recent travel or sex (either vaginal, anal or oral, or the sharing of sex toys) with a person at risk for spreading Zika		
▶ Zika symptoms	At least 8 weeks after symptoms start	At least 6 months after symptoms start*
▶ No Zika symptoms	At least 8 weeks after last possible exposure	At least 6 months after last possible exposure
People living in areas <i>with</i> Zika		
▶ Zika symptoms	At least 8 weeks after symptoms start	At least 6 months after symptoms start*
▶ No Zika symptoms	Talk with doctor or healthcare provider	Talk with doctor or healthcare provider

*These guidelines may change based on new information. Up to date information can be found at www.cdc.gov/zika.

5. Clients without a clear intention about future pregnancy (i.e., not actively trying to conceive but not attempting to prevent pregnancy either).

Counseling of these clients should be conducted in a similar manner to those who are actively attempting conception, with a risk assessment and education about Zika appropriate to their level of risk. After providing this information, you can assess whether clients' feelings about pregnancy have changed, including whether they now wish to actively attempt to prevent pregnancy or, alternatively, wish to plan conception. For those whose feelings about pregnancy have changed you can provide appropriate care — either preconception counseling or client-centered contraceptive care — as described above.

If a client remains without clear intention and does not desire to use contraception, you can acknowledge

the potential risk for pregnancy in a non-judgmental manner. You should discuss risk reduction strategies, including avoiding pregnancy during periods of higher risk, and how to recognize Zika symptoms with these clients in a manner similar to those with a clear desire to become pregnant, with the goal being to optimize the outcome of a pregnancy.

6. Clients who come for pregnancy testing and counseling

Counseling for clients who come for pregnancy testing can begin with a risk assessment (Job Aids #2 and #3) and a general overview of the epidemiology and risks associated with Zika infection (see Client Handout #1).

Offer education about Zika to clients who have a negative pregnancy test. Provide family planning services, as described above, in accordance with CDC-OPA recommendations *Providing Quality Family Planning Services* (2014) and the specific considerations related to Zika risk.

Additional steps should be taken for clients who are at risk for Zika infection with a positive pregnancy test. These clients include those who: (a) live in an area *without local transmission* but have been previously exposed to Zika based on their or their partner(s)' travel to an affected area, or who intend to travel to an affected area in the near future; or (b) live in an area *with local transmission*. These women can be informed that microcephaly can sometimes be diagnosed during an ultrasound, but it might not be detectable until late in the second or early in the third trimester of pregnancy. Clients should be provided with neutral, factual information and nondirective counseling and referral on request regarding options including: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. For clients who are planning to continue their pregnancy or are unsure and who are at risk for Zika, discuss how to reduce risk of Zika transmission through mosquito bites and sexual transmission (Job Aid #6, Client Handout #2) and provide prenatal care, either directly or through referral, informed by CDC recommendations for care

of pregnant women, including providing testing for Zika. If a woman with risk factors for Zika has had symptoms within the past 2 weeks, perform urine and serum testing for Zika per CDC guidelines at the time of pregnancy diagnosis (see http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf).

7. Clients at risk of transmitting Zika to their partners

In addition to considering their own risk of a Zika-exposed pregnancy, women who are at risk for Zika should be counseled about strategies to limit their potential to sexually transmit the virus to others. Those who experienced symptoms after an exposure should be counseled that correct and consistent use of condoms for at least 8 weeks after the onset of symptoms will decrease the risk of sexual transmission. Those who were potentially exposed to Zika but did not experience symptoms and who want to reduce the risk of sexual transmission should use condoms for at least 8 weeks after the exposure. Women living in an area with active Zika virus transmission should use condoms or abstain from sex and sharing of sex toys while active transmission persists.

