Donate Plasma

Give someone a healthier future!
Millions of people all over the world rely on medicines made from plasma.

For many, plasma-derived medicines mean the difference between sickness and health; for others, they mean survival.

We are dedicated to saving lives and promoting good health worldwide by meeting a global demand for medicines made with plasma.
Medicines Made From Plasma

- Clotting factors, to treat hemophilia (a bleeding disorder).
- Albumin, to stabilize burn, trauma, and surgery patients.
- Rh\(^{(D)}\) Immune Globulin, to save the lives of babies whose blood types are incompatible with their mothers’.
- Hepatitis B Immune Globulin, to prevent hepatitis B after exposure.
- Tetanus Immune Globulin, to prevent tetanus after exposure.
- Varicella-Zoster Immune Globulin, to prevent chicken pox after exposure.
- Rabies Immune Globulin, to prevent rabies after exposure.
- And many more.
What is Plasma?

Plasma is often described as the straw-colored "liquid" portion of blood. It contains important substances like antibodies that protect us from such diseases as hepatitis, rabies, tetanus, and chicken pox; clotting factors that stop bleeding; and proteins that can be vital to the survival of trauma and burn victims. Blood also has a "cellular" component that consists of infection-fighting white cells and oxygen-carrying red cells.

Every drop of your blood contains valuable substances that help keep other people healthy. During your donation, your blood goes through a plasmapheresis machine, where it is spun to separate the plasma from the red blood cells.
Plasma is an essential building block in many drugs and medicines, and there’s only one source for plasma:

healthy people who donate it to help others.

Your plasma contains lifesaving substances.

Plasma is separated from blood cells.
The Plasma Donation Process

What to Expect:

- Donating plasma is safe and easy.
- Your first visit should take between 2 and 4 hours.
- Return visits on average take about 90 minutes.
- You’ll spend about 45 minutes actually donating your plasma.
- The rest of the time is devoted to a health screening, getting you set up and comfortable, and compensating you for your donation.
Check-in

- When you arrive at the center, check-in with the receptionist.

- Please bring a valid photo ID, proof of social security number and proof of your current address with you.
Follow These Healthy Guidelines Before You Donate:

- Start by drinking lots of water the day before, as well as the same day you donate. Taking in extra fluids will greatly reduce your donation time.
- Prior to donating, EAT A WELL-BALANCED MEAL and avoid alcohol or beverages with caffeine.
- Avoid fatty and high-cholesterol foods like cheese, whole milk, fried foods, hotdogs, etc.
- Maintain your iron and protein levels by eating a well-balanced diet.
- Finally, drink plenty of water after you donate to replenish fluids.
- In short, take good care of yourself. It could become a habit!
Physical Exam

- During your first visit, you will receive a mini physical exam and a review of your medical history.

- Since there is no charge to you, consider the medical health screening an added benefit to becoming a plasma donor.
Screening

- Before each plasma donation, a trained technician will check your vital signs (temperature, pulse, and blood pressure) and will take a small blood sample from your fingertip to check your iron and protein levels.

- These steps assure you and us that you meet the donor suitability requirements for you to donate that day.

- All donated plasma is screened for HIV, hepatitis, and other diseases.

If you’ve taken any prescription or over-the-counter medicines, tell the technician. These substances may affect your screening.
Donating

- Next comes the process of donating your plasma, called plasmapheresis.

- During plasmapheresis, you will sit in a comfortable reclining chair.

- A technician will wipe your arm with a disinfectant and insert a needle in a vein near the inside of your elbow.

- During plasmapheresis, you can pass the time by reading, or watching TV. Wireless internet is also available in most locations.

- Refer friends and family so you can chat as you donate. (You may also earn bonuses by referring people to donate.)

- The staff will explain every step of your visit. Don’t be afraid to ask questions about any part of the process!
After You Donate

• After you donate, remember to drink plenty of water to replenish your body fluids.

• When you check out, you will receive compensation for your time. The compensation is nice, but the feeling of helping others is priceless.

