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

A Toolkit for Healthcare Providers

Version 2: September 1, 2016

This version has been updated to reflect CDC guidance published on July 29, 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.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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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 women 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.

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
- Job aids and client handouts, with separate sections for those in areas without local transmission of Zika and with local transmission
- Outreach materials

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/index.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.

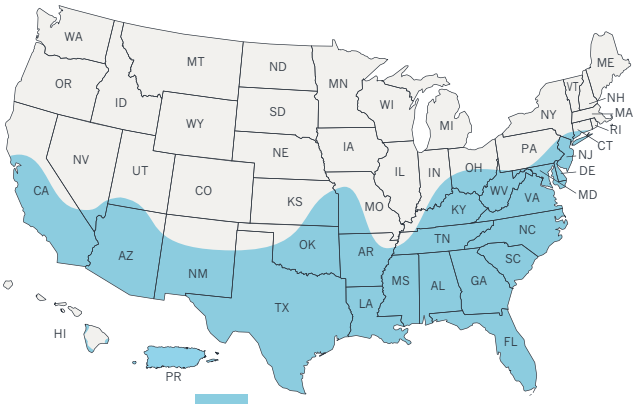
2. What parts of the US will be affected by Zika?

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.

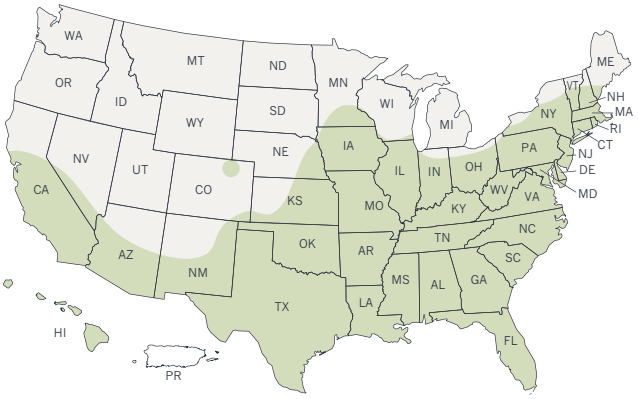
Local transmission has also been documented in the US since June, 2016. How widespread local transmission will be in the continental US, is unknown. Recent outbreaks in the continental United States of chikungunya and dengue, which are spread by the same types of mosquito, have been limited to a relatively 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. *A. aegypti* mosquitoes are more likely to spread viruses like Zika, dengue, chikungunya and other viruses than other types of mosquitoes such as *A. albopictus* mosquitoes. 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*



Aedes aegypti



Aedes albopictus

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 symptoms wait at least 6 months after a Zika diagnosis or start of symptoms before attempting conception or, if concerned about sexual transmission, having sex without use of a barrier method to protect against infection. (Barrier methods to protect against infection include 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). Men with asymptomatic Zika virus infection may be able to sexually transmit Zika virus to their partners.

Current guidance recommends that men without symptoms wait at least 8 weeks from the end of exposure before attempting conception or having sex without the use of other barriers to protect against infection if concerned about sexual transmission.

Therefore, when considering a client's risk of sexual transmission from an exposed male partner, if the exposed partner experienced symptoms, it is most relevant to consider whether these symptoms occurred within the 6 months prior to sex with the client. If he was potentially exposed and did not develop symptoms, it is most relevant to consider whether this exposure occurred in the 8 weeks prior to sex, or even potentially within six months. These are minimal estimates and subject to change.

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, as the CDC recommends that women potentially exposed to Zika who do not develop symptoms and who are interested in reducing their risk of sexual transmission to partners should consider abstaining or using condoms (or other barriers against infection) for at least 8 weeks after exposure. Similarly, the CDC recommends that women exposed to Zika who develop symptoms of Zika virus disease should consider abstaining from sex or using condoms (or other barriers against infection) for at least 8 weeks after onset of illness.

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 4.

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 (and other barriers to protect against infection) 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, Brazil. 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, or para-menthane-diol. 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 (or other barriers to protect against infection) 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:

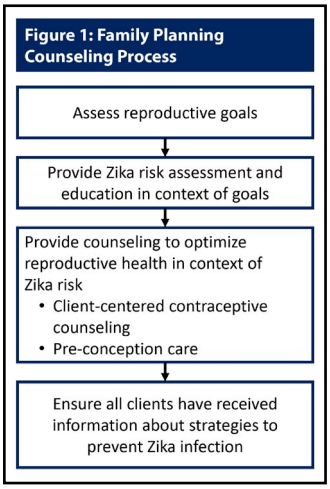
- *Education and counseling about Zika*
- *A complete range of contraceptive methods*
- *Counseling and services to optimize a healthy pregnancy*

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 11.

