

Zika virus: Another alarming threat

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Madam, clusters of microcephaly cases and other neurological disorders in newborns in some areas of Latin America and Brazil has emerged as a public health emergency of International concern highlighted by WHO on 1 February 2016. The Health Regulation Emergency Committee has agreed that it has an established link with Zika virus.¹

Zika virus was first identified in rhesus monkeys in 1947, its infection in humans was confirmed in 1952 as anthroponotic infection during its outbreaks. Zika virus a Flaviviridae the same family as of the dengue and chikungunya virus, is transmitted by Aedes mosquitoes, the vector thrives well in humid climate and stagnant and indoor water storage areas. It is also known to transmit in utero and via blood transfusion of infected donor.²

Disease course has an incubation period of few days and clinically presents as mild headaches, maculopapular rash, fever, malaise, conjunctivitis, and joint pains. It is a self limiting disease mostly, requires supportive measures like rest, fluids, and NSAIDS, serious manifestations include Guillian Barre Syndrome and Congenital birth defects.³

Initially the Zika virus infection was confined to South America and Brazil, however, follow reports show that it can

be endemic to many parts of the world including Africa, Asia and Pacific Island countries. As prevalence of vector Aedes species in South Asia, this calls for us to be alarmed.⁴

WHO has emphasized on preventive guidelines which include insects repellent, wearing fully covered clothes, using physical barriers, sleeping under mosquito nets, avoiding indoor water containers and vector control by eradicating breeding sites, since no vaccine or antiviral therapy is currently available. Pakistan should actively participate in its eradication targeting every possible source of spread, as we have only option of prevention but no cure available till date.⁵

References

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