***From CNN Website:***

# Zika has been sexually transmitted in Texas, CDC confirms

**By Sandee LaMotte**

Updated 3:24 PM ET, Thu February 4, 2016

**(CNN)**The Centers for Disease Control and Prevention on Wednesday updated its[Zika virus guidance](http://wwwnc.cdc.gov/travel/notices)for pregnant women, advising them to protect themselves if their male sexual partner has traveled to or lives in an area where Zika virus is circulating.

"Until we know more, if your male sexual partner has traveled to or lives in an area with active Zika virus transmission, you should abstain from sex or use condoms the right way every time you have vaginal, anal, and oral sex for the duration of the pregnancy," the updated guidance says.

[](http://www.cnn.com/2016/01/26/health/zika-what-you-need-to-know/index.html)

[Zika virus: 5 things you need to know](http://www.cnn.com/2016/01/26/health/zika-what-you-need-to-know/index.html)

The update in recommendations comes one day after [Dallas County, Texas, health officials](http://www.dallascounty.org/department/hhs/press/documents/PR2-2-16DCHHSReportsFirstCaseofZikaVirusThroughSexualTransmission.pdf), announced a case of the virus involving a patient who had sex with someone who had recently returned from Venezuela infected with the mosquito-borne virus. The CDC confirmed this as first known case of the virus being locally acquired in the continental United States in the current outbreak.

In a statement to CNN, the CDC said it confirmed the test results showing Zika present in the blood of a "nontraveler in the continental United States." The agency stressed that there was no risk to a developing fetus in this instance.

[READ MORE: Uganda's Zika Forest, birthplace of the Zika virus](http://edition.cnn.com/2016/02/02/health/zika-forest-viral-birthplace/index.html)

On Tuesday, CDC Director Dr. Tom Frieden told CNN Chief Medical Correspondent Dr.Sanjay Gupta: "There have been isolated cases of spread through blood transfusion or sexual contact and that's not very surprising. The virus is in the blood for about a week. How long it would remain in the semen is something that needs to be studied and we're working on that now."



The origin of the Zika virus02:22

Frieden said that studies on sexual transmission are not easy studies to do, but the CDC is continuing to explore that avenue of transmission. "What we know is the vast majority of spread is going to be from mosquitoes," Frieden said. "The bottom line is mosquitoes are the real culprit here."

The CDC said it will provide more guidance as more information on sexual transmission is learned, but in the meantime, "Sexual partners can protect each other by using condoms to prevent spreading sexually transmitted infections. People who have Zika virus infection can protect others by preventing additional mosquito bites."

Spokesman Gregory Hartl said the World Health Organization was aware of the Texas case but said, "we understand the case will raise concern but we really need to know a lot more not just about purported sexual transmission, but about any other kinds of transmission other than vector transmission."

***C.D.C. Issues Zika Advisory for Pregnant Women and Sex Partners***

**By NICHOLAS ST. FLEUR**FEB. 4, 2016

Pregnant women whose male sexual partners have spent time in a country with confirmed transmissions of the Zika virus should either abstain from sex or use [condoms](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/condoms/index.html?inline=nyt-classifier) during intercourse for the duration of their [pregnancy](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/pregnancy/index.html?inline=nyt-classifier), the [Centers for Disease Control and Prevention](http://topics.nytimes.com/top/reference/timestopics/organizations/c/centers_for_disease_control_and_prevention/index.html?inline=nyt-org) has [announced](http://www.cdc.gov/media/releases/2016/s0203-zika-travel-guidance.html).

The recommendation on Wednesday came a day after public health officials in Dallas reported the [first case in the United States of the](http://www.nytimes.com/2016/02/03/health/zika-sex-transmission-texas.html)Zika virus being transmitted by sex. The disease, which is primarily transmitted by mosquitoes, has been recorded in more [than 24 countries](http://www.cdc.gov/zika/geo/), primarily in Latin America and the Caribbean.

Global health officials are investigating a potential link between pregnant women infected with the virus and the development of [birth defects](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/birth_defects/index.html?inline=nyt-classifier), including brain and cranial abnormalities, in their newborns.

 “The potential hazard to the fetus is so substantial and so tragic that this looks like a very prudent recommendation until we learn more,” said [Dr. William Schaffner](https://medicine.mc.vanderbilt.edu/node/451), an infectious disease specialist from Vanderbilt University Medical School.

***From CDC Website:***

# Question and Answers: Zika virus infection (Zika) and pregnancy

## Is there a vaccine to prevent or medicine to treat Zika?

No. There is no vaccine to prevent infection or medicine to treat Zika.

## I am pregnant. Should I travel to a country where cases of Zika have been reported?

Until more is known, CDC recommends special precautions for pregnant women and women trying to become pregnant:

* Pregnant women in any trimester should consider postponing travel to the areas where Zika virus transmission is ongoing. Pregnant women who do travel to one of these areas should talk to their doctor or other healthcare provider first and strictly follow [steps to avoid mosquito](http://wwwnc.cdc.gov/travel/page/avoid-bug-bites) bites during the trip.
* Women trying to become pregnant or who are thinking about becoming pregnant should consult with their healthcare provider before traveling to these areas and strictly follow steps to prevent mosquito bites during the trip.