• You can resume your normal activities after leaving the center.
Is It Safe? Yes!

The Food and Drug Administration (FDA), the U.S. Government’s safety and regulatory organization for medications, devices, and health care procedures, routinely certifies every one of our Plasma Centers. All supplies used are sterile and fresh from the package. At no time does your blood come in contact with any machinery or equipment. You cannot contract AIDS or other diseases by donating plasma.
Who Can Donate?

- Healthy people 18 or older who weigh at least 110 pounds may be eligible to donate plasma.

- As a health precaution, you are not eligible to donate until 12 months after the date that you receive(d) a tattoo or body piercing unless you can provide a completed Sterility Verification Form. (See next sheet)

- Donors should bring a valid, current photo identification (such as driver’s license, student ID, or military ID) to each visit.
Can I donate if I have a tattoo or piercing?

We do have a tattoo/piercing policy in place that states donors will be deferred from plasma donations 12 months after receiving a tattoo or body piercing, unless the donor can provide a completed Sterility Verification Form. The Sterility Verification Form can be obtained from the plasma center and will need to be completed by the Tattoo/Piercing Parlor where you received your tattoo. Once the completed form is returned to the center, you will be deferred from donating plasma for 4 months after the date of the new tattoo. After your first donation you will be temporarily deferred until we receive your test results from the lab. After your test results are received you will be able to continue with a normal donation schedule.
How Frequently Can I Donate?

- Plasma is quickly replaced by the body, normally within 24 to 48 hours. You may donate no more than 2 times every 7 days, with at least a 1 day interval between donations.
• Many people who were apprehensive before their first plasma donation have become regular donors after discovering that donating plasma is safe and easy.

• People who donate plasma on a regular basis help to meet the worldwide demand for plasma and the life saving medicines made from it.

• Millions of critically ill infants, children, and adults whose lives depend on plasma donors cannot thank you personally for your donation, but you have the satisfaction of knowing that your donations make a big difference to many people.
About Us

- We produce source and specialty plasmas for the development and commercialization of therapeutic products for the prevention and treatment of infectious diseases and immunological disorders.

- We’re dedicated to preventing illnesses, and helping sick people get better. We’d like you to help us help others by donating your plasma.
Getting Started with the Kiosk

**Step 1: Identification**

Please Select your preferred language

Place your finger on the scanner attached to the Kiosk.

Select Birth Date; enter your birth date using the number pad.

Note: Enter the month, day and year of birth (MM/DD/YYYY). Verify that your birth date is correct. Select Next. If you make a mistake, select the Clear button and re-enter.

**Step 2: Identity Confirmation**

The Donor ID screen will appear once your secondary identification is entered.

Carefully review the information provided, select the appropriate button.

**Step 3: Perform Questions**

Your Donor History Questions will appear on screen and must be completed before you can donate.

1. Are you feeling healthy and well today?
   - Yes
   - No

Select appropriate answer then elect Next to Proceed.

Select Questions will prompt you to review a resource, select View Resource.

View Question Resources will appear. Review the data and select Next. Select the appropriate answer and Select Next to proceed to the next question.

Select the Help Button and Request Assistance (if needed).

**Step 3: Perform Questions (Continue)**

Select the Help Button and Request Assistance (if needed).

Select the elect the EXIT button to Exit the Kiosk, If selected in Error, select Return to Interview.

**Step 5: Submitting Interviews**

Once you have completed all Donor History Questions, the interview must be submitted for assessment by a staff member.

Select Exit Kiosk to return to the main screen.
Our Plasma Center Dress Code

We take pride in providing a professional and customer friendly environment. Since our focus is giving you the best customer service, and we all only have one chance to make a first good impression, we require that all our employees and customers be dressed appropriately. Our customers have a responsibility to dress neatly, appropriately and to be well-groomed while in our facility.

Please realize that our overall goal for enforcing this dress code is to ensure you have every opportunity to get the kind of service you are seeking and deserve. In the event, you don’t have appropriate attire or wear clothing that could create a distraction, we reserve the right to refuse service and exclude donors from our donation program.

