

Zika Response



Since 2015, the Western Hemisphere has faced the largest-ever outbreak of the Zika virus, a vector-borne disease spread by the *Aedes aegypti* mosquito. This outbreak has been linked to Guillain-Barré syndrome, severe birth defects such as microcephaly, and other dangerous congenital conditions.

Zika Community Response in Guatemala and El Salvador (ZICORE)

MCDI's USAID-funded ZICORE project works in partnership with the national societies of the Red Cross, in coordination with ministries of health, other USAID implementing partners, and community-based organizations in Guatemala and El Salvador to reach at-risk populations in their households, schools, and neighborhoods to prevent the spread of Zika. The core beneficiaries of ZICORE's comprehensive prevention efforts are pregnant women, as well as men and women of reproductive age. The project targets the most vulnerable municipalities in each country, based on the incidence of confirmed Zika cases when the project started in 2016, vector density, urbanization model, and levels of poverty.

Vector Control

ZICORE's community-based vector control intervention consists of monitoring vector density and abundance through weekly counting of *Aedes aegypti* eggs laid in ovitraps, as well as through quarterly pupal demographic surveys that identify container types with larvae and pupae among selected households. These entomological data guide the exact measures to be promoted in each community, by pinpointing the neighborhoods and key container types with the most prolific mosquito breeding in any given week.

The project mobilizes community groups, school children, and municipal authorities to engage in community clean-up campaigns for the reduction of used tires and containers that can serve as mosquito breeding sites. Through SBCC interventions, ZICORE promotes a series of household vector control measures known as VELITA, which includes flipping over, eliminating, scrubbing, and/or covering containers of different types that have the potential to become *Aedes aegypti* breeding sites if they accumulate standing water. ZICORE also encourages pregnant women and their partners to reduce the risk of transmitting Zika to the baby by using of mosquito repellent and condoms.



MCDI staff examining tire for signs of mosquito breeding



Community member counting eggs in an ovitrap with a volunteer

Social and Behavior Change Communication (SBCC)

The Project's SBCC interventions are constantly evolving in line with emerging evidence. Six key behaviors are prioritized to support lasting behavior change, primarily the use of repellent and condoms by pregnant women and their partners, the elimination of artificial breeding sites through the four VELITA actions mentioned above, and adherence to prenatal care visits. As time passes since the peak of the public health epidemic, Zika awareness, prevention, and management at the community level are continuously promoted. Messages are developed in coordination with ministries of health and other USAID implementing partners, to avoid confusion or dilution of evidence-based messaging.

To date, the ZICORE project has reached over 15,000 individuals in more than 50 communities with targeted information about Zika, and has reduced the abundance of mature forms of the *Aedes aegypti* mosquito by 16.4% in El Salvador. The project has distributed thousands of household and community cleaning kits, as well as barrel covers, and has held hundreds of community mobilization events.



Community mobilization event



Pupal demographic survey



Community education about vector breeding



Household visit with pregnant woman

Community-Based Surveillance and Referral

Community volunteers are trained to follow-up with pregnant women through household visits, and identify clusters of suspected Zika cases in order to refer patients for care in the formal health system. ZICORE is working with epidemiologists at the ministries of health and with other USAID implementing partners to establish evidence-based guidelines for community-based case surveillance.



To learn more about MCDI, please visit
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