

# Zika, Pregnancy, and Travel in a Post-Epidemic World

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One of the most common Zika-related questions we get at MotherToBaby is, “What is the risk of Zika if I travel to Country X?” Or, a variation of the same: “We just got back from Country X. Do we **really** need to wait 3 months before we try to get pregnant?”

Back when the Zika epidemic was sweeping the western hemisphere, answering these travel-related questions was fairly straightforward. It was easier to know where there was a risk for Zika infection as governments and public health organizations around the world collaborated to identify and report cases. Since then, the number of reported Zika cases has fallen dramatically, but sporadic, low-level transmission continues to happen in some areas. Systems for detecting and reporting cases vary widely from country to country now, making it difficult to know the exact level of risk in any given area.

## ***So, what’s a traveler to do?***

**First and foremost, all travelers should avoid mosquito bites** to help prevent not only Zika, but also other diseases spread by mosquitoes. Preventing bites is important for everyone, especially those who are pregnant or planning a pregnancy and their partners. The best way to prevent mosquito bites while traveling is to use an Environmental Protection Agency (EPA)-registered **insect repellent** with one of the following active ingredients:

- DEET
- Picaridin (also known as KBR 3023 and icaridin)
- IR3535
- Oil of lemon eucalyptus (OLE)
- Para-menthane-diol (PMD)
- 2-undecanone

Other ways to help prevent bites during travel include wearing loose-fitting, long-sleeved shirts and pants, and sleeping in areas free of mosquitoes (such as accommodations with window and door screens or air conditioning, or sleeping under a **mosquito net**).

## Second, consider your destination.

Check for active **Zika Travel Health Notices** from the Centers for Disease Control and Prevention (CDC). Travel Health Notices indicate areas with known current transmission of Zika.

After checking for Zika Travel Health Notices, visit the CDC **interactive Zika map**. The map uses different shades of blue to broadly classify Zika risk in countries and territories around the world:

- Dark blue areas have reported Zika transmission in the past and there could be current sporadic or low-level transmission in some areas. As in any area, there could be delays in detecting and reporting any new outbreaks.
- Medium blue areas have the kind of mosquitoes that most commonly spread Zika, but they have not reported Zika cases in the past.
- Light blue areas are not known to have the kind of mosquitoes that most commonly spread Zika, and they have not reported Zika cases in the past.

## Third, learn the recommendations.

Learn the recommendations related to pregnancy based on your destination (summarized below). Depending on where you're thinking of going, CDC might advise that you avoid travel, take steps to prevent passing the virus to a partner through sex (sexual transmission), and/or delay pregnancy if you or your partner are planning to become pregnant. Preventing sexual transmission of Zika means using condoms or dental dams, not sharing sex toys, or not having sex for 2 months after travel (for biological females) or 3 months after travel (for biological males). If delaying pregnancy after travel, follow these same timeframes (2 months after travel for biological females and 3 months after travel for biological male partners).

**Recommendations** for areas with a Zika Travel Health Notice:

- If you are pregnant, avoid travel to these areas.
- If your partner is pregnant and you must travel to these areas, prevent mosquito bites and sexual transmission during and after travel according to the guidelines and timeframes above.
- If you or your partner are planning a pregnancy and you choose to travel to these areas, prevent mosquito bites, prevent sexual transmission, and delay pregnancy after travel according to the guidelines and timeframes above.

Recommendations for areas with current or past transmission (dark blue on the map):

- If you or your partner are pregnant and you choose to travel to these areas, be sure to prevent mosquito bites. If you are concerned about Zika, prevent sexual transmission during and after travel according to the guidelines and timeframes above.
- If you or your partner are planning a pregnancy, be sure to prevent mosquito bites. If you are concerned about Zika, prevent sexual transmission during and after travel and consider delaying pregnancy according to the guidelines and timeframes above.

For travel to all other areas with mosquitoes, take steps to prevent bites.