**Below are some guidelines to follow:**

- Shirts with sleeves must be worn at all times, no tank tops or sleeveless shirts.
- All pants, shorts, jeans, etc., must be worn at or above the waistline, no drop crotch pants allowed.
- Garments that overly expose are prohibited.
- Undergarments shall not be worn as outer garments nor showing.
- Clothing with offensive, obscene, profane or lewd messages or language (including drug references or pictures) are not acceptable.
- No bandanas or shower caps.
- Good hygiene expected.
- No offensive language tolerated.
- Good conduct required.

Thank you in advance for your donation and for helping us save lives!
IMPORTANT NOTICE TO ALL DONORS

As a plasma collection facility, we endeavor to keep a professional and safe environment for our donors and employees. It is our desire to provide a comfortable and pleasant experience for you while you are visiting our Plasma Center. We will treat you with the utmost respect and will make every effort to facilitate the plasma donation process as quickly as possible.

We strive to provide you with a professional, state-of-the-art, clean facility and appreciate your assistance in maintaining that status. In order to do so, we need your help and ask that, while visiting us, you observe and conform to the following rules and requirements:

LOITERING AND LITTERING

- **PLEASE** abide by and conform to all posted rules in and around the center.

- **PLEASE** do not loiter before or after your plasma donation. Loitering, littering and smoking in and about the Plasma Center and in the common areas are strictly prohibited.

- **PLEASE** do not line up outside the Plasma Center before opening hours. Our doors will open promptly in accordance with our hours of operation. Please take note of the opening hours and plan to arrive at the center accordingly.

- **PLEASE** dispose of all soiled gauze and arm wraps in the proper receptacles located in the lobby. Do not drop soiled gauze or arm wraps in the parking area; this is clearly unacceptable littering, an unsanitary practice and a possible health hazard.

PARKING

- **PLEASE** park only in the designated parking spaces; parking in non-designated spaces could result in your car being towed at your expense.

- If there are limited spaces in the parking lot – **PLEASE** be mindful and considerate of other donors and customers. Lingering in the parking lot or waiting inside a parked car for more than 15 minutes is unacceptable and in violation of the NO LOITERING rules.

- **PLEASE** do not park your bicycles anywhere except for the designated Biotest bike racks and be sure to lock them; Biotest will not be responsible in the event of loss or theft.

VISITORS AND FRIENDS

- If someone accompanies you or drives you to the Plasma Center, please ask them to come back and pick you up once you are finished with your plasma donation.

- **Our waiting room is for donors only.** Visitors cannot remain in the building or in the surrounding common areas waiting for you; lingering around the area will be considered loitering and in violation of the NO LOITERING rules.

- **No one under 18 is allowed in the Plasma Center;** therefore please do not bring minors with you while you are donating or leave unattended in your vehicle at any time. Violating this rule could result in deferral from future donations.

RULES OF CONDUCT

- **PLEASE** refrain from loud and abusive language and do not engage in arguments in or around the Plasma Center and common areas.

- **PLEASE** be courteous - do not be disruptive, abusive or disrespectful to other donors, our employees or our neighbors.

- **PLEASE** be considerate and respectful of the pleasant environment we offer for your convenience - while in our facility refrain from putting your feet on the furniture, walls and equipment.

We appreciate your assistance and support in conforming to these rules.

**PLEASE NOTE:** Any donor who refuses to follow the rules and creates an unpleasant experience for other donors, our employees and/or our neighbors will be refused service. In addition, they will be asked to leave the premises and will be deferred from donating in the future.

Thank you for your cooperation!
Transgender communities in the United States are among the groups at highest risk for HIV infection. The term gender identity refers to a person’s basic sense of self, and transgender refers to people whose gender identity does not conform to a binary classification of gender based on biological sex, external genitalia, or their sex assigned at birth. It includes gender-nonconforming people with identities beyond the gender binary who self-identify as: male-to-female or transgender women; female-to-male or transgender men; two-spirit; and people who self-identify simply as women or men.

