WorldAware Solutions
Situation Report: Zika Virus
15 February 2016
# Aon WorldAware Solutions Table of Contents

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Summary

The World Health Organization (WHO) recently called for a top-level meeting to address the Zika virus and assess whether the mosquito-borne virus is a global emergency. According to a statement released by WHO, the virus is ‘spreading explosively’ in the Americas. Experts have noted increased evidence of a link between Zika virus and microcephaly, which severely impacts brain development in babies, prompting several countries to urge pregnant women to avoid traveling to Latin American countries with active transmission of the virus.

At least 20 countries, mostly in Latin America, have confirmed the local (autochthonous) transmission of the virus, with Brazil recording the highest number of cases. WHO has warned that the virus could potentially spread to nearly every country in the Americas, with the exception of Canada and Chile, where the Aedes mosquito, the genus of mosquitoes responsible for the transmission of the virus, does not exist. Furthermore, WHO has predicted that the virus will likely infect 3-4 million people in the Americas.

The Virus

The mosquito-borne Zika virus (ZIKV) continues to be an enigmatic, infectious disease despite its long history. Researchers first discovered the virus nearly 70 years ago in Rhesus monkeys in Uganda’s Zika forest. Very few cases of the virus were reported until 2007, when an outbreak on Yap Island in Micronesia infected nearly 77 percent of the population three years of age or older. Zika, along with dengue fever and Chikungunya, appeared in French Polynesia in 2013. The virus resurfaced in Brazil in May 2015, prompting authorities to issue travel alerts warning against travel to countries with active Zika virus transmission.

The latest surge in cases is the first time doctors have seen such serious complications among those infected. In the past, Zika virus outbreaks were mild and limited, with almost no previous research conducted into developing a cure or vaccine.

The Facts: Mitigating the Fear

The symptoms associated with Zika virus are relatively mild, causing flu-like symptoms such as fever, joint pain, rash, headache, and conjunctivitis (pink eye) that can last between two and seven days. Approximately one in five infected people report experiencing these symptoms. Hospitalization is rarely required due to the mild symptoms. Thus far, research indicates the virus cannot be transmitted through the air, food, or water; however, doctors have confirmed that the virus can be transmitted through sexual contact. Additionally, some evidence suggests that the virus may also be transmitted through blood transfusions.

Although the virus may be mild in nature, several health agencies have linked the virus to microcephaly, a condition that causes an abnormally small head in a developing fetus of an infected mother resulting in significant birth defects. It should be noted that the relationship between Zika virus and microcephaly is only suspected and has not been confirmed.

Zika is a member of the flavivirus family and is related to dengue fever, yellow fever, West Nile, and Japanese encephalitis.
Analysis

Spread of Zika

The bite of an infected Aedes aegypti mosquito is primarily responsible for the transmission of Zika; however, infected Aedes albopictus (Asian Tiger) mosquitoes are also known to spread the virus. The Aedes aegypti mosquito is also responsible for the transmission of dengue, chikungunya, and yellow fever.

The Zika virus has a quick transference rate; once an infected individual has been bitten by a mosquito that newly infected mosquito can pass the virus to several others through a bite. To help prevent others from getting sick, infected persons should avoid environments in which mosquitos thrive during the first week of illness.

Following the confirmed sexually transmitted case of Zika in Dallas, the World Health Organization has raised further investigation into the virus. Studies conducted in French Polynesia in 2013 found that despite a male victim’s blood no longer containing traces of Zika, his urine and semen contained the live virus, which was still capable of replicating. CDC officials have said that further research needs to be done to determine how the virus remains in bodily fluids, but initial hypotheses indicate that the virus could hide in white blood cells. Upon return home from an affected country, health officials have advised sexually active travelers to use condoms for a period of no less than 28 days, even if no signs and symptoms are present and for a period six months if symptoms develop.

On February 1, 2016 the World Health Organization announced that the spread of the Zika virus is a ‘public health emergency of international concern’ (PHEIC). The announcement of a PHEIC is being used as a political tool intended to draw the international spotlight and galvanize resources to curb the virus from further cross border spread. The PHEIC is not normally announced and has only been declared three times since international Health Regulations were enacted in 2007.

