

Zika Toolkit for Healthcare Providers

Attachments for Areas **WITHOUT** Local Mosquito-borne Transmission of Zika

Job Aids for Healthcare Providers

- Job Aid #1: Family Planning Counseling Process for Female Clients in Areas **without** Local Transmission
- Job Aid #2: Initial Screening Questions for Female and Male Clients in Areas **without** Local Transmission
- Job Aid #3: Counseling Female Clients about Risk of Zika Infection in Areas **without** Local Transmission
- Job Aid #4: Providing Client-Centered Contraceptive Counseling and Education
- Job Aid #5: Birth Control Method Options [Chart]
- Job Aid #6: Strategies to Prevent Zika Virus and its Consequences for Clients Living in Areas **without** Local Transmission
- Job Aid #7: Who Needs Testing for Zika Virus? Areas **without** Local Transmission
- Job Aid #8: Counseling Male Clients about Risk of Zika Infection in Areas **without** Local Transmission

Educational Handouts for Clients

- Handout #1 Important Information about Zika
- Handout #2 Protecting Yourself and Others from Zika
- Handout #3 What Men Need to Know about Zika

Family Planning Counseling Process for Female Clients in Areas WITHOUT Local Transmission

All clients should be educated about and assessed for exposure to Zika in the context of the family planning visit

Ask Female Clients: "Do you want to get pregnant now?"

Clients wishing to prevent pregnancy

Clients without clear intention about preventing or having a pregnancy

Clients wishing to have a pregnancy now or in the near future

- Conduct assessment for current and future risk for Zika infection (Job Aids #2 and #3):
 - Assess travel to areas with Zika transmission by client and her past and current partner(s)
 - Inquire about current or recent symptoms of Zika experienced by client and/or her partner(s)
 - Perform testing for Zika among non-pregnant women who experience signs/symptoms of Zika within 2 weeks of possible exposure
- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client's pregnancy goals and current and future risk (Client Handout #1 for all clients, Client Handout #2 if risk identified)

Discuss whether information and risk assessment changes views on future pregnancy

Wishes to prevent pregnancy

No clear intention

Wishes to have a pregnancy

Provide client-centered contraceptive counseling (Job Aids #4 & #5)
 • Consider method effectiveness as it relates to Zika risk

Discuss timing of possible pregnancy in context of Zika risk, if present
 • Consider temporary pregnancy prevention if short term risk identified

If temporary pregnancy prevention desired

Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handouts #2 if risk identified), as well as potential for:
 • Unplanned pregnancy
 • Change in pregnancy goals

Discuss strategies to prevent Zika infection and educate about symptoms of Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handout #2 if risk identified)

Initial Screening Questions for Female and Male Clients in Areas WITHOUT Local Transmission

Initial screening questions for all female clients prior to the visit

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?

Initial screening questions for all male clients prior to the visit

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?

The map at this link can be used to assist in identifying areas at risk for Zika:
<http://www.cdc.gov/zika/geo/active-countries.html>

Counseling Female Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

Evaluating current and future risk

Ask questions like:

1. Have you traveled to or lived in an area with active Zika transmission in the past 8 weeks? (Review map to determine.)
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?
(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
 - ▶ Whether the client used, or is using, a condom, every time with any potentially exposed partner
3. If “yes” to either being in an area with Zika or having 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 of anytime you might have gotten Zika?
 - Fever
 - Joint pain
 - Rash
 - Red eyes
4. Do you, or any person you have sex with, plan to travel to or live in an area with Zika?

Educating Clients

See **Client Handouts #1 and #2 (for women)** and #3 (for men) for plain language and images to use when educating clients about the key messages. These handouts also serve as take-home materials for clients. Provide a handout on correct use of condoms (male or female).



