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Risk Communication and Community Engagement for Zika Virus Prevention and Control

A Guidance and Resource Package for Country Offices for
Coordination, Planning, Key Messages and Actions

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LIMOEIRO LIVRE DO Aedes Aegypti



SECRETARIA MUNICIPAL DE SAÚDE



PREFEITURA MUNICIPAL DE LIMOEIRO DE ANADIA

8 anos de avanços

Rumo ao Selo unicef

1. INTRODUCTION

WHO Director-General, Dr. Margaret Chan, announced on 1 February 2016 a Public Health Emergency of International Concern regarding the increase in neurological disorders and neonatal malformations associated with circulation of Zika virus. This comes after an Emergency Committee convened under the International Health Regulations (IHR) agreed that a link between Zika infection during pregnancy and microcephaly, though not yet conclusively proven, is strongly suspected and constitutes an “extraordinary event” and a public health threat to other parts of the world. As of 12 February 2016, 36 countries have reported local transmission of Zika between 2015 and 2016, across the Americas, Africa, South-east Asia and the Pacific Island countries.

In response WHO convened international partners to develop a *Strategic Response Framework* (SRF) and Joint Operational Plan to coordinate the response and ensure a collaborative effort. Outlined in this plan are three main areas of work ⁽¹⁾ Surveillance ⁽²⁾ Response and (3) Research in relation to four categories of countries.

The purpose of this document is to provide detailed guidance for the response strategies under the SRF. UN agencies, the International Federation of Red Cross and Red Crescent Societies (IFRC), INGOs, NGOs and CSOs can use the guidance to support the Government in the development and implementation of research driven, adaptable and context-driven risk communication and community engagement¹ interventions. These interventions will help increase the understanding of the Zika virus and its potential consequences, prevent its spread, mitigate the impact on individuals and families, in particular women, and communities and contribute to on-going research to improve response activities and control efforts.

This document uses the best available scientific evidence, available at this time, on prevention and control of the Zika virus and its potential link to microcephaly and other neurological disorders². The messages, actions and related supporting information will be revised periodically based on the epidemiology and evolution of the Zika virus outbreak, forms of transmission, and further information about Zika and its potential link to microcephaly and other neurological disorders. Updated versions will be circulated as needed.

This guidance operationalizes the risk communication and community engagement strategies outlined in the SRF by focusing on messages and behaviours for personal protection, for community-based vector control and for mitigating the impact on individuals and families.

Operationally, in each country, risk communication and community engagement working groups, organized and led by the government and set up as part the overall UN, Red Cross Red Crescent, and INGO/CSO supported Zika response structure will use this guidance to develop national and sub-national communication response strategies. These messages’ and related actions are intended to enhance overall public understanding of and promote community engagement for protection of families and communities against the Zika virus.

¹ This document uses the term Risk Communication and Community Engagement to capture the range of communication, behaviour change, social and community mobilization strategies used in containing health outbreaks. Furthermore, each partner agency uses a different functional name (Communication for Development, Health Promotion, Social Mobilization, Behaviour and Social Change Communication, Communication with Communities, etc.) to describe this area of work.

² This guidance package, including messages and recommended protective behaviours, has been developed by WHO, CDC, UNICEF, USAID and IFRC.

