Unique Zika threat a ‘silent epidemic’: CDC

Zika has been declared a “silent epidemic” by the US Centers for Disease Control and Prevention expert amid reports it has spread to more than 60 countries and caused birth defects affecting thousands of babies.

Dr Thomas Frieden, Director of the CDC, said that the threat posed by the Zika virus was unique and there was “no time to waste” in efforts to develop a vaccine and control its spread.

“Never before, to our knowledge, has a mosquito-borne virus been associated with human birth defects or been capable of sexual transmission,” he said in a column in the Journal of the American Medical Association.

But, while the effects of disease could be lifelong and devastating, including brain damage caused by microcephaly and cases of Guillain-Barre syndrome, Dr Frieden lamented that because most of those infected had no symptoms, the level of public alarm was muted.

Other vector-borne pathogens like dengue and chikungunya drew attention because of their painful symptoms.

But because Zika did not cause symptoms and its effects took months to become apparent, it did not attract the same level of attention.

“Zika is a silent epidemic,” Dr Frieden said. “The consequences of widespread Zika transmission only become apparent many months after infection.”

He said more than 1700 cases of microcephaly had been recorded in north-east Brazil, and warned that toll was likely to rapidly mount as women in other Latin American countries began to deliver babies with evidence of Zika-related complications.

Earlier this year the World Health Organisation declared the Zika virus epidemic a public health emergency of international concern, and widespread transmission has been reported in 38 countries, most of them in Central and South America.

So far, the only cases in Australia have involved people coming from Zika infected areas, and the Health Department has said there is no evidence it has been locally transmitted, largely because the mosquito identified as the carrier is only present in some parts of central and northern Queensland.

But the infection has gained a foothold in the United States.

By August, the country had recorded 1700 cases of travel-associated Zika infection, including in 479 pregnant women, and 13 cases of locally-acquired infection have been identified in a neighbourhood close to the centre of Miami.

The American territory of Puerto Rico, meanwhile, is in the midst of a large epidemic that is estimated to have infected a quarter of the population, including between 6000 and 11,000 expectant mothers.

Dr Frieden reiterated advice from Australian health authorities that pregnant women should avoid travel to areas of Zika transmission and, because the virus can live in semen for months, men who have been in affected areas should use a condom every time they have sex with a woman who is, or may be, pregnant.

So far the best way to detect whether Zika is present is to test people for infection, and tests have been developed to diagnose recent and current infection, and nucleic acid detection methods have been developed to screen the blood supply.

In Florida, eradication teams have been going house-to-house to detect and eliminate Aedes aegypti mosquitos, and an aerial spraying program has been initiated.

Dr Frieden urged the development of new insect repellents, and said the development of safe and effective vaccines was vital.

“Experience with the recurrence of other flavivirus epidemics [such as dengue and yellow fever] suggests that large populations will be susceptible to Zika for years to come,” he said. “Implementing comprehensive research efforts today can yield substantial returns.”

ADRIAN ROLLINS