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ENFERMEDAD POR VIRUS ZIKA

2 de febrero de 2016

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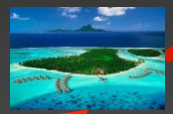
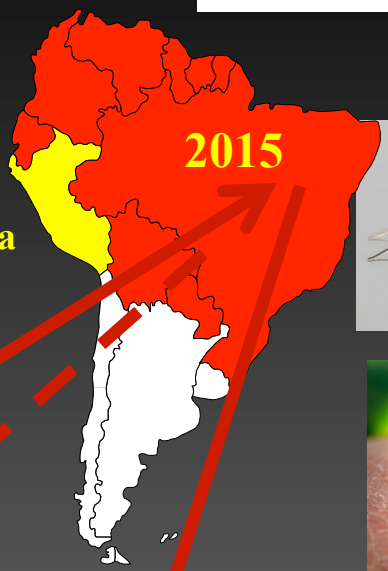
Zika virus in Brazil and the danger of infestation by *Aedes (Stegomyia)* mosquitoes

Carlos Brisola Marcondes[1] *and Maria de Fátima Freire de Melo Ximenes*[2]

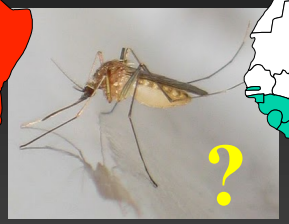
Polinesia Francesa (2013)

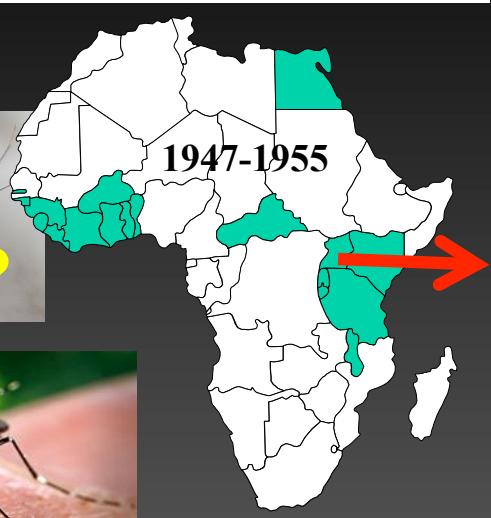


Isla de Yap (Abril, 2007)