IMPORTANT GUIDING PRINCIPLES FOR USE, ADAPTATION AND UPDATING

- i. Risk communication and community engagement strategies in all countries responding to and preparing to respond to Zika control and prevention need to be guided by the following principles:
 - . Informed by the local context and situation of the epidemic, including formative research to understand community perceptions of risk, barriers, and enablers for uptake of protective behaviours.
 - . Driven by community knowledge and expertise, including from local opinion leaders. Local people are usually the most knowledgeable about their own communities, priorities, and how best to deal with their new challenges. Drawing on that knowledge and expertise will enable communities to be engaged in preparing and responding to Zika.
 - . Evidence based and informed by local contexts, communication practices, languages, and suitable for children and people with sensory or intellectual disabilities, particularly as they are shared through local community networks and organizations.
 - . Particular attention to areas where women and communities traditionally have poor access to information, community engagement platforms, and health services.
 - . Tailored to different population groups (e.g. individuals, families, community groups, teachers, boys and girls, men and women) based on the role they can play to prevent the spread of Zika virus, level of risk (communities with active Zika outbreaks and pregnant women who may have been infected with Zika even after the outbreak has subsided), how the virus may directly affect them (e.g. women and their partners deciding to get pregnant, pregnant women, newborns and children), what actions they may need to take to protect themselves (e.g. care seeking, access to fertility regulation methods, elimination of mosquito breeding sites), and how individuals and families can take care of an affected newborn or child. If women who give support to pregnant women, such as doulas, are widely used in a community, or if governments are finding new roles for traditional birth attendants other than childbirth, these persons should be engaged early and supported as an important ally in risk communication.
 - . Informed by ongoing monitoring of community feedback, rumours, and uptake of preventive behaviours.
- ii. As more information regarding the link between Zika and the observed microcephaly and other neurological disorders such as GBS, the issues and focus of risk communication and community engagement work will evolve and change.
- iii. Country teams are encouraged to integrate these messages into existing risk communication and community engagement strategies, including Dengue prevention and control programs, communication and media platforms, partners' community engagement and social mobilization activities, and advocacy with civil society organisations, media, opinion leaders, and influential people.
- iv. Given that the Aedes mosquito is the same vector for Zika, Dengue and Chikungunya, these messages and related community actions will build on and strengthen existing programs for Dengue and Chikungunya and help prevent their spread.



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2. RECOMMENDATIONS FOR COORDINATION AND PLANNING OF RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGIES FOR ZIKA OUTBREAK RESPONSE

The following recommendations will be helpful in defining partner's engagement in relation to the support to the risk communication and community engagement part of national Zika prevention and control strategy and the SRF developed by WHO and international agencies. The guidance on key messages and actions for prevention and control of Zika virus need to be factored in while planning evidence-based communication response for Zika.

Core team membership and coordination: Ensure that risk communication and community engagement is one key component of the national Zika prevention and control plan, by working with the Ministries of Health, and related government agencies in charge of the health outbreak/emergency. Early involvement of district authorities in affected or vulnerable areas in communication risk planning will expedite the process of scale-up. UN agencies, IFRC and other CSO, NGO partners should have a coordination group, under government leadership, for communication that is embedded in the national response.

Inter-sectoral planning of the response: Identify and be part of existing technical groups and professional networks that already enjoy legitimacy and credibility at national and subnational levels. These inter-sectoral groups/networks are often used to oversee all components of an emergency response: research, surveillance; clinical services; risk communication, community engagement, etc. A sub-group on risk communication and community engagement should be created, if it doesn't exist already, that can work closely with the surveillance, response, and research teams that can work closely with the surveillance, response, and research teams.

Analysis of the situation: Work with partners on the development of a country typology of areas affected by Zika virus outbreak or at risk, using epidemiological and entomological criteria (developed together with interdisciplinary teams). Conduct a rapid needs assessment and risk perception research (KAP, in-depth key informant interviews, FGDs, mapping, etc.) and communication channels assessment to determine trusted mass media, social media and community and inter-personal sources during public health outbreaks. This typology will allow the design of strategies / messages / interventions targeted according to the epidemiological maps and cluster of cases in the country. The typology should include environmental dimensions of Zika virus transmission risk in the country, and it will help to classify risk areas and vulnerable population groups according to Zika occurrence and the persistence of transmission.

Conduct a rapid appraisal of the current communication response: Before engaging in communication material production and distribution, it is important to know what is already available, what is being implemented, the scope of the response, the partners involved, the distribution of roles and responsibilities in order to avoid duplication and inconsistencies in interventions/messages. The UN/INGO led team supporting the Government's communication response should identify gaps and opportunities where the contribution is more relevant and meaningful, and synergize with the existing processes in order to maximize impact of the response.

Identify areas of technical support to MOH to streamline planning of communication strategies, especially for community engagement and implementation of risk communication activities for protective behaviours through different outreach platforms. This includes harmonization of government structures and enhancement of capacity to work at community level.

Identify institutional capacity needs for the response at central and local levels. Emphasise importance for capacity strengthening of communication/IEC departments in different social sectors and local organizations both in training of staff and in facilitating the creation of structures and processes that contribute to efficiency and effectiveness of communication interventions.

