

Zika Toolkit for Healthcare Providers

Attachments for Areas WITHOUT Local Mosquito-borne Transmission of Zika

Job Aids for Healthcare Providers

- Job Aid #1: Family Planning Counseling Process for Female Clients in Areas without Local Transmission**
- Job Aid #2: Initial Screening Questions for Female and Male Clients in Areas without Local Transmission**
- Job Aid #3: Counseling Female Clients about Risk of Zika Infection in Areas without Local Transmission**
- Job Aid #4: Providing Client-Centered Contraceptive Counseling and Education**
- Job Aid #5: Birth Control Method Options [Chart]**
- Job Aid #6: Strategies to Prevent Zika Virus and its Consequences for Clients Living in Areas without Local Transmission**
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- Job Aid #8: Counseling Male Clients about Risk of Zika Infection in Areas without Local Transmission**

Family Planning Counseling Process for Female Clients in Areas WITHOUT Local Transmission

All clients should be educated about and assessed for exposure to Zika in the context of the family planning visit

Ask Female Clients: "Do you want to get pregnant now?"

Clients wishing to prevent pregnancy

Clients without clear intention about preventing or having a pregnancy

Clients wishing to have a pregnancy now or in the near future

- Conduct assessment for current and future risk for Zika infection (Job Aids #2 and #3):
 - Assess travel to areas with Zika transmission by client and her past and current partner(s)
 - Inquire about current or recent symptoms of Zika experienced by client and/or her partner(s)
 - Perform testing for Zika among non-pregnant women who experience signs/symptoms of Zika within 2 weeks of possible exposure
- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client's pregnancy goals and current and future risk (Client Handout #1 for all clients, Client Handout #2 if risk identified)

Discuss whether information and risk assessment changes views on future pregnancy

Wishes to prevent pregnancy

No clear intention

Wishes to have a pregnancy

Provide client-centered contraceptive counseling (Job Aids #4 & #5)
 • Consider method effectiveness as it relates to Zika risk

Discuss timing of possible pregnancy in context of Zika risk, if present
 • Consider temporary pregnancy prevention if short term risk identified

If temporary pregnancy prevention desired

Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handouts #2 if risk identified), as well as potential for:
 • Unplanned pregnancy
 • Change in pregnancy goals

Discuss strategies to prevent Zika infection and educate about symptoms of Zika infection as appropriate for identified level of risk (Job Aid #6 and Client Handout #2 if risk identified)

Initial Screening Questions for Female and Male Clients in Areas WITHOUT Local Transmission

Initial screening questions for all female clients prior to the visit

1. Where have you traveled to or lived in the past 8 weeks?
2. Where do you plan to travel to or live in the next year?
3. Where has any person you are having sex with traveled to or lived in the past 3 months?
4. Where does anyone you are having sex with plan to travel to or live in the next year?

Initial screening questions for all male clients prior to the visit

1. Where have you traveled to or lived in the past 3 months?
2. Where do you plan to travel to or live in the next year?
3. Where have your sexual partner(s) traveled to or lived in the past 3 months?
4. Where does anyone you are having sex with plan to travel to or live in the next year?

The map at this link can be used to assist in identifying areas at risk for Zika:
<http://www.cdc.gov/zika/geo/active-countries.html>

Counseling Female Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

Evaluating current and future risk

Ask questions like:

1. Have you traveled to or lived in an area with active Zika transmission in the past 8 weeks? (Review map to determine.)
2. Are you having sex (including vaginal, anal, or oral sex or the sharing of sex toys), or have you had sex in the past 8 weeks, with a person who is at risk for spreading Zika?
(Consider the following probes.)
 - ▶ If any male sex partner traveled to or lived in an area with Zika in the 3 months prior to sex
 - ▶ If any female sex partner traveled to or lived in an area with Zika in the past 8 weeks
 - ▶ Whether the client used, or is using, a condom, every time with any potentially exposed partner
3. If “yes” to either being in an area with Zika or having sex without a condom with a person at risk of Zika:
 - ▶ Did you have any of the following symptoms of Zika infection within 2 weeks of anytime you might have gotten Zika?
 - Fever
 - Rash
 - Joint pain
 - Red eyes
4. Do you, or any person you have sex with, plan to travel to or live in an area with Zika?

Educating Clients

See **Client Handouts #1 and #2 (for women)** and #3 (for men) for plain language and images to use when educating clients about the key messages. These handouts also serve as take-home materials for clients. Provide a handout on correct use of condoms (male or female).