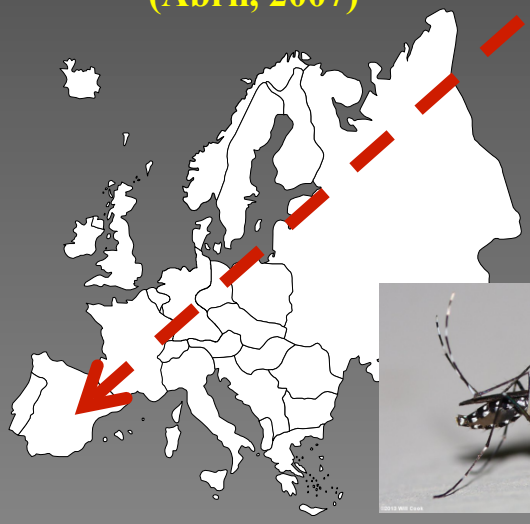


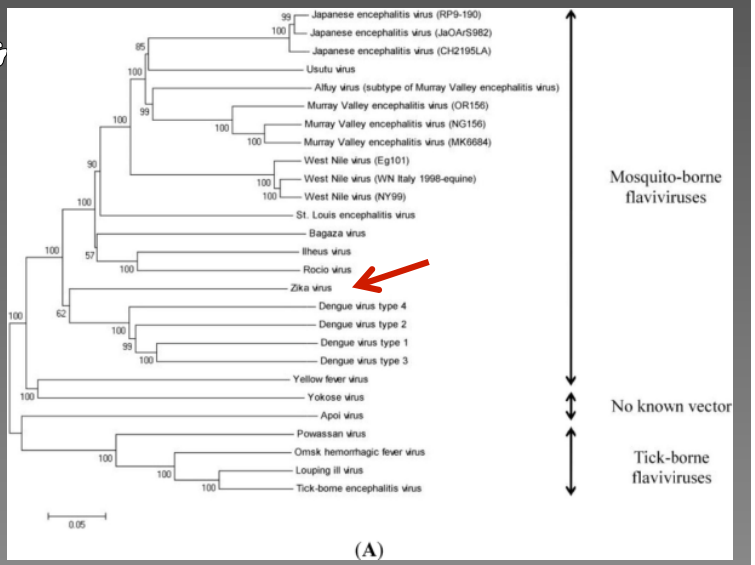
2015





1947-1955





Blood Transfus DOI 10.2450/2015.0066-15 REVIEW

Zika virus and the never-ending story of emerging pathogens and transfusion medicine

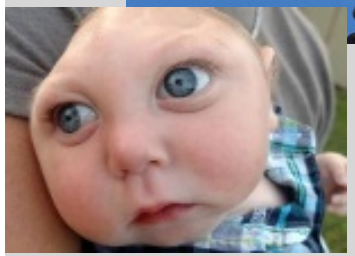
Giuseppe Marano[1], Simonetta Pupella[1], Stefania Vaglio[1,2], Giancarlo M. Liumbruno[1], Giuliano Grazzini[1]

The NEW ENGLAND JOURNAL of MEDICINE

BRIEF REPORT

Zika Virus Associated with Microcephaly

Jernej Mlakar, M.D., Misa Korva, Ph.D., Nataša Tul, M.D., Ph.D., Mara Popović, M.D., Ph.D., Mateja Poljšak-Prijatelj, Ph.D., Jerica Mraz, M.Sc., Marko Kolenc, M.Sc., Katarina Resman Rus, M.Sc., Tina Vesnaver Vipotnik, M.D., Vesna Fabjan Vodušek, M.D., Alenka Vizjak, Ph.D., Jože Pižem, M.D., Ph.D., Miroslav Petrovec, M.D., Ph.D., and Tatjana Avšič Županc, Ph.D.



J Pediatr (Rio J). 2016;92(2):103–105

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EDITORIAL

Microcephaly and Zika virus☆

CrossMark

Microcefalia e vírus Zika

Consuelo Silva de Oliveira[a,b,*], Pedro Fernando da Costa Vasconcelos[a,b,c]

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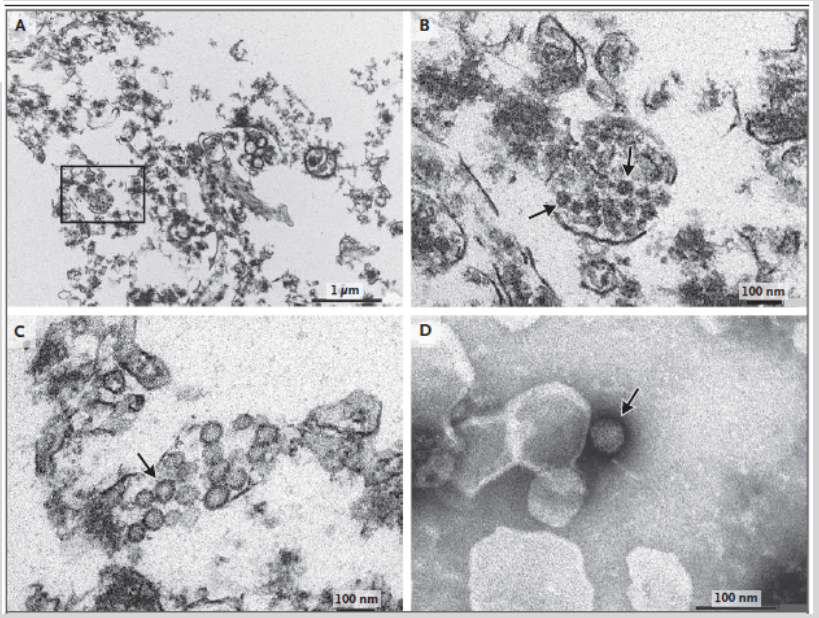
[b] *Universidade do Estado do Pará, Belém, PA, Brazil*
[c] *Research and Reference in Arbovirus, World Health Organization (WHO) Collaborating Center, Organização Pan-Americana da Saúde (OPAS), Brasília, DF, Brazil*