The Numbers

Because data for this population are not uniformly collected, information is lacking on how many transgender people in the United States are infected with HIV. However, data collected by local health departments and scientists studying these communities show high levels of HIV infection and racial/ethnic disparities.

- In 2010, more than half of the HIV testing events among transgender people occurred at non-healthcare facilities (55.1%). The Centers for Disease Control and Prevention (CDC) reported that the highest percentage of newly identified HIV-positive test results was among transgender people (2.1%). For comparison, the lowest percentages of newly identified HIV-positive test results were among females (0.4%), followed by males (1.2%). Among transgender people in 2010, the highest percentages of newly identified HIV-positive test results were among racial and ethnic minorities: blacks/African Americans comprised 4.1% of newly identified HIV-positive test results, followed by Latinos (3.0%), American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders (both 2.0%), and whites (1.0%).

- In New York City, from 2007-2011, there were 191 new diagnoses of HIV infection among transgender people, 99% of which were among transgender women. The racial/ethnic disparities were large: approximately 90% of transgender women newly diagnosed with HIV infection were blacks/African Americans or Latinos. Over half (52%) of newly diagnosed transgender women were in their twenties. Also, among newly diagnosed people, 51% of transgender women had documentation in their medical records of substance use, commercial sex work, homelessness, incarceration, and/or sexual abuse as compared with 31% of other people who were not transgender.

- Findings from a meta-analysis of 29 published studies showed that 27.7% of transgender women tested positive for HIV infection (4 studies), but when testing was not part of the study, only 11.8% of transgender women self-reported having HIV (18 studies). In one study, 73% of the transgender women who tested HIV-positive were unaware of their status. Higher percentages of newly identified HIV-positive test results were found among black/African American transgender women (56.3%) than among white (16.7%) or Latino (16.1%) transgender women; and self-reported HIV infection in studies made up of predominantly of black/African American transgender women (30.8%) was higher than positivity reported in studies comprising mainly white transgender women (6.1%). Studies also indicate that black transgender women are more likely to become infected with HIV than non-black transgender women.

- A review of studies of HIV infection in countries with data available for transgender people estimated that HIV prevalence for transgender women was nearly 50 times as high as for other adults of reproductive age.

Prevention Challenges

Individual behaviors alone do not account for the high burden of HIV infection among transgender people. Many cultural, socioeconomic, and health-related factors contribute to the HIV epidemic and prevention challenges in US transgender communities.

- **Identifying transgender people within current data systems can be challenging.** Some transgender people may not identify as transgender due to fear of discrimination or previous negative experiences. Since some people in this community do not self-identify as transgender, relying solely upon gender to identify transgender people is not enough. Gender expression may fluctuate for some transgender people due to issues such as perceived safety or reluctance to identify as transgender in certain situations. The Institute of Medicine has recommended that behavioral and surveillance data for transgender men and women should be collected and analyzed separately and not grouped with data for men who have sex with men. Using the 2-step data collection method of asking for sex assigned at birth and current gender identity increases the likelihood that all transgender people will be accurately identified.
It is important to avoid making assumptions about sexual orientation and sexual behavior based on gender identity because there is great diversity in orientation and behavior in this population, and some identify as both transgender and gay, heterosexual, bisexual, or lesbian. For example, transgender men claim a variety of sexual orientations and have sexual partners that include gay men and transgender women.

**Transgender men's sexual health has been understudied.** Compared to transgender women, little is known about HIV risk and sexual health needs among transgender men. One meta-analysis of 29 studies involving transgender people showed that only 5 of them had separate data concerning transgender men.

**Behaviors and factors that contribute to high risk of HIV infection** among transgender people include higher rates of drug and alcohol abuse, sex work, incarceration, homelessness, attempted suicide, unemployment, lack of familial support, violence, stigma and discrimination, limited health care access, and negative health care encounters.