## **Lastly, talk to your healthcare provider.**

Talk to your healthcare provider about any questions or concerns. They can help you consider the nature of your travel, your ability to prevent mosquito bites and sexual transmission, the risks associated with a potential **Zika infection**, your pregnancy plans, and any other factors specific to you, your partner, and your circumstances.

MotherToBaby specialists are also **available** to talk with you about Zika or other travel-related exposures before or during pregnancy. Safe and happy travels!

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

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Lately, it seems like every few months a new infectious disease makes the headlines. The COVID-19 pandemic dominated the news cycle for some time, but as more and more people get vaccinated and the number of severe cases starts to decrease, the media's focus has shifted to other known or emerging threats. From the **flu** and respiratory syncytial virus (**RSV**), to **mpox** and **syphilis**, infections seem to be spreading like wildfire. Most recently, measles has made yet another comeback, prompting many women who are planning pregnancy, currently pregnant, or breastfeeding to make sure they are taking steps to avoid infection.

When I logged into our live chat service at [www.mothertobaby.org](http://www.mothertobaby.org) on Tuesday morning, a chat from Alyssa popped up right away. "I'm currently 18 weeks pregnant and there was a measles case reported at my son's preschool. Do I need to be worried?"

It's understandable that Alyssa would be concerned. Measles (also known as rubeola) is a highly contagious respiratory disease caused by a virus. According to the Centers for Disease Control and Prevention (**CDC**) the measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. If people breathe the contaminated air or touch the infected surface, then touch their eyes, nose, or mouth, they can become infected. Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.

**Symptoms** of measles generally appear about 7-14 days after a person is infected, and can include high fever, dry cough, runny nose, red watery eyes, and a rash all over the body. To date, studies have not identified an increased risk for birth defects when pregnant women get infected with **measles** during pregnancy. However, research suggests that a measles infection can be associated with an increased risk for miscarriage, premature delivery (having the baby before 37 weeks), and stillbirth.

The first question I asked Alyssa on chat was if she had ever received the Measles, Mumps, and Rubella (**MMR**) **vaccine**. Just one dose is about 93% effective at preventing measles, while two doses is close to **97%** effective, so it's the best way to prevent this disease. These vaccines are routinely given in childhood, so Alyssa couldn't remember if she had received both, but after texting her mom she was able to confirm that she was fully vaccinated. Whew, that was good news. Next we discussed the date of exposure. I asked Alyssa when the positive case was reported at daycare, to which she answered that it was about two weeks ago. More good news. Since neither Alyssa nor her son had experienced any symptoms yet, infection was unlikely.

Since measles doesn't seem to be going away anytime soon, knowing how to best protect yourself against the illness at all reproductive life stages is important.

**Pre-Conception:** Women who are planning a pregnancy in the future should make sure they are up to date with their **MMR** vaccines **BEFORE** they get pregnant. If you can't find your vaccine record, call your healthcare provider who may know. If they don't have a record, a blood test (titer) can be done to determine if you have immunity to measles. If it turns out you are not immune, you'll want to get two doses of **MMR vaccine** for optimal protection. Just make sure you wait at least one month after getting the last shot before attempting to get pregnant.

**Pregnancy:** Since pregnant women shouldn't receive live vaccines (like **MMR**), the best thing you can focus on during pregnancy is prevention. Good hand washing is always a good idea. If there is a **confirmed measles outbreak** near you, consider avoiding crowded public places and steer clear of any locations that have been identified as a known risk.

**Breastfeeding:** Once you are no longer pregnant, the **MMR** vaccine can be administered. The **CDC** considers the **MMR** vaccine **compatible with breastfeeding** and side effects for the breastfed baby are not expected.

If you have any questions about measles infection or the **MMR** vaccine while planning a pregnancy, during pregnancy

or while breastfeeding, MotherToBaby is here to help. Give us a call at 866-626-6847, text, or chat with one of our information specialists today.