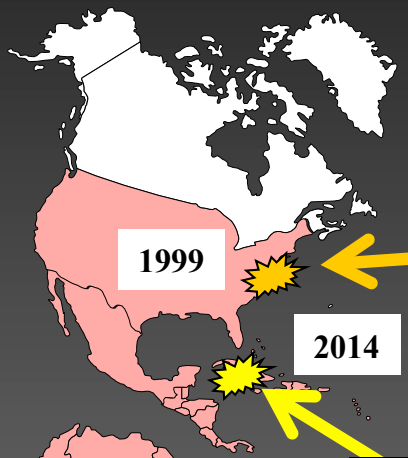


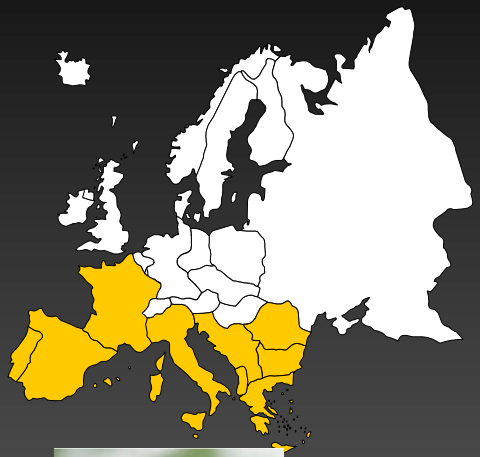
LOS ANTECEDENTES

Aedes aegypti

Aedes albopictus

Culex pipiens

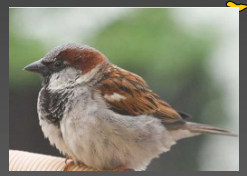


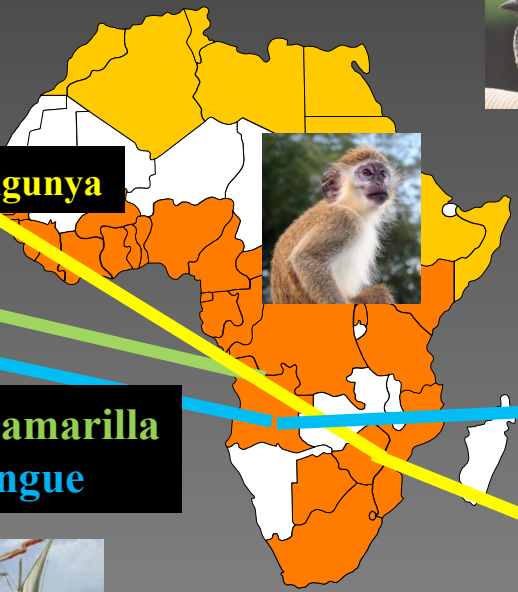


West Nile

1999

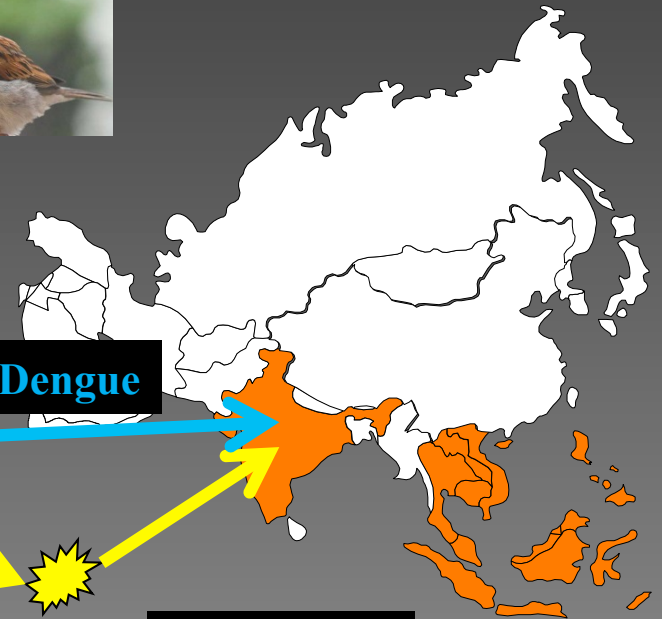
2014



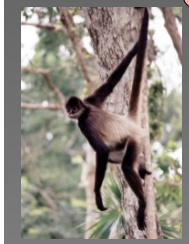


Chikungunya

s XVI

