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On the current outbreak of Zika Viral Infection Recommendations for prevention

Intended for persons who visit regions at risk

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Contents

1	Introduction	2
2	Disease Background.....	2
3	Relevance to Climbers and Mountaineers	2
4	Current Advice	3
5	Updated information sources	3

1 Introduction

In the last few weeks the media has led with stories of the increasing awareness that infection with the Zika virus may be linked to an increase in children being born with birth defects such as microcephaly in some South American countries. This advice sheet is approved by the UIAA MedCom and is based on the current best advice from the UK's National travel Health Network and Centre (NaTHNaC), NHS Scotland, The World Health Organisation (WHO), The Pan American Health Organisation (PAHO), the Centre for Disease Control (CDC) in the USA and the Robert Koch Institute in Germany.

2 Disease Background

The Zika virus was first identified in Africa in the 1947 and first confirmed in humans in 1952. It is transmitted by the bite of a mosquito a bit like Dengue fever and Malaria. Only about one in five people infected actually show any symptoms which are those of a vague self-limiting flu like illness often with associated red eyes (conjunctivitis). In the last few months evidence has begun to appear that if a non immune pregnant woman becomes infected it may lead to potentially very serious defects in foetal brain development. It is uncertain if it may cause other foetal defects. It is likely that the risk is greatest if one is infected in the first third of pregnancy, possibly even before a woman may realise she is pregnant. Cases of resultant Guillain Barre Syndrome are also documented, although very rarely, in infected men and women.

This Aedes mosquito transmitted infection has been found in Africa and Asia but at the moment the, possibly linked, birth defects have been mainly been identified in a few countries in South and Central America but we can expect more cases to come to light with increased testing and awareness. It is very likely to spread to neighbouring countries where the Aedes mosquito vector is prevalent.

3 Relevance to Climbers and Mountaineers

Like the Malaria mosquito the Aedes mosquito cannot survive in the cold climates of altitude but any traveller must also take into account the risks of bites during transit to their objective. It is very unlikely that the mosquito can survive above 2500m.

Two cases of sexual transmission from an infected man to his partner have been documented and the virus has been identified in semen samples. For this reason it is suggested that any male returning from a trip through a risk area avoids fathering a child for at least a month after return and any infected male uses condoms for six months

Women over childbearing age, who have chosen sterilisation as a method of contraception or who are infertile are obviously not at risk from the pregnancy point of view.

For women of childbearing age the picture is still confused with different authorities giving different advice. This advice sheet may be found to be over cautious and research is on-going. Despite comments in the media the connection between birth defects and Zika infection has not yet been definitely proven although it does seem likely. There is no vaccine available and one is not likely to be developed in the near future.

4 Current Advice

With no known treatment for the mild flu like illness of Zika infection the best policy is for both men and women to avoid mosquito bites. Any traveller will know that this is difficult and it is known that some people are not as aware of bites as other more sensitive people. For a woman at risk of pregnancy some authorities are suggesting avoiding all travel to risk areas. If travel is deemed essential we would recommend the following minimal precautions:

- 1) Effective contraception
- 2) Covering up with long sleeved shirts and socks.
- 3) Frequent use of a 30% or 50% DEET based insecticide day, dawn and dusk.
- 4) Use of a Permethrin impregnated mosquito net and light clothes for night sleep and day time snoozes.
- 5) Night use of a knock down insecticide room spray.
- 6) Keeping the bedroom as cool as possible to deter mosquitos.

We would recommend being established on a reliable method of contraception for at least two months before departure to any affected country, whilst away and for at least three months after return, especially if travelling below 2500m. For advice on contraception at altitudes over 2500m see the UIAA MedCom Recommendation No.14 at: http://www.theuiaa.org/medical_advice.html.

5 Updated information sources

With any evolving infection with international implications information is constantly evolving and being updated. We suggest the following reliable websites:

<http://www.who.int/mediacentre/factsheets/zika/en>

<http://www.cdc.gov/zika>

http://www.rki.de/DE/Content/InfAZ/Z/Zikaviren/Zikaviren_node.html

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History of this recommendation paper

The first version of the paper was approved by written consent in lieu of a live meeting in February 2016.