Dear Members of the Georgetown University Community:

I am writing to share updated information and current guidance about the Zika virus. This information is particularly important for those of you currently visiting one of the countries or regions where active Zika virus transmission has been documented, or are planning a trip to one of these areas and it updates previous information shared with the Georgetown community on February 2, 2016. (See countries and territories with active Zika transmission here)

Since February, when the World Health Organization named the Zika virus a “Public Health Emergency of International Concern,” we have learned a great deal about this virus and illness associated with it. The vast majority of Zika infections are transmitted by infected mosquito bites, but this infection can also be spread sexually or through blood. Most people infected do not become ill and if they do the illness is usually minor. A link between Zika infection and Guillain-Barré syndrome, an uncommon neurologic disorder associated with a number of viral and bacterial infections, appears to be clear.

The major concern is for pregnant or soon-to-be pregnant women. We have established unequivocally that some babies born to women who have had the infection during pregnancy can have serious birth defects, the most troubling of which is microcephaly. There are no antibiotics to treat this infection and no vaccine to prevent it although significant work is being done to address these issues and to control mosquito populations that spread this infection.

Zika virus is now seen throughout most of South and Central America, including the Caribbean, and some countries along the Pacific Rim. While the Aedes Aegypti mosquito most responsible for the spread of this virus is seen in the United States, it is less common in the District of Columbia, Northern Virginia and Southern Maryland. Most importantly, to date the Centers for Disease Control (CDC) has not reported any cases of mosquito transmitted Zika infections contracted within the continental United States, with nearly all cases of Zika infection in the United States occurring due to travel to the regions noted above.

At the moment the risk of infection via mosquito bite within the Washington DC area is effectively zero. In an abundance of caution, the Georgetown Office of Planning and Facilities Management is closely monitoring the campus and will conduct its standard mosquito mitigation control and take any necessary action to address areas of stagnant water.

Travel and prevention information:

The CDC has issued a travel health notice with respect to Zika, Alert Level 2, Practice Enhanced Precautions. Additional health and travel information includes:

- Zika is only one of a number of things to consider when travelling abroad and a discussion with a medical provider prior to travel is strongly encouraged. If you are travelling to or working in a Zika affected area please consider protecting yourself from mosquito bites by wearing long sleeves and pants, using insect repellants, permethrin, nets, air conditioning and screens.
• If you have traveled to a Zika endemic country and you become ill within two weeks with fever, rash, joint aches and/or eye redness please seek medical attention and mention your travel history.
• If you have travelled to a Zika endemic country wait at least 8 weeks after return before attempting to conceive if you are a woman or 6 months if you are a man attempting to father a child.
• If you are pregnant or considering pregnancy, the CDC advises postponing work or travel in an endemic area.

Additional Resources:
• Georgetown students can seek care or advice at the student health center: https://studenthealth.georgetown.edu/medical-care or 202-687-2200
• Georgetown university travel and safety advice is here: https://globalservices.georgetown.edu/travelandsafety
• Additional travel related information regarding Zika can be found here: http://wwwnc.cdc.gov/travel/page/zika-travel-information

Thank you and have a great summer!

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