ZIKA
STRATEGIC RESPONSE PLAN

REVISED FOR JULY 2016 – DECEMBER 2017

World Health Organization

June 2016

Photo: PAHO/Harold Ruiz

ABOUT THIS STRATEGIC RESPONSE PLAN

Zika virus and its complications such as microcephaly and Guillain-Barré syndrome represent a new type of public health threat with long-term consequences for families, communities and countries.

The *Zika Strategic Response Plan*, *Revised for July 2016 – December 2017*, updates the previous *Strategic Response Framework and Joint Operations Plan, January – June 2016*, to guide the continuing international response to Zika virus infection, its complications and consequences. The plan provides the basis for coordination and collaboration among WHO and its partners so that countries' preparedness and response capacities are supported to the fullest extent possible.

The *Zika Strategic Response Plan*, *Revised for July 2016 – December 2017* focuses on:

- preventing and managing medical complications caused by Zika virus infection by targeting pregnant women, their partners, their households and their communities and expanding health systems' capacities for that purpose.
- integrated mosquito management, sexual and reproductive health counselling as well as health education and care within the social and legal contexts of each country.

Zika Strategic Response Plan
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TABLE OF CONTENTS

Foreword by the Director-General Page 5

PART I: STRATEGIC RESPONSE FRAMEWORK

Overview of the situation Page 8
Strategic objectives Page 14
Response strategy Page 16
Country context Page 21
Response monitoring Page 23
Summary of requirements Page 24

PART II: JOINT OPERATIONS PLAN

Detection Page 26
Prevention Page 27
Care and support Page 28
Research Page 32
Coordination Page 35

PART III: ANNEXES

A Partner organizations Page 38
B Participating organizations’ funding requirements Page 39
C Surveillance and response indicators Page 42
D WHO Zika Virus Research Agenda Page 44

FOREWORD BY
THE DIRECTOR-GENERAL

The Zika virus outbreak in the Americas shows how a disease that had not caused an outbreak for six decades can become a global health emergency. In 2015, suspected congenital malformations and other neurological complications were detected in the Americas and linked to Zika virus. In an interconnected world characterized by profound mobility, Zika has spread dramatically across central and southern America and more recently to other regions, including Asia and Africa. Its risk profile has changed from a mild threat to one with serious consequences. There is now scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome. Several factors have combined to make this situation one that requires a collaborative and concerted global response, including:

- the potential for further international spread given the wide distribution of competent vectors,
- the lack of population immunity, which allows the disease to spread quickly,
- the absence of vaccines, specific treatments and rapid diagnostic tests, and
- inequalities in access to sanitation, information and health services in affected areas.

Since the publication of the first Zika Strategic Response Plan in February this year, much has been learned about Zika virus infection, how it spreads, the consequences of infection, and priorities for its control. Experts believe that if the virus is capable of causing such severe abnormalities as microcephaly, it is likely to cause additional neurological problems that will become apparent as children develop. Mosquito control efforts alone are unlikely to provide the short-term solution to prevent the proliferation of this virus, while vaccination development could take at least 36 months.

This Zika virus strain and its complications represent a new type of public health threat which requires a unique and integrated strategy that places support for women and girls of child-bearing age at its core. The spread of Zika virus will have long-term health consequences for families, communities, and countries whose health systems will be challenged to care for children born with these complications for years to come.

This revised Strategic Response Plan includes a greater focus on preventing and managing the medical complications caused by Zika virus infection and expanding health systems' capacities for that purpose. Risk communications targeting pregnant women, their partners, their households and their communities will be central to prevention efforts to ensure they have the information they need to protect themselves. Other elements of the plan include integrated vector management, sexual and reproductive health counselling and services, health education and care within the social and legal contexts of each country.

