ZIKA FRAUD EXPOSED

Attached Documents

1. **Selected pages from Bayer's Material Safety Data Sheet for Pyrenone 25-5, used for spraying against mosquitos in the supposed fight against Zika, which show that:**

    a. **This chemical can cause cancer and other neurological disorders**
    b. **No one should be around when spraying occurs**
    c. **Can harm pets**

2. **Newspaper article from The Washington Post showing millions of bees killed by spraying of Pyrenone 25-5.**

3. **Two articles from Jon Rappoport exposing the fraud of the Zika scare and the probably none-related causes for claimed injury from Zika.**

4. **A current Dictionary.com definition of Zika Virus showing only minor ailments related to the virus.**

5. **Two current definitions of Zika Virus from online medical encyclopedias showing only minor ailments related to the virus, until 2016.**

6. **Two Wikipedia postings regarding Zika. First version from 2009 shows no serious ailments; second version from 2016 shows serious illnesses. Also included are the 40 edits that have happened to this Wiki page between Aug 31 and Sept 8, 2016 (a nine day period).**

Material Safety Data Sheet

PYRENONE® 25-5 PUBLIC HEALTH INSECTICIDE

MSDS Number: 102000004841
MSDS Version 3.1
Revision Date: 07/09/2010

SECTION 1. CHEMICAL PRODUCT AND COMPANY INFORMATION

Product name	PYRENONE® 25-5 PUBLIC HEALTH INSECTICIDE
MSDS Number	102000004841
EPA Registration No.	432-1050

Bayer Environmental Science
2 T.W. Alexander Drive
Research Triangle PK, NC 27709
USA

For MEDICAL, TRANSPORTATION or other EMERGENCY call: 1-800-334-7577 (24 hours/day)
For Product Information call: 1-800-331-2867

SECTION 2. HAZARDS IDENTIFICATION

NOTE: Please refer to Section 11 for detailed toxicological information.

Emergency Overview	Caution! Harmful by inhalation and if swallowed. Avoid breathing spray mist. Avoid contact with skin, eyes and clothing. Wash thoroughly with soap and water after handling. Keep away from domestic animals.
Physical State	liquid
Odor	mild
Appearance	amber
Exposure routes	Ingestion, Inhalation, Eye contact, Skin contact
Immediate Effects	
Eye	May cause slight irritation. Avoid contact with eyes.
Skin	May cause slight irritation. Avoid contact with skin and clothing.
Ingestion	Harmful if swallowed. Do not take internally.
Inhalation	Harmful if inhaled. Avoid breathing spray mist.
Chronic or Delayed Long-Term	This product contains ingredients that are considered to be probable or suspected human carcinogens (see Section 11 - Chronic). This product or its components may have target organ effects. This product or its components may have long term (chronic) health effects.
Potential Environmental Effect	Highly toxic to fish.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

Hazardous Component Name	CAS-No.	Average % by Weight
Pyrethrins including cinerins	8003-34-7	5.00
Piperonyl butoxide	51-03-6	25.00
Distillates (petroleum), hydrotreated light	64742-47-8	15.00

SECTION 4. FIRST AID MEASURES

General
When possible, have the product container or label with you when calling a poison control center or doctor or going for treatment.

Eye
Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a physician or poison control center immediately.

Skin
Take off contaminated clothing and shoes immediately. Wash off immediately with plenty of water for at least 15 minutes. Call a physician or poison control center immediately.

Ingestion
Call a physician or poison control center immediately. DO NOT induce vomiting unless directed to do so by a physician or poison control center. Never give anything by mouth to an unconscious person. Do not leave victim unattended.

Inhalation
Move to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a physician or poison control center immediately.

Notes to physician

Signs and Symptoms
Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhoea.
If large amounts are ingested, the following symptoms may occur:
Dizziness
Lack of coordination
Tremors
Unconsciousness

Hazards
Contains hydrocarbon solvents. May pose an aspiration pneumonia hazard.

Treatment
Treat symptomatically. There is no specific antidote.

SECTION 5. FIRE FIGHTING MEASURES

Flash point
137.8 °C / 280.0 °F
Test type: Tag closed cup

Chemical Stability Stable under normal conditions.

SECTION 11. TOXICOLOGICAL INFORMATION

Acute toxicity studies have not been performed on this formulation. Acute data provided is from a similar formulation containing 3.93 and 32.26% of the active ingredients, pyrethrin and piperonyl butoxide, respectively. The non-acute information pertains to the technical-grade active ingredients.

Acute oral toxicity male/female combined rat: LD50: > 5,000 mg/kg

Acute dermal toxicity male/female combined rabbit: LD50: > 5,000 mg/kg

Acute inhalation toxicity male/female combined rat: LC50: > 4.9 mg/l
Exposure time: 4 h
Determined in the form of liquid aerosol.

male/female combined rat: LC50: > 19.6 mg/l
Exposure time: 1 h
Determined in the form of liquid aerosol.
Extrapolated from the 4 hr LC50.

Skin irritation rabbit: slight irritation

Eye irritation rabbit: slight irritation

Sensitisation guinea pig: Sensitising

Chronic toxicity Pyrethrin caused effects in the liver, lung, thyroid and/or nervous system in chronic studies in mice, rats and dogs.