Mobilize local assets and community capacity: Map existing network and community platforms, and develop strategic partnerships with local organizations. This includes liaising with National Red Cross Red Crescent Societies, local voluntary associations and networks – e.g., cultural, social, faith-based, women’s groups etc., which might contribute to different components of the response. This may comprise capacity building of these national and local networks to enable them with knowledge, skills and tools to conduct social mobilization in their own communities.

Partner with regional/national/local academic and research institutions to conduct formative research and rapid assessments to understand factors that influence existing risk behaviours, and design strategies for specific population groups. The Government, with support from UN agencies and local anthropological, social sciences and vector control researchers will conduct KAP surveys and qualitative studies. These partnerships may also support the establishment of integrated monitoring and evaluation systems to track elements of the risk communication and community engagement response that may not work, make the necessary changes, and assess the effectiveness of the strategies. These studies and monitoring data needs to be made available to all implementing partners as they become available. It is important that findings of KAP surveys and other in-depth socio-ecological studies are shared with operational partners to ensure the biggest possible effect on protecting people’s health.

Monitoring, reporting and documentation: of the process, outputs, outcomes and uptake of protective practices related to personal protection, vector control, and care and support for individuals and families affected by Zika needs to be put in place. Risk communication and community engagement indicators will be aggregated from data collected in countries on the coverage and achievement of strategies that promote adoption of protective behaviours. While some indicators such as reach, uptake of practices, mobilization of networks, public perception and trust in the response, etc. may be universal, in each country, specific country level indicators may need to be developed and measured as part of the overall response to Zika. Ensure the findings of such monitoring is shared back with all relevant stakeholders including with communities.



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3. KEY MESSAGES AND BEHAVIOURS

TYOLOGY OF MESSAGES AND BEHAVIOURAL ACTIONS

These messages are aligned with key strategies outlined in the Zika Strategic Response Framework (SRF) developed by WHO and partners. Messages and related behaviours are grouped into five categories, which reflect the importance of working at individual, family, community, institutional and societal levels. It is important to note that the key messages and recommended behaviours are grouped based on what different population groups need to know and can do to protect themselves and their communities. Information may be repetitive as similar actions are required of different stakeholders. The messaging follows core principles of risk communication and behaviour change and is aimed at minimizing undue anxiety, promoting doable and relevant behaviours, while recognizing that a whole-of-society approach is necessary for prevention and control. The later principle is outlined in the section on enabling environment.

1. Core messaging for individual protection and community empowerment
2. Community-based control and preventive behaviours for vector control
3. Protective behaviours for high-risk and general population groups
4. Identification of symptoms and care-seeking for affected persons
5. Enabling environment for vector control and Zika prevention

3.1 CORE MESSAGING FOR INDIVIDUAL PROTECTION AND COMMUNITY EMPOWERMENT

For most people, Zika virus infection is mild; about one in four or five infected people develop symptoms. The larger issue lies in the concern that Zika might cause congenital defects in fetuses, such as microcephaly. In some people, Zika may cause severe illness affecting the nervous system such as Guillain-Barré syndrome (GBS), although most people recover, some of these people may need immediate care in hospital.

3.1.1 *Community actions for detection and elimination of mosquito breeding sources*

- i. Zika virus is primarily spread by Aedes mosquitoes, the same mosquito that transmits Dengue and Chikungunya.
- ii. Reducing the mosquito population by eliminating mosquito breeding sites is the most effective way to protect individuals, families, and communities from Zika, as well as Dengue and Chikungunya.
- iii. Mosquitoes lay eggs on the edge of both clean and stagnant water, e.g. in water filled containers, and where water accumulates (such as in basins, tubs, or other large containers, roof gutters and used tires) including in and around houses, schools, and workplaces.
- iv. A small amount of water is enough for mosquitoes to lay their eggs. A container as small as a bottle cap holds sufficient water for them to lay their eggs.
- v. Protect yourself and your community by getting rid of mosquito breeding sites such as containers, garbage, and waste where water can collect in and around your home. If containers

cannot be drained or dumped out, fill them with sand or cover them so that mosquitoes cannot lay eggs in the container.