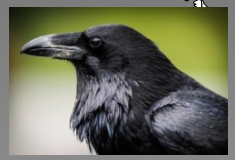


Dengue



Fiebre amarilla

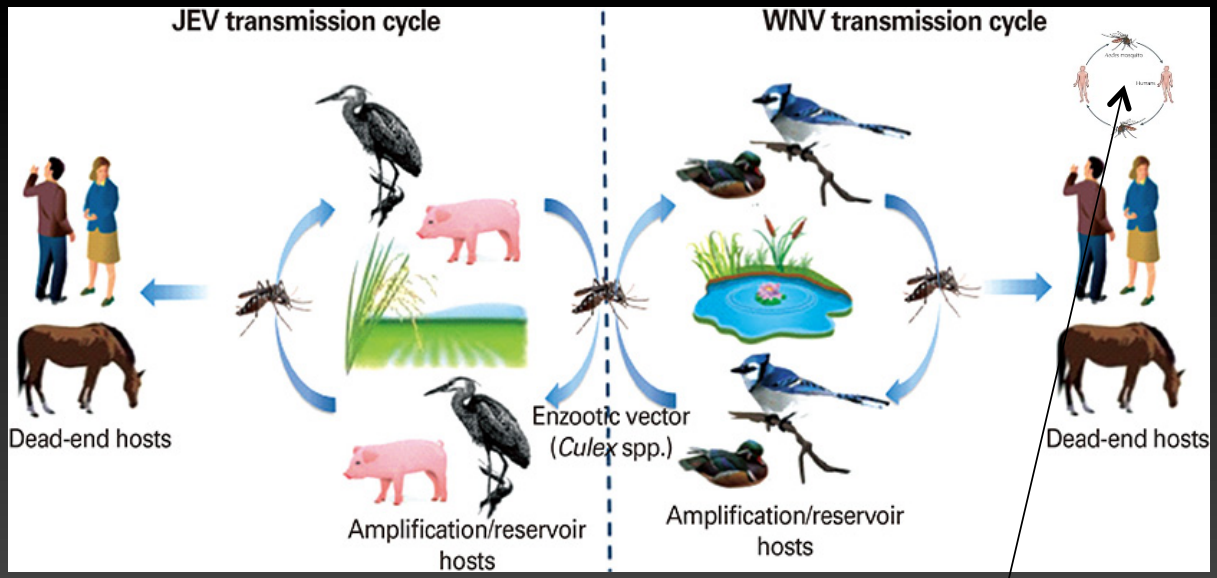
Dengue



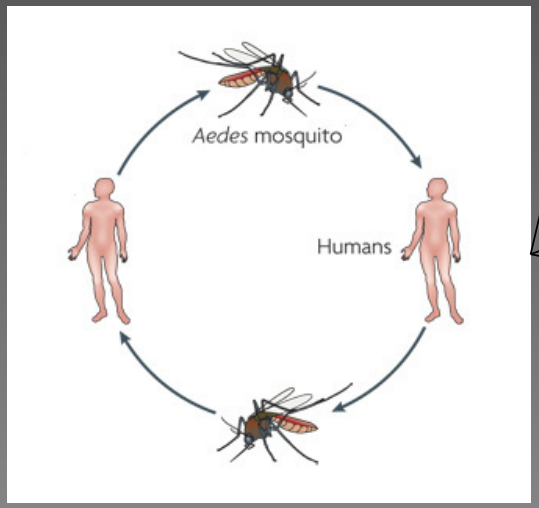
2006

Chikungunya

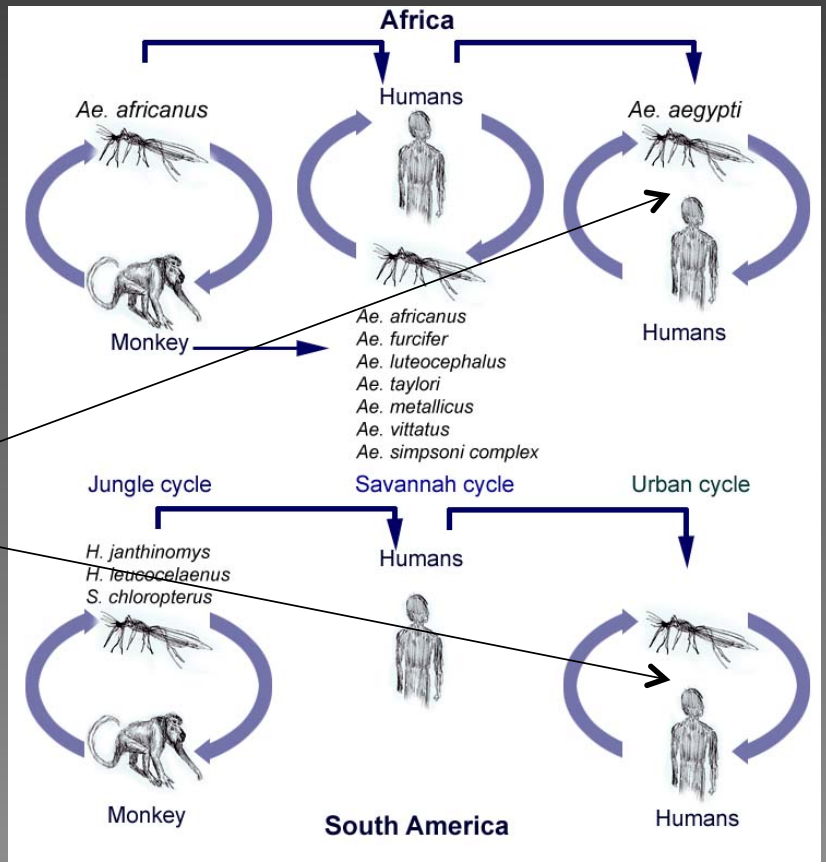
Ciclos biológicos del West Nile y la Encefalitis Japonesa



Ciclo biológico del Chikungunya



Ciclo biológico de la fiebre amarilla y el dengue

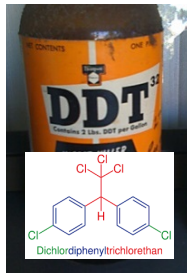


LA CIUDAD ANTE EL CONTAGIO: MEDIDAS POLÍTICAS Y ADMINISTRATIVAS DICTADAS EN LA EPIDEMIA DE FIEBRE AMARILLA DE 1804 EN ALICANTE

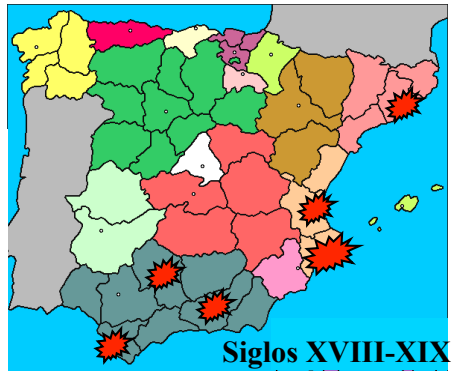
Asclepio-Vol. LIV-1-2002

Mercedes Pascual Artiaga

Depto. de Salud Pública, Historia de la Ciencia y Ginecologia
Universidad Miguel Hernández. Alicante



