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Congenital Zika Syndrome: Establishing obstetric and paediatric surveillance in the UK and ROI



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Purpose: The recent Zika virus outbreak was declared a Public Health Emergency of International Concern by WHO in February 2016. There is scientific consensus that Zika virus is a cause of microcephaly and other congenital anomalies. Cases of maternal-fetal transmission have been confirmed and congenital abnormalities associated with maternal Zika virus infection have been described. In 2015, 1.6 million UK residents travelled to South and Central America and the Caribbean, 28% of these were women of child bearing age. The risks to and impact on UK travellers to affected countries is not yet clear. Surveillance studies described below aim to establish the number of cases and the risk of congenital abnormalities associated with travel to countries with active Zika virus transmission. Findings may help to describe the typical features and natural history of this condition, including presentations in relation to time of infection during different stages of pregnancy as well as long-term outcomes.

Methods & Materials: The UK Obstetric Surveillance system (UKOSS) conducts surveillance for pregnancy outcomes in mothers with a relevant travel history. Detailed reports are collected on adverse pregnancy outcomes including miscarriages, stillbirths and terminations. The British Paediatric Surveillance Unit (BPSU) records all infants ≤ 6 months of age with microcephaly or neurological abnormalities born in the UK and ROI to mothers who have travelled to affected countries. Developmental follow-up is scheduled at 2 years of age. Case ascertainment is facilitated by conducting both surveillance systems in parallel and findings will also be compared to those of the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) which collects data on congenital abnormalities including microcephaly.

Results: Surveillance for congenital Zika syndrome has been rapidly established in the UK and Republic of Ireland (ROI). UKOSS surveillance commenced on 1st March 2016, surveillance by BPSU started on 1st April 2016. To date, no live born case has been identified and the number of adverse pregnancy outcomes such as miscarriages reported has not exceeded expected levels.

Conclusion: Ongoing surveillance of this developing situation is required to monitor the risks and impact on the UK population to guide future recommendations and planning for services.

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