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)

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? (Refer to CDC map.)
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 3).* (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
   - If so, whether he or she experienced symptoms within two weeks of being in this area
   - If he or she did not experience symptoms, whether the client had sex with this person less than 8 weeks after exposure
   - Whether the client used, or is using, a condom (or other barriers to protect against infection) 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)

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)

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 (and other barriers to protect against infection) 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 consider using condoms (and other barriers to protect against infection), in addition to any other method of contraception they choose to use.

- For those living in areas **without** Zika: Consider condom use (and use of other barriers to protect against infection) for at least 8 weeks after a partner's return from an area with Zika if he or she has no symptoms or, if he or she does experience symptoms, for at least 6 months following symptom onset for male partners and 8 weeks after symptoms onset for female partners.
- For those living in areas **with** Zika: If a partner experienced symptoms, condoms (and other barriers to protect against infection) should be considered 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 considered 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. Other factors to consider include the ability to use strategies to prevent infection with Zika before and during pregnancy.

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 **without** Zika but **with** 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 exposure	At least 8 weeks after exposure
People living in areas **with** 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 the Zika virus at the time of diagnosis of pregnancy.

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 (and other barriers to protect against infection) 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 (and other barriers to protect against infection) for at least 8 weeks after the exposure. Women living in an area with active Zika virus transmission might consider using condoms (and other barriers to protect against infection) or abstaining from sex and the 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 3).*
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. If no symptoms were experienced, have you been exposed to Zika in the past 8 weeks?
5. 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).
  - Men who live in areas **without** local transmission should be advised that sexual transmission may be possible up to at least 8 weeks after travel to an area with local transmission.
  - 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 (and other barriers to protect against infection) to reduce their risk of getting infected.

Information 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
• 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: o Wait to attempt conception for at least 6 months after onset of symptoms. o Consider using condoms (and other barriers to protect against infection) with all partners or not having sex for at least 6 months after symptom onset, if concerned about sexual transmission of Zika, regardless of use of other contraceptives. • If did **not** have symptoms of Zika: o If concerned about Zika transmission, consider using condoms (and other barriers to protect against infection) with partner(s) or not having sex while Zika is in the area, regardless of use of other contraceptives, 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.	• If exposed to Zika and had symptoms: o Wait to attempt conception for at least 6 months after onset of symptoms. o If concerned about sexual transmission to partner(s), consider using condoms (and other barriers to protect against infection) for at least 6 months after onset of symptoms, regardless of use of other contraceptives. • If exposed to Zika and did **not** have symptoms: o Avoid attempts at conception for at least 8 weeks after an exposure. o If concerned about sexual transmission to partner(s), consider using condoms (and other barriers to protect against infection) for at least 8 weeks, regardless of use of other contraceptives. • If interested in conceiving a pregnancy and client and/or partner have possible travel plans to an area with Zika, consider recommendations for timing of conception after Zika exposure. • If travel to area with Zika, use strategies to prevent Zika virus infection as indicated (Job Aid #6).

Where Can I Get More Information about Zika?

The CDC website is the primary reliable source of information about Zika. Below are resources that may be of particular use to providers caring for non-pregnant women.

CDC clinical recommendations related to Zika

CDC (2016). Update: Interim Guidance for Healthcare Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure – US, 2016. MMWR, Vol.65, March 25. Available online at: http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2er.htm?s_cid=mm6512e2er_w.

CDC (2016). Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus – US, 2016. MMWR, Vol. 65, No. 29, July 29, 2016 . Available online at: http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e2.htm?s_cid=mm6529e2_w.

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 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.

Attachments for Areas WITHOUT Local Transmission of Zika

Job Aids for Healthcare Providers

Educational Handouts for Clients

Job Aids for Healthcare Providers In Areas WITHOUT Local Transmission of Zika

Job Aid #1: **Family Planning Counseling Process in Areas without Zika for Female Clients**

Job Aid #2: **Initial Screening Questions for Female and Male Clients in Areas without Zika**

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 Transmission and its Consequences for Clients Living in Areas without Zika**

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**

Job Aid #1: Family Planning Counseling Process in Areas without Zika for Female Clients

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 Zika

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

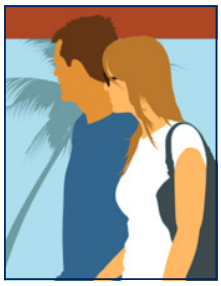
Counseling Female Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

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
   - If so, whether he or she experienced symptoms within two weeks of travel
   - If he or she did **not** experience symptoms, whether the client had sex with this person less than 8 weeks after exposure
   - 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 (or other barrier to protect against infection) 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
     - Rash
     - Joint pain
     - 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 male condoms, female condoms and/ or other barriers to protect against infection, if indicated.

