

## MEMORANDUM

To: Local Health Departments, Infectious Disease Physicians, Hospitals, IDPH  
Regional Offices, Infection Control Preventionists

From: Communicable Disease Control Section

Date: March 25, 2016

Subject: Update: Centers for Disease Control and Prevention's (CDC) Interim  
Guidance for Zika Virus

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Today, March 25, 2016 the CDC published updated guidance and recommendations to prevent Zika virus transmission and associated adverse health outcomes. CDC's guidance is provided below:

### **Article 1: Updated interim guidance for pregnant and reproductive age women**

Mounting evidence supports a link between Zika and microcephaly, a birth defect that is a sign of incomplete brain development, and possibly other problems such as miscarriage and stillbirth. The rate of these complications is not known but is being studied further. Importantly, even in places with active Zika transmission women are delivering apparently healthy infants. Healthcare providers need clear guidance to inform discussions with their patients about possible exposure to Zika virus, pregnancy planning, and timing of pregnancy. The updated CDC recommendations are these:

- For women and men who have been diagnosed with Zika virus or who have symptoms of Zika including fever, rash, joint pain or red eyes after possible exposure to Zika virus, CDC recommends healthcare providers advise:
  - Women wait at least 8 weeks after their symptoms first appeared before trying to get pregnant.
  - Men wait at least 6 months after their symptoms first appeared to have unprotected sex.
  - In making these recommendations, we considered the longest known risk period for these categories. We then allowed for three times the known period of time.
- For men and women without symptoms of Zika virus but who had possible exposure to Zika from recent travel or sexual contact, CDC recommends healthcare providers advise

their patients wait at least 8 weeks after their possible exposure before trying to get pregnant in order to minimize risk.

- For men and women without symptoms of Zika virus who live in an [area with active Zika transmission](#), CDC recommends healthcare providers talk with their patients about their pregnancy plans during a Zika virus outbreak, the potential risks of Zika, and how they can prevent Zika virus infection. These are very complex, deeply personal decisions, and we are communicating the potential risks of Zika virus infection during pregnancy for people who live in areas with active transmission. We are encouraging health care providers to have conversations with women and their partners about pregnancy planning, their individual circumstances and strategies to prevent unintended pregnancies.

Men and women who reside in areas with active Zika virus transmission who are considering pregnancy need clear guidance to help inform the deeply personal and very complex decision about timing of pregnancy. Conversations about health risks of pregnancy can be very difficult, but are important to have. Healthcare providers should discuss the risks of Zika, emphasize ways to prevent Zika virus infection, and provide information about safe and effective contraceptive methods. As part of their pregnancy planning and counseling with their health care providers, some women and their partners residing in areas with active Zika virus transmission may decide to delay pregnancy.

## **Article 2: Updated interim guidance for preventing sexual transmission of Zika**

The recommendations for men who live in or travel to an area with active Zika virus transmission who have a pregnant partner remain the same: CDC recommends that men with a pregnant partner should use condoms every time they have sex or not have sex for the duration of the pregnancy. To be effective, condoms must be used correctly from start to finish, every time during sex. This includes vaginal, anal or oral (mouth-to-penis) sex.

The updated guidance includes new timeframes for men and their non-pregnant partners based on the couple's situation, including whether the man lives in or has traveled to an area with active Zika virus transmission and whether he develops symptoms of possible Zika infection. The guidance is based on available information about how long the virus remains in semen and the risks associated with Zika based on whether or not men had symptoms of infection:

- Couples with men who have confirmed Zika or symptoms of Zika should consider using condoms or not having sex for **at least 6 months** after symptoms begin. This includes men who live in and men who traveled to areas with Zika.

- Couples with men who traveled to an area with Zika but did not develop symptoms of Zika should consider using condoms or not having sex for **at least 8 weeks** after their return in order to minimize risk.
- Couples with men who live in an area with Zika but have not developed symptoms might consider using condoms or not having sex **while there is active Zika transmission in the area.**

Couples who do not want to get pregnant should use the most effective contraceptive methods that they can use consistently and correctly, and they should also use condoms to prevent the sexual transmission of Zika. Couples who are trying to get pregnant should consult with their healthcare provider.

### **Article 3: Increasing access to contraception in areas with active Zika transmission**

Because of the potential for Zika virus to affect pregnant women and their fetuses, strategies to prevent unintended pregnancy are a critical part of current efforts to prevent Zika-related health effects. Based on Puerto Rico's experience, CDC has identified considerations and challenges in reducing unintended pregnancies in areas with active Zika transmission.

Approximately two-thirds of pregnancies in Puerto Rico are unintended, indicating a potentially unmet need for access to birth control. In this report, researchers estimated that about 138,000 women in Puerto Rico may be at risk of unintended pregnancy and are not using one of the most effective or moderately effective forms of birth control. In areas with active Zika transmission, women and their partners who do not want to get pregnant now should be advised about the range of effective birth control methods and counseled that correct and consistent use of these methods is important if they do not want to become pregnant.

The Department of Health and Human Services (HHS) is working to leverage existing programs that currently provide resources for or access to contraception in Puerto Rico, including programs administrated by the Health Resources and Services Administration (HRSA), Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH), and Centers for Medicare & Medicaid Services (CMS). HHS is also coordinating with federal, local, and private partners to identify additional resources to support increased access to the most effective forms of contraception.

HRSA has 20 health center grantees that operate 84 sites in Puerto Rico, which serve over 330,000 people, including nearly 80,000 women ages 15 to 45. HHS is exploring possible expansion of services at these centers, which currently include prenatal care and other voluntary family planning services. OPA is working to provide additional funds for contraceptive services, as well as facilitate the training of providers in long-acting reversible contraception methods. OPA supports two Title X grantees that operate 15 clinics in Puerto Rico, which serve over

19,000 people. Family planning services are a mandatory benefit under Medicaid for women and men, and are exempt from cost-sharing requirements. CMS is working to provide additional guidance to states and territories on how their Medicaid programs can support the Zika response, including coverage for contraception.

CDC will continue to update its guidance related to Zika virus transmission and related health effects based on the accumulating evidence, expert opinion, and knowledge about the risk associated with other viral infections. For updates, visit: <http://www.cdc.gov/zika/index.html>.