

ADVICE ON ZIKA AND AVOIDING MOSQUITO BITES IN RIO

AS AT 3 JUNE 2016

ZIKA ADVICE

EVOLVING KNOWLEDGE

Scientific information on Zika and its causes is evolving rapidly. It is likely that the medical advice pertaining to Zika will be updated between now and the Games in August.

CURRENT KNOWLEDGE

- Based on observational, cohort and case-control studies there is strong scientific consensus that Zika virus is a cause of Guillaine-Barre Syndrome, microcephaly and other neurological disorders (World Health Organisation 31 March 2016 (http://who.int/emergencies/zika-virus/situation-report/31-march-2016/en/).
- Pregnant women are advised not to travel to areas of ongoing Zika virus transmission, including Brazil.
- Currently, there is no evidence to suggest that Zika virus, after it is cleared from the blood, poses a risk of birth defects for future pregnancies. Zika virus usually remains in the blood of an infected person for about a week but it can be found longer in some people (http://www.cdc.gov/zika/symptoms/)
- It is unclear how long Zika virus remains in semen and how infective Zika is in semen
- The vast majority of Zika infections are caused by mosquito bites
- Sexual transmission can occur from males to their sexual partners
- While there have been no reported cases of female to male or female to female transmission of Zika virus through sexual activity, at this stage, the risk of transmission via these routes is not known.
- Avoiding mosquito bites is the best means of not contracting the Zika virus

FAMILY PLANNING POST-RIO

- Females returning to Australia from Brazil, who are considering starting a family, should
 - Avoid conception for at least eight weeks after leaving Brazil
 - Consult their medical practitioner for further advice, prior to conception
- Males returning to Australia from Brazil, who are considering starting a family, should
 - Abstain or use barrier contraception for at least 6 months after leaving Brazil and
 - Continue to use barrier contraception until they have consulted their medical practitioner for further advice
- Males returning to Australia from Brazil, and who have a pregnant partner, should
 - Abstain or use barrier contraception until such time as they have consulted their medical practitioner for further advice

A medical practitioner will be able to advise about whether blood tests for Zika are required (http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-zika-testing.htm)

Further advice on Zika can be obtained from the Australian Government Department of Health website: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-zika.htm

ADVICE ON AVOIDING MOSQUITO BITES IN RIO

WHAT IS THE RISK OF MOSQUITO BORNE DISEASES IN RIO DURING THE OLYMPIC GAMES?

- The risk is real
- Relatively low in August, compared to other times in the year, as it will be dry and cooler
- Reduced as a result of the intensive mosquito eradication campaign currently underway
- Can be minimised by appropriate action to avoid mosquito bites

WHY DO I NEED TO WORRY ABOUT MOSQUITO BITES?

- Mosquito-borne diseases are transmitted from one person to another via the mosquito
- Mosquitoes have lots of small meals rather than big meals. That means that the mosquito that bites you has almost certainly bitten several other people before you, and can transmit diseases to you from those people.
- You therefore have to be proactive. You must avoid mosquito bites in the first instance, not wait until you notice mosquito bites

STRATEGIES TO AVOID MOSQUITO BITES

- Apply mosquito repellent containing at least 20% DEET or Picaridin to all areas of exposed skin.
- Wear long sleeves where possible
- Mosquitoes like ankles wear runners and socks
- Where possible, avoid areas where there is heavy vegetation and/or stagnant water
- In accommodation areas, have air-conditioning on and have windows closed
- Consider using a mosquito net at night

SPECIFIC INFORMATION REGARDING MOSQUITO REPELLENT

- The mosquito repellent must contain at least 20% DEET or Picaridin
- The percentage of DEET does not increase its mosquito repelling power but rather increases its longevity of action
- DEET and Picaridin have been used for several decades on millions of people and has been shown to be highly effective and very safe
- As with any skin product, there may be individuals who have sensitivity to DEET or Picaridin
- Mosquito repellent is like sunscreen. If you miss a patch with your sunscreen, you will get burnt. If you miss a patch with your mosquito repellent, you will get bitten. The mosquitoes are expert at finding a chink in your armour.
- Apply the mosquito repellent in a thin layer over all exposed skin areas
- If you are using sunscreen, apply the sunscreen first and the mosquito repellent second
- The mosquitoes that transmit Yellow Fever, Dengue Fever, Chikungunya virus and Zika virus are active all through the day. You therefore need to maintain a covering of mosquito repellent from when you head out in the morning to when you go to bed in the evening
- Like sunscreen, mosquito repellent will be rubbed off with sweat, physical activity and general daily activities. It is therefore advisable to apply the mosquito repellent two or three times during the day

ADVERSE EFFECTS FROM MOSQUITO REPELLENT

- DEET and Picaridin have been found over many years to be effective, long-lasting and to have a very low risk of adverse reaction
- Some people may have individual sensitivity
- Avoid getting mosquito repellent in your eyes (it stings)
- Generally individuals only run into toxicity issues with mosquito repellent if they are very overzealous (applying many times during the day, applying at night, applying to young children under two years of age, applying to areas under their clothes etc.)
- Do not apply the mosquito repellent to areas of skin covered by clothing

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