

## Zika in *Cadernos de Saúde Pública*/Reports in Public Health: again?

In a recent Editorial <sup>1</sup>, we called attention to the Zika epidemic and announced our “fast track” review of articles on the issue. We have done this and more. We actively encourage articles that address aspects of the problem that can have a more immediate impact on pregnant women in the affected areas, especially in Latin America. Why this priority? In most of the affected countries, the right to abortion is severely restricted, and the combined impacts of Zika and illegal abortion can be devastating.

The political times are certainly very different, if we compare the current epidemic of congenital malformations with the rubella outbreaks in the 1950s and 1960s, when “*British and French women infected with rubella early in pregnancy who were aware of the risk of fetal malformations and who wanted abortions were nearly always able to find practitioners willing to brave legal interdictions*” <sup>2</sup>. We should always remember that even when abortion is prohibited, “*by the end of their childbearing lives, more than one in five Brazilian women have already had an abortion*” <sup>3</sup> (p. 959).

Nevertheless, even with the difficulties imposed by an extremely conservative legislature in Brazil <sup>4</sup>, it is the responsibility of CSP to defend policies that contribute to the people’s health, in this specific case that of women in the face of Zika virus infection in pregnancy. This provides the basis for our proposal of a *Thematic Section: Zika and Pregnancy*, featuring several articles in the May edition. Whenever possible, each article is accompanied by commentary from other researchers, from different countries, aimed at discussing the various contexts in which the problem occurs.

We will be publishing on this topic for a long time, unfortunately. The Zika and microcephaly epidemic have virtually disappeared from the news, due partly to Brazil’s serious political crisis. But due also to the safe feeling engendered by the decline in Zika case, thanks to the enormous effort by government (even in the midst of the political crisis), triggering an intensive fight against the mosquito vector. This has been made possible by the speed with which (even when accused of haste) Brazilian scientists assumed that there was sufficient evidence to attribute the microcephaly cases to Zika virus infection. They chose not to wait until there were no more doubts before launching into action <sup>5</sup>.

But the sustainability of the actions, with nearly 48 million homes visited in two months <sup>6</sup>, is limited in the long term. A recent meeting of the World Health Organization emphasized that in nearly all of the countries with endemic dengue transmission (involving the same mosquito vector), no control method in the last 30 years has produced a significant and lasting impact on dengue incidence <sup>7</sup>. In addition, with the decrease in the susceptible population, even though the durability of acquired immunity is still unknown, a decrease in cases is expected. Even so, as more girls enter womanhood, a susceptible population will build up and new epidemics will occur. From the public health perspective, we should plan a harm reduction policy for Zika virus infection during pregnancy, whatever the gestational week.

The news media has one agenda and CSP has another: the health of populations.

We thank the authors that have responded to our challenge. And our doors are open, as before, to articles with solid and current arguments on the issue.

*Marilia Sá Carvalho*

*Editora*

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