Piperonyl butoxide caused decreased body weights and/or increased organ weights (liver, kidney, adrenal) in chronic studies in rats and dogs.

Assessment Carcinogenicity

Pyrethrin is classified by EPA as "Suggestive Evidence of Carcinogenicity, but Not Sufficient to Assess Human Carcinogenic Potential" based on the occurrence of benign liver tumors only in female rats. Therefore, an assessment of cancer risk to humans from potential exposure to pyrethrins is not required.

Piperonyl butoxide gave no evidence of a carcinogenic potential in a lifetime feeding study in rats. In an oncogenicity study in mice, piperonyl butoxide caused an increased incidence of liver tumors. The US EPA has categorized piperonyl butoxide as a group C carcinogen, possible human carcinogen, based on limited evidence of cancer in laboratory animals.

ACGIH

Pyrethrins including cinerins	8003-34-7	Group A4

NTP
None.
IARC

Piperonyl butoxide	51-03-6	Overall evaluation: 3

OSHA
None.

Reproductive toxicity

REPRODUCTION:
Pyrethrin was not a reproductive toxicant in a multi-generation rat study.

Piperonyl butoxide was not a reproductive toxicant in a two-generation study in rats.

DEVELOPMENTAL TOXICITY:
Pyrethrin was not a developmental toxicant in rats and rabbits.

Piperonyl butoxide did not cause developmental, embryotoxic or teratogenic effects in developmental toxicity studies in rats and rabbits.

Neurotoxicity

Pyrethrin caused neurobehavioral effects (e.g., tremors) in rats following acute and repeated oral exposure.

Piperonyl butoxide did not demonstrate the potential to cause neurotoxicity in standard toxicity studies submitted to the Agency. EPA has concluded that there is not a concern for neurotoxicity resulting from exposure to piperonyl butoxide.

Mutagenicity

Pyrethrin was not mutagenic or genotoxic in a battery of in vitro and in vivo tests.

Piperonyl butoxide does not have significant potential for mutagenicity based on sufficient evidence.

SECTION 12. ECOLOGICAL INFORMATION

Environmental precautions

Do not apply when weather conditions favor runoff or drift. Do not contaminate surface or ground water by cleaning equipment or disposal of wastes, including equipment wash water. Do not apply directly to water, to areas where surface water is present or to intertidal areas below the mean high water mark. Apply this product as specified on the label.

SECTION 13. DISPOSAL CONSIDERATIONS

General Disposal Guidance

Pesticide, spray mixture or rinse water that cannot be used according to label instructions may be disposed of on site or at an approved waste disposal facility.

Container Disposal

Do not re-use empty containers. Triple rinse containers. Then offer for recycling or reconditioning or puncture and dispose of in a sanitary landfill or incineration, or if allowed by State and Local authorities, by burning. If burned, stay out of smoke. Follow advice on product label and/or leaflet.

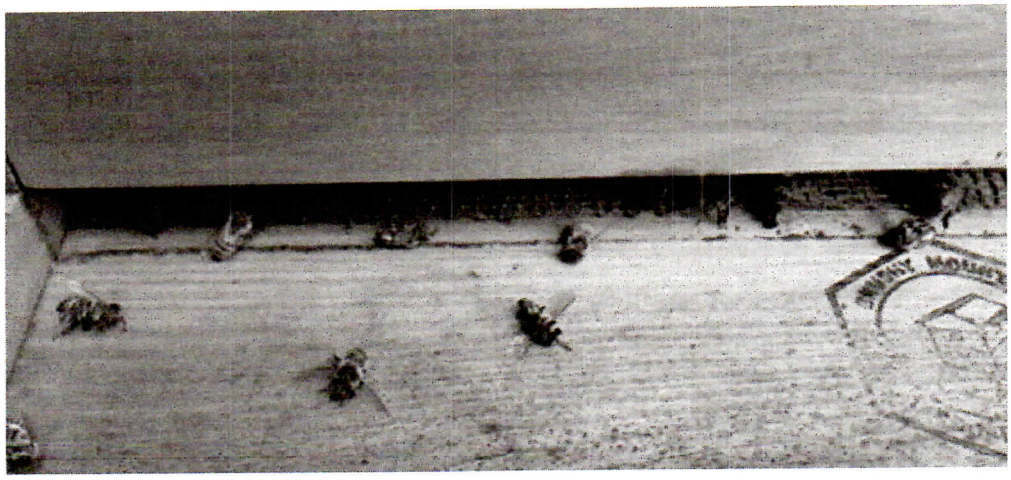
The Washington Post

Morning Mix

‘Like it’s been nuked’: Millions of bees dead after South Carolina sprays for Zika mosquitoes

By Ben Guarino September 1

Flowertown Bee Farm and Supplies
about a week ago



On Sunday morning, the South Carolina honey bees began to die in massive numbers.

Death came suddenly to Dorchester County, S.C. Stressed insects tried to flee their nests, only to surrender in little clumps at hive entrances. The dead worker bees littering the farms suggested that colony collapse disorder was not the culprit — in that odd phenomenon, workers vanish as though raptured, leaving a living queen and young bees behind.