Counseling Male Clients with Non-Pregnant Partners about Family Planning in the Context of Zika

Male clients need to be aware of the risk of Zika virus transmission and educated about how to reduce their risk of getting infected, and if infected, how to decrease risk to their sexual partners. Counseling of these clients should include the following information (Job Aid #8):

1. Risk Assessment

Counseling male clients should include a risk assessment to determine whether the client may have been exposed or is at risk for exposure to the Zika virus, including testing as indicated (Job Aid #7 and #8).

For areas WITHOUT local mosquito-borne transmission

Initial screening questions for all male clients prior to the visit (Job Aid #2)

1. Where have you traveled to or lived in the past 6 months?
2. Where do you plan to travel to or live in the next year?
3. Where have your sexual partner(s) traveled to or lived in the past 6 months?"
4. Where does anyone you are having sex with plan to travel to or live in the next year?

In-depth risk assessment to be performed by provider (Job Aid #8)

1. Have you traveled to or lived in an area with Zika in the past 6 months?
2. Are you having sex (including vaginal, anal, or oral sex, or sharing of sex toys), or have you had sex in the past 6 months, with a person who is at risk for spreading Zika? (*Note: People at risk of spreading Zika are defined on page 4*).
3. If yes to either recent travel to an area with Zika or sex without a condom with a partner at risk for Zika, did you have any of the following

symptoms of Zika infection within 2 weeks of the time you might have been exposed to Zika?

- Fever
- Rash
- Joint pain/Arthralgias
- Red eyes/Conjunctivitis

4. Do you or anyone you have sex with have plans to travel to or live in an area with Zika?

For areas WITH local mosquito-borne transmission

Initial screening questions for all male clients (Job Aid #2)

1. Have you heard about the Zika virus and its impact on pregnancies?
2. What steps are you taking to prevent yourself from Zika infection and its consequences?
 - Preventing mosquito bites
 - Using condoms
 - Using other forms of birth control

Follow-up screening to be performed by provider (Job Aid #8)

1. Have you had any of the following symptoms of Zika infection within the past 6 months?
 - Fever
 - Rash
 - Joint pain/Arthralgias
 - Red eyes/Conjunctivitis

2. Basic information about Zika virus

Providing basic information about Zika can be initiated by asking clients what they know about Zika, and then providing tailored information. This facilitates an interactive discussion. (Client Handouts #1 and #3).

3. Information about the implications of risk assessment

Counseling male clients should also include providing information about prevention of Zika and its consequences in the context of their risk. (See *Client Handout #3 and Job Aids #6 and #7*).

- Male clients who experienced symptoms after an exposure should be informed in plain language that they could potentially infect their partners through sexual transmission for at least 6 months after the onset of symptoms. While testing should be offered to these clients per CDC guidance, the results should not be used to establish the absence of risk. Persons with negative tests should still follow recommended prevention measures.
- Men without symptoms should be informed that they may still be at risk of infecting their partner(s).
 - o Men who live in areas **without** local transmission should be advised that sexual transmission may be possible up to at least 6 months after travel to an area with local transmission.
 - o Men who live in areas **with** local transmission should be informed that it may be possible to infect their partners even without the development of symptoms.
- Male clients whose partner(s) are potentially exposed to Zika can use condoms (male or female) to reduce their risk of getting infected.

Information for male clients about preventing Zika virus infection and its consequences via transmission to sexual partners (Client Handout #3)