Recommendations

- ▶ If a female partner is exposed to Zika through travel or sexual activity, regardless of symptoms, she should delay attempts at conception and should use condoms to prevent sexual transmission for at least 8 weeks after symptoms start or last possible exposure.
- ▶ If a male partner is exposed to Zika through travel or sexual activity, regardless of symptoms, the couple should delay attempts at conception and should use condoms to prevent sexual transmission for at least 6 months after symptoms start or last possible exposure.
- ▶ Female clients who could become pregnant and who might (or whose partner might) travel to an area with Zika should consider CDC recommendations regarding use of condoms and avoiding conception after possible Zika exposure. If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.

Job Aid #3, continued

- ▶ Females with no identified past or future risk for Zika should be provided with basic information about the virus, its transmission, and preventive strategies. In addition, providers should also offer usual family planning services in accordance with the *Providing Quality Family Planning Services* (2014) recommendations.
- ▶ Females and their partners with symptoms within 2 weeks of an exposure should be tested for Zika virus. 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.

Providing Client-Centered Contraceptive Counseling and Education

Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. *Education* is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using **client-centered** skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

PRINCIPLE 1:

Establish and maintain rapport with the client

- ▶ Create a welcoming environment — greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions. Explain privacy and confidentiality to help build a climate of safety and trust that will encourage questions at every stage of the client encounter.



PRINCIPLE 2:

Assess the client's needs and personalize discussions accordingly

- ▶ Tailor your questions and conversation so that your client's clinical needs, personal life considerations and psychological concerns are integrated into important education and decision making discussion.



PRINCIPLE 3:

Work with the client interactively to establish a plan

- ▶ Address your client's personal goals by interactively exploring decision making and readiness for behavior change if needed. Help establish a plan that will allow the client to achieve personal goals.



PRINCIPLE 4:

Provide information that can be understood and retained by the client

- ▶ Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client's plan at this time in her or his life.

PRINCIPLE 5:

Confirm client understanding

- ▶ Use an interactive teach-back process to give your client an opportunity to say — in his or her own words — the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client's success in their reproductive health choices.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U. S. Office of Population Affairs, 2014; Appendix C



FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, DHHS, or FPNTC member organizations.

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Seven Strategies for Effective Education

For clients to make informed decisions and follow treatment plans, information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs, ethnic background and cultural practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual. Help your clients understand risks and benefits by using clear numbers and comparisons, and providing balanced, positive messages. Ask clients to show and tell you what they have learned. This is called using “teach-backs.” And finally, a client encounter should include a counseling and education approach that is interactive and engaging.



Provide information that is clear and easy to understand

- ▶ Whether you're with a client, in a group, or writing materials, keep it simple! Substitute a short word for a long one: “use” instead of “utilize.” If you do use complicated terms, also say it more simply: “use it every time you have sex and always the right way.” Instead of “use birth control consistently and correctly.”

Use culturally and linguistically appropriate messages

- ▶ Don't make assumptions about your clients' beliefs, religion, or customs, but do ask — respectfully. Ask a question such as, “Is there anything I should know about you — about your culture, beliefs, or religious or other practices that would help me take better care of you?” This makes it clear that you're asking so that you can better serve them, not just because you're nosy.

Tailor information to the individual client

- ▶ Focus on your client's needs and knowledge gaps. What are the 3 to 5 most important educational messages that this individual client should walk away with knowing? That's as much as most of us will remember, so focus on those important messages. Highlight or circle these key points on any handouts you provide.

Share balanced information

- ▶ Present advantages and benefits of contraception as well as potential side effects, risks, and warnings in an accurate and unbiased way. Ensure clients know about the range of birth control options available. Using a neutral approach, ask about and explore concerns the client may have and sensitively correct any misinformation. For example, if you are talking about pills you can say “for most women pills are safe with no side effects. Some women do have side effects but often they go away or we can help manage them by changing the prescription.”