Instead, the dead heaps signaled the killer was less mysterious, but no less devastating. The pattern matched acute pesticide poisoning. By one estimate, at a single apiary — Flowertown Bee Farm and Supply, in Summerville — 46 hives died on the spot, totaling about 2.5 million bees.

Walking through the farm, one Summerville woman wrote on Facebook, was “like visiting a cemetery, pure sadness.”

JON RAPPOPORT – ZIKA TRUTH EXPOSED

Articles from https://jonrappoport.wordpress.com/category/zika/

ZIKA: MESSAGE TO PURVEYORS OF MEDICAL FRAUD

by Jon Rappoport
June 7, 2016

The Zika-microcephaly connection is scientific nonsense. Let me run it down for you.
My analysis is beyond, "But Expert A says..." I am not dealing in appeals to authority, but instead the standards of evidence anyone can see if he opens his eyes.

First of all, the latest figures out of Brazil, the so-called epicenter of the microcephaly tragedy, reveal the following: 854 confirmed cases of microcephaly; and of those, 97 cases show the presence of the Zika virus.

Inference? Zika is not the cause of microcephaly. If it were, researchers would be able to detect it in all, or the overwhelming percentage of, microcephaly cases.

I'm not making this up. There are standards of proof and evidence. They dictate which inferences are possible, and which are not. 97 out 854 is a dud. Back to the drawing board. 757 microcephaly cases show no trace of Zika.

"But Expert A says..." Who cares what he says? He's either right or wrong, independent of his presumed status as an expert. And here he would be wrong. "But the Washington Post and the NY Times and the CDC and the World Health Organization say..." Doesn't matter.

Two recent studies, if you want to call them that, have tried to make the case that Zika is the cause of microcephaly. Well, they were published because media outlets could then run headlines announcing: ZIKA SHOWN TO BE THE CAUSE; DOUBTS ABOUT ZIKA ERASED. That's all these studies were good for.

The first study examined several different groups of babies, and in each group they found a very weak correlation between microcephaly and the presence of Zika—but they tried to pull a fast one and say that the (very weak) correlation in several groups somehow added up to a much stronger correlation overall. Absolute gibberish. Weak plus weak plus weak equals weak.

The second study tried to establish a correlation between Zika injected into mice and resultant mouse babies with microcephaly. But as every honest researcher knows, mice are a very poor analogue for humans. There is more.

In neither of these two studies, and in none of the press reports about microcephaly, is there any suggestion that researchers have discovered, or looked into, HOW MUCH ZIKA WAS PRESENT IN THE SMALL PERCENTAGE OF CASES WHERE MICROCEPHALY WAS ALSO PRESENT.

Why is this important? Because small traces of a virus aren't going to cause any human disease. You need huge amounts to even begin to think you've found a cause of disease—and as I say, there is no indication that babies with microcephaly have huge amounts of Zika in their bodies.

Apparently, some of the research on babies with microcephaly has involved the use of the PCR test. That's a dead giveaway. You see, the PCR works with a tiny, tiny, tiny amount of human material that is suspected of being a fragment of a virus; and then the test amplifies (blows up) that fragment so it can be observed. But here's the thing. Why would researchers need to use the PCR? Because they can't otherwise find enough Zika in a baby's body to even see it or ID it with certainty.

As I just mentioned, you need to find huge amounts of Zika (or any other virus) to begin to say it's causing a disease. Get it? If they had to use the PCR test, there wasn't enough Zika in the first place (if there was any at all) to think it was causing a disease condition. Zika science isn't science. It's fraud.

In this article, I'm walking ground I've already covered in other Zika pieces, because, from reports I've received, there are people out there who believe, with religious fervor, that statements from so-called medical experts and accompanying news stories must be true—and anyone who concludes otherwise is presenting a conspiracy theory. I'm here to inform you that such notions are as weak as the correlation between microcephaly and Zika.

Here is a final analogy. Suppose, in a large metropolitan/suburban sprawl, there is an increase of days with rainfall. Politicians, bureaucrats, statisticians, and reporters heavily promote the idea that the cause of this rain-upsurge is a corresponding acute rise in the volume/mass of automobile exhaust fumes. That's the correlation. But on further analysis, it turns out elevated levels of auto exhaust only occurred within a week of a rainy day 14% of the time. That's called weak correlation. That's called incorrect analysis. That's called nonsense. That's called back to the drawing board.

But no one in charge dares to go back to the drawing board. The lie has already been told. It must be maintained. It must be supported. New lies will be floated to bolster the first one. The experts will tell those new lies. And people will chime in, "The experts know what they're talking about. They must know. Those who reject exhaust fumes are conspiracy theorists."

And the experts keep talking: they say a duck is a truck and mouse is a louse and a shoe is a stew. And people blink and say, "Well, they know what they're talking about. They must." As my long-time readers know, I keep returning to the subject of logic. This is why.

Zika: the essence of the hoax: analysis

by Jon Rappoport
February 15, 2016

"Matrixology 101: You're supposed to be fixated on the fiction of One." (The Underground, Jon Rappoport)
I've written a number of articles taking apart the Zika hoax, piece by piece, lie by lie. Here, I want to present an overview. My analysis centers on two questions.