Recommendations

- If a female is exposed to Zika through travel or sexual activity and has no symptoms, she should wait at least 8 weeks after exposure to attempt conception and should consider using condoms (and other barriers to protect against infection) for at least 8 weeks after exposure to prevent sexual transmission to others.
- If a female is exposed to Zika through travel or sexual activity and has confirmed Zika virus or clinical illness consistent with Zika, she should wait at least 8 weeks after onset of symptoms to attempt conception and should consider using condoms (and other barriers to protect against infection) for at least 8 weeks after symptoms began to prevent sexual transmission to others.
- If a male partner is exposed to Zika and has no symptoms, the couple should delay attempts at conception for at least 8 weeks and should consider using condoms for at least 8 weeks after exposure to prevent sexual transmission.
- If a male partner is exposed to Zika and has symptoms, the couple should delay attempts at conception for at least 6 months and should consider using condoms for at least 6 months to prevent sexual transmission.

- 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 other barrier protection against infection) and avoiding conception after possible Zika exposure. If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.
- 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 to 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. Persons with negative test results should still follow recommended prevention measures.

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

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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

	Most Effective									Least Effective					
	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	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	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					Daily	Every time you have sex
Menstrual side effects	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.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/ weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an 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. Can increase awareness and understanding of a woman's fertility signs.	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.fpntc.org.

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

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 associated with Zika. This should be considered in the context of women's feelings and plans about future pregnancy.
2. Wait to attempt at 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 exposure for people who do not develop symptoms, or if symptoms occur, for at least 8 weeks after symptom onset for women and at least 6 months after symptom onset for men.
3. 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.
4. To protect partner(s) against sexually transmitted Zika, persons with recent travel to an area with Zika should consider using condoms (and other barriers to protect against infection) according to CDC recommendations, regardless of whether other contraception is being used.
5. 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, or para-menthane-diol. 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 Zika transmission. Potential sexual exposure to Zika virus is defined as having had sex with a person who has traveled to or lives in an area with active Zika virus transmission when the sexual contact did not include a barrier to protect against infection, such as a male or female condom or a dental dam.

At present, there is limited information about how long the virus can persist in a man's semen or a woman's vaginal fluids. Men with asymptomatic Zika virus infection may be able to sexually transmit Zika virus to their partners. Current guidance recommends waiting 8 weeks from the end of exposure for men without symptoms, and six months after onset of symptoms for men who experience symptoms, to attempt conception or have sex without a condom if concerned about sexual transmission. Therefore, when considering risk of sexual transmission, it is most relevant to consider whether the male had been exposed to Zika in the 6 months prior to sex (if he experienced symptoms) or the 8 weeks prior to sex (if he did not have symptoms).

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, as the CDC recommends that women potentially exposed to Zika who do not develop symptoms and who are interested in reducing their risk of sexual transmission to partners should consider abstaining or using condoms (and other barriers to protect against infection) for at least 8 weeks after exposure. Similarly, the CDC recommends that women exposed to Zika who develop symptoms of Zika virus disease should consider abstaining from sex or using condoms (and other barriers to protect against infection) for at least 8 weeks after onset of illness.

- 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.
- 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 transmission of Zika; or
    2. Pregnant women who have had sex without barrier protection with a partner who lives in, or has traveled to, an area with Zika.

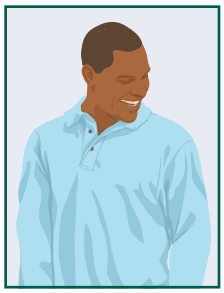
For more information, see CDC guidance about caring for pregnant women.

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 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
  - If no symptoms were experienced, have you been exposed to Zika in the past 8 weeks?
  - 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 male condoms, female condoms and/ or other barriers to protect against infection, if indicated.

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 symptoms of Zika following an exposure:
  - Avoid attempts at conception for at least 6 months after onset of symptoms by abstaining or using contraception correctly and consistently.
  - If concerned about sexual transmission of Zika, consider using condoms (and other barriers to protect against infection) with all partners for at least 6 months after onset of symptoms, regardless of use of other contraceptives.
  - Perform testing for Zika virus. 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. Persons with negative test results should still follow recommended prevention measures.