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I can't begin to describe how organized I was during the holiday season when I was pregnant with my first child. Since I was pretty far along (5 months), I wanted to make sure each gift was chosen way ahead of time, I knew how long it would take me to get the food trimmings just right and whether I should emphasize red or green in my decorating scheme. All of this had to be done before that "pregnancy brain" I had heard so much about set-in. Little did I know, the most important items on my holiday to-do list weren't sitting on store shelves or mixed in with the tinsel and mistletoe.

Years later, as a teratogen information specialist for MotherToBaby, I realized some of the best gifts for a healthy pregnancy didn't come with ribbons and bows, but from awareness and education! For example, did you know the holiday buffet table could include foods that could potentially cause harm to a developing baby? Or, if not careful, decorating could put a pregnant woman in a dangerous situation? Today I encourage pregnant women to master must-know safety tips long before putting together must-have gift lists this season. Here are a few of my tips:

### **Tip 1. Importance of Getting Vaccinated**

It is recommended that pregnant women have a **flu vaccine** in every pregnancy and be current on **Tdap vaccine** and **Covid 19 vaccines**. Women who are 32-36 weeks pregnant are currently eligible for the RSV vaccine <https://mothertobaby.org/fact-sheets/rsv-vaccine/>. This vaccine can pass protection to the developing baby, helping lower the chance of severe RSV infection once the baby is born.

Not only should a pregnant woman be up-to-date on vaccines, but **anyone** older than 6 months of age who will be around a newborn should be vaccinated.

## Tip 2. Choose Wisely at the Buffet Table

Drinks like eggnog and spiced cider may contain alcohol <https://mothertobaby.org/fact-sheets/alcohol-pregnancy>. If you're not sure what's in a beverage, ask the host. Also, avoid soft cheeses made from unpasteurized milk, as they may contain bacteria that can cause a serious illness for a developing baby called Listeria <https://mothertobaby.org/fact-sheets/listeriosis-pregnancy>, as well as increased risk of miscarriage, uterine infection, or premature labor. Meats like cocktail franks and pâté can also contain bacteria. Meats need to be thoroughly cooked so that bacteria are killed.

## Tip 3. CMV (cytomegalovirus) May Be Lurking

CMV is a common virus that often has no symptoms. If a pregnant woman gets CMV <https://mothertobaby.org/fact-sheets/cytomegalovirus-cmv-pregnancy>, the baby could be at increased risk for hearing loss, developmental delays, or birth defects. To prevent infection, pregnant women should wash hands after changing diapers, feeding children, wiping children's noses, or handling children's toys. Also, avoid sharing food, eating utensils, toothbrushes, and pacifiers with children.

## Tip 4. Holiday Decoration Safety

Some artificial trees, strings of lights, and ornaments may contain lead. Use gloves or wash hands after handling decorations to reduce exposure. Because of changes in their center of gravity, pregnant women should stay off ladders and let others decorate the hard-to-reach places.

## Tip 5. Manage Anxiety and Depression

Having a 'happy holiday' can mean lots of stress, especially when pregnant. Anxiety <https://mothertobaby.org/fact-sheets/anxiety-fact> to have that **perfect** holiday is real. Depression <https://mothertobaby.org/fact-sheets/depression-pregnancy> can be triggered this time of year as well. Don't hesitate to ask for help if you are feeling overwhelmed with all the gift giving and holiday activities. Stay in-touch with your healthcare providers because.... help is available!

I hope these tips are helpful. While my son did end up turning out to be just fine, I think I would have caused myself less stress and worry had I known these tips during my pregnancy. If you have questions, don't hesitate to reach out to MotherToBaby by phone, text, chat or email.

On behalf of all of us at MotherToBaby, here's to wishing you a happy and healthy holiday!

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You may have heard that the Centers for Disease Control and Prevention (CDC) recently recommended a new vaccine for use in the third trimester of pregnancy. Known as Abrysvo™, the vaccine helps protect newborns against severe cases of respiratory syncytial virus (RSV). RSV is the leading cause of infant hospitalization in the United States, with anywhere from 58,000-80,000 hospitalizations occurring each year among children younger than 5. Even more upsetting is that 100-300 children under age 5 die from RSV every year. With these statistics in mind, this new RSV vaccine is exciting news for infants and their families.