One: Is there a true "outbreak" of microcephaly in Brazil?
Two: Has the purported cause, the Zika virus, been established scientifically?

First, is there a surge of microcephaly in Brazil, where the story started? That depends on who you ask. The Brazilian health authority, so far, has reported only 404 confirmed cases of microcephaly (babies born with small heads and brain impairment) in the whole country. Not 4,100 cases, as first claimed.

But a second new report states that, in the northeast of the country, since 2012, there has been a significant increase of microcephaly cases. This second report was just presented by Dr. Sandra Mattos. See: "Microcephaly in northeastern Brazil: a review of 16,208 births between 2012 and 2015" and this news report: "Brazil's Pre-Zika Microcephaly Cases". She and her team studied the birth records of babies born in the northeastern state of Paraiba, and found between 2,000 and 4,000 cases of microcephaly per year, since 2012. The biggest spike in cases was in 2014. The number of the most severe cases has increased since the last part of 2015.

If Dr. Mattos' report is accurate, then there is a significant microcephaly problem in the northeast of Brazil.
Why the difference between her figures and the Brazilian health authority's estimate, so far, of only 404 confirmed cases of microcephaly in the whole country? Answer: unknown. Apparently, until now, Brazil hasn't been focused on counting cases of microcephaly. Who knows what the actual numbers have been, going back 10 years, 15 years, 20 years?

As you can see, the reporting system is a mess. It turns out Brazil isn't alone in this regard. A further search of estimates in the US reveals a huge disparity. Depending on which source you consult, you can say there are 1,000 microcephaly cases in the US every year, or you can say the number is 25,000. Therefore, in answering my first question above, about an "outbreak" of microcephaly in Brazil, I would say the answer is unknown—but Dr. Mattos' analysis suggests there could be an upward trend, in the northeast, of babies born with smaller heads and brain damage. I say "could be," because she has no figures available before 2012.

It would be nice to have a definite answer, but such answers aren't always available. However, one thing is certain here: Brazilian health authorities and the World Health Organization jumped the gun in asserting there was an epidemic, based on 4,100 cases they later cut down to 404. That was a press release, not science.

It signaled propagandist promotion of an epidemic—particularly because the cause was announced right away: Zika virus. And here we have a definite answer to the question: has Zika been proved to be the cause of microcephaly? No. Not even close. In those 404 cases of confirmed microcephaly admitted by the Brazilian health authority, only 17 have shown "a relationship with the Zika virus."

This is abrupt, simple, and convincing evidence AGAINST Zika as the cause. If you're looking for one cause, you must establish, for starters, that the virus is present (and at high levels) in most, if not all, cases. That fact has been swept off the monopoly board of the medical cartel. I'm aware of several recent small studies which purport to show evidence of Zika virus in the bodies of a few babies born with microcephaly. These studies prove nothing, since they're limited to three or four cases. And their analysis is incapable of measuring theamount of Zika in each baby—a crucial factor. Millions and millions of a particular virus must be present in a person to even begin to say the virus is causing anything. (For one such study that proves nothing, see "First report of autochthonous transmission of Zika virus in Brazil [detected by RT-PCR]" and its associated news story:"Zika virus — a Brazilian perspective on a global health emergency". For further context on the limitations of PCR tests, see "...let the [PCR] test's inventor speak").

Furthermore, Zika has been known about since 1947. It has never been considered a health threat. It has been linked to mild transient illness with few symptoms. So, in that regard, it's an absurd candidate for causing microcephaly and brain damage. There was no reason to assert that Zika was the cause of microcephaly in the first place. It was all hype and no science. Now, I'll move along to related matters. In particular, the "one condition-one-cause" fallacy that has spread through medical research.

Surely in Brazil, microcephaly isn't the only infant problem. In fact, in those 404 "confirmed" cases of microcephaly, Brazilian researchers admitted some cases could actually be, instead, other kinds of nervous-system impairment. There are many arbitrary names and labels for such nervous-system destruction. These names overlap. The conditions overlap. They resist neat and separate definitions. Autism, autism spectrum, developmental delay, Fragile X syndrome, Intellectual Disability, Asperger's Syndrome, Rett Syndrome, CDD, etc.

The artificial attempt to separate them is typical nonsense. Likewise, the attempt to ascribe different and distinct causes to each is preposterous. So in Brazil, instead of obsessively looking for one cause of "microcephaly," true researchers would be looking for multiple causes where, in general, brain and nervous-system damage is the result. Causes such as?

1. Toxic pesticides, including Roundup and atrazine. Brazil uses more pesticides than any nation in the world, and many of these chemicals are banned in other countries.

2. Toxic vaccines—for example, the Tdap, which was recommended to pregnant women in Brazil in 2014. The MMR vaccine. Other vaccines. Look, for example, at aluminum ingredients, which cross the blood-brain barrier and are neurotoxic.

3. Genetically-engineered mosquitoes, released to combat mosquitoes that carry dengue fever. No human health studies were done.

4. Anti-mosquito sprays.

5. Chemicals used to fumigate public places.

6. The mosquito-killing insecticide, pyroproxyfen, which has been dumped in water supplies.
And of course, those traditional immune-system destroyers, severe malnutrition, lack of basic sanitation, overcrowding, and stolen farm land. There are other potential causes. Narrowing the range to microcephaly and one cause is not an answer, and it isn't a gateway into a solution for the overall long-term crisis.