- vi. Always keep stored water in covered containers. Containers used to store water should be cleaned, scrubbed, and emptied at least once a week, to eliminate any mosquito eggs that may be in these containers.
- vii. If there are broken or leaky pipes at home or in your community, repair the pipe and/or report it immediately to authorities to avoid stagnant water.
- viii. Protect yourself and your family by reporting mosquito breeding grounds in public spaces or the workplace to appropriate authorities, and cleaning areas where mosquitoes breed.
- ix. Lead or join community actions to eliminate mosquito breeding sites. Always wear protective clothing and insect repellents when engaged in eliminating breeding sites.
- x. Speak to and support local/public authorities to treat the outdoors and surrounding areas of your house with insecticide to kill. Eliminate stagnant water and treat water storage containers with larvicides to kill larvae and eggs.

3.1.2 Personal protection measures by avoiding mosquito bites and preventing sexual transmission

- i. Due to the possible association between the unusual rise of Zika cases and microcephaly cases in Brazil, pregnant women and those planning to get pregnant should protect themselves from being bitten by mosquitoes.
- ii. Pregnant women and those planning to get pregnant should protect themselves from unprotected sexual contact with partners who may be infected with Zika virus.
- iii. Remember that the mosquito that transmits Zika usually bites during the day and it is most prone to bite during early morning and dusk.
- iv. Women who want to avoid or delay pregnancy should use effective contraception. If contraception fails, immediately seek emergency contraception as soon as possible from a healthcare provider or pharmacy.
- v. All men living in Zika outbreak areas should consider using condoms for sexual intercourse to avoid the risk of sexual transmission of the virus.
- vi. When there is a Zika outbreak in the community, everyone should protect themselves from mosquitoes by wearing clothes (preferably light-coloured) that cover as much of the body as possible, using insect repellents approved by health authorities and according to the instructions on the label, using physical barriers such as screens, treated curtains, or keeping doors and windows closed, and sleeping under mosquito nets at all times, noting that the Aedes mosquito is most active between early morning and dusk.
- vii. If you have or care for small children make sure they also wear clothes that cover as much as possible, use insect repellent that are approved by the national health authorities (except for babies under 2 months of age), use physical barriers such as screens or treated curtains on windows and doors, and sleeping under mosquito nets at all times, noting that the Aedes mosquito is most active between early morning and dusk.

- viii. Speak to local/public authorities to treat the outdoors with insecticide within 100 meters of homes.
- ix. Zika virus can be found in a person's blood during the first week of infection. It can pass from an infected person to another person when a mosquito bites the infected person and then bites another person. Therefore, a person infected with Zika can help stop the spread of the disease by avoiding mosquito bites during the first week of infection. If a family member shows symptoms or is diagnosed with Zika make sure they avoid mosquito bites during the first week of illness, by taking protective measures such as wearing clothing that covers as much of the body as possible, using insect repellent and sleeping under mosquito nets at all times, especially between early morning and dusk.

3.1.3 Symptoms and care seeking

- i. Symptoms of Zika are usually mild and may include fever, rash, joint pain, conjunctivitis or pink or red eye, muscle pain, and/or headache.
- ii. People usually don't get sick enough to go to the hospital and may not realise they have been infected.
- iii. Women who are pregnant or planning to become pregnant and experiencing symptoms of Zika are advised to immediately seek prenatal care to receive information and monitoring of their pregnancy and to follow their health care provider's recommendations.
- iv. Children with symptoms should immediately be seen by a local healthcare provider for assessment in situations where there is additional possibility of dengue infection.
- v. People sick with Zika virus should get plenty of rest, drink enough fluids, and treat pain and fever with common medicines (avoiding aspirin or non-steroidal anti-inflammatory medications). There is neither a vaccine to prevent nor specific medication to treat Zika.
- vi. If Zika symptoms worsen, those infected are concerned or worried, seek medical care and advice.
- vii. A small number of people infected with Zika may be at risk of developing Guillain-Barré syndrome in the first 1 to 3 weeks following the infection. This is a potentially serious condition affecting the nervous system. Possible symptoms include muscle weakness, tingling sensations in the limbs, double vision; also breathing or swallowing difficulties. Medical attention should be sought immediately. The condition normally resolves with appropriate medical care.