- If did **not** have symptoms:
  - Avoid attempts at conception for at least 8 weeks after an exposure.
  - If concerned about sexual transmission of Zika, consider using condoms (and other barriers to protect against infection) with all partners for at least 8 weeks after an exposure, regardless of use of other contraceptives.
- Clients considering conceiving a pregnancy who have possible plans to travel to an area with Zika, or whose partner has plans to travel, should consider CDC recommendations regarding use of condoms and other barrier protection against infection and avoiding conception after possible Zika exposure.
- Male clients whose partner(s) are potentially exposed to Zika can use condoms (and other barriers to protect against sexual transmission) to reduce their risk of getting infected.
- Use mosquito bite prevention strategies if travel to areas with Zika
  - 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.
  - Wear permethrin-treated clothing.

Educational Handouts for Clients In Areas WITHOUT Local 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 **without** 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.

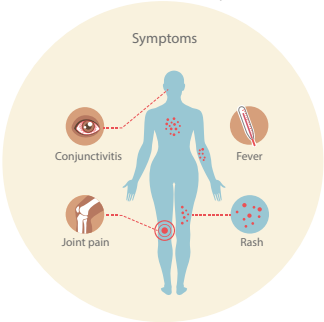
What we don't know about Zika

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

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.

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

Map of areas with Zika

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

Protect yourself and others from Zika

To prevent Zika when having sex you can **use condoms** (and other barriers to protect against infection) **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 repellant and follow steps to **prevent mosquito bites**.

For more information and health services contact:

(Insert the contact information for your family planning service delivery site)

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 **without** 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 (and other barriers to protect against infection) correctly every time

Or

Don't have vaginal, oral or anal sex

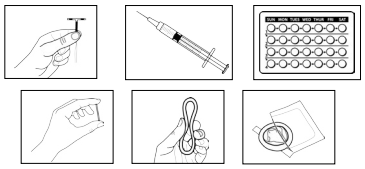
- For at least **8 weeks** after your partner leaves the area with Zika if he or she had **no symptoms** of Zika
- For at least **6 months** from when the symptoms start (for male partners) and 8 weeks after symptoms start (for female partners) if your partner **did have symptoms** of Zika

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.



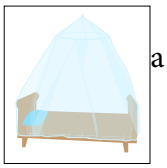
Talk with your healthcare provider about what's important to you in a method.

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.
- If a **woman has been exposed** to Zika through travel or sexual activity, she should **wait at least 8 weeks 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, but **DID NOT have symptoms** of the virus, the couple should **wait at least 8 weeks after possible exposure** before trying to get pregnant, and use condoms or not have sex during this time.
- If a **man has been exposed to Zika and DID have one or more symptoms** of Zika, they should **wait at least 6 months** from when his symptoms started, before trying to get pregnant, and use condoms or not have 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**.

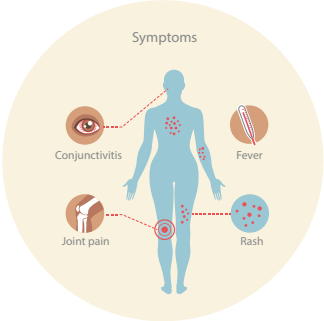
What are your thoughts about pregnancy?

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:

(Insert the contact information for your family planning service delivery site)

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 people living in areas **without** 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.

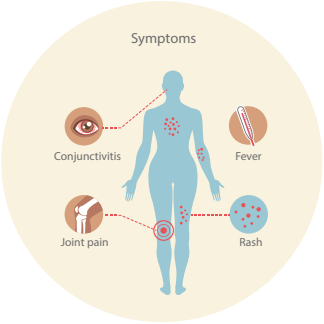
You may **not** know you have Zika, but you can still spread it to others during sex. Then, if your female partner gets pregnant, or if she is already pregnant, her developing fetus may get Zika and be born with serious birth defects.

Map of areas with Zika

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

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 at least 6 months if you have had symptoms
- For at least 8 weeks if you have had **no** symptoms

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:

- For at least **8 weeks** after your return, if you did **NOT have symptoms** of Zika
- For at least **6 months** after your symptoms started, if you **DID have symptoms** of Zika

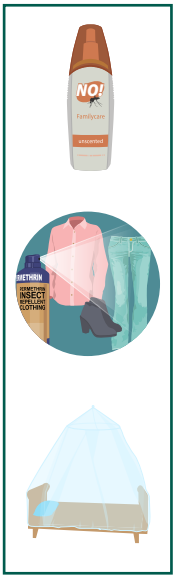
During the time frame when there is a risk of spreading Zika, you can use condoms and prevent pregnancy with birth control, or don't have sex.