Every time a new potential cause of microcephaly is exposed, people jump on that bandwagon. This is it! No, this is it! Instead, back away from the single-cause fixation and look at the overall picture. Understanding will follow. Even if we infer a new level of microcephaly has surged in northeastern Brazil, that doesn't mean there has to be one cause. Thinking that way often cuts you off from the truth.

"One new effect equals one new cause"—this ironclad mandate looks like logic but it isn't. I'll offer an assessment based on almost 30 years of investigating so-called outbreaks and epidemics. The specific condition or disease which is promoted in the press isn't one condition at all. It's the tip of an iceberg. Underneath, you'll find all sorts of symptoms and maladies—and they have existed for a long time. As time passes, ebbs and flows, surges and declines occur—but the number of people suffering is always a high number. There is never one cause for the ongoing and largely unexplored crisis. There is a combination of factors that toxify human beings and reduce the capacity of their immune systems.

This analysis is not friendly to the medical cartel, which obsessively focuses (to their advantage) on the one-disease one-cause scenario. Their (false) cause is inevitably a virus. Making that assessment leads to vaccine and drug development, profits, and totalitarian control of the arena of human suffering.

Cleaning up contaminated water supplies, improving sanitation, eliminating overcrowding, introducing nutritious food to replace no-food or junk food—these and other non-medical measures would make people healthier and drastically reduce their need for any medical intervention at all. That's called a clue. What medical organization wants to take that route, thereby committing suicide?

In Brazil, an upsurge of microcephaly (if it is actually happening) is the tip of the iceberg. Other babies are being born with other severe neurological problems. Immune systems of pregnant women and mothers are compromised, which leads to numerous, serious, life-threatening infections in mothers and babies. The germs involved in the infections would never cause any harm in persons whose immune-defenses were strong.

Now you are seeing a rounded and true picture. The medical-cartel picture is a hysterical fiction, distorted and surreal. It is painted by a monopoly intent on protecting its territory, without any real concern for humans. Of course, the foot-soldiers in this conquest—the doctors—are mostly unaware of the role they are actually playing, since they've been indoctrinated to within an inch of their lives by false and self-serving science.

Over the years, I've spoken to several of these doctors. When I detail the transparently absurd "proof" that a virus is causing a particular condition, they blink. They blink a few times. There is a pause. Their proprietary mind-control engine stalls for a moment. Then they pick up as if nothing has happened. And for them, nothing has. High IQ and clueless, in the valley of robots.

Dictionary.com (http://www.dictionary.com/) Thesaurus.com (http://www.thesaurus.com/)

(http://www.dictionary.com/) VERSION: 9/8/2016

:heday/) definitions Zika virus

Quiz Yourself (http://blog.dictionary.com/can-you-spell-these-commonly-misspelled-words/)

Zika virus

[**zee**-*kuh* vahy-*ruh* s]

noun

1. a chiefly mosquito-borne virus of the genus *Flavivirus* that causes Zika, a mild illness.

2. the illness itself, typically characterized by mild fever, rash, and joint pain; Zika.

Dictionary.com Unabridged
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National Institutes of Health / U.S. National Library of Medicine

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VERSION 9/8/2016

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- Multiple Languages

Zika Virus

Zika is a virus that is spread mostly by mosquitoes. A pregnant mother can pass it to her baby during pregnancy or around the time of birth. It can spread through sexual contact. There have also been reports that the virus has spread through blood transfusions. There have been outbreaks of Zika virus in the United States, Africa, Southeast Asia, the Pacific Islands, parts of the Caribbean, and Central and South America.

Most people who get the virus do not get sick. One in five people do get symptoms, which can include a fever, rash, joint pain, and conjunctivitis (pinkeye). Symptoms are usually mild, and start 2 to 7 days after being bitten by an infected mosquito.

(Read more)

Results **1 - 10** of **525** for **zika virus**

1. **Zika Virus** (National Library of Medicine)
   ... through blood transfusions. There have been outbreaks of **Zika virus** in the United States, Africa, Southeast Asia, the ... not travel to areas where there is a **Zika virus** outbreak. If you do decide to travel, first ...
   https://medlineplus.gov/zikavirus.html - Health Topics

2. **Zika virus** disease
   Zika virus infection; **Zika virus**; **Zika** ... The **Zika virus** is named after the **Zika** forest in Uganda, where the **virus** was first discovered in 1947. HOW ...
   https://medlineplus.gov/ency/article/007666.htm - Medical Encyclopedia

Zika virus | Article about Zika virus by The Free Dictionary

Zika virus

Also found in: **Medical**.

VERSION: 9/8/2016

Zika virus (zē'kə), single-stranded RNA **virus** of the genus flavivirus that infects human and primates and causes a disease known as Zika fever or zika. It is transmitted by the bite of a female *Aedes* mosquito. The virus was first isolated from a rhesus monkey from Uganda's Zika Forest in 1947, and was first found in humans in Nigeria in 1954. The symptoms of Zika fever typically include a low-grade fever accompanied by a rash, joint pain, or conjunctivitis; there also may be muscle pain, swelling of the joints in the hands or feet, headache, pain behind the eyes, and vomiting. In most cases there are no severe complications and the infected individual recovers fully. Roughly three fourths of the people infected with the virus show no symptoms, and Zika fever is often misdiagnosed **dengue fever** in areas where dengue fever is common because of similar symptoms. There is no vaccine or treatment for the virus, other than alleviating the symptoms of infection. Like other mosquito-borne infections, prevention focuses on controlling the mosquitoes that spread the virus and avoiding being bitten.