3.2 COMMUNITY-BASED CONTROL AND PREVENTIVE BEHAVIOURS FOR VECTOR CONTROL

3.2.1 Eliminate mosquito breeding sites (eggs and larvae): Actions for Communities

- i. Getting rid of mosquitoes through local authorities' spraying or fogging efforts is not sufficient to combat Zika; mosquito eggs and larvae can only be eliminated by cleaning all breeding sites and by allowing trained community workers or local health authorities apply approved larvicides on your water.

- ii. Drinking water treated with larvicides is not harmful, there is no known link between *use of larvicides* and increase in microcephaly among children.
- iii. Common mosquito breeding sites include³:
 - . Homes and their surroundings, particularly places and objects that may store or collect water (e.g. water tanks, cisterns, clogged roof gutters, fountains, toys, used tires, flower pots, food and drink cartons and packaging).
 - . Schools and their surroundings (water tanks, play areas, pools, school gardens, water fountains).
 - . Garbage areas (in and around homes, public garbage collection places, street-side garbage bins, etc.)
 - . Public spaces (e.g. parks, playgrounds, soccer fields, markets, and cemeteries, public parks/ gardens) and other areas (e.g. tire shops, scrap yards, etc.) should be surveyed and cleared of any breeding sites.
 - . Places of mass gathering (e.g. community centres, health care centres, places of worship), where water is stored should always be covered and cleaned regularly, at least once a week.
- iv. Be alert and get involved! Identify and eliminate potential mosquito breeding sites in your neighbourhood and immediate surroundings.
- v. Work with local leaders and community volunteers to raise awareness and engage communities to take action using neighbourhood mapping to identify breeding 'hot spots' and join clean-up campaigns.
- vi. Engage the whole community in planning and responding as appropriate: including children in schools and homes, people with disabilities, elderly, vulnerable and marginalized groups.

3.2.2 Eliminate mosquito breeding sites: Actions at Home

- i. Dispose of all unnecessary objects or containers that may hold water. At least once a week, empty, clean, turn over, and/or dispose of containers that can hold water, such as buckets, tires, flower pots, fountains, trees and plants both inside and within 100 meters from houses.
- ii. In areas with a drought or water shortage, keep water containers covered and clean, scrub, and empty them at least once a week.
- iii. If water needs to be stored, make sure the container is fully covered all the time as per the advice of local health authorities.
- iv. Clean water gutters in the house once a week to avoid stagnant water.
- v. Clean garbage cans and other areas with trash in and around the house daily.
- vi. Drain roof gutters and ensure free flow of water in the gutters.

³ Mosquito breeding sites may vary significantly according to local context; therefore it is key to conduct community visits and mappings in order to better understand where mosquitoes may breed and adjust messages accordingly.

- vii. Even when authorities fumigate neighbourhoods, it is important to know that insecticides usually kill only the flying adult mosquitoes but not the larvae. Breeding sites in and around the house need to be cleaned up. This may include using larvicides by technicians, along with these other actions, to reduce breeding sites.
- viii. Always wear protective clothing and insect repellents when engaged in eliminating breeding sites.
- ix. Use of chlorine in clean water is not an effective way of getting rid of mosquito eggs or larvae.

3.2.3 Elimination of mosquito breeding sites and promotion of protective behaviours: Actions for Schools, Day-care Centres, Alternative Care Centres

- i. Children can become advocates for Zika prevention and control at home, in school and in their community by talking to others about how to prevent infection.
- ii. Teachers, principals, and children can participate in eliminating breeding sites and removing stagnant water in and around schools, their homes, and possibly other public places such as playgrounds.
- iii. Always wear protective clothing and insect repellents when engaged in eliminating breeding sites.
- iv. Integrate child-friendly Zika prevention activities into school subjects (e.g. science class) or as class projects, including art and creative projects.
- v. Engage children through training and communication activities and messaging in schools for teachers, children and adolescents on Zika prevention.
- vi. Engage children with child friendly and age appropriate materials (such as pictures, cartoons, etc.) about common breeding sites in order to identify and eliminate, together with adults, breeding sites in and around their homes.
- vii. Engage children to teach and influence their parents and families to identify and eliminate mosquito breeding sites in the home and community.
- viii. Engage in Zika prevention by cleaning patios, soccer fields, swimming pools, and other sports and recreational areas where mosquito breeding sites may be found.
- ix. Engage with leaders and managers of public places where people gather (e.g. worship sites, markets, community centres, transport hubs) to eliminate mosquito breeding sites and disseminate information about preventive behaviours.
- x. Engage in mass media and social media activities aimed at children and parents to promote key preventive behaviours.
- xi. Schools can organize participatory meetings with parents and children to explain risks, promote vector control and personal protective measures and reiterate the importance of safe clean water storage.

