

# **Zika Toolkit for Healthcare Providers**

## **Attachments for Areas WITH Local Mosquito-borne Transmission of Zika**

### **Job Aids for Healthcare Providers**

- Job Aid #1: Family Planning Counseling Process for Female Clients in Areas with Local Transmission**
- Job Aid #2: Initial Screening Questions for Female and Male Clients in Areas with Local Transmission**
- Job Aid #3: Counseling Female Clients about Risk of Zika Infection in Areas with 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 with Local Transmission**
- Job Aid #7: Who Needs Testing for Zika Virus? Areas with Local Transmission**
- Job Aid #8: Counseling Male Clients about Risk of Zika Infection in Areas with Local Transmission**

**Family Planning Counseling Process for Female Clients in Areas WITH 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 risk assessment for Zika infection (Job Aids # 2 and #3):
  - Review risk of exposure to Zika, including environmental risks, use of mosquito bite prevention strategies, and use of condoms and other barriers to protect against infection to prevent sexual transmission
  - Inquire about current or recent symptoms of Zika experienced by client and her partner(s)
  - Provide testing for Zika among non-pregnant women with history of exposure and symptoms
- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client’s pregnancy goals (Client Handout #1)

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 risk

- Recommend temporary pregnancy prevention if symptoms or exposure in past 8 weeks for client, 6 months for male partner

*If temporary pregnancy prevention desired*

Review strategies to prevent Zika infection (Job Aid #6 and Client Handout #2) in context of potential for:

- Unplanned pregnancy
- Change in pregnancy goals

Review strategies to prevent Zika infection (Job Aid #6 and Client Handout #2), and educate about symptoms of Zika infection

# Initial Screening Questions for Female and Male Clients in Areas WITH Local Transmission

## Initial screening questions for all female AND male clients prior to the visit

1. Have you heard about the Zika virus and its impact on pregnancy?

Yes

No

2. What steps are you taking to prevent yourself or your partner from Zika infection and its consequences?

	Yes	No
Preventing mosquito bites?		
Using condoms?		
Using other forms of birth control?		

# Counseling Female Clients about Risk of Zika Infection in Areas WITH Local Transmission

## Evaluating current and future risk

1. Have you had any of these symptoms of Zika infection in the past 8 weeks?
  - ▶ Fever
  - ▶ Rash
  - ▶ Joint pain/Arthralgias
  - ▶ Red eyes/Conjunctivitis
2. Has anyone you have sex with had any of these symptoms in the past 3 months (for male partners) or 8 weeks (for female partners)?
  - ▶ Fever
  - ▶ Rash
  - ▶ Joint pain/Arthralgias
  - ▶ Red eyes/Conjunctivitis

## Recommendations

- ▶ If a female has confirmed Zika infection or clinical illness consistent with Zika, she should wait at least 8 weeks after symptom onset before attempting conception, and should use condoms for at least 8 weeks to prevent sexual transmission to others.
- ▶ If a male partner has confirmed Zika infection or clinical illness consistent with Zika, the couple should delay attempts at conception for at least 3 months and should use condoms during that time (i.e., at least 3 months) to prevent sexual transmission.
- ▶ If neither the female nor male partner has confirmed Zika infection or develops clinical illness, and if the woman is concerned about getting Zika and does **not** desire pregnancy, she should use condoms or abstain from sex as long as Zika is circulating in the area, in addition to using other contraceptive methods of her choosing to prevent pregnancy.
- ▶ If neither partner has confirmed Zika infection or develops clinical illness, women should know that it is possible for an individual to spread Zika to his or her partner, even without symptoms. Women should talk to their healthcare provider before attempting conception.

## Educating Clients

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



- ▶ Women and their partners with symptoms 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 nor 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.
- ▶ Women who desire pregnancy should consider timing of conception given the potential risk of Zika virus infection during pregnancy. When weighing the benefits and risks, couples should consider personal factors (such as age and fertility), as well as the ability of both partners to use mosquito bite prevention strategies prior to and during pregnancy by using the following strategies (see Job Aid #5):
  - 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 (These insect repellents are safe to use during pregnancy).
  - Wear permethrin-treated clothing.
  - Eliminate standing water near one's home and workplace.

