

**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>;
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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

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