3.3 PROTECTIVE BEHAVIOURS FOR HIGH-RISK AND GENERAL POPULATION GROUPS

3.3.1 *Actions among pregnant women and women and couples planning to get pregnant in areas with known Zika circulation:*

There is concern that pregnant women and adolescent girls who are infected with Zika during pregnancy can have babies born with small heads and serious developmental problems. This is a condition called microcephaly. In some areas with Zika transmission, babies of infected mothers have been observed to have problems with sight and hearing. Due to the potential link between Zika and microcephaly has yet to be confirmed, pregnant women and those planning to get pregnant are a high risk group because of the possible serious effect on the fetus.

- i. Everyone, especially pregnant women should protect from being bitten by mosquitos in areas where there is Zika transmission
- ii. All pregnant women should protect themselves – use mosquito repellents; wear long sleeved shirt and long pants, nap under a mosquito net - especially from early morning to dusk; use screens on windows and doors.
- iii. Women who are pregnant or planning to become pregnant are advised to seek prenatal care to receive information and monitoring of their pregnancy and to follow their doctor’s or health care provider’s recommendations.
- iv. Women who suspect they are pregnant should immediately go to the health centre to confirm the pregnancy, and to receive counselling and antenatal care from a health care professional.
- v. Women and their partners who want to avoid or delay pregnancy should use effective contraception. Women wanting to postpone pregnancy should have access to a comprehensive range of reversible, long- or short-acting contraceptive options. They should also be counselled on the dual protection against sexually transmitted infections provided by condoms. If contraception fails, they should be counselled by their health care provider on emergency contraception as soon as possible.
- vi. All men living in Zika outbreak areas should consider using condoms for sexual intercourse to avoid the risk of sexual transmission of the virus.
- vii. Women who have had unprotected sex and do not wish to become pregnant should be counselled by their health care provider on emergency contraception as soon as possible.
- viii. Women who wish to discontinue their pregnancy should receive accurate information about their options to the full extent of the law, including harm reduction where the care desired is not readily available.
- ix. Sexual partners of pregnant women, living in or travelling from area of ongoing Zika virus transmission, should be advised to use safer sexual practices (including correct and consistent condom use) or abstain from sexual intercourse for the duration of the pregnancy.

3.3.2 *Actions among mother, their partners and families of a newborn and children in areas with known circulation of Zika*

- i. For most people, Zika is a mild disease; there is no indication that infants and children are more likely to contract the virus or get sicker from it.

- ii. Being infected with the Zika virus should not prevent mothers from breastfeeding; breastfeeding is still recommended as healthy for the newborn.
- iii. Families should protect their surroundings by eliminating breeding sites, protecting children from mosquito bites, protecting the house with screens, making sure that everyone sleeps under a bed net at all times, especially from early morning to dusk.
- iv. Always wear protective clothing and insect repellents when engaged in eliminating breeding sites.
- v. Family members with symptoms of Zika should get plenty of rest, drink enough fluids, and treat for pain and fever with common medicines (avoiding aspirin or non-steroidal anti-inflammatory medications). There is neither a vaccine to prevent nor specific medication to treat Zika. If symptoms worsen, seek medical care and advice.
- vi. All newborns and children with symptoms of Zika should be immediately taken to the closest healthcare facility or hospital.
- vii. If a baby is born with suspected microcephaly, close follow up and support is needed from health care providers. They will want to examine the baby, monitor their growth and development and discuss whether the child should have a head scan.