**Police policies can conflict with public health initiatives.** For example, some law enforcement officers and agencies view the presence of condoms as evidence of sex work, even though public health initiatives identify condoms as a way to prevent HIV infection.

**Discrimination and social stigma** can hinder access to education, employment, and housing opportunities. In a study conducted in San Francisco, transgender people were more likely than men who have sex with men or heterosexual women to live in transient housing and be less educated. Discrimination and social stigma may help explain why transgender people who experience significant economic difficulties often pursue high-risk activities, including sex work, to meet their basic survival needs.

Interventions that address multiple co-occurring public health problems—including substance use, poor mental health, violence and victimization, discrimination, and economic hardship—should be developed and evaluated for transgender people.

**Health care provider insensitivity** to transgender identity or sexuality can be a barrier for HIV-infected transgender people seeking health care. Although research shows a similar proportion of HIV-positive transgender women have health insurance coverage as compared with other infected people who are not transgender, HIV-infected transgender women are less likely to be on antiretroviral therapy.

**Additional research is needed to identify factors that prevent HIV in this population.** Several behavioral HIV prevention interventions developed for transgender people have been reported in studies, generally involving relatively small samples of transgender women. Most have shown at least modest reductions in HIV risk behaviors among transgender women, such as fewer sex partners and/or unprotected anal sex acts, although none have involved a control group. Behavioral HIV prevention interventions developed for other at-risk groups with similar behaviors have been adapted for use with transgender people; however, their effectiveness is still unknown.

**What CDC Is Doing**

CDC and its partners are pursuing a high-impact prevention approach to advance the goals of the National HIV/AIDS Strategy and maximize the effectiveness of current HIV prevention methods among transgender people. Activities include:

- Providing support and technical assistance to providers that help community-based organizations enhance structural interventions for transgender people (condom distribution, community mobilization, HIV testing, and coordinated referral networks and service integration).
- Funding researchers to develop groundbreaking HIV prevention interventions for transgender people. Examples include Life Skills (for young transgender women aged 16-24) and Girlfriends (for adult transgender women).
- Releasing campaigns under the Act Against AIDS umbrella, such as Let’s Stop HIV Together to address HIV-related stigma and raise awareness, and Testing Makes Us Stronger to increase HIV testing among transgender men and women.
- Issuing awards of $55 million for HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color (FOA PS11-1113; September 2011), to provide effective HIV prevention services over 5 years to young transgender people of color and their partners regardless of age, gender, and race/ethnicity.
- Revising the fields used to identify transgender people in the National HIV Surveillance System, which is used for reporting diagnoses of HIV infection. In addition, CDC has developed guidance for state and local health departments that collect these data. Some city or state health departments include data on diagnosed HIV infection among transgender people in annual, quarterly, or special reports.

Facts about Ebola in the U.S.

You CAN’T get Ebola through AIR

You CAN’T get Ebola through WATER

You CAN’T get Ebola through FOOD grown or legally purchased in the U.S.

You can only get Ebola from

- The body fluids of a person who is sick with or has died from Ebola.
- Objects contaminated with body fluids of a person sick with Ebola or who has died of Ebola.
- Infected fruit bats and primates (apes and monkeys).
- And, possibly from contact with semen from a man who has recovered from Ebola (for example, by having oral, vaginal, or anal sex).
Ebola (Ebola Virus Disease)

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus species. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by a virus of the family Filoviridae, genus Ebolavirus. There are five identified Ebola virus species. Four of the five have caused disease in humans: Ebola virus (Zaire ebolavirus); Sudan virus (Sudan ebolavirus); Tai Forest virus (Tai Forest ebolavirus, formerly Côte d'Ivoire ebolavirus); and Bundibugyo virus (Bundibugyo ebolavirus). The fifth, Reston virus (Reston ebolavirus), has caused disease in nonhuman primates but not in humans.

Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola viruses remains unknown. However, on the basis of evidence and the nature of similar viruses, researchers believe that the virus is animal-borne and that bats are the most likely reservoir. Four of the five subtypes occur in an animal host native to Africa.