Ava, 24 weeks along with her first pregnancy, contacted the MotherToBaby live chat service early one morning with some questions about the new RSV vaccine. First, she wanted to understand how vaccinating a pregnant woman could provide protection for a baby. As a Teratogen Information Specialist, I was happy to answer this question for Ava. I started by explaining that when a person gets vaccinated, their body makes antibodies. These antibodies protect the body against the actual infection if a person is exposed to the virus or bacteria later in life. During pregnancy, the antibodies that a pregnant woman makes after being vaccinated can cross the placenta and pass to the developing baby, providing the newborn with some protection against the infection during the first few months of life.

I went on to explain that although the RSV vaccine is new, the idea of getting a vaccine during pregnancy to protect the baby (called “passive immunity”) has been around for some time. The Tdap vaccine, which protects against tetanus, diphtheria, and pertussis (whooping cough), has been recommended for use in pregnancy since 2011. Whooping cough is another infection that can be very serious for newborns, so having protection from birth as a result of maternal vaccination is ideal. The flu shot and COVID-19 vaccine can also pass antibodies to the developing baby during pregnancy. This is great news since newborns can’t get their own flu or COVID-19 shots until 6 months of age and need to rely on passive immunity in the meantime.

Next, Ava had a question about **when** she should get the RSV vaccine. She had plans to get her flu shot and Tdap vaccine at her next prenatal visit at 28 weeks. She wanted to know if she could get the RSV vaccine at the same time. Although these three vaccines (along with the updated COVID-19 vaccine) can all be given on the same day, the RSV vaccine should be given during a specific timeframe in order to pass as many antibodies as possible to the baby. Experts recommend that the RSV shot be given between 32 and 36 weeks of pregnancy. This allows enough time for RSV antibodies to pass to the baby before delivery.

With this recommendation in mind, Ava decided that her prenatal appointment at 32 weeks would be the perfect time to get the RSV vaccine. She had seen firsthand just how serious RSV can be when her 1-month-old niece was hospitalized with RSV last winter, so she didn’t want to take any chances with forgetting to get the RSV vaccine during her pregnancy.

Before we ended the chat, I mentioned to Ava that there is also a shot called nirsevimab (Beyfortus™) that can be given directly to babies under 8 months of age. Also known as a monoclonal antibody, this shot is another way to protect infants against severe RSV disease. Most babies do not need nirsevimab if their mom received the RSV vaccine during pregnancy. I suggested Ava talk with her healthcare provider about the pros and cons of both options.

Although having to remember to get another vaccine in pregnancy can feel like just one more thing a pregnant woman needs to add to their never-ending to do list, the decision to vaccinate can prevent serious complications from RSV, and possibly even save the baby's life. Here at MotherToBaby we are happy to go over the current recommendations for vaccines in pregnancy and answer any questions that you may have. Don't hesitate to call, chat, text, or email with any questions about the RSV vaccine or other exposures during pregnancy. You can also check out our newest fact sheet about this vaccine here <https://mothertobaby.org/fact-sheets/respiratory-syncytial-virus-rsv-vaccine-abryso/>.

### **References:**

Centers for Disease Control and Prevention. 2023. RSV Vaccination for Pregnant Women. Available at: <https://www.cdc.gov/vaccines/vpd/rsv/public/pregnancy.html>

Centers for Disease Control and Prevention. 2023. RSV Surveillance & Research. Available at: <https://www.cdc.gov/rsv/research/index.html>

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## **Zika, Pregnancy, and Travel in a Post-Epidemic World**

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Back when Zika swept the western hemisphere, the travel recommendations for women who were pregnant or planning a pregnancy were clear: avoid any areas that had a risk of Zika infection. It was fairly easy to know where those areas were, as governments and public health organizations around the world worked tirelessly to identify and report cases. World maps showing areas of risk provided clear "yes/no" guidance. Was there any doubt about who shouldn't travel where? Not really. Not back then.