Recommendations

- ▶ If a female partner is exposed to Zika through travel or sexual activity, regardless of symptoms, she should delay attempts at conception and should use condoms to prevent sexual transmission for at least 8 weeks after symptoms start or last possible exposure.
- ▶ If a male partner is exposed to Zika through travel or sexual activity, regardless of symptoms, the couple should delay attempts at conception and should use condoms to prevent sexual transmission for at least 3 months after symptoms start or last possible exposure.
- ▶ Female clients who could become pregnant and who might (or whose partner might) travel to an area with Zika should consider CDC recommendations regarding use of condoms and avoiding conception after possible Zika exposure. If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.

Job Aid #3, continued

- ▶ Females with no identified past or future risk for Zika should be provided with basic information about the virus, its transmission, and preventive strategies. In addition, providers should also offer usual family planning services in accordance with the *Providing Quality Family Planning Services* (2014) recommendations.
- ▶ Females and their partners with symptoms within 2 weeks of an exposure should be tested for Zika virus. CDC does not recommend testing of asymptomatic men or women for the purpose of establishing that they are not infected with Zika or at risk of sexually transmitting Zika. This is because a negative test result may be falsely reassuring. Whereas a positive Zika test result indicates the definitive need to delay pregnancy, a negative test result cannot be used to establish the absence of risk.

Providing Client-Centered Contraceptive Counseling and Education

Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. *Education* is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using **client-centered** skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

PRINCIPLE 1:

Establish and maintain rapport with the client

- ▶ Create a welcoming environment — greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions. Explain privacy and confidentiality to help build a climate of safety and trust that will encourage questions at every stage of the client encounter.



PRINCIPLE 2:

Assess the client's needs and personalize discussions accordingly

- ▶ Tailor your questions and conversation so that your client's clinical needs, personal life considerations and psychological concerns are integrated into important education and decision making discussion.



PRINCIPLE 3:

Work with the client interactively to establish a plan

- ▶ Address your client's personal goals by interactively exploring decision making and readiness for behavior change if needed. Help establish a plan that will allow the client to achieve personal goals.



PRINCIPLE 4:

Provide information that can be understood and retained by the client

- ▶ Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client's plan at this time in her or his life.

PRINCIPLE 5:

Confirm client understanding

- ▶ Use an interactive teach-back process to give your client an opportunity to say — in his or her own words — the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client's success in their reproductive health choices.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U. S. Office of Population Affairs, 2014; Appendix C



FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, DHHS, or FPNTC member organizations.

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Seven Strategies for Effective Education

For clients to make informed decisions and follow treatment plans, information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs, ethnic background and cultural practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual. Help your clients understand risks and benefits by using clear numbers and comparisons, and providing balanced, positive messages. Ask clients to show and tell you what they have learned. This is called using “teach-backs.” And finally, a client encounter should include a counseling and education approach that is interactive and engaging.



Provide information that is clear and easy to understand

- ▶ Whether you're with a client, in a group, or writing materials, keep it simple! Substitute a short word for a long one: “use” instead of “utilize.” If you do use complicated terms, also say it more simply: “use it every time you have sex and always the right way.” Instead of “use birth control consistently and correctly.”

Use culturally and linguistically appropriate messages

- ▶ Don't make assumptions about your clients' beliefs, religion, or customs, but do ask — respectfully. Ask a question such as, “Is there anything I should know about you — about your culture, beliefs, or religious or other practices that would help me take better care of you?” This makes it clear that you're asking so that you can better serve them, not just because you're nosy.

Tailor information to the individual client

- ▶ Focus on your client's needs and knowledge gaps. What are the 3 to 5 most important educational messages that this individual client should walk away with knowing? That's as much as most of us will remember, so focus on those important messages. Highlight or circle these key points on any handouts you provide.

Share balanced information

- ▶ Present advantages and benefits of contraception as well as potential side effects, risks, and warnings in an accurate and unbiased way. Ensure clients know about the range of birth control options available. Using a neutral approach, ask about and explore concerns the client may have and sensitively correct any misinformation. For example, if you are talking about pills you can say “for most women pills are safe with no side effects. Some women do have side effects but often they go away or we can help manage them by changing the prescription.”

Use clear numbers and comparisons

- ▶ When talking about numbers, use a consistent format and provide clear information. For example, when talking about contraceptive effectiveness you can say, “Within the first year of typical use fewer than 1 out of 100 women using this method get pregnant.” Use simple graphs and visuals to help clients understand the information correctly.

Engage the client in an interactive conversation

- ▶ Actively engage your client by asking questions and giving information that your client needs to know. Use a question and answer style to help clients learn and remember important information. Ask “What questions do you have?” rather than, “Do you have any questions?” Use interactive teaching methods such as writing or circling tailored messages on your educational materials.