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:

(Insert the contact information for your family planning service delivery site)

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

Attachments for Areas WITH Local Transmission of Zika

Job Aids for Healthcare Providers

Educational Handouts for Clients

Job Aids for Healthcare Providers In Areas WITH Local Transmission of Zika

Job Aid #1: **Family Planning Counseling Process in Areas with Zika for Female Clients**

Job Aid #2: **Initial Screening Questions for Female and Male Clients in Areas with Zika**

Job Aid #3: **Counseling Female Clients about Risk of Zika Infection in Areas with 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 Transmission and its Consequences for Clients Living in Areas with Zika**

Job Aid #7: **Who Needs Testing for Zika Virus? Areas with Local Transmission**

Job Aid #8: **Counseling Male Clients about Risk of Zika Infection in Areas with Local Transmission**

Job Aid #1: Family Planning Counseling Process in Areas with Zika for Female Clients

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 risk assessment for Zika infection (Job Aids # 2 and #3):
  - Review risk of exposure to Zika, including environmental risks, use of mosquito bite prevention strategies, and use of condoms and other barriers to protect against infection to prevent sexual transmission
  - Inquire about current or recent symptoms of Zika experienced by client and her partner(s)
  - Provide testing for Zika among non-pregnant women with history of exposure and symptoms
- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client's pregnancy goals (Client Handout #1)

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 risk

- Recommend temporary pregnancy prevention if symptoms in past 8 weeks for client, 6 months for male partner

If temporary pregnancy prevention desired

Review strategies to prevent Zika infection (Job Aid #6 and Client Handout #2) in context of potential for:

- Unplanned pregnancy
- Change in pregnancy goals

Review strategies to prevent Zika infection (Job Aid #6 and Client Handout #2), and educate about symptoms of Zika infection

Initial Screening Questions for Female and Male Clients in Areas WITH Zika

Initial screening questions for all female AND male clients prior to the visit

1. Have you heard about the Zika virus and its impact on pregnancy?
   - ☐ Yes
   - ☐ No

2. What steps are you taking to prevent yourself or your partner from Zika infection and its consequences?

	Yes	No
Preventing mosquito bites?		
Using condoms?		
Using other forms of birth control?		

Counseling Female Clients about Risk of Zika Infection in Areas WITH Local Transmission

Evaluating current and future risk

1. Have you had any of these symptoms of Zika infection in the past 8 weeks?
   - Fever
   - Rash
   - Joint pain/Arthralgias
   - Red eyes/Conjunctivitis
2. Has anyone 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/Arthralgias
   - Red eyes/Conjunctivitis

Educating Clients

See **Client Handouts #1 and #2** for plain language and images to use when educating female clients in areas with Zika about the key messages. Use Client Handouts #1 and #3 when educating male clients. These handouts also serve as take-home materials for clients. Provide a handout on correct use of male condoms, female condoms and/or other barriers to protect against infection, if indicated.

Recommendations

- If a female has confirmed Zika infection or clinical illness consistent with Zika, she should wait at least 8 weeks after symptom onset before attempting conception, and should consider using condoms (and other barriers to protect against infection) for at least 8 weeks to prevent sexual transmission to others.
- If a male partner has confirmed Zika infection or clinical illness consistent with Zika, the couple should delay attempts at conception for at least 6 months and should consider using condoms during that time (i.e., at least 6 months) to prevent sexual transmission.
- If neither the female nor male partner has confirmed Zika infection or develops clinical illness, and if the woman is concerned about getting Zika and does **not** desire pregnancy, she should consider using condoms or abstaining from sex as long as Zika is circulating in the area, in addition to using other contraceptive methods of her choosing to prevent pregnancy.

- If neither partner has confirmed Zika infection or develops clinical illness, women should know that it may be possible for an individual to spread Zika to his or her partner, even without symptoms. Women should talk to their healthcare provider before attempting conception.
- Women and their partners with symptoms 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 nor 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.
- Women who desire pregnancy should 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 by using the following strategies (see Job Aid #5):
  - 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 (These insect repellents are safe to use during pregnancy).
  - Wear permethrin-treated clothing.
  - Eliminate standing water near one's home and workplace.

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

Quality Family Planning
www.fpntc.org

May 2016

FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services.
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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

	Most Effective														Least Effective
	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	12–24 out of 100	24 out of 100	28 out of 100
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	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					Daily	Every time you have sex
Menstrual side effects	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.			None						
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/ weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation
Other considerations	Provides permanent protection against an 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. Can increase awareness and understanding of a woman's fertility signs.	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.fpntc.org.

Quality Family Planning
www.fpntc.org

May 2016

Strategies to Prevent Zika Virus Transmission and its Consequences for Clients Living in Areas WITH Zika

Using contraception

1. 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.
2. Delay attempts at conception for at least 8 weeks if a woman has confirmed Zika infection or clinical illness consistent with Zika.
3. Delay attempts at conception for at least 6 months if a man has confirmed Zika infection or clinical illness consistent with Zika.