Because specific areas where Zika virus transmission is ongoing are difficult to determine and likely to change over time, CDC will update this travel notice as information becomes available. Check [CDC’s Zika Travel Information website](http://wwwnc.cdc.gov/travel/page/zika-travel-information)frequently for the most up-to-date recommendations.

## I am pregnant. How will Zika virus affect me or my unborn baby?

CDC has issued a [travel notice (Level 2-Practice Enhanced Precautions)](http://wwwnc.cdc.gov/travel/notices) for people traveling to regions and certain countries where Zika virus transmission is ongoing.

This notice follows reports in Brazil of [microcephaly](http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html) and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant. However, additional studies are needed to further characterize this relationship. More studies are planned to learn more about the risks of Zika virus infection during pregnancy.

Until more is known, CDC recommends special precautions for pregnant women and women trying to become pregnant:

* Pregnant women in any trimester should consider postponing travel to the areas where Zika virus transmission is ongoing. Pregnant women who do travel to one of these areas should talk to their doctor or other healthcare provider first and strictly follow [steps to avoid mosquito bites](http://wwwnc.cdc.gov/travel/page/avoid-bug-bites) during the trip.
* Women trying to become pregnant should consult with their healthcare provider before traveling to these areas and strictly follow [steps to prevent mosquito bites during the trip](http://wwwnc.cdc.gov/travel/page/avoid-bug-bites).

Because specific areas where Zika virus transmission is ongoing are difficult to determine and likely to change over time, CDC will update this travel notice as information becomes available. Check [CDC's Zika Travel Information website](http://wwwnc.cdc.gov/travel/page/zika-travel-information)frequently for the most up-to-date recommendations.

## Is it safe to use an insect repellent if I am pregnant or nursing?

Yes. Using an insect repellent is safe and effective. Pregnant women and women who are breastfeeding can and should choose an [EPA-registered](http://www.epa.gov/insect-repellents/find-insect-repellent-right-you) insect repellents and use it according to the product label.

## If a woman who is not pregnant is bitten by a mosquito and infected with Zika virus, will her future pregnancies be at risk?

We do not know the risk to the infant if a woman is infected with Zika virus while she is pregnant. Zika virus usually remains in the blood of an infected person for only a few days to a week.  The virus will not cause infections in an infant that is conceived after the virus is cleared from the blood. There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies. A women contemplating pregnancy, who has recently recovered from Zika virus infection, should consult her healthcare provider after recovering.

## Should a pregnant woman who traveled to an area with Zika virus be tested for the virus?

See your healthcare provider if you are pregnant and develop a fever, rash, joint pain, or red eyes within 2 weeks after traveling to a country where Zika virus cases have been reported. Be sure to tell your health care provider where you traveled.

## Can a previous Zika virus infection cause someone who later becomes pregnant to have an infant with microcephaly?

We do not know the risk to the baby if a woman is infected with Zika virus while she is pregnant. However, Zika virus infection does not pose a risk of birth defects for future pregnancies. Zika virus usually remains in the blood of an infected person for about a week. The virus will not cause infections in a baby that is conceived after the virus is cleared from the blood.

## Is it safe to get pregnant after traveling to a country with Zika virus?

If infected, Zika virus usually remains in the blood of an infected person for about a week. The virus will not cause infections in a baby that is conceived after the virus is cleared from the blood.

## Can a pregnant woman be tested for Zika weeks or months after being in a country with Zika?

At this time, and for several reasons, we do not recommend routine Zika virus testing in pregnant women who have traveled to a country with known transmission. First, there can be false-positive results due to antibodies that are made against other related viruses. Second, we do not know the risk to the fetus if the mother tests positive for Zika virus antibodies. We also do not know if the risk is different in mothers who do or do not have symptoms due to Zika virus infection.

## If a woman has traveled to an area with Zika virus transmission, should she wait to get pregnant?

We do not know the risk to an infant if a woman is infected with Zika virus while she is pregnant. Zika virus usually remains in the blood of an infected person for only a few days to a week. The virus will not cause infections in an infant that is conceived after the virus is cleared from the blood. There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies. A women contemplating pregnancy, who has recently travelled to an area with local Zika transmission, should consult her healthcare provider after returning.

## If a mother infected with Zika near the time of delivery passes the virus to her newborn at birth, can the baby develop microcephaly?

We do not know if a newborn who gets Zika at birth will develop [microcephaly](http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html) after birth, which is also called acquired microcephaly. Babies can get microcephaly if their head growth slows or fails to develop after birth. There have been no reports of Zika infection around the time of birth. There have also been no reports of babies with acquired microcephaly. All reports so far have been congenital microcephaly, meaning the microcephaly occurred before birth.