Use clear numbers and comparisons

- ▶ When talking about numbers, use a consistent format and provide clear information. For example, when talking about contraceptive effectiveness you can say, “Within the first year of typical use fewer than 1 out of 100 women using this method get pregnant.” Use simple graphs and visuals to help clients understand the information correctly.

Engage the client in an interactive conversation

- ▶ Actively engage your client by asking questions and giving information that your client needs to know. Use a question and answer style to help clients learn and remember important information. Ask “What questions do you have?” rather than, “Do you have any questions?” Use interactive teaching methods such as writing or circling tailored messages on your educational materials.

Use teach-backs to confirm understanding

- ▶ Ask clients to tell you, in their own words, what they're going to do: “We've covered a lot today, so I want to be sure that I was clear. Can you tell me what you'll do if you miss taking a pill?” Ask your clients to show you, as well. “I just showed how to put a condom on the model; now you try!” During teach-backs provide encouragement and respectfully correct mistakes.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014; Appendix E



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Birth Control Method Options

	Female Sterilization		Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides	
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	6 out of 100	9 out of 100	12 out of 100	18 out of 100	21 out of 100	22 out of 100	24 out of 100	28 out of 100	28 out of 100	28 out of 100	28 out of 100	28 out of 100	
How the method is used	Surgical procedure	Permanent	Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina					
How often the method is used	Permanent	Permanent	Lasts up to 3-12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex	Every time you have sex	Daily	Every time you have sex					
Menstrual side effects	None	None	LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.	May have nausea and breast tenderness for the first few months.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.	None	None	None	None	None	None	None	None	None
Other possible side effects to discuss	Pain, bleeding, infection	Pain, bleeding, infection	Some pain with placement	No estrogen	May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.	Allergic reaction, irritation	No hormones. No prescription necessary.	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	
Other considerations	Provides permanent protection against unintended pregnancy.	Provides permanent protection against unintended pregnancy.	LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.	No hormones	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	
Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.																	

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
 Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83:397-404. Other references available on www.fplan.org.
 Quality Family Planning
 www.fplan.org
 May 2016

Strategies to Prevent Zika Virus and its Consequences for Clients Living in Areas WITHOUT Local Transmission

Individuals living in areas of the United States that do not have local, mosquito-borne transmission of Zika can be infected if they or their partner(s) travel to an affected area. Counsel clients with potential risk for Zika as follows:

1. Using contraception consistently and correctly can prevent pregnancy and the risk of pregnancy complications and birth defects associated with Zika. This should be considered in the context of women's feelings and plans about future pregnancy.
2. For individuals planning conception in the near future, consider avoiding non-essential travel to areas with active mosquito-borne Zika transmission (see the following CDC website for updated affected areas: <https://wwwnc.cdc.gov/travel/page/zika-information>).
3. Wait to attempt conception if a woman or her partner(s) has possible exposure to Zika through sex or travel, according to CDC recommendations.
 - ▶ CDC recommendations for attempting conception are to wait at least 8 weeks after symptoms start or last possible exposure for women and 6 months after symptoms start or last possible exposure for men.
4. Consider CDC recommendations for timing of conception after potential Zika exposure if a woman or her partner(s) is planning travel to an area with Zika.
5. To protect partner(s) against sexually transmitted Zika, persons with recent travel to an area with mosquito-borne Zika should use condoms (male or female) according to CDC recommendations, regardless of whether other contraception is being used.
6. When visiting areas with Zika virus transmission, the following steps can help to prevent Zika infection:
 - ▶ Use condoms (and other barriers to protect against infection) when having sex.
 - ▶ Wear long-sleeved shirts, long pants, and socks.
 - ▶ Stay and sleep in places with air conditioning and window and door screens.
 - ▶ Sleep under a mosquito bed net if unable to close windows and doors.
 - ▶ Use 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. Clients should also continue to use insect repellent for 3 weeks after leaving an area with Zika.
 - ▶ Wear permethrin-treated clothing.