3.3.3 Actions by healthcare workers:

- i. Healthcare workers need to protect themselves and take necessary precaution to create clean and safe environments for both themselves and their patients.
- ii. Healthcare workers can protect themselves by:
 - . Wearing clothes (preferably light-coloured) that cover as much of the body as possible, using insect repellents approved by health authorities and according to the instructions on the label, and eliminating mosquito breeding sites in their health facilities.
 - . Advising patients to use repellents and sleeping under mosquito nets to avoid getting bitten by mosquitoes while staying in the health facility.
- iii. Healthcare workers and staff should ensure that all mosquito breeding sites (such as stagnant water, garbage, receptacles) in and around the Health Centre are cleaned daily, that facilities are disinfected to reduce mosquitoes, and that screens are put on windows and doors.
- iv. Healthcare workers are encouraged to proactively advise patients, especially pregnant women and those planning to become pregnant, about the importance of preventing Zika virus infection.
- v. Healthcare workers can reinforce to mothers that Zika virus infection should not prevent them from breastfeeding; breastfeeding is recommended for all children up to 2 years of age.
- vi. Mothers of children affected with microcephaly may need support from healthcare workers for care and referral for multi-disciplinary management, psychosocial support, and how to care for their newborn including breastfeeding and feeding her child with appropriate foods from 6 months old while continuing to breastfeed.

- vii. Healthcare workers need to closely monitor the growth of children born with microcephaly and refer for treatment if necessary.
- viii. Healthcare workers should emphasize and promote the key message for mosquito control and prevention to all patients and people visiting their health facility.

3.3.4 Actions among blood donors

- i. Zika virus can be found in the blood of an infected person for a week or longer. Experts are investigating if Zika virus can be transmitted through blood transfusion.
- ii. Potential blood donors who have travelled to areas with Zika virus should wait 3 to 4 weeks before giving blood.
- iii. People who give blood and subsequently develop symptoms of Zika virus within 14 days of their donation should notify the local blood transfusion services, so their blood can be quarantined.
- iv. The Red Cross Red Crescent blood transfusion services continue to use safety measures to protect the blood supply from Zika and other mosquito-borne viruses. Red Cross Red Crescent only collect blood from donors who are healthy and feeling well at the time of donation.

3.3.5 Actions among the general population

- i. Eliminating mosquitoes and larvae is an effective way to avoid Zika in the community. Every member of the community can take action to clean up surroundings and eliminate mosquito breeding sites.
- ii. Everybody is at risk in areas with Aedes mosquitoes; personal protective behaviours are important for all community members.
- iii. Populations living in areas with mosquito breeding sites or those working during early morning and dusk may be more at risk of being bitten by mosquitoes, hence should pay more attention to personal protection.
- iv. Due to the potential association between Zika infection and microcephaly, women who are pregnant or planning to get pregnant and their partners should increase personal protection measures associated with Zika virus.
- v. While Zika is primarily transmitted by Aedes mosquito, Zika has been known to be transmitted from one person to another through sexual contact; more evidence is being generated on this mode of transmission.
- vi. Until more information is known, all men and women living in or returning from an area where Zika is present - especially pregnant women and their male partners - should be counseled on the potential risks of sexual transmission, on the use of effective contraceptive methods and on safe sexual practices, safe sexual practices include the correct and consistent use of condoms, one of the most effective methods of protection against pregnancy, and sexually transmitted infections, including sexual transmission of Zika.
- vii. Communities should offer support to the families of children born with microcephaly and proactively counter discrimination or stigmatization.

3.4 IDENTIFICATION OF SYMPTOMS & CARE SEEKING FOR AFFECTED PEOPLE

- i. People living in an area where others are infected by Zika or with known Aedes mosquitoes need to be alert and aware of the symptoms of Zika virus.
- ii. Most people with Zika experience very mild symptoms or no symptoms at all. Common signs and symptoms of Zika virus infection include:
- iii. Fever, rash, joint pain, or conjunctivitis (red eye or pink eye).
- iv. Muscle pain and headache.
- v. Zika virus symptoms are usually mild and last several from two to seven days. If symptoms worsen, people should see their local healthcare provider.
- vi. People infected with Zika usually do not get sick enough to go to the hospital, and major complications and death are usually rare.
- vii. Zika-related symptoms might be similar to other diseases carried by the same mosquito, such as Dengue and Chikungunya. Seek medical attention if Zika symptoms become more severe, or when the patient is a child, or if you are worried.