Outbreaks of the disease initially occurred in tropical Africa and SE Asia, but in 2007 there was an outbreak in the Pacific, on Yap island in the Federated States of Micronesia. In 2013 an outbreak occurred in French Polynesia and the disease then spread to other parts of the Pacific. The virus has also been identified since 2015 in a number of South and Central American countries, Mexico, and parts of the Caribbean. An outbreak of Zika fever that occurred in Brazil beginning in 2015 is suspected of being linked to a sharp increase in the occurrence of microcephaly, a birth defect characterized by an unusually small head and brain damage.

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www.cc.columbia.edu/cu/cup/

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A Mode Tend Parenting Partnership

WIKI-VERSION FROM 11/21/2009

Zika virus

From Wikipedia, the free encyclopedia

This is an old revision of this page, as edited by Ironholds (talk | contribs) at 20:00, 21 November 2009 (tweak). The present address (URL) is a permanent link to this revision, which may differ significantly from the current revision (https://en.wikipedia.org/wiki/Zika_virus).

(diff) ← Previous revision | Latest revision (diff) | Newer revision → (diff)

Zika virus	
Virus classification	
Group:	Group IV ((+)ssRNA)
Family:	*Flaviviridae*
Genus:	*Flavivirus*
Species:	***Zika virus***

Zika virus (ZIKV) is a member of the Flaviviridae virus family and the flavivirus genus. It is related to dengue, yellow fever, West Nile and Japanese encephalitis, viruses that are also members of the virus family Flaviviridae. Along with other viruses in this family, Zika virus is enveloped and icosahedral with a non-segmented, +ssRNA genome. It is most closely related to the Spondweni virus, and is one of the two viruses in the Spondweni virus clade.[1] The virus was first isolated in 1947 from a rhesus monkey in the Zika Forest of Uganda, Africa, and was isolated for the first time from humans in 1968 in Nigeria.[2] From 1951 through 1981, evidence of human infection was reported from other African countries such as Uganda, Tanzania, Egypt, Central African Republic, Sierra Leone, and Gabon, as well as in parts of Asia including India, Malaysia, the Philippines, Thailand, Vietnam, and Indonesia.[2] It is transmitted by mosquitoes, and has been isolated in Ae. africanus, Ae. apicoargenteus, Ae. luteocephalus, Ae. aegypti, Ae vitattus, and Ae. furcifer, all members of the Aedes mosquito family. Studies show that the extrinsic incubation period in mosquitoes is about 10 days.[2] The vertebrate hosts of the virus include monkeys and humans.

The pathogenesis of the virus is hypothesized to first infect dendritic cells near the site of inoculation, and then spread to lymph nodes and the bloodstream.[1] In terms of replication, flaviviruses generally replicate in the cytoplasm, but Zika virus antigens have been found in infected cell nuclei. Common symptoms of infection with the virus include mild headaches, maculopapular rash, fever, malaise, conjunctivitis, and arthralgia. The first well documented case of Zika virus was in 1964, beginning with a mild headache and progressing to a maculopapular rash, fever, and back pain.[2] Within 2 days, the rash was fading, and within 3 days, the fever was gone and only the rash remained.[2] There is no vaccine or preventive drug for Zika virus, and only treatment of symptoms is possible. Usually non-steroid anti-inflammatories and/or non-salicylic analgetics are used.

The first outbreak of the disease outside of Africa and Asia was in April 2007, on Yap Island of the Federated States of Micronesia. This virus was characterized by rash, conjunctivitis, and arthralgia, and was initially thought to be dengue. The Chikungunya and Ross River viruses were also suspected.[3] However, serum samples from patients in the acute phase of illness contained RNA of Zika virus. The virus was relatively mild, as there were 49 confirmed cases, 59 uncomfirmed cases, no deaths and no hospitalizations.[4]

Zika virus could be considered an emerging pathogen, as it spread outside Africa and Asia for the first time in 2007.[2] Thus far, it has been a relatively mild disease with limited scope, but its true potential as a virus and as an agent of disease is currently unknown.