Who Needs Testing for Zika Virus? Areas WITHOUT Local Transmission

Testing

For men and non-pregnant women living in an area without local Zika virus transmission, testing is recommended if the individual:

- ▶ Has a possible exposure to Zika **and**
- ▶ Has experienced symptoms of Zika virus within 2 weeks of possible exposure.

Exposure may occur during travel to an area with mosquito-borne Zika transmission or through sex with a person who has traveled to or lives in an area with active mosquito-borne Zika virus transmission. Potential sexual exposure is sex (vaginal, oral, or anal) or sharing sex toys without a condom with:

1. a male partner within 6 months of his last possible exposure or symptom onset; or
2. a female partner within 8 weeks of her last possible exposure or symptom onset.

Serum and urine collected from symptomatic patients < 14 days post onset of symptoms should be tested by Zika virus real time reverse transcriptase-polymerase chain reaction (rRT-PCR). A positive Zika rRT-PCR result in either specimen is sufficient to diagnose Zika virus infection. If Zika virus rRT-PCR results are negative for both specimens, serum should be tested by antibody detection methods. Serum that has been collected from patients presenting 2-12 weeks from onset of symptoms should be tested first by anti-Zika immunoglobulin (IgM) detection methods.

For information on the appropriate type and timing of testing, see the CDC Zika testing guidelines: <https://www.cdc.gov/zika/laboratories/lab-guidance.html>.

- ▶ 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.
- ▶ Testing is **not** indicated for asymptomatic men, or asymptomatic women who are not pregnant.
- ▶ In an area without local transmission of Zika, the only circumstances under which testing is currently recommended for an asymptomatic person are the following:
 1. Pregnant women who have either traveled to an area with local mosquito-borne transmission of Zika; or
 2. Pregnant women who have had sex without a condom with a partner who lives in, or has traveled to, an area with mosquito-borne Zika transmission.
- For more information, see CDC guidance about testing and care of pregnant women with possible Zika exposure: http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf.

Counseling Male Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

1. Perform risk assessment

- ▶ **Initial screening questions for all male clients prior to the visit**
 - Where have you traveled to or lived in the past 6 months?
 - Where do you plan to travel to or live in the next year?
 - Where have your sexual partner(s) traveled to or lived in the past 6 months?
 - 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 if answers to initial questions are positive**
 - Have you traveled to or lived in an area with Zika in the past 6 months?
 - 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.*)
 - 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
 - Do you or anyone you have sex with have plans to travel to or live in an area with Zika?

Educating Clients

See **Client Handouts #1 and #3** for plain language and images to use when educating male clients about the key messages. These handouts also serve as take-home materials for clients. Provide a handout on correct use of condoms (male or female).



2. Provide basic information about Zika

This can be initiated by asking clients what they know about Zika in order to facilitate an interactive discussion (Client Handout #1).

3. Provide information about prevention of Zika virus and its consequences in the context of their risk (Client Handout #3 and Job Aids #6 and #7).

- ▶ If had any Zika exposure:
 - Avoid attempts at conception for at least 6 months after last date of possible exposure or symptom onset by abstaining or using contraception correctly and consistently.
 - If concerned about sexual transmission of Zika, use condoms with all partners for at least 6 months after last possible exposure or symptom onset, regardless of use of other contraceptives.
 - Perform testing for Zika virus for individuals with symptoms. However, clients should be aware that while 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 of sexual transmission.

Job Aid #8, continued

- ▶ Clients planning conception in the near future should consider avoiding non-essential travel to Zika-affected areas. If travel is planned, consider CDC recommendations for timing of conception after potential Zika exposure.
- ▶ Clients considering conception who might (or whose partner might) travel to an area with Zika should consider CDC recommendations regarding use of condoms and avoiding conception after possible Zika exposure. If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.
- ▶ Male clients whose partner(s) are potentially exposed to Zika can use condoms (male or female) to reduce their risk of getting infected.
- ▶ Use mosquito bite prevention strategies during travel to areas with mosquito-borne Zika transmission and for three weeks after leaving affected areas.
 - Wear long-sleeved shirts, long pants and socks.
 - Stay and sleep in places with air conditioning and window and door screens.
 - Sleep under a mosquito bed net if unable to close windows and doors.
 - Use Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, or para-menthane-diol, or 2-undecanone.
 - Wear permethrin-treated clothing.