But what about now? The number of reported Zika cases has fallen dramatically in recent years. However, the accuracy of reporting can vary widely from country to country, so the once-clear world map of Zika risk now appears much less well-defined.

One of the most common Zika-related questions we still get at MotherToBaby is, “How likely is it that I’ll get Zika if I travel to Country X?” (Or a variation of the same: “We went to Country X. Do we **really** need to wait 3 months before we try to get pregnant?”) One resource to help answer that question is the **interactive world map** maintained by the Centers for Disease Control and Prevention (CDC) to illustrate areas with Zika risk. Visit the map now and you’ll find four colors, each indicating a different level of Zika risk and the corresponding recommendations for pregnant women, their partners, and those who are planning pregnancy. Let’s take a look at what each color means :

- **Red** areas have active Zika transmission. **Travelers to red areas are at risk of Zika infection.**
  - Pregnant women and their partners should avoid all unnecessary travel to red areas.
  - Couples and individuals who travel to red areas should wait at least 2 months (women) or 3 months (men) before trying to get pregnant, and have only protected sex during that wait time.
- **Purple** areas have had active Zika transmission sometime in the past, and there could still be sporadic cases. **Travelers to purple areas might be at risk of Zika infection.**

Pregnant women, their partners, and those who are planning pregnancy are encouraged to talk with their healthcare providers to make decisions about travel to purple areas. Careful consideration should be given to the risks and consequences of Zika infection in pregnancy, the nature of their travel, how much potential risk they are willing to accept, how soon they want to get pregnant (if they are not already), and any other factors specific to that individual or couple at that time.

- If pregnant women or their partners decide to travel to purple areas, they should take steps to minimize risk, including using insect repellent and considering the use of condoms for the rest of the pregnancy.
- Women planning pregnancy who travel to purple areas should also take steps to minimize risk, including using insect repellent and considering following recommended wait times before trying to get pregnant (2 months for women, 3 months for men).

There is a sub-category of **light purple**, which shows higher elevations above 6,500 feet where mosquitoes that can transmit Zika don’t usually live. The chance of getting Zika in light purple areas is very low. However, be sure to consider if your travel plans would take you through dark purple areas on the way to these lighter purple zones.

- **Yellow** areas have mosquitoes that can transmit Zika, but have not had reported cases of Zika transmission. **Travelers to yellow areas are at low risk of Zika infection.**
  - All travelers to yellow areas should take precautions to prevent mosquito bites.
- **Green** areas do not have mosquitoes that can transmit Zika and have not had any reported cases of Zika transmission. **Travelers to green areas are not at risk of Zika infection.**
  - There are no Zika-related travel recommendations for green areas.

Given that many countries are included in the purple category, how does this map help you know what your risk **really** is if you travel to a purple area? The answer is that it doesn’t. Purple only tells you there is **some** level of risk. Here’s why purple—and we at MotherToBaby—can’t be more specific:

- **Reliable data for every country around the world simply does not exist.** Since Zika virus is no longer considered a public health emergency, many resources that once helped support global data collection have moved on to other, more pressing issues.
- **The level of risk within a purple country could change without us knowing right away.** The ability of any country to quickly identify and report cases depends on resources, logistics and other factors. This means there could be delays in detecting and announcing any new outbreaks.

The bottom line is that our post-Zika-epidemic world requires that we take the health of current and future pregnancies into consideration when planning travel. Ask ourselves how much potential risk we are willing to accept when we book our vacations and business trips. Does that mean that couples and individuals who want to have children should never go to areas that ever had Zika? Not at all! But if they are currently pregnant, or are not willing or able to effectively prevent pregnancy for at least 3 months after traveling, they might prefer to visit one of the many areas where there is no known risk of Zika. (Think yellow! Think green!)

MotherToBaby is here to answer your questions about Zika or other exposures before or during pregnancy. Happy travels!

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