



# Is It Okay to Travel?

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I was talking with my daughter Katie as she and her husband were planning a trip to the Dominican Republic. They have a 3-year-old girl and a 15-month-old girl and are beginning to plan for another pregnancy. They looked to me as they wondered if it would be safe due to Zika virus concerns to travel to the Dominican Republic given their plans for continuing their family.

When questions arise about whether it is safe to travel to areas within proximity of where the Zika virus has been reported, I hesitate. What comes to mind is the image of the infants with microcephaly discussed by Heald-Sargent and Muller<sup>1</sup> in a *Pediatric Annals* article. The most recent information regarding where it is safe to travel, as well as testing protocols for the Zika virus, are available from the Centers for Disease Control and Prevention (CDC) as well as from the European Centre for Disease Control and Prevention.<sup>2-5</sup>

With this information from the CDC, I was able to help my daughter and her hus-

band formulate a plan. If they decided to travel to the Dominican Republic, it would be important to know if she was pregnant at the time and for both of them to take extra care to minimize exposure to mosquitos during the trip, which can be challenging. Honestly, if she were pregnant, I would have recommended that they not travel to that destination or anywhere she would be at risk for acquiring the Zika virus. If she were not pregnant at the time of the trip, and if they were planning to have subsequent sexual contact, her husband should use a condom for at least 6 months after the trip since Zika virus has been isolated in sperm for up to 6 months after infection.<sup>5</sup> What is also important to know is that only approximately 20% of people who acquire Zika virus are clinically symptomatic.<sup>5</sup>

The Heald-Sargent and Muller<sup>1</sup> article provides some background about the Zika virus outbreak, the pathophysiology of the acquisition of the infection, how to test for suspected infection, and what tests should be performed in a mother and newborn to confirm evidence of clinical infection. Once the infection has been confirmed in the baby, the authors provide a plan for long-term follow-up care as more evidence of visual, hearing impairment, and cognitive delay is being discovered in infants as they grow.<sup>1</sup> The other important part of this article is about limiting exposure to prevent acquiring the Zika virus.<sup>1</sup>

Because becoming pregnant was a priority in my daughter and son-in-law's life plan, they opted not to travel to the Dominican Republic after all. One other important clinical point that is recent in the literature is a report of 13 infants who, with prenatally acquired Zika virus, did not exhibit the typical signs of microcephaly at birth (ie, decelerated head growth); however, at age 5 months, 11 of 13 were diagnosed with microcephaly.<sup>5,6</sup>

## REFERENCES

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