



Letter to Editor

The Importance of Updating and Continuous Education on Imported Emerging Diseases

Response to Comment on “Zika Virus: a Review from the Virus Basics to Proposed Management Strategies” (Mediterr J Hematol Infect Dis 2016) <http://dx.doi.org/10.4084/MJHID.2016.056>;
(Mediterr J Hematol Infect Dis 2017) <http://dx.doi.org/10.4084/MJHID.2017.016>

Keywords: Zika virus, Emerging Diseases.

Published: March 1, 2017

Received: February 10, 2017

Accepted: February 14, 2017

Citation: Zammarchi L., Spinicci M., Bartoloni A. The importance of updating and continuous education on imported emerging diseases. *Mediterr J Hematol Infect Dis* 2017, 9(1): e2017022, DOI: <http://dx.doi.org/10.4084/MJHID.2017.022>

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Dear Editor,

We thank Dr. Wiwanitkit for the comment¹ on our review.² In his letter, the author underlined two important issues on Zika virus. First, the control of Zika virus is more challenging if compared with other arboviruses, such as Dengue or Chikungunya virus, since Zika virus is the only one that can be transmitted sexually. Moreover, the role of continuous education of the health professionals and the general population on Zika virus is a key point, since this is an emerging disease and new evidence are accumulating day by day. For example, the recommendation reported in our review about the sexual precautions for male partner has been updated once the detection of virus in semen has been reported for a longer period than previously thought (up to 188 days after symptoms onset with Polymerase Chain Reaction).³ Currently, the CDC recommend that all men with possible Zika virus exposure who are considering attempting conception with their partner, regardless of symptom status, wait to

conceive until at least 6 months after symptoms onset (if symptomatic) or last possible Zika virus exposure (if asymptomatic).³

Dr. Wiwanitkit also argued that a disease may be imported from countries not included in the list of endemic areas. This is extremely true, and travel medicine services play a crucial role in detecting or confirming virus circulation in previously unaffected countries. For example, an ongoing outbreak of Chikungunya virus in Somalia was recently reported for the first time in the scientific literature following the diagnosis in two returning travelers to Italy.⁴ As for the imported case from Thailand to Taiwan cited by Dr. Wiwanitkit,⁵ evidence of Zika virus transmission in Thailand was already available before 2016. Some cases diagnosed in travelers returning from Thailand⁶ and in Thai residents⁷ were reported in the years 2013-2015, and prior serological evidence of transmission in the country was already available.⁸

Lorenzo Zammarchi^{1,2}, Michele Spinicci¹ and Alessandro Bartoloni^{1,2}

1. Dipartimento di Medicina Sperimentale e Clinica, Università di Firenze, Florence, Italy; 2.SOD Malattie Infettive e Tropicali, Azienda Ospedaliero Universitaria Careggi, Florence, Italy.

Competing interests: The authors have declared that no competing interests exist.

Correspondence to: Alessandro Bartoloni. E-mail: alessandro.bartoloni@unifi.it

References:

1. Wiwanitkit V. "Zika virus infection - Proposed Management Strategies." *Mediterr J Hematol Infect Dis* 2017, e2017016. <http://dx.doi.org/10.4084/MJHID.2017.016>
2. Zammarchi L, Spinicci M, Bartoloni A. Zika Virus: a Review from the Virus Basics to Proposed Management Strategies. *Mediterr J Hematol Infect Dis*. 2016 Nov 1;8(1):e2016056. <http://dx.doi.org/10.4084/MJHID.2016.056>
3. Petersen EE, Meaney-Delman D, Neblett-Fanfair R, et al. Update: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus for Persons with Possible Zika Virus Exposure — United States, September 2016. *MMWR Morb Mortal Wkly Rep* 2016;65:1077-1081. DOI: <http://dx.doi.org/10.15585/mmwr.mm6539e1>
4. Zammarchi L, Fortuna C, Venturi G, Rinaldi F, Capobianco T, Remoli ME, et al. Recent chikungunya virus infection in 2 travelers returning from Mogadishu, Somalia, to Italy, 2016 [letter]. *Emerg Infect Dis*. 2016 Sep
5. Wiwanitkit S, Wiwanitkit V. J Imported Thai patient with Zika virus to Taiwan: What else should be known and discussed? *Formos Med Assoc*. 2016 Sep;115(9):822. doi: <http://dx.doi.org/10.1016/j.jfma.2016.06.003>
6. Tappe D, Rissland J, Gabriel M, Emmerich P, Günther S, Held G, Smola S, Schmidt-Chanasit J. First case of laboratory-confirmed Zika virus infection imported into Europe, November 2013. *Euro Surveill*. 2014;19(4):pii=20685. Article DOI: <http://dx.doi.org/10.2807/1560-7917.ES2014.19.4.20685>
7. Buathong R, Hermann L, Thaisomboonsuk B, Rutvisuttinunt W, Klungthong C, Chinnawirotpisan P, Manasatienkij W, Nisalak A, Fernandez S, Yoon IK, Akrasewi P, Plipat T. Detection of Zika Virus Infection in Thailand, 2012-2014. *Am J Trop Med Hyg*. 2015 Aug;93(2):380-3. Epub 2015 Jun 22. DOI: <http://dx.doi.org/10.4269/ajtmh.15-0022>.
8. Hayes EB. Zika virus outside Africa. *Emerg Infect Dis* [serial on the Internet]. 2009 Sep. Available from <http://www.cdc.gov/EID/content/15/9/1347.htm>