Transmission

Because the natural reservoir of Ebola virus has not yet been identified, it is not known how the virus first appears in a human at the start of an outbreak. However, researchers believe that the first patient becomes infected through contact with an infected animal, such as a fruit bat or nonhuman primate.

Ebola is spread through direct contact (through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth) with
- blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, breast milk, and semen) of a person who is sick with Ebola,
- objects (like needles and syringes) that have been contaminated with the virus,
- infected fruit bats or primates (apes and monkeys), and
- possibly from contact with semen from a man who has recovered from Ebola (for example, by having oral, vaginal, or anal sex)

Ebola is not spread through the air or by water, or in general, by food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats. There is no evidence that mosquitoes or other insects can transmit Ebola virus. Only a few species of mammals (for example, humans, monkeys, and apes) have shown the ability to become infected with and spread Ebola virus.

Signs and Symptoms

A person infected with Ebola virus is not contagious until symptoms appear. Signs and symptoms of Ebola include:
- fever
- severe headache
- fatigue
- muscle pain
- weakness
- diarrhea
- vomiting
- stomach pain
- unexplained bleeding or bruising

Symptoms may appear anywhere from 2 to 21 days after exposure to the virus, but the average is 8 to 10 days.

Risk of Exposure

Healthcare providers and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood and body fluids. During outbreaks of Ebola, the disease can spread quickly within healthcare settings (such as a clinic or hospital). Exposure to Ebola virus can occur in healthcare settings where hospital staff are not wearing appropriate protective clothing including masks, gowns, gloves, and eye protection.

Ebola viruses are found in several African countries. Past Ebola outbreaks have occurred in the following countries:
- Democratic Republic of the Congo (DRC)
- Gabon
- South Sudan
- Ivory Coast
- Uganda
- Republic of the Congo (ROC)
- South Africa (imported)
Ebola (Ebola Virus Disease)

Diagnosis

Diagnosing Ebola in a person infected for only a few days is difficult because the early symptoms, such as fever, are nonspecific to Ebola and are seen often in patients with more common diseases, such as malaria and typhoid fever.

However, if a person has the early symptoms of Ebola and there is reason to believe that Ebola should be considered, the patient should be isolated and public health professionals notified. Samples from the patient can then be collected and tested to confirm infection.

Ebola virus is detected in blood only after onset of symptoms, most notably fever, which accompany the rise in circulating virus within the patient’s body. It may take up to three days after symptoms start for the virus to reach detectable levels.

Treatment

There is no FDA-approved treatment (e.g., antiviral drug) for Ebola. Symptoms and complications are treated as they appear.

The following basic interventions, when used early, can significantly improve the chances of survival:

- Providing intravenous fluids and balancing electrolytes (body salts)
- Maintaining oxygen status and blood pressure
- Treating other infections if they occur

Experimental treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

Recovery from Ebola depends on good supportive care and the patient’s immune response. People who recover from Ebola develop antibodies that last for at least 10 years, possibly longer. It isn’t known if people who recover are immune for life or if they can become infected with a different species of Ebola. Some people who have recovered from Ebola have developed long-term complications, such as joint and vision problems.

Ebola virus has been found in the semen of some men who have recovered from Ebola. It is possible that Ebola could be spread through sex or other contact with semen. It is not known how long Ebola might be found in the semen of male Ebola survivors. Until more information is known, avoid contact with semen from a man who has had Ebola. It is not known if Ebola can be spread through sex or other contact with vaginal fluids from a woman who has had Ebola.

Prevention

There is no FDA-approved vaccine available for Ebola.

If you travel to an area affected by an Ebola outbreak, make sure to:

- Practice careful hygiene. For example, wash your hands with soap and water or an alcohol-based hand sanitizer.
- Avoid contact with blood and body fluids.
- Do not handle items that may have come in contact with an infected person’s blood or body fluids (such as clothes, bedding, needles, and medical equipment).
- Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
- Avoid facilities in West Africa where Ebola patients are being treated. The U.S. embassy or consulate is often able to provide advice on facilities.
- Monitor your health after you return for 21 days and seek medical care immediately if you develop symptoms of Ebola.

