

Zika in Latin America The 'Silent' Health Emergency

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The Zika virus arrived to Latin America and the Caribbean in early 2015, and as a new epidemic, it widely affected the general population since it had no prior immunity. The transmission vector, the *Aedes aegypti* mosquito, was present throughout the region and was well known since it primarily transmits dengue fever, which is endemic in the region, in addition to chikungunya. Prior efforts to control the *Aedes* mosquito population have not been sustainable because they require consistent environmental hygiene actions, primarily inside homes, to avoid breeding sites. Household recipients with standing water are common breeding sites for mosquitoes, and in densely populated peri-urban areas with sanitation deficiencies, where water supply is scarce and is collected in tanks, the mosquito population is more persistent. In addition to vectorial transmission, Zika is also transmitted via sexual intercourse.

A Zika infection causes mild symptoms in most cases, similar to those caused by dengue and chikungunya, and approximately 4 out of 5 infections show no symptoms at all. When compared with Dengue and Chikungunya, the popular perception was that Zika was less severe. However, microcephaly linked to Zika was scientifically confirmed on babies born from mothers who got infected during pregnancy. Ongoing research is still studying other congenital malformations on newborns also linked to Zika, now referred to as Zika Congenital Syndrome.

When the Zika outbreak began, the general population did not get proactively engaged in prevention practices given their familiarity with dengue and chikungunya and with the *Aedes* mosquito. Microcephaly in newborns had not been confirmed yet and sexual transmission was still unknown. Overall, there was a lack of concluding evidence regarding the effects of the infection and new evidence emerged as the outbreak advanced. Contributing to this low risk perception towards Zika was that the majority of cases were asymptomatic, many people mistakenly thought Zika infections to be dengue fever, and underreporting of cases due to weak government surveillance systems and limited diagnostic capacity.

To date, more than 2,600 children in Latin America and the Caribbean have been born with microcephaly caused by Zika, in addition to other congenital malformations. Unlike other health emergencies with an immediate death toll, Zika has a delayed (and almost silent) impact on individuals, namely during pregnancy, and lifelong consequences for families. Through a mosquito bite during pregnancy, children are being born with severe disabilities.

Given this situation, UNICEF has actively responded at the regional level with multi-country, multi-sectorial actions to reduce the risk Zika poses to pregnant women and prevent its impact on children and their families. UNICEF has engaged at the local level in risk reduction actions to promote prevention - personal protection measures (mosquito bites and sexual transmission) and vector control - through community mobilization to reach specific and high risk populations (pregnant women and women of reproductive age) at their homes and health centers. Capacities of local health personnel, social workers and municipal staff

were strengthened. Children and adolescents in schools were educated and mobilized to act as change agents in their homes and communities. Communication for development strategies, which included interpersonal communication, mass media and other innovative approaches, were implemented across these interventions to raise awareness on the risks of Zika and promote positive behavioral change towards prevention. This ongoing response has been done in partnership with national and local governments, and in collaboration with other cooperation agencies and NGOs. Existing coordination mechanisms, such as sectorial clusters (health, water and sanitation), were useful in preparing such response.

The response has been based on a resilience approach, through behavioural and social change efforts, that will contribute to a more lasting and sustainable effect. As a result, the population will be more prepared to future vector based outbreaks, and possibly to a second Zika outbreak.

The mitigation of the impact of Zika is based on strengthening national systems and reducing their vulnerabilities to better attend children with disabilities and their families, therefore guaranteeing their rights, specifically their right to live a full life. These mitigation efforts include strengthening existing support systems in countries, including primary medical attention, early child development programs, and child and social protection mechanisms in order to secure an more resilient environment for them.

Now that Zika is considered a constant threat and possibly become endemic, this is posing new challenges at local, national and regional levels. The ongoing resilience-based response for this epidemic is preparing countries to respond to Zika as a possible future endemic disease.