WHO maintains its warning that at the current rate, the number of Zika cases in the Americas may swell to four million cases in 2016.

Prevention and Treatment of Virus

Ongoing transmission of Zika virus has been documented in American Samoa, Samoa and Tonga. The World Health Organization advised that the association between Zika virus and the birth defect "microcephaly" and "other neurological abnormalities" "constitutes an extraordinary event" and declared the situation a Public Health Emergency of International Concern (PHEIC).

Health officials believe that standard precautions are adequate to prevent infection of the virus. At this time, there is no vaccine to prevent Zika as officials claim that research has been limited. The most effective way to prevent mosquito-borne illnesses is to avoid mosquitoes and their breeding sites. Additionally, individuals in mosquito-rich environments, particularly those affected by Zika, should apply insect repellent containing at least 50 percent DEET and attempt to wear long shirts and pants.

Doctors advise the symptoms can be treated by adhering to these guidelines:

- Get plenty of rest.
- Prevent dehydration by drinking plenty of fluids.
- Take fever and pain reducing medicine such as acetaminophen. Do not take aspirin or other non-steroidal anti-inflammatory drugs.
Potential Effects

The Zika virus has been linked with a serious birth defect known as microcephaly. Microcephaly is a condition that causes an abnormally small head in a developing fetus of an infected mother resulting in significant birth defects. Babies with microcephaly may experience seizures, difficulty swallowing, hearing loss, vision problems, developmental delay, and difficulties in maintaining balance. Knowledge of the link between Zika and these developmental outcomes is evolving, but until more is known about the virus, the CDC recommends special precautions for women who are pregnant and women who are trying to become pregnant.

Medical professionals have also begun developing a link between the Zika Virus and Guillain-Barre post viral syndrome which could lead to paralysis as well as serious brain damage to fetuses.

The World Health Organization also advises against blood transfusions from those regions affected by Zika. The WHO issued a statement on Thursday advising all countries against accepting blood donations from people who have travelled to regions affected by the Zika virus. A 21 day waiting period is also mandatory for cord blood and stem cell donors who traveled to affected regions.

- Canadian blood agencies announced that anyone traveling to infected regions were ineligible to give until they waited 21 days.
- The United Kingdom announced that anyone returning from Zika-affected countries would have to wait 28 days before being allowed to donate blood.

### Countries with Confirmed Autochthonous Transmission of Zika Virus

![Map of countries with confirmed autochthonous transmission of Zika virus](source-image)

*Source: European Centre for Disease Prevention and Control (02/12/2016)*
Countries of Interest

United States

On Thursday, February 11, the spokesman for the Centers for Disease Control and Prevention said that two pregnant women reportedly suffered a miscarriage after they returned home from traveling within Brazil. Based on the CDC pathologist and the STAT website, at least three US women have suffered miscarriages due to the virus. On Wednesday while testifying before Congress, the head of the CDC, Dr. Tom Frieden said they had revealed the ‘strongest evidence to date’ concerning the connection between Zika and the birth defects found in infants; a definite link has not yet been established.

Meanwhile, US President Barack Obama submitted a request to Congress for more than $1.8 billion he would like to apply towards Zika prevention. Although the US has not experienced any cases of which the Zika was transmitted by mosquitoes within the country, many Americans have been infected after traveling from Zika-infected regions. The $1.8 billion would go towards public education programs, expansion of the mosquito control initiative, and research for vaccines.

Florida

On February 3, Florida Governor Rick Scott declared a sanitary health emergency in four counties due to the recent outbreak of the Zika virus. At the time of the Governor’s declaration of emergency, nine cases had been detected in the state. Since that time, the number of confirmed cases has risen to 20. Although each of the cases has been travel-related, health authorities want to ensure that the state is prepared and educated about the potential threat.