Healthcare workers who may be exposed to people with Ebola should follow these steps:

- Wear appropriate personal protective equipment (PPE).
- Practice proper infection control and sterilization measures.
- Isolate patients with Ebola from other patients.
- Avoid direct contact with the bodies of people who have died from Ebola.
- Notify health officials if you have had direct contact with the blood or body fluids of a person sick with Ebola.

CDC’s Response to Zika
What Can Be Done

The Federal government is
- Working with international public health partners and state health departments to:
  » Alert healthcare providers and the public about Zika.
  » Post travel notices and other travel-related guidance.
  » Provide state health laboratories with diagnostic tests.
  » Detect and report cases.
  » Support mosquito control programs both in the United States and around the world.
- Investigating the association between Zika virus and microcephaly and the possible associations between Zika and other health outcomes like Guillain-Barré syndrome.
- Publishing and disseminating guidelines to healthcare providers to inform testing and treatment.

State and local public health agencies can
- Work with CDC’s Arbovirus Diagnostic Laboratory and health departments with the capacity to test for Zika virus when indicated.
- Report laboratory-confirmed cases to CDC through ArboNET, the national surveillance system for arboviral disease.
- Activate or enhance mosquito surveillance and control activities to respond to local cases of Zika.

Healthcare providers can
- Know the symptoms of Zika. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes).
- Ask patients about their travel history.
- Contact their state and local health department to facilitate diagnostic laboratory testing.
- Offer serologic testing to asymptomatic pregnant women (women who do not report clinical illness consistent with Zika virus disease) who have traveled to areas with ongoing transmission of Zika virus. Testing should be offered between 2 and 12 weeks after pregnant women return from travel to areas with ongoing Zika virus transmission.
- For pregnant women with recent travel to an area with Zika virus transmission and ultrasound findings of microcephaly or intracranial calcifications, consider amniocentesis. Consultation with a maternal-fetal medicine specialist should be considered.
- Test for Zika virus infection in babies born to women who traveled to or lived in an area with ongoing Zika virus transmission during pregnancy who were diagnosed with microcephaly or intracranial calcifications detected prenatally or at birth, or who have mothers with positive or inconclusive test results for Zika virus infection.
- Manage symptoms in infants with congenital Zika virus infection and monitor the child’s development over time.
Pregnant women can
- Delay travel to areas where Zika virus is spreading.
- If they have to travel, talk to their healthcare provider before traveling to these areas.
- Strictly follow steps to prevent mosquito bites during trips to areas with Zika.
- Use condoms the right way every time they have sex or not have sex during pregnancy with a male sex partner who lives in or has traveled to areas with Zika.

Women thinking about getting pregnant can
- Talk to their healthcare provider before traveling to areas where Zika virus is spreading.
- Strictly follow steps to prevent mosquito bites during trips to areas with Zika.

Everyone can
- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or buy permethrin-treated items.
  » Do not apply permethrin directly on skin.
  » Follow instructions carefully if treating clothing yourself.
  » Read product information to see how long and after how many washings protection will last.

- Eliminate standing water in and around the home.
- Stay in places with air conditioning or that use window and door screens.
- Eliminate standing water in and around the home.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.

- Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these repellents are proven safe and effective, even for pregnant and breastfeeding women.
  » Always follow product label instructions and reapply as directed.
  » Do not spray repellent on the skin under clothing.
  » If you are also using sunscreen, apply sunscreen first.

- Dress children in clothing that covers arms and legs.
- Apply insect repellent to children (but not babies younger than 2).
- Spray insect repellent on hands to apply to a child’s face.
- Cover cribs, strollers, and baby carriers with mosquito netting.
Mosquitoes spread many types of viruses and parasites that can cause diseases like chikungunya, dengue, Zika, and malaria. If you are traveling to an area where malaria is found, talk to your healthcare provider about malaria prevention medication that may be available.