See also

- Zika fever

References

WIKI-VERSION 9/8/2016

Zika virus

From Wikipedia, the free encyclopedia

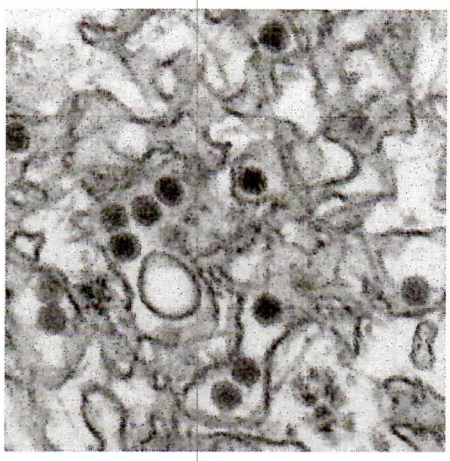
Zika virus (**ZIKV**) is a member of the virus family *Flaviviridae* and the genus *Flavivirus*.[3] It is spread by daytime-active *Aedes* mosquitoes, such as *A. aegypti* and *A. albopictus*.[3] Its name comes from the Zika Forest of Uganda, where the virus was first isolated in 1947.[4] Zika virus is related to the dengue, yellow fever, Japanese encephalitis, and West Nile viruses.[4] Since the 1950s, it has been known to occur within a narrow equatorial belt from Africa to Asia. From 2007 to 2016, the virus spread eastward, across the Pacific Ocean to the Americas, leading to the 2015–16 Zika virus epidemic.

The infection, known as Zika fever or Zika virus disease, often causes no or only mild symptoms, similar to a very mild form of dengue fever.[3] While there is no specific treatment, paracetamol (acetaminophen) and rest may help with the symptoms.[5] As of 2016, the illness cannot be prevented by medications or vaccines.[5] Zika can also spread from a pregnant woman to her fetus. This can result in microcephaly, severe brain malformations, and other birth defects.[6][7] Zika infections in adults may result rarely in Guillain–Barré syndrome.[8]

In January 2016, the United States Centers for Disease Control and Prevention (CDC) issued travel guidance on affected countries, including the use of enhanced precautions, and guidelines for pregnant women including considering postponing travel.[9][10] Other governments or health agencies also issued similar travel warnings,[11][12][13] while Colombia, the Dominican Republic, Puerto Rico, Ecuador, El Salvador, and Jamaica advised women to postpone getting pregnant until more is known about the risks.[12][14] Zika is pronounced /ˈziːkə/ or /ˈzɪkə/.[15][16]

Contents

Zika virus



Electron micrograph of the virus. Virus particles (digitally colored purple) are 40 nm in diameter, with an outer envelope and a dense inner core.[1]

Zika virus envelope model, colored by chains, PDB entry 5ire (http://www.pdbe.org/5ire).[2]

Virus classification

Group:	Group IV ((+)ssRNA)
Family:	*Flaviviridae*
Genus:	*Flavivirus*
Species:	*Zika virus*

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From year (and earlier): 2016 From month (and earlier): all Tag filter:

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(newest | oldest) View (newer 100 | older 100) (20 | 50 | 100 | 250 | 500)

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- (cur | prev) ◉ 20:01, 8 September 2016 ClueBot NG (talk | contribs) m . . (64,185 bytes) (-8) . . (Reverting possible vandalism by 204.83.240.144 to version by BigDwiki. Report False Positive? Thanks, ClueBot NG. (2751876) (Bot)) (undo)
- (cur | prev) ◉ 20:00, 8 September 2016 204.83.240.144 (talk) . . (64,193 bytes) (+8) . . (Stuff) (undo) *(Tags: Mobile edit, Mobile web edit)*
- (cur | prev) ○ 21:03, 7 September 2016 BigDwiki (talk | contribs) m . . (64,185 bytes) (-33) . . (Reverted edits by 49.145.196.200 (talk): Introduces factual errors (HG) (3.1.21)) (undo)
- (cur | prev) ○ 21:03, 7 September 2016 49.145.196.200 (talk) . . (64,218 bytes) (+33) . . (undo)
- (cur | prev) ○ 21:01, 7 September 2016 BigDwiki (talk | contribs) m . . (64,185 bytes) (0) . . (Reverted edits by 49.145.196.200 (talk) (HG) (3.1.21)) (undo)
- (cur | prev) ○ 21:00, 7 September 2016 49.145.196.200 (talk) . . (64,185 bytes) (0) . . (undo)
- (cur | prev) ○ 00:30, 7 September 2016 Sfarney (talk | contribs) . . (64,185 bytes) (-10) . . (→Transmission: Copyedit. Do we "incriminate" viruses now?? Heh. Will fix in time.) (undo) *(Tag: Visual edit)*
- (cur | prev) ○ 19:33, 6 September 2016 MeowMoon (talk | contribs) . . (64,195 bytes) **(+1,287)** . . (Reverted 1 edit by 77.101.134.107 (talk) to last revision by ClueBot NG. (TW)) (undo)
- (cur | prev) ○ 19:30, 6 September 2016 77.101.134.107 (talk) . . (62,908 bytes) **(-1,287)** . . (→Virology) (undo) *(Tags: nonsense characters, repeating characters)*
- (cur | prev) ○ 19:29, 6 September 2016 ClueBot NG (talk | contribs) m . . (64,195 bytes) (-38) . . (Reverting possible vandalism by 77.101.134.107 to version by Jytdog. Report False Positive? Thanks, ClueBot NG. (2749249) (Bot)) (undo)
- (cur | prev) ○ 19:29, 6 September 2016 77.101.134.107 (talk) . . (64,233 bytes) (+38) . . (→Virology: ddddddddddddd) (undo) *(Tag: repeating characters)*
- (cur | prev) ○ 15:53, 6 September 2016 Jytdog (talk | contribs) . . (64,195 bytes) **(-1,111)** . . (→Mosquito: that content is about preventing Zika fever; moving there) (undo)
- (cur | prev) ○ 15:07, 6 September 2016 194.80.229.244 (talk) . . (65,306 bytes) **(+1,111)** . . (undo)
- (cur | prev) ○ 13:27, 6 September 2016 NgYShung (talk | contribs) m . . (64,195 bytes) (-3) . . (Reverted edits by 81.83.10.33 (talk) (HG) (3.1.21)) (undo)