The order covers the counties of Miami-Dade, Lee, Hillsborough and Santa Rosa. The order grants the state health officer the authority to take any necessary action to ‘protect public health’ and allows the agriculture commissioner to issue a ‘mosquito declaration’ in the affected counties.

Puerto Rico

U.S. Territory Puerto Rico declared a state of emergency after reporting that 22 people were infected with the Zika virus. Of those 22, the most recent are a pregnant woman and a man who was diagnosed with Guillain-Barre syndrome, a paralytic disorder which is a rare immunological response to viral infection.

The uptick in Zika cases has already had an adverse impact on tourism, with several travelers canceling reservations made on the island. The country’s authorities are creating a task force to educate the public and develop prevention strategies, as well as locked the prices on condoms after two cases were discovered in the United States in which the virus had been transmitted sexually.

Texas

The Dallas County Health and Human Services confirmed earlier this month a female patient had been diagnosed with the Zika virus. She reportedly contracted the infection by having sexual contact with an individual who exhibited symptoms after returning from Venezuela. The county confirmed that there were no reports of the virus spreading locally, although the presence of the virus in mosquitoes remains a possibility. The CDC believes the Zika virus may potentially remain present in semen for up to 10 weeks after the onset of the virus.
South America

Brazil

Brazil has recorded the highest number of Zika cases in the Americas, prompting government officials to declare a state of emergency in January 2016. The country’s unique equatorial climate with high levels of humidity and precipitation make it an ideal breeding ground for mosquitos. According to Brazil’s Ministry of Health, the Zika virus was first confirmed as the cause of a ‘dengue-like’ outbreak in northern and eastern Brazil in May 2015. Due to the possible link between Zika virus and microcephaly, Brazil is now on high alert with at least 5,015 suspected cases of microcephaly. Of the suspected cases, health officials have only confirmed 270 to be microcephaly, and additionally, only six of the confirmed cases have a proven link to the Zika virus. It is unclear how the 2015 outbreak began in Brazil, but some medical experts believe the virus could have made its way into the country during the migration of thousands of sports fans during the 2014 World Cup.

President Dilma Rousseff has since called for a national eradication effort. In Favela’s and other low-income densely populated areas, the government is running recycling-eradication programs to remove, cover, or turnover any container that could potentially hold water and become a mosquito breeding ground. The government is also releasing genetically modified Aedes aegypti mosquitos into the wild, which will breed with local mosquito population, the young then die before adulthood and cannot breed, drastically reducing future spawning numbers.

Over 220,000 Brazilian troops were deployed throughout the country on Saturday to spread the word about the risks associated with the Zika virus. The soldiers were armed with informational leaflets that are being distributed to the local populous in hopes to ensure people are taking the necessary steps to prevent and combat the virus. The military campaign, known as “Zero Zika,” hopes to reach 3 million homes across 350 cities.

Summer Olympic Games: August 05 - 21

Rio de Janeiro Mayor Eduardo Paes, does not believe the Zika virus outbreak will be a problem for the Summer Olympic Games as the event is still six months away. Mayor Paes notes that the games will occur in the drier, cooler South American winter season, a time that is historically easier to control the mosquito population. The International Olympic Committee (IOC) is in ‘close contact’ with both the Brazilian authorities and WHO regarding Zika. The IOC will advise all national Olympic committees and current medical preparations for travel to the games are unchanged.

Chile

Although the country’s mainland does not have the Aedes mosquito, the mosquitos are prevalent on Chile’s Easter Island. In 2014, Easter Island reported 173 cases of Zika virus but all cases reported mild signs and symptoms. According to reports, no pregnant women presented with any complications associated with Zika.

As of February 3, 2016 heath authorities in Chile announced three confirmed Zika cases on the mainland. The three individuals were infected with the virus while traveling abroad and do not present a risk of infecting the greater population.
Colombia is the second most impacted nation behind Brazil. Health officials proclaimed Colombia a 'hotspot' for the Zika virus after confirming more than 31,500 people are infected with the virus, with an estimated 5,000 pregnant women among the infected. The local government estimates at least 600,000 people will become infected by the end of the year. As of February 3, at least three deaths have been linked directly to the virus, and in each case, the victim suffered from Guillain-Barre syndrome (GBS). Nearly 100 people reportedly suffered paralysis from the GBS.