Use teach-backs to confirm understanding

- ▶ Ask clients to tell you, in their own words, what they're going to do: “We've covered a lot today, so I want to be sure that I was clear. Can you tell me what you'll do if you miss taking a pill?” Ask your clients to show you, as well. “I just showed how to put a condom on the model; now you try!” During teach-backs provide encouragement and respectfully correct mistakes.

Source: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014; Appendix E



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Birth Control Method Options

	Most Effective Least Effective															
	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness-Based Methods	Spermicides	
Risk of pregnancy*	.5 out of 100	.15 out of 100	LNG: .2 out of 100 CopperT: .8 out of 100	.05 out of 100	6 out of 100	9 out of 100	9 out of 100	9 out of 100	12 out of 100	18 out of 100	21 out of 100	22 out of 100	12-24 out of 100	24 out of 100	28 out of 100	
How the method is used	Surgical procedure	Permanent	Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina	
How often the method is used	Permanent	Permanent	Lasts up to 3-12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month	Every time you have sex	Every time you have sex	Every time you have sex	Every time you have sex	Every time you have sex	Daily	Every time you have sex	
Menstrual side effects	None	None	LNG: Spotting, lighter or no lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.	May have nausea and breast tenderness for the first few months.	None	None	Allergic reaction, irritation	Allergic reaction, irritation	None	Allergic reaction, irritation	None	Allergic reaction, irritation	
Other possible side effects to discuss	Pain, bleeding, infection	Pain, bleeding, infection	Some pain with placement	No estrogen	May cause appetite increase/weight gain	May cause spotting for the first few months.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.	Allergic reaction, irritation	No hormones	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.	Allergic reaction, irritation
Other considerations	Provides permanent protection against unintended pregnancy.	Provides permanent protection against unintended pregnancy.	LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.	None	No hormones	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.	Allergic reaction, irritation
Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.																

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.
 Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83:397-404. Other references available on www.fpncc.org.



Strategies to Prevent Zika Virus and its Consequences for Clients Living in Areas WITHOUT Local Transmission

Individuals living in areas of the United States that do not have local, mosquito-borne transmission of Zika can be infected if they or their partner(s) travel to an affected area. Counsel clients with potential risk for Zika as follows:

1. Using contraception consistently and correctly can prevent pregnancy and the risk of pregnancy complications and birth defects associated with Zika. This should be considered in the context of women's feelings and plans about future pregnancy.
2. For individuals planning conception in the near future, consider avoiding non-essential travel to areas with active mosquito-borne Zika transmission (see the following CDC website for for updated affected areas: <https://wwwnc.cdc.gov/travel/page/zika-information>).
3. Wait to attempt conception if a woman or her partner(s) has possible exposure to Zika through sex or travel, according to CDC recommendations.
 - ▶ CDC recommendations for attempting conception are to wait at least 8 weeks after symptoms start or last possible exposure for women and 3 months after symptoms start or last possible exposure for men.
4. Consider CDC recommendations for timing of conception after potential Zika exposure if a woman or her partner(s) is planning travel to an area with Zika.
5. To protect partner(s) against sexually transmitted Zika, persons with recent travel to an area with mosquito-borne Zika should use condoms (male or female) according to CDC recommendations, regardless of whether other contraception is being used.
6. When visiting areas with Zika virus transmission, the following steps can help to prevent Zika infection:
 - ▶ Use condoms (and other barriers to protect against infection) when having sex.
 - ▶ Wear long-sleeved shirts, long pants, and socks.
 - ▶ Stay and sleep in places with air conditioning and window and door screens.
 - ▶ Sleep under a mosquito bed net if unable to close windows and doors.
 - ▶ Use Environmental Protection Agency (EPA) registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol or 2-undecanone. Clients should also continue to use insect repellent for 3 weeks after leaving an area with Zika.
 - ▶ Wear permethrin-treated clothing.

Who Needs Testing for Zika Virus? Areas WITHOUT Local Transmission

Testing

For men and non-pregnant women living in an area without local Zika virus transmission, testing is recommended if the individual:

- ▶ Has a possible exposure to Zika **and**
- ▶ Has experienced symptoms of Zika virus within 2 weeks of possible exposure.

Exposure may occur during travel to an area with mosquito-borne Zika transmission or through sex with a person who has traveled to or lives in an area with active mosquito-borne Zika virus transmission. Potential sexual exposure is sex (vaginal, oral, or anal) or sharing sex toys without a condom with:

1. a male partner within 3 months of his last possible exposure or symptom onset; or
2. a female partner within 8 weeks of her last possible exposure or symptom onset.