For those living in areas WITH Zika transmission	For those living in areas WITHOUT Zika transmission, but potentially exposed
<ul style="list-style-type: none"> • If pregnancy is not desired, correct and consistent use of contraception can reduce the risk of an unintended pregnancy. • Correct and consistent condom use can reduce the risk of both Zika and pregnancy. Not having sex can eliminate the risk of Zika and unintended pregnancy. • Use mosquito bite prevention strategies (Job Aid #6). • If had symptoms of Zika: <ul style="list-style-type: none"> o Wait to attempt conception for at least 6 months after onset of symptoms. o Use condoms with all partners or do not have sex for at least 6 months after symptom onset, if concerned about sexual transmission of Zika. • If did not have symptoms of Zika: <ul style="list-style-type: none"> o If concerned about Zika transmission, use condoms with partner(s) or do not have sex while Zika is in the area, if conception is not desired. o If interested in conceiving a pregnancy, consider timing of conception given the potential risk of Zika virus infection during pregnancy. When weighing the benefits and risks, couples should consider personal factors (such as age and fertility), as well as the ability of both partners to use mosquito bite prevention strategies prior to and during pregnancy. 	<ul style="list-style-type: none"> • If potentially exposed to Zika: <ul style="list-style-type: none"> o Wait to attempt conception for at least 6 months after last possible exposure or onset of symptoms. o If concerned about sexual transmission to partner(s), use condoms for at least 6 months after onset of symptoms, regardless of use of other contraceptives. • If interested in conceiving a pregnancy in the near future, consider avoiding non-essential travel to an area with Zika. • If travel to area with Zika, use strategies to prevent Zika virus infection as indicated (Job Aid #6) and consider recommendations for timing of conception after Zika exposure.

Where Can I Get More Information about Zika?

Toolkit attachments for areas WITHOUT local mosquito-borne transmission of Zika (English and Spanish)

- Job Aids for Healthcare Providers
- Educational Handouts for Clients

Toolkit attachments for areas WITH local mosquito-borne transmission of Zika (English and Spanish)

- Job Aids for Healthcare Providers
- Educational Handouts for Clients

Toolkit outreach materials (English and Spanish)

CDC Website

The CDC website is the primary reliable source of information about Zika <http://www.cdc.gov/zika/index.html>. Below are resources that may be of particular use to providers caring for non-pregnant women.

CDC clinical recommendations related to Zika

Petersen EE, Meaney-Delman D, Neblett-Fanfair R, et al. Update: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus for Persons with Possible Zika Virus Exposure — United States, September 2016. MMWR Morb Mortal Wkly Rep 2016;65:1077-1081. Available at: <http://dx.doi.org/10.15585/mmwr.mm6539e1>

CDC updates and tools for healthcare providers about Zika

<http://www.cdc.gov/zika/pdfs/preconception-counseling.pdf>

<http://www.cdc.gov/zika/hc-providers/index.html>

<http://www.cdc.gov/zika/hc-providers/tools.html>

<http://www.cdc.gov/zika/hc-providers/qa-sexual-transmission.html>

Fact sheets and posters about Zika for use with clients (available in English, Spanish and other languages)

<http://www.cdc.gov/zika/fs-posters/index.html>

Clinical recommendations related to providing family planning services

CDC/OPA (2014). Providing Quality Family Planning Services (QFP): Recommendations of CDC and the US Office of Population Affairs, MMWR Recommendations and Reports, April 24, 2014. Available online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>

CDC (2010). US Medical Eligibility Criteria for Contraceptive Use, MMWR Recommendations and Reports, 59 (RR04):1–85. Available online at: <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>.”

CDC (2013). US Selected Practice Recommendations for Contraceptive Use, MMWR Recommendations and Reports, 62(No. RR-5):1-60. Available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w.

American College of Obstetricians and Gynecologists (ACOG), Committee on Gynecologic Practice. Increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy. Committee Opinion Number 642; October 2015.

The American Academy of Pediatrics (AAP) (2014). Contraception for Adolescents. Pediatrics, 134:e1244–e1256.

Dehlendorf C, Krajewski C, Borrero S. Contraceptive counseling: best practices to ensure quality communication and enable effective contraceptive use. Clin Obstet Gynecol 2014; 57(4): 659-73.

ARHQ Literacy Toolkit: <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

You may also access Zika resources through the Title X Family Planning National Training Center website at fpntc.org. The [Zika Community of Practice](http://fpntc.org/cop/zika-virus) includes opportunities to share additional resources and participate in online discussions <http://fpntc.org/cop/zika-virus>. Contraceptive counseling resources are also available through the FPNTC website including [Providing Quality Contraceptive Counseling & Education: A Toolkit for Training Staff](#).