Venezuela

On February 11, 2015, Venezuelan President Nicolas Maduro confirmed three people have died from the disease in the South American country. The Venezuelan Health Minister stated there is close to 5,000 separate reports of the Zika virus but warned the number may be much higher. Another 255 patients reportedly suffer from the Guilliam-Barre paralysis syndrome, almost impossible to treat in-country. Outside experts assess these numbers are likely far higher due to a combination of the government withholding information and an overall low quality of medical care in-country.

In the past year, the Ministry of Health stopped releasing figures regarding infection and mortality rates of any disease or virus such as Malaria, Dengue fever. Government health officials are concerned an ongoing water shortage crisis could increase the spread of the Zika virus. Due to a lack of potable water, citizens are leaving out buckets and cisterns, which can become stagnant mosquito breeding grounds. Any water sitting for a week or more is exposed long enough for the insect to reproduce. As the water shortage grows more dire and citizens find alternative means to store water, the mosquito population will also increase. Due to the low quality of the health system and scarcity of even basic medical equipment, any Zika infection is a higher risk than many other nations.

Central America

El Salvador

El Salvador’s gang violence and highly unprecedented rate of homicides has hindered the ability of international health organizations to combat the spread of the Zika virus. Health workers often have to negotiate with gang leaders to gain access into neighborhoods to lead educational campaigns and fumigate hotbeds of mosquito infestation. Previously health workers have been accused of being spies for competing gangs and have targeted operations while at times using the health equipment themselves to fumigate the area. Many of these areas that workers cannot enter are considered prime mosquito breeding grounds as the country has reported 2,474 cases in the month of January (6,000 since November 2015), most of them in the capital. Homicides, roughly 104 per 100,000, have dramatically increased since the two most powerful gangs the 18th Street and MS-13 ended their ceasefire two years ago.

Honduras

The Honduran government declared a national emergency after confirming at least 3,649 cases of the Zika virus. Like other Zika-affected nations, the Health Ministry advised that citizens dispose of any standing bodies of water and remove any containers that may hold liquids outdoors. The Health Ministry activated a National Risk Management System in which law enforcement, schools, and numerous public offices worked to remove breeding grounds for mosquitos. Nearly 200,000 citizens took part in the country-wide effort on February 6. Like regional neighbor El Salvador, there is a clash of opinion between the government, the public, and the clergy. For instance, Catholic activists have spoken out against abortion advice given to pregnant mothers stricken with the virus.
Caribbean Islands

Dominican Republic

On January 23, the Dominican Republic confirmed 10 cases of the Zika virus in the island nation. Officials stated that two of the cases were imported from El Salvador and the eight others were contracted locally in the municipalities of Santo Domingo Norte, Jimani-Independencia and Santa Cruz-Barahona in Distrito Nacional. Health officials in the Dominican Republic are working to intensify mosquito control measures while increasing a public campaign to educate locals about the risks associated with the Zika virus.

Haiti

On January 18, the Haitian government confirmed five locally contracted cases of the Zika virus in the communities of Delmas and Petion-Ville. All five cases have been confirmed in a laboratory by RT-PCR and serology testing. Health officials in Haiti are implementing advanced mosquito control measures, educating the public about the risk of the virus and teaching citizens precautionary measures to prevent contracting the virus.

Europe

On February 3, 2016, the WHO issued a statement indicating that European member states are at a heightened risk of Zika transmission as the spring and summer seasons draw near.

Spain

Spain became the first European country to confirm the Zika virus in a pregnant woman. According to the Regional Health Ministry in Catalonia, the woman contracted the virus while traveling abroad in Colombia. The patient is one of the six confirmed cases in Catalonia and 10 across Spain, but the only one of whom that was pregnant at the time of contraction. All six of the patients were infected with Zika outside of Spain. The director of the Health Ministry’s Emergency Alert Center anticipates Spain may see between 200 and 250 cases of Zika this year; however, some scientists believe the outbreak may be much more severe. A leading researcher is concerned the virus has the potential to infect “hundreds of thousands” of people in Spain if the local Aedes albopictus (Asian Tiger) mosquitos begin spreading the virus.

