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ZIKA VIRUS IN PERSPECTIVE

To the Editor:

I read the recent publication of Teruya and Versalovic¹ on putting Zika virus in perspective with a great interest. Teruya and Versalovic¹ noted that “medical centers throughout the Americas must be prepared to assess and diagnose patients with Zika virus infection rapidly. Current geographic ranges of *Aedes* mosquito vectors and prevention strategies should be considered when advising families regarding travel, family planning, and risk of infection. Little is known about Zika virus infection in the posttransplantation setting, and flavivirus infection, including Zika virus, in the immunocompromised host is a fertile area for future research efforts.” In fact, the Zika virus infection is becoming a big problem worldwide. As already noted, the problem in Zika virus infection diagnosis is the big issue. The infection can be asymptomatic, and it may be diagnosed as some other acute febrile illness. For thoracic and cardiovascular surgery, awareness of the silent infection and underdiagnosis is needed.

I would like to discuss further issues for our specialty. First, the safety of the practitioner may be an overlooked

issue. Although it has not been proved that Zika virus can be transmitted by blood or tissue contact, prevention is still needed. Because there are many new emerging modes of transmissions of Zika virus, there could be an unexpected mode of transmission that might seriously affect the surgeon (such as transmission by blood contact, needle stick injury, or aerosol contact during surgery). Second, mosquito prevention should be the most important issue. The vector mosquito can exist in the hospital, where it may transmit the Zika virus.² Surveillance for mosquitos and mosquito control in the hospital (in any areas, including wards and operative rooms) are needed.

Viroj Wiwanitkit, MD
Honorary Professor
Dr DY Patil University
Navi Mumbai, India
Visiting Professor
Hainan Medical University
Shenzhen, China

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