

The Shropshire and Mid Wales Fertility Centre

**HFEA Zika and Ebola Update July 2019 - what it means for Fertility patients**

**Zika Virus**

- Zika virus disease is caused by a virus transmitted by *Aedes* mosquitoes but there also appears to be a risk of sexual transmission- Zika virus can be found in semen and it may persist in semen after the acute infection has resolved.
- People with Zika virus disease usually have symptoms that can include mild fever, skin rashes, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days.
- There is no specific treatment or vaccine currently available.
- The best form of prevention is protection against mosquito bites.
- The virus is known to circulate in Africa, the Americas, Asia and the Pacific.
- Zika virus has a possible association with congenital malformation including microcephaly (abnormal smallness of the head associated with incomplete brain development)

Given the potentially significant consequences for a pregnancy if Zika is transmitted via the sperm, we would ask you to inform the nursing team in the department if you or your partner have travelled to a Zika infected area in the last 3 months. In light of a recent European Centre for Disease Prevention and Control (ECDC) risk assessment update the following recommendations have been updated, with separate advice for males and females returning from Zika affected areas.

**FEMALE Traveller** – symptomatic or asymptomatic (whether you had any symptoms of illness or not), should not try to conceive naturally, donate gametes or proceed with fertility treatment for **2 months**..

**MALE Traveller** – symptomatic or asymptomatic (whether you had any symptoms of illness or not), should not try to conceive naturally, donate gametes or proceed with fertility treatment for **3 MONTHS**.

Up to date information on Zika infected areas can be found on the government website:

<https://www.gov.uk/guidance/zika-virus>

**Have you/your partner recently travelled to a Zika virus affected area?** **Yes/No**  
(Africa, Americas, Asia & Pacific - see website for updated information)

**If yes, please state:**      **Who travelled to the affected area?**      **You / Your Partner / Both**  
**Place:** .....  
**Date(s) of travel:** .....

I confirm that I have received the above information regarding Zika virus and the risks that it may pose to a child that is born as a result of fertility treatment.

*\*Please notify the nurse if you feel that you require further information or counselling regarding Zika virus and the implications for your treatment.*

.....  
Patient signature

.....  
Date

.....  
Partner signature

.....  
Date

**PTO**

|                    |                    |                 |            |                |                              |                 |       |
|--------------------|--------------------|-----------------|------------|----------------|------------------------------|-----------------|-------|
| Authorisation date | 23/01/2021         | Review date     | 23/01/2022 | Version number | 10                           | Document number | A218C |
| Author             | HC – JK to approve | Number of pages | 2          | Location       | ISO9000\ALLAPPENDIX\CLINICAL |                 |       |

**Ebola Virus**

The Ebola working group recommended that male and female fertility patients and gamete donors should defer from treatment or donation for two years after returning from an affected area. These recommendations have now been revised.

The new recommendations from the Ebola working group are as follows:

- Lifetime deferral for Ebola virus survivors should remain in place
- Egg donors, sperm donors and **MALE** fertility patients should defer from treatment or donation for **TWO YEARS** after leaving an affected area at the time by an Ebola outbreak
- **FEMALE** fertility patients should defer from treatment for **SIX MONTHS** after leaving an area affected at the time by an Ebola outbreak.

The Advisory Committee on Dangerous Pathogens (ACDP) also suggest that if clinics have any concerns about a donor or a patient undergoing fertility treatment and the risk from Ebola virus disease, they should seek advice from the Rare Imported Pathogens Laboratory (RIPL) within Public Health England where testing for the presence of virus may be offered.

**Have you/your partner recently travelled to an Ebola virus affected area?** **Yes/No**  
 (West Africa, - see website for updated information)

**If yes, please state:**      **Who travelled to the affected area?**      **You / Your Partner / Both**  
**Place:** .....

**Date(s) of travel:** .....

I confirm that I have received the above information regarding Ebola virus and the risks that it may pose to a child that is born as a result of fertility treatment.

*\*Please notify the nurse if you feel that you require further information or counselling regarding Ebola virus and the implications for your treatment.*

***Patient Sticker***

.....  
Patient signature

.....  
Date

***Partner Sticker***

.....  
Partner signature

.....  
Date

|                    |                    |                 |            |                |                              |                 |       |
|--------------------|--------------------|-----------------|------------|----------------|------------------------------|-----------------|-------|
| Authorisation date | 23/01/2021         | Review date     | 23/01/2022 | Version number | 10                           | Document number | A218C |
| Author             | HC – JK to approve | Number of pages | 2          | Location       | ISO9000\ALLAPPENDIX\CLINICAL |                 |       |