# 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

	Female Sterilization		Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness-Based Methods	Spermicides
<b>Risk of pregnancy*</b>	.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	12 out of 100	18 out of 100	21 out of 100	22 out of 100	24 out of 100	28 out of 100	28 out of 100	28 out of 100	28 out of 100	28 out of 100
<b>How the method is used</b>	Surgical procedure	Permanent	Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Pull penis out of the vagina before ejaculation	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina				
<b>How often the method is used</b>	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	Daily	Every time you have sex				
<b>Menstrual side effects</b>	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.	Some client's may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.	None	None	None	None	None	None	None	None
<b>Other possible side effects to discuss</b>	Pain, bleeding, infection	Pain, bleeding, infection	Some pain with placement	No estrogen	May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.	Allergic reaction, irritation	No hormones. No prescription necessary.	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation	Allergic reaction, irritation
<b>Other considerations</b>	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.	No hormones	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.
<b>Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.</b>																

\*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.familac.org.  
 Quality Family Planning www.qfp.org  
 May 2016

# Strategies to Prevent Zika Virus and its Consequences for Clients Living in Areas WITH Local Transmission

## Using contraception

1. Using contraception consistently and correctly can prevent pregnancy and the risk of pregnancy complications associated with Zika. This should be considered in the context of women's feelings and plans about future pregnancy.
2. Delay attempts at conception for at least 8 weeks if a woman has confirmed Zika infection or clinical illness consistent with Zika.
3. Delay attempts at conception for at least 3 months if a man has confirmed Zika infection or clinical illness consistent with Zika.

## Preventing sexual transmission

Women and men concerned about giving or getting Zika through sex should use condoms while Zika is in the area, regardless of the use of other contraceptive methods.

## Preventing mosquito bites

1. The following steps can help to prevent mosquito bites:
  - ▶ 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, eucalyptus, para-menthane-diol, or 2-undecanone. Clients should also continue to use repellent for 3 weeks after leaving an area with Zika.
  - ▶ Wear permethrin-treated clothing.

2. The following steps can help to control mosquitoes outside where people are living:
  - ▶ Once a week, empty and scrub, turn over, cover, or throw out any items that hold water. Mosquitoes lay eggs in containers that can hold water.
    - Tightly cover water storage containers so that mosquitoes cannot get inside to lay eggs.
    - For containers without lids, use wire mesh with holes smaller than an adult mosquito.
    - Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.
  - ▶ Use an EPA-registered outdoor flying insect spray where mosquitoes rest. Mosquitoes rest in dark, humid areas like under patio furniture, or under carports or garages.
    - If there is a septic tank, repair cracks or gaps.
    - Always follow label directions when using an insecticide.
3. The following steps can help to control mosquitoes inside where people are living:
  - ▶ Keep windows and doors shut and use air conditioning when possible.
  - ▶ Keep mosquitoes from laying eggs inside. Once a week, empty and scrub, turn over, cover, or throw out any items that hold water like vases and flowerpot saucers.
  - ▶ Kill mosquitoes inside. Use an EPA-registered indoor flying insect fogger or indoor insect spray to kill mosquitoes and treat areas where they rest. Mosquitoes rest in dark, humid places like under the sink, in closets, under furniture, or in the laundry room. Always follow label directions when using an insecticide.

# Who Needs Testing for Zika Virus? Areas WITH Local Transmission

## Testing

For men and non-pregnant women living in an area **with** local Zika virus transmission, testing is recommended if the person:

- ▶ Develops symptoms of Zika virus

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.
- ▶ Clients should be aware that the risk of infection among those who have not been previously infected continues as long as Zika remains in the area.
- ▶ In an area with local transmission of Zika, the only circumstance under which testing is currently recommended for an asymptomatic person is pregnant women. For more information, see CDC guidance about caring for pregnant women: [http://www.cdc.gov/zika/pdfs/testing\\_algorithm.pdf](http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf)
- ▶ Testing is **not** indicated for asymptomatic men or asymptomatic women who are **not** pregnant.

# Counseling Male Clients about Risk of Zika Infection in Areas WITH Local Transmission

## 1. Perform risk assessment

- ▶ Have you had any of the following signs/symptoms of Zika infection in the past 3 months?
  - Fever
  - Rash
  - Joint pain/Arthralgias
  - Red eyes/Conjunctivitis

## 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 symptoms of Zika:
  - Avoid conception for at least 3 months after onset of symptoms by abstaining or using contraception correctly and consistently.
  - Use condoms with partners for at least 3 months after onset of symptoms to prevent sexual transmission of Zika, regardless of use of other contraceptives.
  - Perform testing for Zika virus. 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. Persons with negative test results should still follow recommended prevention measures. Clients should be aware that the risk of infection among those who have not been previously infected continues as long as Zika remains in the area.

## Educating Clients

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



- ▶ If did **not** have symptoms:
  - If interested in conceiving a pregnancy, consider timing of conception given the potential risk of Zika virus infection during pregnancy, personal factors (such as age and fertility), as well as the ability of both partners to use mosquito bite prevention strategies before and during pregnancy.
  - If pregnancy is not desired, use contraception correctly and consistently or don't have sex to avoid an unintended pregnancy.
  - If concerned about passing or getting Zika through sex, use condoms while Zika virus is present in the area, regardless of use of other contraceptives.
- ▶ Use mosquito bite prevention strategies:
  - Wear long-sleeved shirts, long pants, 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 eucalyptus, para-menthane-diol, or 2-undecanone.
  - Wear permethrin-treated clothing.
  - Eliminate standing water near one's home and workplace.