Educational Handouts for Clients In Areas WITHOUT Local Mosquito-borne Transmission of Zika

Handout #1 Important Information about Zika

Handout #2 Protecting Yourself and Others from Zika

Handout #3 What Men Need to Know about Zika

Important Information about Zika

For people living in areas where mosquitoes are not spreading Zika



If a woman gets Zika while she is pregnant, she may have a miscarriage or her baby may be born with serious birth defects.

How people get the Zika virus

- ▶ In some places, Zika is spread by mosquitoes.
- ▶ A man or woman with Zika can also spread it to others through vaginal, anal or oral sex, or sharing sex toys.
- ▶ The mosquitoes that carry Zika bite day and night.

What we don't know about Zika

There are many things we don't know about Zika, including:

- ▶ How likely it is that Zika will affect a woman's fetus during pregnancy
- ▶ If the effect of Zika on a fetus is different depending on when during pregnancy a woman is infected
- ▶ How long the Zika virus can stay in semen and vaginal fluid
- ▶ Where mosquitoes that spread Zika will be found in the United States in the future
- ▶ When a vaccine or medicine to prevent or treat Zika may be available

Are YOU at risk?

You may be exposed to Zika:

- ▶ If you live in (or travel to) an area with mosquitoes that spread Zika
- ▶ If you have sex with a man or woman who has Zika

Protect yourself and others from Zika

To prevent Zika when having sex you can **use condoms** (male or female) **every time during vaginal, anal or oral sex:**

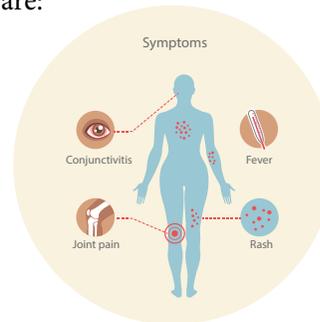
- ▶ If you have sex with a man or woman who may have been exposed to Zika
- ▶ If you are a man or woman who may have been exposed to Zika

If you are sexually active and at risk for unplanned pregnancy, you can also choose to use one of the many **safe, effective contraceptive methods**.

If you travel to areas where mosquitoes spread Zika, use mosquito repellent and follow steps to **prevent mosquito bites**.

Symptoms of Zika

Most people with Zika don't know they have it. The illness is usually mild with symptoms lasting for several days to a week. Common symptoms are:



- ▶ Fever
- ▶ Rash
- ▶ Joint pain
- ▶ Red eyes

You can spread Zika even if you do not have symptoms.



For the most current information on areas with Zika, talk with your healthcare provider or check the CDC site: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

For more information and health services contact:

Find the latest information about Zika on the Centers for Disease Control website: <http://www.cdc.gov/zika/>

Protecting Yourself and Others from Zika



For women living in areas where mosquitoes are not spreading Zika

- ▶ If a woman gets a Zika infection while she is pregnant, she may have a miscarriage or her baby may be born with serious birth defects.
- ▶ In some places, Zika is spread by mosquitoes. Zika can also be passed through vaginal, anal or oral sex, or sharing of sex toys with a man or woman with Zika.
- ▶ If you or your sex partner(s) live in, or travel to, an area with Zika — you may get Zika.