# Facts about Microcephaly



[Click here to view a larger image](http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html#MicrocephalyCompareModal)

**Microcephaly is a birth defect where a baby’s head is smaller than expected when compared to babies of the same sex and age. Babies with microcephaly often have smaller brains that might not have developed properly.**

### What is microcephaly?

Microcephaly is a condition where a baby’s head is much smaller than expected. During pregnancy, a baby’s head grows because the baby’s brain grows. Microcephaly can occur because a baby’s brain has not developed properly during pregnancy or has stopped growing after birth, which results in a smaller head size. Microcephaly can be an isolated condition, meaning that it can occur with no other major birth defects, or it can occur in combination with other major birth defects.

### Other Problems

Babies with microcephaly can have a range of other problems, depending on how severe their microcephaly is. Microcephaly has been linked with the following problems:

* Seizures
* Developmental delay, such as problems with speech or other [developmental milestones](http://www.cdc.gov/ncbddd/actearly/milestones/index.html)  (like sitting, standing, and walking)
* Intellectual disability (decreased ability to learn and function in daily life)
* Problems with movement and balance
* Feeding problems, such as difficulty swallowing
* Hearing loss
* Vision problems

These problems can range from mild to severe and are often lifelong. In some cases, these problems can be life-threatening. Because it is difficult to predict at birth what problems a baby will have from microcephaly, babies with microcephaly often need close follow-up through regular check-ups with a healthcare provider to monitor their growth and development.

### Occurrence

Microcephaly is not a common condition. State birth defects tracking systems have estimated that microcephaly ranges from 2 babies per 10,000 live births to about 12 babies per 10,000 live births in the Unites States.[1](http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html#ref)

### Zika Virus and Pregnancy

For information about the effects of Zika virus infection during pregnancy, [visit CDC's Zika and Pregnancy web page](http://www.cdc.gov/zika/pregnancy/index.html).

### Causes and Risk Factors

The causes of microcephaly in most babies are unknown. Some babies have microcephaly because of changes in their [genes](http://www.cdc.gov/ncbddd/genetics/basics.html). Other causes of microcephaly can include the following exposures during pregnancy:

* Certain infections, such as [rubella](http://www.cdc.gov/rubella/index.html), [toxoplasmosis](http://www.cdc.gov/parasites/toxoplasmosis/gen_info/pregnant.html), or[cytomegalovirus](http://www.cdc.gov/cmv/congenital-infection.html)
* Severe malnutrition, meaning a lack of nutrients or not getting enough food
* Exposure to harmful substances, such as alcohol, certain drugs, or toxic chemicals

Researchers are also studying the possible link between [Zika virus infection](http://www.cdc.gov/zika/index.html) and microcephaly.

CDC continues to study birth defects, such as microcephaly, and how to prevent them. If you are pregnant or thinking about becoming pregnant, talk with your doctor about ways to increase your chances of having a healthy baby.

### Diagnosis

Microcephaly can be diagnosed during pregnancy or after the baby is born.

##### **During Pregnancy**

During pregnancy, microcephaly can sometimes be diagnosed during an ultrasound (which creates pictures of the body). To see microcephaly during pregnancy, the ultrasound test should be done late in the 2nd trimester or early in the third trimester. For more information about screening and confirmatory tests during pregnancy, visit CDC’s [birth defects diagnosis web page](http://www.cdc.gov/ncbddd/birthdefects/diagnosis.html).

##### **After the Baby is Born**

To diagnose microcephaly after birth, a healthcare provider will measure the distance around a newborn baby’s head, also called the head circumference, during a physical exam. The provider then compares this measurement to population standards by sex and age. Head circumference charts for newborns, infants, and children up to age 20 years in the United States can be found on [CDC’s growth charts website](http://www.cdc.gov/growthcharts/who_charts.htm#The WHO Growth Charts). CDC recommends that health care providers use the WHO growth charts to monitor growth for infants and children ages 0 to 2 years of age in the U.S.

Often, healthcare providers should take the head circumference measurement when the newborn baby is at least 24 hours old. This helps make sure that compression due to delivery through the birth canal has resolved. If the healthcare provider suspects the baby has microcephaly, he or she can request one or more tests to help confirm the diagnosis. For example, special tests like a CT scan or an MRI can provide critical information on the structure of the baby’s brain that can help determine if the newborn baby had an infection during pregnancy. They also can help the healthcare provider look for other problems that might be present.

### Treatments

Microcephaly is a lifelong condition. There is no known cure or standard treatment for microcephaly. Because microcephaly can range from mild to severe, treatment options can range as well. Babies with mild microcephaly often don’t experience any other problems besides small head size. These babies will need routine check-ups to monitor their growth and development.

For more severe microcephaly, babies will need care and treatment focused on managing their other health problems (mentioned above). Developmental services early in life will often help babies with microcephaly to improve and maximize their physical and intellectual abilities. These services, known as [early intervention](http://www.parentcenterhub.org/repository/ei-overview/), can include speech, occupational, and physical therapies. Sometimes medications also are needed to treat seizures or other symptoms.