3.4.1 *Caring for persons infected with Zika virus*

- i. Make sure they get plenty of rest.
- ii. Encourage them to drink fluids to prevent dehydration.
- iii. Encourage them to only take approved medicine to relieve fever and pain (such as paracetamol or acetaminophen).
- iv. Make sure patients do not take aspirin or other non-steroidal anti-inflammatory drugs, because these medications can increase the risk of bleeding if they have Dengue. Zika, Dengue, and Chikungunya have similar symptoms and can be easily mistaken.
- v. If symptoms worsen, see a local healthcare provider
- vi. If the person is taking medicine for another medical condition, make sure they speak to their healthcare provider before taking additional medication.

3.5 ENABLING ENVIRONMENT FOR VECTOR CONTROL AND ZIKA PREVENTION

- i. All national governments, especially those of countries with known circulation of Zika virus or those with Aedes mosquito are expected to intensify efforts around vector control to protect their communities, especially the next generation of children, due to the possible association between Zika and microcephaly.
- ii. Contact local authorities responsible for ensuring public places, community spaces and areas where large groups of people tend to congregate (from markets, to swimming pools to parks to beaches) and common water sources used by the community are free of mosquitoes, eggs, and larvae.

- iii. Government action will be complemented by community ownership, participation and engagement facilitated through formal (religious groups, women's and mothers' groups, associations, etc.) and informal institutions (local clubs, youth groups, etc.).
- iv. National and local volunteer associations play a key role in community engagement activities around public health outbreaks, including for Zika prevention and control. These community activities need to be supported and sustained to ensure long-lasting disease control. It is important for the Government and other partners to support the work of community volunteers in disease surveillance and control. Training of facilitators to work with community groups can amplify greatly the reach and involvement of people in taking appropriate action.
- v. National, local, and social media are critical partners for communicating in a timely, transparent, flexible manner in keeping the public informed, building trust and seeking feedback to inform the evolving Zika outbreak response strategy.
- vi. With the evolving science around Zika, including possible associations with microcephaly among newborns and Guillain-Barré syndrome, there may be confusion, anxiety, and fear among the public.
- vii. Communication strategies need to listen and respond to these concerns, facilitate public dialogue and provide clarifications based on available evidence, including what people, governments, and international and local organizations are doing to control the spread of Zika.

REFERENCES & RESOURCES

Key messages: Zika virus disease: Centres for Disease Control and Prevention, February 2016

Zika virus information: Step-by-step guide on risk communication and community engagement: PAHO, 2016

[Zika Strategic Response Framework and Joint Operational Plan: January to June 2016](#): WHO, 2016

Zika virus outbreak in Latin America and the Caribbean: Regional Response Plan: UNICEF, 2016.

Information collated from several studies and practice on Dengue prevention and control in LAC.

Participacion Social para la Prevencion del Dengue: Guia del Promotor. UNICEF Argentina/Ministerio de Salud, Argentina/ Cruz Roja Argentina/Municipio de Tigre/Comité Solidario, Charata/Organización Panamericana de la Salud.

WHO References

Latest WHO guidance on Zika will be updated on: <http://who.int/csr/resources/publications/zika/en/>

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

Facts on Microcephaly: <http://www.who.int/emergencies/zika-virus/microcephaly/en/>

Guillain-Barre Syndrome: <http://www.who.int/mediacentre/factsheets/guillain-barre-syndrome/en/>

Vector-borne diseases: <http://www.who.int/mediacentre/factsheets/fs387/en/>

Women and microcephaly: <http://www.who.int/features/qa/zika-pregnancy/en/>

Zika and potential sexual transmission: <http://www.who.int/csr/resources/publications/zika/sexual-transmission-prevention/en/>

Zika and safe blood: <http://www.who.int/csr/resources/publications/zika/safe-blood/en/>

Zika and pregnancy management: <http://www.who.int/csr/resources/publications/zika/pregnancy-management/en/>

Zika and risk communication: <http://www.who.int/csr/resources/publications/zika/risk-communication/en/>

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