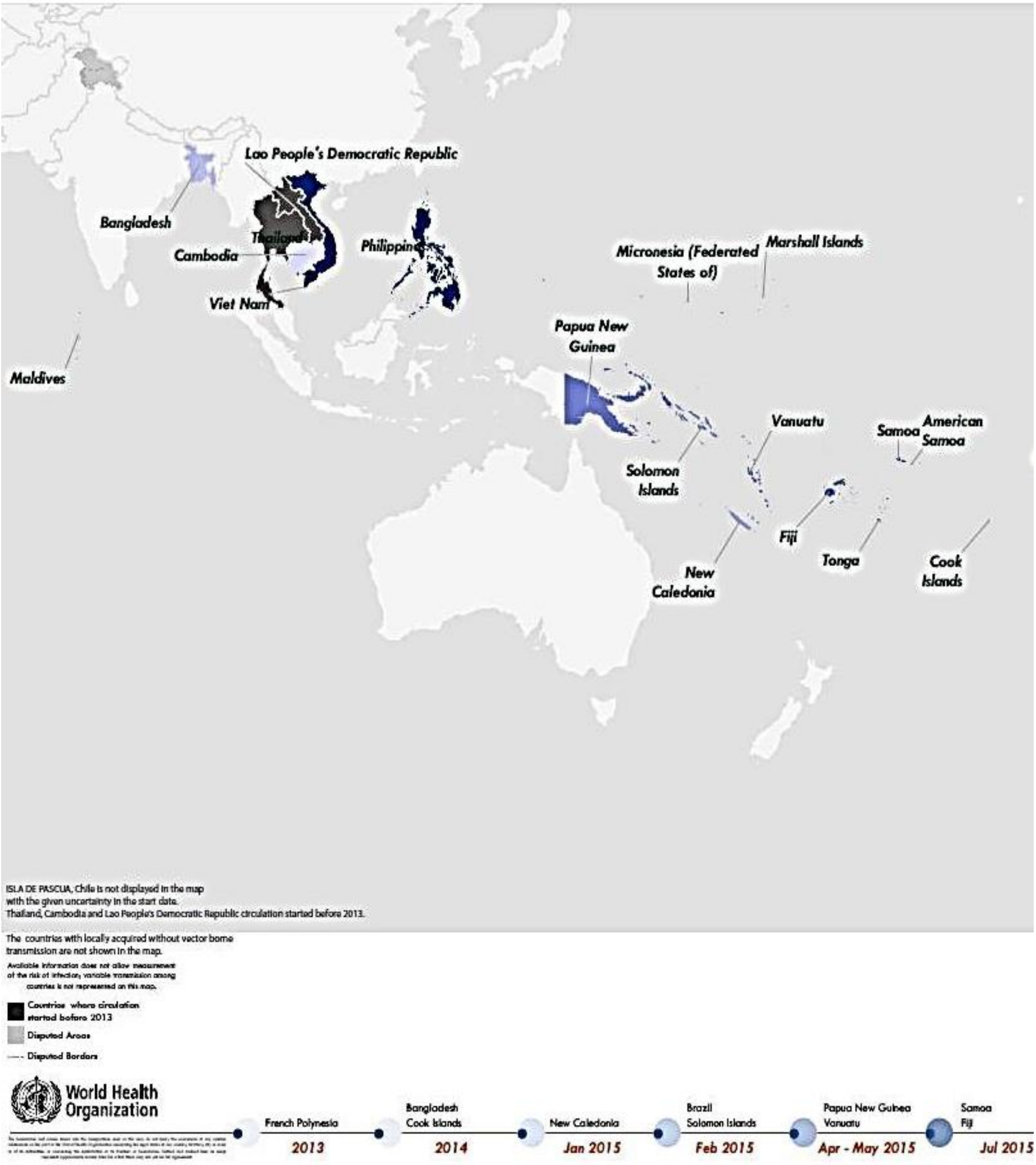
Significant funding gaps existed for the full implementation of the Strategic Response Plan published in February 2016, for both WHO and its partners. Coherent funding mechanisms are essential for successful implementation of this revised Strategic Response Plan and can catalyse national financing for multi-level responses to Zika. In May 2016, the United Nations Secretary-General established a Multi-Partner Trust Fund for this purpose.

Few health threats are local anymore, and few health threats can be managed by the health sector acting alone. I would like to take this opportunity to recognise and thank all the partners involved for their collaboration and considerable efforts in support of this revised global Strategic Response Plan.

Dr. Margaret Chan
Director-General, WHO

ZIKA VIRUS

Fig. 1. Countries, territories and areas showing the distribution of Zika virus, 2013-2016



ISLA DE PASCUA, Chile is not displayed in the map with the given uncertainty in the start date.
Thailand, Cambodia and Lao People's Democratic Republic circulation started before 2013.

The countries with locally acquired without vector borne transmission are not shown in the map.

Available information does not allow measurement of the risk of infection; variable transmission among countries is not represented on this map.

MAP DATE: 19 May 2016

OVERVIEW OF THE SITUATION

This *Zika Strategic Response Plan - Revised for July 2016 to December 2017*, comprised of the *Strategic Response Framework* and *Joint Operations Plan*, has been developed to guide the international response and joint actions against Zika virus infection, its complications and consequences. It provides the basis for coordination and collaboration with partners so that countries' preparedness and response capacities are supported to the fullest extent possible. The document will be updated regularly.

BACKGROUND

Zika virus is mostly transmitted through the bite of an infected mosquito, primarily *Aedes aegypti* – the same vector that transmits chikungunya, dengue and yellow fever. *Aedes albopictus* can also transmit the disease and further studies are in progress to better understand its role in the transmission of Zika virus. This virus may also be transmitted through sexual intercourse. Zika virus disease has a similar epidemiology, clinical presentation and transmission cycle in cities and towns as chikungunya and dengue, although the illness is generally milder.

Symptoms of Zika virus disease include mild fever, skin rash, conjunctivitis, muscle and joint pain which normally last for 2 to 7 days. There is no specific treatment but symptoms are normally mild and can be treated with common fever medicines, rest and drinking plenty of fluids.

Zika virus was first identified in 1947 in a monkey in the Zika forest of Uganda and it was first identified in humans in 1952 in Uganda and the United Republic of Tanzania. Over the following half century, Zika virus has been causing sporadic disease in Africa and Asia. Outbreaks

An International Health Regulations (IHR, 2005) Emergency Committee met on 1 February 2016, and WHO declared the recent clusters of microcephaly and other neurological disorders in Brazil (following a similar cluster in French Polynesia in 2014) a Public Health Emergency of International Concern. In the absence of another explanation for the clusters of microcephaly and other neurological disorders, the IHR Emergency Committee recommended enhanced surveillance and research and aggressive measures to reduce infection with Zika virus, particularly amongst pregnant women and women of child-bearing age.

The third meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations regarding microcephaly, other neurological disorders and Zika virus, held on 14 June 2016, concurred with the international scientific consensus, reached since the Committee last met, that Zika virus is a cause of microcephaly and GBS, and, consequently, that Zika virus infection and its associated congenital and other neurological disorders is a Public Health Emergency of International Concern. The Committee restated the advice it provided to the Director-General in its 2nd meeting in the areas of public health