Serum and urine collected from symptomatic patients < 14 days post onset of symptoms should be tested by Zika virus real time reverse transcriptase-polymerase chain reaction (rRT-PCR). A positive Zika rRT-PCR result in either specimen is sufficient to diagnose Zika virus infection. If Zika virus rRT-PCR results are negative for both specimens, serum should be tested by antibody detection methods. Serum that has been collected from patients presenting 2-12 weeks from onset of symptoms should be tested first by anti-Zika immunoglobulin (IgM) detection methods.

For information on the appropriate type and timing of testing, see the CDC Zika testing guidelines: <https://www.cdc.gov/zika/laboratories/lab-guidance.html>.

- ▶ Whereas a positive Zika test result indicates the definitive need to delay pregnancy, a negative test result cannot be used to establish the absence of risk.
- ▶ Testing is **not** indicated for asymptomatic men, or asymptomatic women who are not pregnant.
- ▶ In an area without local transmission of Zika, the only circumstances under which testing should be considered for an asymptomatic person are the following:
 1. Pregnant women who have either traveled to an area with local mosquito-borne transmission of Zika; or
 2. Pregnant women who have had sex without a condom with a partner who lives in, or has traveled to, an area with mosquito-borne Zika transmission.
- ▶ Updated guidelines indicate testing is not routinely recommended, but should be considered and decided upon using a shared patient-provider decision-making model.
- ▶ For more information, see CDC guidance about testing and care of pregnant women with possible Zika exposure: http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf.

Counseling Male Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

1. Perform risk assessment

- ▶ **Initial screening questions for all male clients prior to the visit**
 - Where have you traveled to or lived in the past 3 months?
 - Where do you plan to travel to or live in the next year?
 - Where have your sexual partner(s) traveled to or lived in the past 3 months?
 - Where does anyone you are having sex with plan to travel to or live in the next year?
- ▶ **In-depth risk assessment to be performed by provider if answers to initial questions are positive**
 - Have you traveled to or lived in an area with Zika in the past 3 months?
 - Are you having sex (including vaginal, anal, or oral sex, or sharing of sex toys), or have you had sex in the past 3 months, with a person who is at risk for spreading Zika? (*Note: People at risk of spreading Zika are defined on page 4.*)
 - If yes to either recent travel to an area with Zika or sex without a condom with a partner at risk for Zika, did you have any of the following symptoms of Zika infection within 2 weeks of the time you might have been exposed to Zika?
 - Fever
 - Rash
 - Joint pain/Arthralgias
 - Red eyes/Conjunctivitis
 - Do you or anyone you have sex with have plans to travel to or live in an area with Zika?

Educating Clients

See **Client Handouts #1 and #3** for plain language and images to use when educating male clients about the key messages. These handouts also serve as take-home materials for clients. Provide a handout on correct use of condoms (male or female).



2. Provide basic information about Zika

This can be initiated by asking clients what they know about Zika in order to facilitate an interactive discussion (Client Handout #1).

3. Provide information about prevention of Zika virus and its consequences in the context of their risk (Client Handout #3 and Job Aids #6 and #7).

- ▶ If had any Zika exposure:
 - Avoid attempts at conception for at least 3 months after last date of possible exposure or symptom onset by abstaining or using contraception correctly and consistently.
 - If concerned about sexual transmission of Zika, use condoms with all partners for at least 3 months after last possible exposure or symptom onset, regardless of use of other contraceptives.
 - Perform testing for Zika virus for individuals with symptoms. However, clients should be aware that while a positive Zika test result indicates the definitive need to delay pregnancy, a negative test result cannot be used to establish the absence of risk of sexual transmission.

Job Aid #8, continued

- ▶ Clients planning conception in the near future should consider avoiding non-essential travel to Zika-affected areas. If travel is planned, consider CDC recommendations for timing of conception after potential Zika exposure.
- ▶ Clients considering conception who might (or whose partner might) travel to an area with Zika should consider CDC recommendations regarding use of condoms and avoiding conception after possible Zika exposure. If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.
- ▶ Male clients whose partner(s) are potentially exposed to Zika can use condoms (male or female) to reduce their risk of getting infected.
- ▶ Use mosquito bite prevention strategies during travel to areas with mosquito-borne Zika transmission and for three weeks after leaving affected areas.
 - Wear long-sleeved shirts, long pants and socks.
 - Stay and sleep in places with air conditioning and window and door screens.
 - Sleep under a mosquito bed net if unable to close windows and doors.
 - Use Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, or para-menthane-diol, or 2-undecanone.
 - Wear permethrin-treated clothing.