1950-60



Todas las personas que hayan salido de Alicante, desde el día 10 del corriente [septiembre] inclusive, deven ponerse inmediatamente en quarentena, eligiendo en cada pueblo el edificio que haya más a propósito distante de la población, cuidando de que se les asista con lo necesario y que las personas destinadas a su cuidado no salgan del recinto que se prescrive a los de la quarentena; advirtiendo que, los que se pongan en esta, han de satisfacer los gastos de alimentos y demás auxilios si tienen bienes o efectos para ello y los que no, se pagaran, los mui precisos, de los caudales públicos, entendiendo que estos han de ser los absolutamente indigentes[35]

Aedes aegypti

Que ningún escribano, ni otro empleado público, pueda ausentarse de la ciudad sin licencia escrita bajo la pena de privación de su oficio (…) Los tenderos de comestibles, confiteros y demás de esta especie no podrán ausentarse ni cerrar sus tiendas; quienes desobedezcan tendrán multa de 200 pesos y quedarán privados para siempre de volver a sus tiendas ni a otra oficina pública (...) Que todos los vecinos, y también los forasteros, tengan libertad para salir a comprar y vender géneros a precios prudentes y moderados[43]

Infection with chikungunya virus in Italy: an outbreak in a temperate region

G Rezza*, L Nicoletti*, R Angelini, R Romi, A C Finarelli, M Panning, P Cordioli, C Fortuna, S Boros, F Magurano, G Silvi, P Angelini, M Dottori, M G Ciufolini, G C Majori, A Cassone, for the CHIKV study group†