How to protect yourself and others

Prevent getting Zika from sex

To prevent getting Zika when having sex with someone who has traveled to, or lived in, an area with Zika:

Use condoms correctly every time

Or

Don't have vaginal, oral or anal sex

- ▶ For at least **6 months** from last possible exposure or when symptoms started (for male partners) and **8 weeks** from last possible exposure or when symptoms started (for female partners)

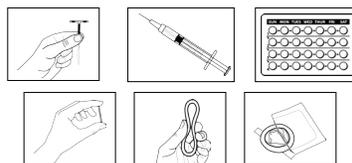


Use birth control if you wish to prevent pregnancy

A woman may be exposed to Zika before she even knows she's pregnant.

Without birth control, about 85 out of 100 sexually active women get pregnant within one year.

There are many examples of birth control that are safe and effective.



Talk with your healthcare provider about what's important to you in a method.

Prevent getting Zika from mosquitoes

If you or your sex partner(s) travel to an area with Zika:

- ▶ Use Environmental Protection Agency (EPA)-registered insect repellent while you travel and for 3 weeks after returning home.
- ▶ Wear long sleeves, long pants and socks.
- ▶ Wear permethrin-treated clothing.
- ▶ Stay in places with air conditioning or window and door screens.
- ▶ Sleep under a mosquito net.
- ▶ Empty standing water near your home or work.
- ▶ Create and use your own Zika prevention kit: <http://www.cdc.gov/zika/pdfs/zika-prevention-kit-english.pdf>



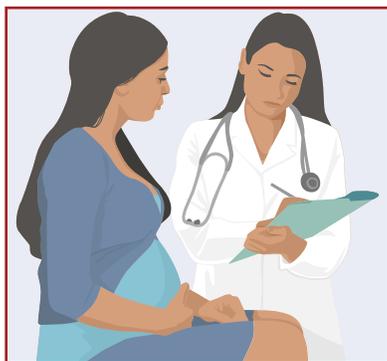
How the risk of Zika may affect pregnancy plans



- ▶ Women and couples at risk for Zika may wish to delay pregnancy until more is known about the virus.
- ▶ Pregnant women are advised **not** to travel to areas with Zika. Those attempting conception should consider avoiding non-essential travel to these areas.
- ▶ If a **woman potentially has been exposed** to Zika through travel or sexual activity, she should **wait at least 8 weeks from her last potential exposure before trying to get pregnant**. If she develops symptoms of Zika, she should wait at least 8 weeks after the symptoms start.
- ▶ If a **man has been exposed** to Zika, the couple should **wait at least 6 months after the last possible exposure or after symptoms started** before trying to get pregnant. Use condoms and consider using additional contraception or not having sex during this time. This is because Zika can still be in a man's semen many months after he first gets the virus.
- ▶ If a woman is pregnant, and her partner is at risk of Zika, they should **use condoms** for vaginal, anal or oral sex, or not have sex or share sex toys **throughout** the entire **pregnancy**.

What are your thoughts about pregnancy?

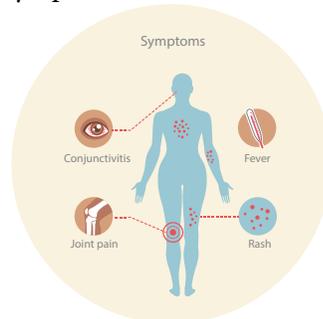
Talk to your healthcare provider about your future plans for pregnancy, and options for birth control if you don't want pregnancy now.



We can help answer your questions about Zika, pregnancy and birth control.

Symptoms of Zika

Most people with Zika don't know they have it. The illness is usually mild with symptoms lasting for several days to a week. Common symptoms are:



- ▶ Fever
- ▶ Rash
- ▶ Joint pain
- ▶ Red eyes

You can spread Zika even if you do not have symptoms.