Africa

The WHO issued a warning to Africa that the Zika virus could spread rapidly throughout the continent as they are already battling other mosquito-borne diseases like Malaria and Dengue fever. The virus was first recognized in a monkey in Uganda in 1947 and isolated to an Aedes mosquito. The first human cases were discovered in the 1970s in Uganda, Tanzania, Egypt, Central African Republic, Sierra Leone, Gabon, and Senegal. With some of the highest birth rates in the world, the WHO fears Zika could rapidly spread throughout Africa and Asia.

Cape Verde

The CDC issued a level 2 alert for the island nation of Cape Verde, urging anyone who travels to the region to exercise “enhanced precautions.” According to the country’s Health Ministry, doctors discovered more than 7,000 cases of Zika within the last four months. Nearly 100 pregnant women are among the infected. The surge in cases may be related to heavier than normal rains last summer, which boosted the mosquito population.
Nigeria

Although there are no confirmed Zika cases in Nigeria, the Nigerian government issued a travel restriction for pregnant women to Latin America following the WHO’s declaration of a PHEIC. The Federal Ministry of Health stated that the travel restriction will last ‘until the situation improves.’ Further, the Ministry of Health has directed the Nigerian Center for Disease Control (NCDC) to include the Zika virus as part of the efforts to manage Lassa fever currently impacting the country.

Pacific

Thailand

Thailand is the most recent nation to be added to the list of more than 20 countries that have reported cases of the Zika virus. Airline companies are allowing travelers who are pregnant to request changes to their itineraries if they no longer wish to travel to Thailand in the wake of Zika’s arrival to the pacific nation. Visitors to the country are urged to consult with their respective airliner prior to travel to inquire of any additional screening measures that may be implemented which could add to passenger processing prior to departure and upon arrival.

Australia

According to Queensland’s chief health officer Dr. Jeanette Young, two Australian citizens, including a child, tested positive for the Zika virus within 24 hours of each other. The child began presenting signs and symptoms after returning from a family trip to Samoa and tested positive for the virus at Brisbane Hospital. The adult female patient began to feel ill after returning from El Salvador and was told by her GP that she had contracted Flavivirus which includes all mosquito transmitted viruses including Dengue, Yellow Fever and Zika in December 2015. Over the next month, the woman’s symptoms worsened and she was admitted to Gold Coast Hospital, where she was later diagnosed with Zika.

Australian officials are confident that the two cases are isolated and do not threaten the general public; however, Health Minister Cameron Dick expects more cases to surface. As such, citizens who have tested positive for Zika have been advised to remain in a cool environment until the incubation period has passed. As a result, the health department accelerated a $1 million nationwide education project aimed at educating the population in preventative measures that can be taken. Furthermore, enhanced testing will begin March 1 in Townsville, where the Aedes mosquito is most prevalent.

Tonga

Officials from the Polynesian island of Tonga announced five confirmed cases of the Zika virus and another 260 suspected cases. Thus far, none of the suspected cases were in pregnant women. Tongan Health Minister Sia Piukala stated that three New Zealand-based Tongans who traveled to the islands tested positive. The Tongan government is currently engaged in an awareness campaign and is attempting to eradicate known mosquito breeding zones.

Outbreaks of the Zika virus have been reported on the islands of French Polynesia and Vanuatu in the past few years; however, the associated symptoms were mild and included acute fever and rash. Additionally, the island of Samoa was added to the list of countries where the virus was present as it recorded its first case in November 2015.
Experimental Treatments and Drugs

It was announced this week that a test to more easily diagnose the Zika virus could be available within weeks, not years, the World Health Organization said. An easy-to-use test would diagnose patients more quickly and help researchers monitor populations to determine whether the virus is spreading. That could speed up research, said Marie-Paule Kieny, assistant director-general for health systems and innovation at the WHO.