Lancet 2007; 370: 1840–46

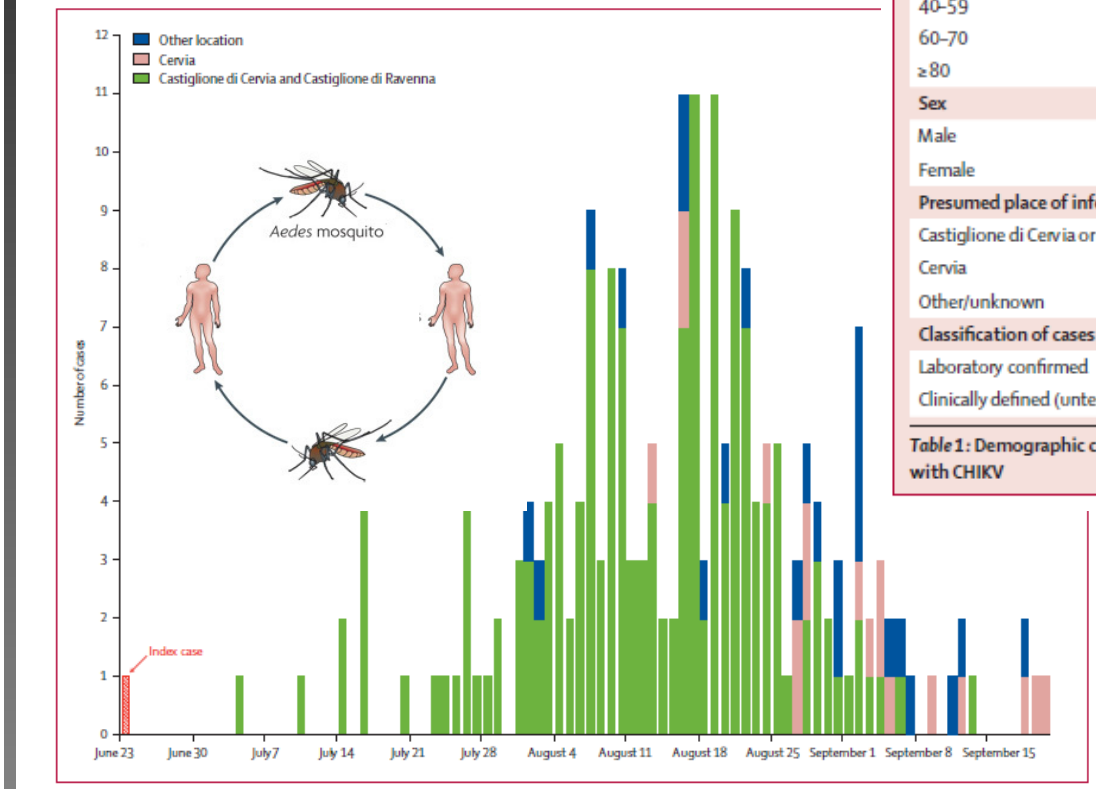


Figure 1: Epidemic curve
Distribution of dates of onset of symptoms for CHIKV cases by presumed place of infection (ie, Castiglione di Cervia and Castiglione di Ravenna, Cervia, or other/unknown location).

	Number of cases (%)
Age (years)	
0–19	12 (6%)
20–39	26 (13%)
40–59	62 (30%)
60–70	78 (38%)
≥80	27 (13%)
Sex	
Male	99 (48%)
Female	106 (52%)
Presumed place of infection	
Castiglione di Cervia or Castiglione di Ravenna	171 (83%)
Cervia	13 (6%)
Other/unknown	21 (10%)
Classification of cases	
Laboratory confirmed	175 (85%)
Clinically defined (untested)	30 (15%)

Table 1: Demographic characteristics of the 205 individuals infected with CHIKV

Aedes albopictus

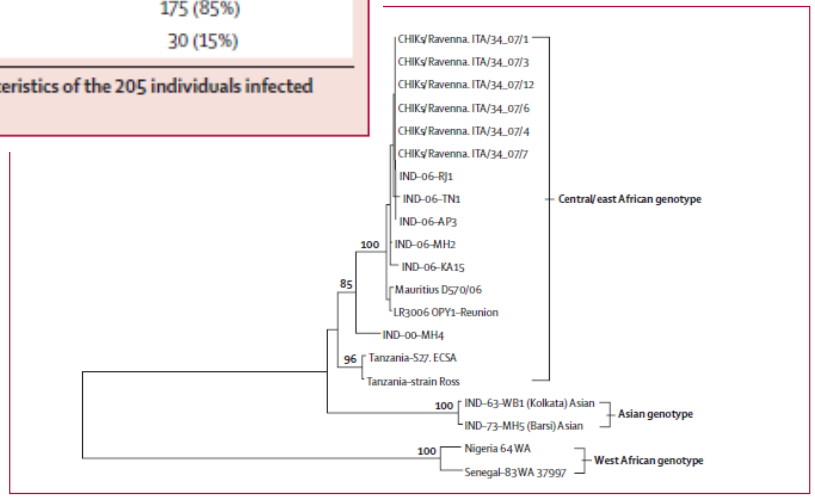


Figure 3: Phylogenetic analysis of the partial nucleotide sequence (1011 nucleotides) of the E1 gene of CHIKV strains identified in Italy and in different parts of the world

Disaster Med Public Health Prep. 2016 Apr 1:1-3. [Epub ahead of print]

Quarantine for Zika Virus? Where is the Science?

Koenig KL

In January 2016, the World Health Organization warned that Zika virus is **"spreading explosively"** in the Americas and that up to 4 million infections could be present worldwide within a year. Soon thereafter, **some politicians and authors publicly advocated for quarantine of travelers returning from regions where mosquitoes carrying Zika virus are prevalent**. The public health tool of quarantine can be used to prevent the spread of infection by restricting the movement of persons who have been exposed to a deadly disease that can be transmitted from person to person before symptom onset. **With 80% of Zika virus infections being asymptomatic, no rapid test being available to detect the virus, and primary transmission being via the bites of certain mosquitoes, application of quarantine in this setting is not scientifically sound or practically feasible**. Rather, public health interventions should focus on preventing bites from infected mosquitoes, counseling pregnant women on the risks of fetal microcephaly and other birth defects, and identifying patients with signs and symptoms of Guillain-Barré syndrome. **As was seen in the Ebola virus disease outbreak of 2014, non-evidence-based factors can influence policy decisions**. Public health experts must ensure that policy makers are informed that **quarantine is not a scientifically sound approach for the control of Zika virus.**