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PRESS RELEASE

Looking at Zika from a gender perspective

The recent imported cases of Zika virus infection in Europe and the outbreak that is spreading in Southern and Central Americas remind us of the relevance of gender-related issues in epidemics: this infection may in fact lead to dramatic outcomes when occurring in pregnant women, since it has been associated with an increased incidence of microcephaly in newborns.

[Raising awareness about gender issues in epidemics and pandemics](#) is within the scope of ASSET, an EU-co-founded project that aims at bringing Science-in-Society issues into epidemic and pandemic preparedness and response strategies.

ASSET research has highlighted how gender and sex have an impact on experiences and behaviours related to infectious disease outbreaks but recent cases, such as zika epidemic, have shown that we can find gender differences in the severity and impact of infections as well.

Zika virus infection is now suspected to be responsible of the dramatic rise of the cases of microcephaly in Brazil from 2010 to 2015. It is still unclear how many of these cases are related to Zika infection, neither if pregnant women are more susceptible to get the disease, which is carried by a mosquito and is endemic in Latin America. However, this uncertainty does not mean that caution should not be exercised. Until more is known, special precautions are being recommended to pregnant women to avoid infection. No vaccine or specific antiviral treatment are available for the Zika virus, while treatment is mainly supportive and includes rest, fluids, and use of analgesics and antipyretics.

To avoid the risk of microcephaly that a Zika virus may pose to the foetus, the U.S. Centre for Disease Control (CDC) has recommended that pregnant women postpone travel to areas where the virus transmission is ongoing: Brazil, Colombia, El Salvador, French Guiana, Guatemala, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Suriname, and Venezuela. Healthcare providers are advised to ask all pregnant women about recent travel and pregnant women who have travelled to the affected areas and who report two or more symptoms (such as fever and skin rash) should be tested for the infection.

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Health authorities from El Salvador, Jamaica, Colombia and Ecuador invited women living in those countries to postpone pregnancy, for a defined or undefined time, if possible. This unprecedented kind of recommendation raise ethical and legal issues that cannot be tackled without a new perspective of dialogue and cooperation between science and society, as ASSET project is committed to promote.

For any further information please

visit our website (<http://www.asset-scienceinsociety.eu/>)

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