Preventing sexual transmission

Women and men concerned about giving or getting Zika through sex should consider using condoms (and other barriers to protect against infection) while Zika is in the area, regardless of the use of other contraceptive methods.

Preventing mosquito bites

1. The following steps can help to prevent mosquito bites:
   - 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. Clients should also continue to use repellent for 3 weeks after leaving an area with Zika.
   - Wear permethrin-treated clothing.
2. The following steps can help to control mosquitoes outside where people are living:
   - Once a week, empty and scrub, turn over, cover, or throw out any items that hold water. Mosquitoes lay eggs in containers that can hold water.
     - Tightly cover water storage containers so that mosquitoes cannot get inside to lay eggs.
     - For containers without lids, use wire mesh with holes smaller than an adult mosquito.
     - Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.
   - Use an EPA-registered outdoor flying insect spray where mosquitoes rest. Mosquitoes rest in dark, humid areas like under patio furniture, or under carports or garages.
     - If there is a septic tank, repair cracks or gaps.
     - Always follow label directions when using an insecticide.
3. The following steps can help to control mosquitoes inside where people are living:
   - Keep windows and doors shut and use air conditioning when possible.
   - Keep mosquitoes from laying eggs inside. Once a week, empty and scrub, turn over, cover, or throw out any items that hold water like vases and flowerpot saucers.
   - Kill mosquitoes inside. Use an EPA-registered indoor flying insect fogger or indoor insect spray to kill mosquitoes and treat areas where they rest. Mosquitoes rest in dark, humid places like under the sink, in closets, under furniture, or in the laundry room. Always follow label directions when using an insecticide.

Who Needs Testing for Zika Virus? Areas WITH Local Transmission

Testing

For men and non-pregnant women living in an area **with** local Zika virus transmission, testing is recommended if the person:

- Develops symptoms of Zika virus

- 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.
- Clients should be aware that the risk of infection among those who have not been previously infected continues as long as Zika remains in the area.
- In an area with local transmission of Zika, the only circumstance under which testing is currently recommended for an asymptomatic person is pregnant women. For more information, see CDC guidance about caring for pregnant women.
- Testing is **not** indicated for asymptomatic men or asymptomatic women who are **not** pregnant.

Counseling Male Clients about Risk of Zika Infection in Areas WITH Local Transmission

1. **Perform risk assessment**
   - Have you had any of the following signs/symptoms of Zika infection in the past 6 months?
     - Fever
     - Rash
     - Joint pain/Arthralgias
     - Red eyes/Conjunctivitis

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 symptoms of Zika:
     - Avoid conception for at least 6 months after onset of symptoms by abstaining or using contraception correctly and consistently.
     - Consider using condoms with partners for at least 6 months after onset of symptoms to prevent sexual transmission of Zika, regardless of use of other contraceptives.
     - Perform testing for Zika virus. 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. Persons with negative test results should still follow recommended prevention measures. Clients should be aware that the risk of infection among those who have not been previously infected continues as long as Zika remains in the area.

Educating Clients

See **Client Handouts #1 and #3** for plain language and images to use when educating male clients about the key messages. These materials also serve as take-home materials for clients. Provide a handout on correct use of male condoms, female condoms and/or other barriers to protect against infection, if indicated.

   - If did **not** have symptoms:
     - If interested in conceiving a pregnancy, consider timing of conception given the potential risk of Zika virus infection during pregnancy, personal factors (such as age and fertility), as well as the ability of both partners to use mosquito bite prevention strategies before and during pregnancy.
     - If pregnancy is not desired, use contraception correctly and consistently or don't have sex to avoid an unintended pregnancy.
     - If concerned about passing or getting Zika through sex, consider using condoms (and other barriers to protect against infection) while Zika virus is present in the area, regardless of use of other contraceptives.
   - Use mosquito bite prevention strategies:
     - Wear long-sleeved shirts, long pants, 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.
     - Wear permethrin-treated clothing.
     - Eliminate standing water near one's home and workplace.

Educational Handouts for Clients In Areas WITH Local 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 **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.

How people get the Zika virus

- Zika is a virus spread mostly by mosquitoes.
- A man or woman with Zika can also spread it to others through vaginal, anal or oral sex and the sharing of sex toys.
- The mosquitoes that carry Zika bite day and night.