For more information and services contact:

Find the latest information about Zika on the Centers for Disease Control website: <http://www.cdc.gov/zika/>

What Men Need to Know about Zika

For men living in areas where mosquitoes are not spreading Zika



- ▶ In some places, Zika is spread by mosquitoes.
- ▶ Zika can also be passed through vaginal, anal or oral sex, or the sharing of sex toys with a man or woman with Zika.
- ▶ If a woman gets Zika while she is pregnant, she may have a miscarriage or her baby may be born with serious birth defects. Zika can cause the baby to have microcephaly, a severe birth defect that is a sign of incomplete brain development.

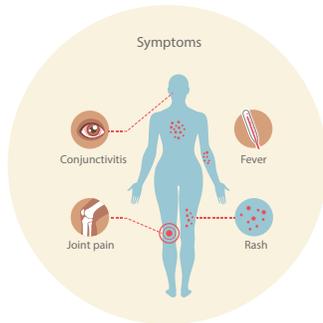
A man's risk of getting and spreading Zika

If you **live in, or travel to, an area with Zika** — you may be exposed to Zika through mosquito bites. You can also get Zika by having sex with someone with Zika.

You may **not** know you have Zika, but you can still spread it to others during sex. Then, if your female partner gets pregnant, or if she is already pregnant, her developing fetus may get Zika and be born with serious birth defects.

Symptoms of Zika

Most people with Zika don't know they have it. The illness is usually mild with symptoms lasting for several days to a week. Common symptoms are:



- ▶ Fever
- ▶ Rash
- ▶ Joint pain
- ▶ Red eyes

If you have been exposed to Zika you can pass Zika to your sex partners:

- ▶ For up to 6 months, following your last potential exposure or onset of symptoms.



For the most current information on areas with Zika, talk with your healthcare provider or check the CDC site: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

If you and your partner want to have a baby

It is recommended that you wait until you are no longer at risk of spreading Zika before trying to get your partner pregnant. Talk with your healthcare provider before attempting pregnancy, even if you have not had symptoms of Zika.

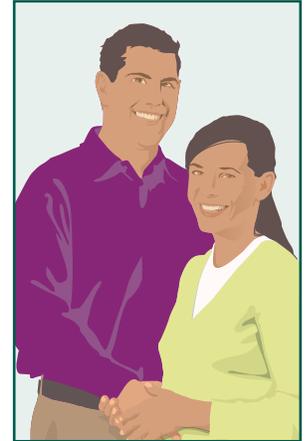
How to protect yourself and others from Zika

Prevent getting or spreading Zika from sex

If you live in or travel to an area with Zika, you can help prevent getting and spreading Zika by using condoms for vaginal, anal or oral sex, or by not having sex while you are there.

If you go to an area with Zika and return to an area **without** Zika, you should wait before trying to get your partner pregnant at least 6 months after your return or after symptoms started.

During the time frame when there is a risk of spreading Zika, you can use condoms and prevent pregnancy with birth control, or don't have sex.



Prevent spreading Zika to a future child

If your partner may be pregnant or is pregnant and you were exposed to Zika, use condoms or don't have vaginal, anal or oral sex during the entire pregnancy. This may reduce the risk of having a baby that is harmed by the Zika virus.

Prevent getting Zika from mosquito bites

If you lived in or travel to an area with Zika, protect yourself from mosquito bites when you are there.

- ▶ Use Environmental Protection Agency (EPA)-registered insect repellent if traveling to an area with Zika. (Continue to use repellent for three weeks after returning home, to prevent mosquitoes from biting you and spreading it to others near your home.)
- ▶ Wear long sleeves, long pants and socks.
- ▶ Wear permethrin-treated clothing.
- ▶ Stay in places with air conditioning or window and door screens.
- ▶ Sleep under a mosquito net if you are sleeping in a space without air conditioning and sealed windows.
- ▶ Empty standing water near your home or work.
- ▶ Create and use your own Zika prevention kit:
<http://www.cdc.gov/zika/pdfs/zika-prevention-kit-english.pdf>



For more information and services contact:

Find the latest information about Zika on the Centers for Disease Control website: <http://www.cdc.gov/zika/>