Aside from discovering vaccines, scientists have tested a method of controlling the mosquito population in Zika infested areas. The experiment involves the breeding between genetically modified Aedes aegypti male mosquitos with wild female Aedes aegypti. Test results yielded that the offspring between the two did not survive. Scientists explain that if these male mosquitos were introduced in an ecosystem with infected mosquitos, up to 90 percent of that mosquito population would die. Although the experiments have only taken place in lab settings, the British scientists conducting the research are confident in the results. They have pitched the trials to the Food and Drug Administration (FDA) who are determining its use in the United States.

Furthermore, pharmaceutical conglomerates Pfizer Inc., Johnson and Johnson, and Merck & Co Inc. have begun evaluating the technologies of existing vaccines to combat Zika. Japan’s Takeda Pharmaceutical Co Ltd has said they have created a Zika vaccine program to investigate the virus and help create a vaccine.

Travel Considerations

Several major air carriers have announced plans that will allow passengers to cancel or alter travel plans to the affected countries without expensive surcharges or fees. US based airlines United and American along with South American provider LATAM are among the most prominent offering rescheduling options. United Airlines will now refund tickets or change itineraries for all people who have previously booked travel to affected countries, while American Airlines will only offer refunds if the traveler provides a doctor’s note indicating they are unable to travel to San Salvador, San Pedro Sula, Tegucigalpa, Panama City, and Guatemala City.

South American carrier LATAM will also waive all cancelation or re-ticketing fees for pregnant women with scheduled flights to Brazil, Colombia, El Salvador, Guatemala, French Guiana, Haiti, Martinique, Panama, Paraguay, Puerto Rico, Suriname, and Venezuela.

Similarly, British Airways is allowing pregnant customers with scheduled flights to both Brazil and Mexico to reschedule to an alternative destination or cancel entirely without charge.

British Health Inspector Jane Ellison has stated that the UK has requested all airlines traveling to the UK from Zika infected countries thoroughly spray the aircraft with insecticide before flying back to the UK.

Women who are pregnant (in any trimester) should consider postponing travel to any area where the Zika virus transmission is ongoing. If travel is required, the traveller should consult with a doctor first and strictly follow steps to prevent mosquito bites during the trip.
Recommendations

Travelers should adhere to the following guidelines to protect from mosquito bites:

- Wear light-colored, long-sleeved shirts and long pants to cover as much of the exposed body as possible.
- Stay in areas that use physical barriers to keep mosquitos outside. This includes sleeping under a mosquito net, keeping windows and doors closed, and using screens on windows and doors.
- Remove stagnant water, such as buckets, flowerpots, and tires as these areas are a breeding ground for mosquitos.
- Use Environmental Protection Agency (EPA)-registered insect repellents, following all product label instructions.
  - Do not spray repellent on the skin under clothing.
  - Apply sunscreen before applying insect repellent, if applicable.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
  - Treated clothing remains protective after multiple washes. Reference product information for the approximate duration.
  - Do not use permethrin products directly on the skin as they are intended to treat clothing.
- If you have a baby or child:
  - Dress your child in clothing that covers arms and legs.
  - Cover crib, stroller, and baby carrier with mosquito netting.
  - Do not apply insect repellent onto a child’s hands, eyes, mouth, and cut or irritated skin.
  - Do not use insect repellent on babies younger than 2 months of age.
  - Adults: Spray insect repellent on your hands and then apply to a child’s face.

Although a prominent link to microcephaly and the Zika virus is not yet conclusive, women who are trying to become pregnant should talk to their doctor about their pregnancy plans and the risk of contracting a Zika virus infection.
Contact Information

Aon WorldAware Operations
Aon Risk Solutions | Global Risk Consulting | WorldAware Solutions
+1.312.381.3400
worldaware@aon.com

Chad Watson
Managing Director Aon WorldAware
Aon Risk Solutions | Global Risk Consulting | WorldAware Solutions
+1.312.381.3462
chad.watson@aon.com

About Aon

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