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Record 1

Rapid Spread of Zika Virus in The Americas - Implications for Public Health Preparedness for Mass Gatherings at the 2016 Brazil Olympic Games

[Petersen E.](#), [Wilson M.E.](#), [Touch S.](#), [McCloskey B.](#), [Mwaba P.](#), [Bates M.](#), [Dar O.](#), [Mattes F.](#), [Kidd M.](#), [Ippolito G.](#), [Azhar E.I.](#), [Zumla A.](#)

International Journal of Infectious Diseases 2016 **44** (11-15)

Abstract

Mass gatherings at major international sporting events put millions of international travelers and local host-country residents at risk of acquiring infectious diseases, including locally endemic infectious diseases. The mosquito-borne Zika virus (ZIKV) has recently aroused global attention due to its rapid spread since its first detection in May 2015 in Brazil to 22 other countries and other territories in the Americas. The ZIKV outbreak in Brazil, has also been associated with a significant rise in the number of babies born with microcephaly and neurological disorders, and has been declared a 'Global Emergency by the World Health Organization. This explosive spread of ZIKV in Brazil poses challenges for public health preparedness and surveillance for the Olympics and Paralympics which are due to be held in Rio De Janeiro in August, 2016. We review the epidemiology and clinical features of the current ZIKV outbreak in Brazil, highlight knowledge gaps, and review the public health implications of the current ZIKV outbreak in the Americas. We highlight the urgent need for a coordinated collaborative response for prevention and spread of infectious diseases with epidemic potential at mass gatherings events.

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Record 2

Resources and latest news about zika virus disease available from ECDC

Eurosurveillance 2016 **21:5**

Abstract

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Record 3

The next steps on Zika

Nature 2016 **530:7588** (5)

Abstract

Copyright

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Record 4

Zika virus outbreaks in Asia and South America

[Brown C.](#)

CMAJ 2016 **188:2** (E34)

Abstract

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Record 5

ZIKA virus circulates in new regions

[Attar N.](#)**Nature Reviews Microbiology** 2016 **14:2** (62)

Abstract

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Record 6

Zika virus: Brazil's surge in small-headed babies questioned by report[Butler D.](#)**Nature** 2016 **530:7588** (13-14)

Abstract

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Record 7

Zika virus and the risk of imported infection in returned travelers: Implications for clinical care[Goorhuis A.](#), [von Eije K.J.](#), [Douma R.A.](#), [Rijnberg N.](#), [van Vuqt M.](#), [Stijnis C.](#), [Grobusch M.P.](#)[Article in Press] **Travel Medicine and Infectious Disease** 2016

Abstract

Since late 2015, an unprecedented outbreak of Zika virus is spreading quickly across Southern America. The large size of the current outbreak in The Americas will also result in an increase in Zika virus infections among travelers returning from endemic areas. We report five cases of imported Zika virus infection to The Netherlands. Although the clinical course is usually mild, establishing the diagnosis is important, mainly because of the association with congenital microcephaly and the possibility of sexual transmission.

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Record 8

Zika without symptoms in returning travellers: What are the implications?[Ginier M.](#), [Neumayr A.](#), [Günther S.](#), [Schmidt-Chanasit J.](#), [Blum J.](#)[Article in Press] **Travel Medicine and Infectious Disease** 2016

Abstract

Against the background of the emergence and rapid spread of Zika virus (ZIKV) in the Americas, we report the case of an afebrile ZIKV infection in a traveller returning from Central America to highlight relevant clinical and diagnostic aspects. ZIKV should be considered in the differential diagnosis of patients with clinical symptoms suggestive of dengue or chikungunya fever. Given the frequent subfebrile and afebrile manifestations of ZIKV infections, we propose abstaining from the term "Zika fever (ZF)" in favour of "Zika virus disease (ZVD)". Owing to its unspecific clinical presentation and cross-reactivity in serological assays, ZVD may easily be missed or misdiagnosed as dengue fever. Until conclusive data on the currently suspected link between ZIKV infection in pregnancy and foetal microcephaly become available, pregnant women and women who are trying to become pregnant should be advised against travelling to regions with ongoing ZIKV transmission. In addition, male travellers returning from regions with ongoing transmission should be informed of the potential risk of sexual transmission until conclusive data on the significance of this mode of transmission become available. Although probably low and seasonally restricted, there is a risk of ZIKV importation to Aedes mosquito-infested regions in temperate climates (including regions of North America and Europe) with consecutive autochthonous transmission.

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Record 9

Zika virus in Brazil and macular atrophy in a child with microcephaly

[Ventura C.V.](#), [Maia M.](#), [Bravo-Filho V.](#), [Góis A.L.](#), [Belfort R.](#)
The Lancet 2016 **387:10015** (228)

Abstract**Copyright**

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Record 10**Zika virus infection in a traveller returning from the Maldives, June 2015**

[Korhonen E.M.](#), [Huhtamo E.](#), [Smura T.](#), [Kallio-Kokko H.](#), [Raassina M.](#), [Vapalahti O.](#)
Eurosurveillance 2016 **21:2**

Abstract

We report a Zika virus (ZIKV) infection in a patient with fever and rash after returning to Finland from Maldives, June 2015. The patient had dengue virus (DENV) IgG and IgM antibodies but pan-flavivirus RT-PCR and subsequent sequencing showed presence of ZIKV RNA in urine. Recent association of ZIKV with microcephaly highlights the need for laboratory differentiation of ZIKV from DENV infection and the circulation of ZIKV in areas outside its currently known distribution range.