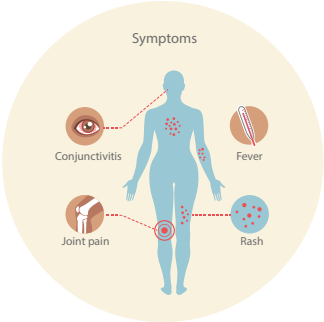
What we don't know about Zika

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

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:



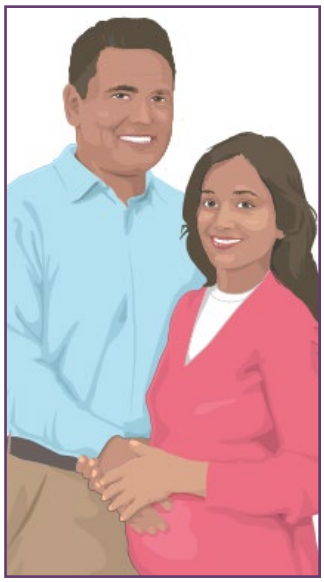
- Fever
- Rash
- Joint pain
- Red eyes

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

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** (and other barriers to protect against infection) **every time during vaginal, oral or anal sex.**

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**.

Use mosquito repellent and follow other steps to **prevent mosquito bites**.

For more information and health services contact:

(Insert the contact information for your family planning service delivery site)

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 **with** Zika

- Zika is a virus mostly spread by mosquitoes. 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 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 help prevent getting Zika when having sex:

- Use condoms (and other barriers to protect against infection) correctly every time.

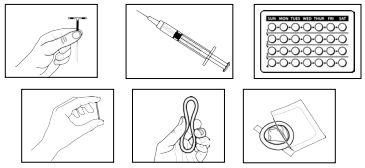
  Or
- Don't have vaginal, oral or anal sex.

If you are **pregnant, use condoms or don't have sex** for the entire pregnancy.

Use birth control if you wish to prevent pregnancy

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

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



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

Prevent getting Zika from mosquitoes

- Use Environmental Protection Agency (EPA)-registered insect repellent.
- 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 may wish to delay pregnancy until more is known about Zika.
- If a **woman has had symptoms** of Zika, she should **wait at least 8 weeks** before trying to get pregnant.
- If a **man has had symptoms** of Zika, the couple should **wait at least 6 months** before trying to get pregnant, and use condoms or avoid 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 (either male or female) is at risk of Zika, they should **use condoms** for vaginal, anal or oral sex or not have sex **throughout** the **entire pregnancy**.

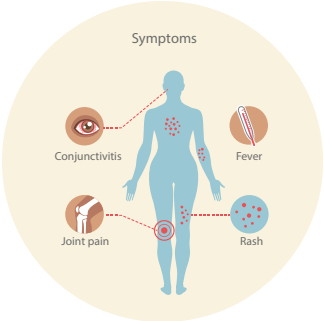
What are your thoughts about pregnancy?

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:

(Insert the contact information for your family planning service delivery site)

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 people living in areas **with** Zika

- Zika is a virus mostly spread by mosquitoes.
- Zika can also be passed through vaginal, anal or oral sex, or the sharing of sex toys with a man or a 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.

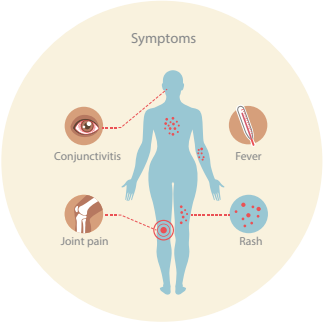
A man's risk of getting and spreading Zika

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:

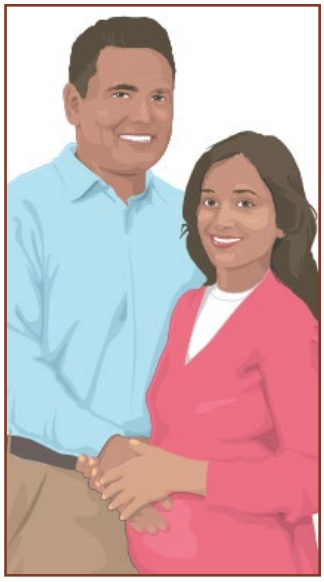
- For at least 6 months if you have had symptoms
- For at least 8 weeks if you have had **no** symptoms

If you or your partner want to have a baby

Talk to your healthcare provider about how you can reduce your risk of spreading Zika if you and your partner would like to have a baby. Help protect your partner and future child from Zika. For example:

- Wait at least 6 months before attempting pregnancy if you have had symptoms of Zika. Use condoms or don't have sex for at least 6 months after symptoms start, even if you are using other forms of birth control.
- Talk with your healthcare provider before attempting pregnancy, even if you have not had symptoms of Zika.
- Protect yourselves against mosquito bites with insect repellent and follow the steps described on the other side of this page.

