The first meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (2005) (IHR 2005) regarding clusters of microcephaly cases and other neurologic disorders in some areas affected by Zika virus was held by teleconference on 1 February 2016, from 13:10 to 16:55 Central European Time.

The WHO Secretariat briefed the Committee on the clusters of microcephaly and Guillain-Barré Syndrome (GBS) that have been temporally associated with Zika virus transmission in some settings. The Committee was provided with additional data on the current understanding of the history of Zika virus, its spread, clinical presentation and epidemiology.

The following States Parties provided information on a potential association between microcephaly and/or neurological disorders and Zika virus disease: Brazil, France, United States of America, and El Salvador.

The Committee advised that the recent cluster of microcephaly cases and other neurologic disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern (PHEIC).

The Committee provided the following advice to the Director-General for her consideration to address the PHEIC (clusters of microcephaly and neurologic disorders) and their possible association with Zika virus, in accordance with IHR (2005).

Microcephaly and neurologic disorders

- Surveillance for microcephaly and GBS should be standardized and enhanced, particularly in areas of known Zika virus transmission and areas at risk of such transmission.

- Research into the etiology of new clusters of microcephaly and neurologic disorders should be intensified to determine whether there is a causative link to Zika virus and/or other factors or co-factors.

As these clusters have occurred in areas newly infected with Zika virus, and in keeping with good public health practice and the absence of another explanation for these clusters, the Committee highlights the importance of aggressive measures to reduce infection with Zika virus, particularly among pregnant women and women of childbearing age.

As a precautionary measure, the Committee made the following additional recommendations:

Zika virus transmission

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Surveillance for Zika virus infection should be enhanced, with the dissemination of standard case definitions and diagnostics to at-risk areas.

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The development of new diagnostics for Zika virus infection should be prioritized to facilitate surveillance and control measures.

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Risk communications should be enhanced in countries with Zika virus transmission to address population concerns, enhance community engagement, improve reporting, and ensure application of vector control and personal protective measures.

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Vector control measures and appropriate personal protective measures should be aggressively promoted and implemented to reduce the risk of exposure to Zika virus.

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Attention should be given to ensuring women of childbearing age and particularly pregnant women have the necessary information and materials to reduce risk of exposure.

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Pregnant women who have been exposed to Zika virus should be counselled and followed for birth outcomes based on the best available information and national practice and policies.

Longer-term measures

- Appropriate research and development efforts should be intensified for Zika virus vaccines, therapeutics and diagnostics.
- In areas of known Zika virus transmission health services should be prepared for

potential increases in neurological syndromes and/or congenital malformations.

Travel measures

- There should be no restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission.
- Travellers to areas with Zika virus transmission should be provided with up to date advice on potential risks and appropriate measures to reduce the possibility of exposure to mosquito bites.
- Standard WHO recommendations regarding disinsection of aircraft and airports should be implemented.

Data sharing

- National authorities should ensure the rapid and timely reporting and sharing of information of public health importance relevant to this PHEIC.
- Clinical, virologic and epidemiologic data related to the increased rates of microcephaly and/or GBS, and Zika virus transmission, should be rapidly shared with WHO to facilitate international understanding of the these events, to guide international support for control efforts, and to prioritize further research and product development.

Based on this advice the Director-General declared a Public Health Emergency of International Concern (PHEIC) on 1 February 2016. The Director-General endorsed the Committee's advice and issued them as Temporary Recommendations under IHR (2005). The Director-General thanked the Committee Members and Advisors for their advice.