Protect yourself and your family from mosquito bites. Here’s how:

**Keep mosquitoes out of your hotel room or lodging**

- Choose a hotel or lodging with air conditioning or screens on windows and doors.
- Sleep under a mosquito bed net if you are outside or in a room that is not well screened. Mosquitoes can live indoors and will bite at any time, day or night.
  - Buy a bed net at your local outdoor store or online before traveling overseas.
  - Choose a WHOPESE-approved bed net (like Pramax®): compact, white, rectangular, with 156 holes per square inch, and long enough to tuck under the mattress.
  - Permethrin-treated bed nets provide more protection than untreated nets.
    - Permethrin is an insecticide that kills mosquitoes and other insects.
    - Do not wash bed nets or expose them to sunlight. This will break down the insecticide more quickly.
  - For more information on bed nets: [www.cdc.gov/malaria/malaria_worldwide/reduction/itn.html](http://www.cdc.gov/malaria/malaria_worldwide/reduction/itn.html)

**Cover up!**

- Wear long-sleeved shirts and long pants.
- Mosquitoes may bite through thin clothing. Treat clothes with permethrin or another Environmental Protection Agency (EPA)-registered insecticide for extra protection.

**Use only an EPA-registered insect repellent**

- When used as directed, EPA-registered insect repellents are proven safe and effective, even for pregnant and breastfeeding women.
- Consider bringing insect repellent with you.
- Always follow the product label instructions.
- Reapply insect repellent as directed.
  - Do not spray repellent on the skin under clothing.
  - If you are also using sunscreen, apply sunscreen first and insect repellent second.
- The effectiveness of non-EPA registered insect repellents, including some natural repellents, is not known.
- To protect yourself against diseases like chikungunya, dengue, and Zika, CDC and EPA recommend using an EPA-registered insect repellent.
- For more information: [www2.epa.gov/insect-repellents](http://www2.epa.gov/insect-repellents)
Use an insect repellent with one of the following active ingredients:

<table>
<thead>
<tr>
<th>Active ingredient</th>
<th>Some brand name examples*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher percentages of active ingredient provide longer protection</td>
<td>(Insect repellents may be sold under different brand names overseas.)</td>
</tr>
<tr>
<td><strong>DEET</strong></td>
<td>Off!, Cutter, Sawyer, Ultrathon</td>
</tr>
<tr>
<td><strong>Picaridin, also known as KBR 3023, Bayrepel, and icaridin</strong></td>
<td>Skin So Soft Bug Guard Plus, Autan (outside the United States)</td>
</tr>
<tr>
<td><strong>Oil of lemon eucalyptus (OLE)</strong> or <strong>para-menthane-diol (PMD)</strong></td>
<td>Repel</td>
</tr>
<tr>
<td><strong>IR3535</strong></td>
<td>Skin So Soft Bug Guard Plus Expedition, SkinSmart</td>
</tr>
</tbody>
</table>

If you are travelling with a baby or child:

- Always follow instructions when applying insect repellent to children.
- **Do not** use insect repellent on babies younger than 2 months of age.
- Instead, dress infants or small children in clothing that covers arms and legs, or cover the crib, stroller, and baby carrier with mosquito netting.
  - **Adults:** Spray insect repellent onto your hands and then apply to a child's face. Do not apply insect repellent to a child's hands, mouth, cut or irritated skin.
- **Do not** use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under 3 years of age.

Treat clothing and gear

- Use permethrin to treat clothing and gear (such as boots, pants, socks, tents) or purchase permethrin-treated clothing and gear. Read product information to find out how long the protection will last.
- If treating items yourself, always follow the product instructions.
- **Do not** use permethrin products directly on skin.

* The use of commercial names is to provide information about products; it does not represent an endorsement of these products by the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

www.cdc.gov/features/StopMosquitoes