How to protect yourself and others from Zika



Prevent spreading Zika when having sex

To help prevent spreading Zika when having sex:

- Use condoms correctly every time

  Or

- Don't have vaginal, anal or oral sex

If you have symptoms of Zika, consider using condoms with all partners for 6 months from when the symptoms start.

There are also many methods of safe and effective birth control that a woman can use to prevent pregnancy if she wishes.

Prevent spreading Zika to a future child

- If your partner may be pregnant or is pregnant, use condoms for vaginal, anal or oral sex, or don't have sex during the entire pregnancy.

Prevent getting Zika from mosquito bites

If you live in or travel to an area with Zika protect yourself from mosquito bites.

- Use Environmental Protection Agency (EPA)-registered insect repellent. (If traveling to an area without Zika, also use repellent for three weeks once your arrive, to prevent mosquitoes there from biting you and spreading it to others.)
- 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:

(Insert the contact information for your family planning service delivery site)

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

Outreach Materials

Outreach Materials For Areas With and Without Local Transmission of Zika

The next few pages include sample outreach materials that may be distributed by family planning staff to the organizations with whom they conduct outreach. These materials may then be used by the outreach organizations to inform their clients about the local Title X clinics that have information, counseling and services on Zika, family planning, and care for pregnant women. Organizations that may benefit from these outreach materials include community colleges and other schools, WIC clinics, libraries, community programs, other health services, and referral sources.

The following sample outreach materials include:

- **Email or letter for outreach:** This includes text that may be used or adapted by staff at the family planning service site to send to their outreach contacts to inform them about the available family planning services in the context of Zika.
- **Brochure for outreach:** This includes a sample brochure that the "outreach organizations" could give to their clients to inform them of the local family planning service sites with information, counseling and services. To use this sample brochure as designed, type in your family planning service site contact information before making copies for distribution. Your contact information will then autofill for the brochure as well as for all the client handouts.
- **Outreach posters:** These are sample posters that outreach organizations may post on their walls to inform their clients of available family planning services in the context of Zika. Before printing these posters, insert the contact information for your family planning service site. Additionally, the key messages and images on these posters may serve as examples if creating posters specific to a local community.

Outreach Sample Email or Letter

Dear *[Name of contact person at the organization you are outreaching to]*

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

Although there has been a lot of media attention around Zika, and the birth defects it can cause when pregnant women are infected, many people may not have the information they need about the virus and what it may mean for them. Your clients may want to know whether they are at risk of Zika infection, 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 for a larger, 22 by 29 inch size]*.

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

[Name and contact information of the sender]

What YOU Should Know about Zika!

What is Zika?

- Zika is a virus, spread in some places by the bite of an infected mosquito. It can also spread from infected men or women to their sex partners.

How could Zika hurt me or others?

- Zika can pass from a pregnant woman to her fetus.
- If a woman gets Zika while she is pregnant, she may have a miscarriage or her baby may be born with serious birth defects.

Where are mosquitoes spreading Zika?

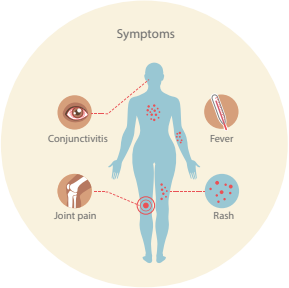
- Zika is spread by mosquitoes in some parts of the United States, the Caribbean, Central America, the Pacific Islands and South America. For updates on new areas with Zika see the CDC website: http://www.cdc.gov/travel/page/zika-travel-information

Am I at risk for Zika?

- You are at risk for Zika if you **live in** or **travel to an area with Zika**, or if you **have sex with a man or woman who does.**

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.



- Fever
- Rash
- Joint pain
- Red eyes

You can spread Zika even if you don't have symptoms.

Contact Us at

(Insert the contact information for your family planning service delivery site)

if you have questions about Zika, or are interested in preventing or planning a pregnancy.

Find out:

- If you are at risk of getting Zika
- How to protect yourself from getting or spreading Zika

If you are sexually active and are at risk for uplanned pregnancy, there are many safe, effective **contraceptive methods.**

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

Having Sex?

Learn more about the Zika virus

In some places, Zika is primarily spread by infected mosquitoes. However it can also be spread by having sex with a man or woman who has Zika.

If a woman is pregnant and gets Zika, her baby can be born with serious birth defects.

Find out **YOUR** risk of getting Zika and how to protect yourself, your partners and a future child.

For more information about Zika, contraceptive services, or to plan pregnancy, contact us:

[BEFORE PRINTING: Insert the family planning service site contact information]

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

Having Sex?

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If you're having Sex...

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For more information about Zika, contraceptive services, or to plan pregnancy, contact us:

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OPA

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