

## PAPER DETAILS

TITLE: Zika virüsü hastaligi: daha iyi ve sürekli hazirlikli olma mecburiyeti

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PAGES: 788-789

ORIGINAL PDF URL: <https://dergipark.org.tr/tr/download/article-file/348524>



## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

### **Zika virus disease: necessity to have a better and sustained preparedness**

Zika virüsü hastalığı: daha iyi ve sürekli hazırlıklı olma mecburiyeti

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*Cukurova Medical Journal 2017;42(4):788-789*

Dear Editor,

Since the discovery of Zika virus in Uganda in 1947 and its appearance in the Yap Island in 2007, only a few human cases were reported<sup>1</sup>. The estimates from the 2007 outbreak revealed that even though 75% of the population was infected, only 1000 were diagnosed with the disease, while none required hospital admission, and eventually the outbreak ended in three months<sup>1</sup>. After showing the ability to initiate an outbreak, another fresh outbreak was reported in 2013-14 in French Polynesia, accounting for 30000 cases, and a simultaneous rise in the incidence of Guillain-Barré syndrome<sup>1</sup>.

However, by the beginning of 2016, the health stakeholders and the general population were shocked by the heartbreaking images of babies born with tiny heads in Brazil<sup>1,2</sup>. Also, a major havoc-cum-scare was observed among the local people, as a mosquito bite can eventually lead to life threatening consequences<sup>2</sup>.

Amidst the ongoing developments, an exponential rise in the number of cases and spread of the disease in many regions, the Zika virus disease was declared as a public health emergency of international concern (PHEIC) based on the recommendations of the Emergency Committee in February 2016<sup>1,2</sup>. The supporting reasons for the disease to be termed as a PHEIC was based on two important facts, namely the ability of the disease to spread by international air travel, and the potential risk of emergence of an outbreak in any part of the world, which harbors the

vector mosquito (making almost 50% of the world's population vulnerable)<sup>1-3</sup>.

Even though, the outbreak began in Brazil, within a short span of time, in excess of 70 nations and territories reported cases of the disease<sup>3</sup>. The decision to call for a coordinated international response was the need of the hour as billions of people were at the risk of acquiring the disease and limited resources were available for the control of the disease<sup>1</sup>. Moreover, the propensity of the infection to spread by the sexual route raised more concerns for women of childbearing age<sup>2</sup>. However, similar to any other outbreak, significant lacunae were identified in the preparedness of the world to respond to the outbreak, like poor access to family planning services or inadequate measures to ensure mosquito control<sup>2,3</sup>.

After observing a decline in the number of cases and expansion of research activities, the decision of declaration of Zika virus disease as a PHEIC was lifted in November 2016<sup>1</sup>. In-fact, in the last one year, surveillance has improved; innovative approaches for mosquito control have been piloted, with hopeful results; and even significant gains in the development of vaccines have been attained<sup>1,3</sup>. The World Health Organization is supporting different nations to respond to the virus in a sustained manner and has even identified areas which require more research<sup>1</sup>.

To conclude, it is high time that all the stakeholders should work in collaboration with each other to

ensure that world is better prepared to deal with a similar episode in the coming years.

## REFERENCES

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