- (cur | prev) 13:25, 6 September 2016 81.83.10.33 (talk) . . (64,198 bytes) (+3) . . (undo)
- (cur | prev) 03:25, 6 September 2016 JimVC3 (talk | contribs) . . (64,195 bytes) (+95) . . (Reverted 2 edits by 116.87.223.76 (talk) to last revision by 71.47.116.12. (TW)) (undo)
- (cur | prev) 03:24, 6 September 2016 116.87.223.76 (talk) . . (64,100 bytes) (-100) . . (→Transmission) (undo)
- (cur | prev) 03:24, 6 September 2016 116.87.223.76 (talk) . . (64,200 bytes) (+5) . . (→Virology) (undo)
- (cur | prev) 02:05, 6 September 2016 71.47.116.12 (talk) . . (64,195 bytes) (+4) . . (→Mosquito: Added links) (undo) *(Tags: canned edit summary, Mobile app edit)*
- (cur | prev) 21:57, 5 September 2016 Julietdeltalima (talk | contribs) . . (64,191 bytes) (-1) . . (Reverted good faith edits by 77.217.208.54: Rolling back introduced typographical error; "Americas" is the correct word from the title of the referenced article, not "Americans". (TW)) (undo)
- (cur | prev) 21:40, 5 September 2016 77.217.208.54 (talk) . . (64,192 bytes) (+1) . . (→Virology) (undo)
- (cur | prev) 09:59, 5 September 2016 Doc James (talk | contribs) m . . (64,191 bytes) (+3) . . (Reverted 1 edit by 121.97.26.83 (talk) to last revision by CryptoStorm. (TW)) (undo)
- (cur | prev) 08:55, 5 September 2016 121.97.26.83 (talk) . . (64,188 bytes) (-3) . . (→Virology) (undo)
- (cur | prev) 01:42, 5 September 2016 CryptoStorm (talk | contribs) m . . (64,191 bytes) (+1) . . (Typo correction) (undo)
- (cur | prev) 14:57, 3 September 2016 Doc James (talk | contribs) . . (64,190 bytes) (+14) . . (better ref) (undo)
- (cur | prev) 12:01, 3 September 2016 Angelicalgal027 (talk | contribs) . . (64,176 bytes) (+206) . . (undo)
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- (cur | prev) 04:11, 2 September 2016 Me, Myself, and I are Here (talk | contribs) . . (63,998 bytes) (+1) . . (Reverted 1 edit by 115.42.150.66 (talk): Fix heading. (TW)) (undo)
- (cur | prev) 02:16, 2 September 2016 115.42.150.66 (talk) . . (63,997 bytes) (-1) . . (→Zika fever) (undo)
- (cur | prev) 20:46, 1 September 2016 Gorthian (talk | contribs) . . (63,998 bytes) (-3) . . (Undid revision 737269896 by 204.26.35.49 (talk) edit test) (undo)
- (cur | prev) 20:36, 1 September 2016 Jytdog (talk | contribs) . . (64,001 bytes) (-133) . . (remove NYT cite; we don't use popular media for health claims) (undo)
- (cur | prev) 18:19, 1 September 2016 204.26.35.49 (talk) . . (64,134 bytes) (+3) . . (undo)
- (cur | prev) 17:09, 1 September 2016 BatteryIncluded (talk | contribs) m . . (64,131 bytes) (+60) . . (Reverted edits by 63.149.167.3 (talk) to last version by Doc James) (undo)
- (cur | prev) 16:59, 1 September 2016 63.149.167.3 (talk) . . (64,071 bytes) (-60) . . (→Mosquito) (undo)
- (cur | prev) 13:42, 1 September 2016 Doc James (talk | contribs) . . (64,131 bytes) (-207) . . (undo)
- (cur | prev) 13:41, 1 September 2016 2605:6000:f090:b8f0:9c8b:8eec:1de1:5f33 (talk) . . (64,338 bytes) (+161) . . (add link to news story NY Times) (undo)
- (cur | prev) 13:39, 1 September 2016 2605:6000:f090:b8f0:9c8b:8eec:1de1:5f33 (talk) . . (64,177 bytes) (+207) . . (→External links) (undo)
- (cur | prev) 03:21, 1 September 2016 Jytdog (talk | contribs) . . (63,970 bytes) (+8) . . (Undid revision 737162433 by Reatlas (talk) please no) (undo)
- (cur | prev) 03:19, 1 September 2016 Reatlas (talk | contribs) . . (63,962 bytes) (-8) . . (→top) (undo)
- (cur | prev) 20:36, 31 August 2016 Gorthian (talk | contribs) . . (63,970 bytes) **(-989)** . . (Reverted to revision 736815394 by Soupvector: This is not the place to add info about the current epidemic; try 2015–16