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Record 11**Zika virus: A new global threat for 2016**

The Lancet 2016 **387:10014** (96)

Abstract**Copyright**

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Record 12**Autophagy and viral diseases transmitted by *Aedes aegypti* and *Aedes albopictus***

[Cameiro L.A.M.](#), [Travassos L.H.](#)

[Article in Press] **Microbes and Infection** 2016

Abstract

Despite a long battle that was started by Oswaldo Cruz more than a century ago, in 1903, Brazil still struggles to fight *Aedes aegypti* and *Aedes albopictus*, the mosquito vectors of dengue virus (DENV), Chikungunya virus (CHIKV) and Zika virus (ZIKV). Dengue fever has been a serious public health problem in Brazil for decades, with recurrent epidemic outbreaks occurring during summers. In 2015, until November, 1,534,932 possible cases were reported to the Ministry of Health [1]. More recently, the less studied CHIKV and ZIKV have gained attention because of a dramatic increase in their incidence (around 400% for CHIKV) and the association of ZIKV infection with a 11-fold increase in the number of cases of microcephaly from 2014 to 2015 in northeast Brazil (1761 cases until December 2015) [1]. The symptoms of these three infections are very similar, which complicates the diagnosis. These include fever, headache, nausea, fatigue, and joint pain. In some cases, DENV infection develops into dengue hemorrhagic fever, a life threatening condition characterized by bleeding and decreases in platelet numbers in the blood. As for CHIKV, the most important complication is joint pain, which can last for months.

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Record 13**Zika virus: A new chapter in the history of medicine**

[Brito C.](#)

Acta Medica Portuguesa 2015 **28:6** (679-680)

Abstract**Copyright**

Record 14

Zika virus: A review to clinicians

[Pinto Junior V.L.](#), [Luz K.](#), [Parreira R.](#), [Ferrinho P.](#)
Acta Medica Portuguesa 2015 **28:6** (760-765)

Abstract

Zika virus is a flavivirus related to Dengue virus, yellow fever virus and West Nile virus. It is considered an emerging arbovirus transmitted by mosquitos of the genus Aedes. Its first description took place in 1947 in the Zika Forest in Uganda, isolated on Rhesus monkey used as bait to study the yellow fever virus. Sporadic cases have been detected in African countries and at the end of the 70's in Indonesia. In 2007, epidemics were described in Micronesia and other islands in the Pacific Ocean and more recently in Brazil. Clinical picture is characterized as a 'dengue-like' syndrome, with abrupt onset of fever and an early onset evanescent rash, often pruritic. Occasionally the disease has been associated with Guillain-Barré syndrome. Nevertheless, until now deaths and complications caused by the disease were not reported. The diagnosis can be performed by PCR or by IgG and IgM antibodies detection. The rapid spread of the virus and its epidemic potential are especially problematic in countries where there are the circulation of other arboviruses which imposes difficulties in the differential diagnosis and healthcare burden. Control measures are the same recommended for dengue and chikungunya which are based in health education and vector control.

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Record 15

Outbreak of Exanthematous Illness associated with Zika, Chikungunya, and Dengue viruses, Salvador, Brazil

[Cardoso C.W.](#), [Paploski I.A.](#), [Kikuti M.](#), [Rodrigues M.S.](#), [Silva M.M.](#), [Campos G.S.](#),
[Sardi S.I.](#), [Kitron U.](#), [Reis M.G.](#), [Ribeiro G.S.](#)

Emerging Infectious Diseases 2015 **21:12** (2274-2276)

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Record 16

Zika virus infection complicated by guillain-barré syndrome â€"case report, French Polynesia, December 2013

[Oehler E.](#), [Watrin L.](#), [Larre P.](#), [Leparç-Goffart I.](#), [Lastãre S.](#), [Valour F.](#), [Baudouin L.](#),
[Mallet H.P.](#), [Musso D.](#), [Ghawche F.](#)

Eurosurveillance 2014 **19:9**

Abstract

Zika fever, considered as an emerging disease of arboviral origin, because of its expanding geographic area, is known as a benign infection usually presenting as an influenza-like illness with cutaneous rash. So far, Zika virus infection has never led to hospitalisation. We describe the first case of Guillain-Barré syndrome (GBS) occurring immediately after a Zika virus infection, during the current Zika and type 1 and 3 dengue fever co-epidemics in French Polynesia.

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Record 17

Rapid spread of emerging Zika virus in the Pacific area

[Musso D.](#), [Nilles E.J.](#), [Cao-Lormeau V.-M.](#)

Clinical Microbiology and Infection 2014 **20:10** (O595-O596)

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