FSRH
Clinical Effectiveness Unit

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists

Statement from the Clinical Effectiveness Unit

Contraception advice for individuals travelling to Brazil for the 2016 Olympics and their partners

Revised 28th July 2016

After reviewing the available body of evidence, the Centers for Disease Control (CDC) in the USA have concluded that a causal relationship exists between prenatal Zika virus infection and microcephaly and other serious brain anomalies. [1]

Cases of locally-transmitted Zika virus are still being reported in Brazil and most of its neighbouring countries. [2,3]

Zika virus is almost always acquired as a result of mosquito bites. However, it is now known to be transmitted through semen and vaginal fluids from a person with the virus to his or her partner during sex, even if the person does not display any symptoms. Only those who have lived in or travelled to an area with Zika are at risk of passing on the virus to their partner.[4] The National Travel Health Network and Centre and the CDC advise all travellers who visit an area with active Zika transmission to use barrier methods—such as condoms—consistently and correctly during and after their travel or abstain from sex during this period.[4,5]

The World Health Organization (WHO) has recently revised its recommendation, advising that "to prevent the onward transmission of Zika and adverse pregnancy and fetal outcomes, all returning travellers should practice safer sex, including through the correct and consistent use of condoms, or abstaining from sex for **at least 8 weeks**" (longer than the previously recommended 4 weeks). [6]

The UK government [2] recommends that the advice of the National Travel Health Network and Centre [5] is followed. ***Clinicians should ensure that the advice they access is most current.*** **The current advice, published on 10 June 2016, is as follows:**

For pregnant women:

"It is recommended that if you are pregnant and planning to travel, you should postpone non-essential travel to areas with current active ZIKV transmission until after pregnancy. In the event that travel to an area with active ZIKV transmission cannot be postponed, you should make sure you are fully aware of the risks ZIKV may present."

For partners of pregnant women:

"If your female partner is pregnant, condom use is advised during vaginal, anal and oral sex to reduce the risk of transmission during travel and for the duration of the pregnancy even if you did not develop symptoms compatible with ZIKV infection."

For non-pregnant women at risk of pregnancy and their partners:

"It is recommended that you avoid becoming pregnant while travelling in an area with active ZIKV transmission, and for **8 weeks** after return home. This allows for a maximum 2-week incubation period (the time between exposure to an infection and the appearance of the first symptoms) and a possible 2-week viraemia (presence of virus in the bloodstream.) Following this, attempts to conceive can resume."

"For women with a male partner who has travelled to an area with active ZIKV transmission, effective contraception is advised to prevent pregnancy AND condom use is advised for your partner during vaginal, anal and oral sex to reduce the risk of transmission during travel and:

- for **8 weeks** after his return from an active ZIKV transmission area if he has not had any symptoms compatible with ZIKV infection
- for **6 months** following the start of symptoms if a clinical illness compatible with ZIKV infection or laboratory confirmed ZIKV infection was reported."

The Faculty of Sexual and Reproductive Health advises that women who plan to travel to the Olympic Games in Rio in August ensure that they have no risk of pregnancy at the time of travel, during their stay and for **at least 8 weeks** after their return to the UK. It is therefore recommended that women commence effective contraception **well in advance** of travel.

It is important that women are aware that with typical use of some methods of contraception there is a significant failure rate (see table below).

Table 1: Percentage of women experiencing an unintended pregnancy within the first year of use with typical use and perfect use (modified from Trussell, 2011). [7]

Method	Typical Use (%)	Perfect Use (%)
No method	85	85
Fertility awareness-based methods	24	0.4-5
Female diaphragm	12	6
Male condom	18	2
Combined hormonal contraception (CHC)*	9	0.3
Progestogen-only pill (POP)	9	0.3
Progestogen-only (PO) injectables	**6**	**0.2**
Copper-bearing intrauterine device (Cu-IUD)	**0.8**	**0.6**
Levonorgestrel-releasing intrauterine system (LNG-IUS)	**0.2**	**0.2**
Progestogen-only implant (IMP)	**0.05**	**0.05**
Female sterilisation	0.5	0.5
Vasectomy	0.15	0.1
* includes the combined oral contraception (COC), transdermal patch (patch) and vaginal rings.		

Long acting reversible methods of contraception (the progestogen-only implant, the copper IUD and the levonorgestrel-releasing IUS) have a very low failure rate and should therefore be recommended for women travelling to Brazil.

If a woman is not using effective contraception and has unprotected intercourse, she should be advised to attend for emergency contraception as soon as possible. Clinicians could consider advance provision of emergency contraception for women travelling to Brazil. Women should be aware that emergency contraception is not 100% effective and is not a substitute for reliable contraception.

All individuals who have travelled to Brazil are advised to use condoms reliably for all sexual contact during their stay and upon return home to avoid risk of sexual transmission of Zika virus.

References

1. Rasmussen SA, Jamieson DJ, Honein MA, *et al*. Zika Virus and Birth Defects - Reviewing the Evidence for Causality. *N Engl J Med 2016*. [Epub ahead of print]
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3. European Centre for Disease Prevention and Control. Current Zika transmission. 22 July 2016. http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/Pages/Zika-countries-with-transmission.aspx (accessed 28/07/2016)
4. Centers for Disease Control. Zika and Sexual Transmission. 22 July 2016. http://www.cdc.gov/zika/transmission/sexual-transmission.html (accessed 28/07/2016)
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6. World Health Organization. Information for travellers visiting Zika affected countries. 31 May 2016 http://www.who.int/csr/disease/zika/information-for-travelers/en/ (accessed 28/07/2016)
7. Trussell J. Contraceptive efficacy. In: Hatcher RA, Trussell J, Nelson AL, *et al.* (eds), *Contraceptive Technology* (20th revised edn). New York, NY: Ardent Media, 2011.