



Harness shared data in international Zika registry

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LETTERS

MICROCEPHALY IN EUROPE

Harness shared data in international Zika registry

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We welcome the paper by Morris and colleagues on the prevalence of microcephaly in Europe.¹ The authors state that increases in prevalence such as expected with Zika virus in a non-endemic region would be unlikely to be detected in Europe through routine surveillance.

As a newly identified teratogen, Zika requires global and dedicated tools to allow comprehensive characterisation of the risks associated with its materno-fetal transmission. Nearly a year after the first reported increase in microcephaly in Brazil,² the magnitude of the risks of materno-fetal transmission and the associated potential cofactors remain unclear.

Case reports and congenital anomaly surveillance systems are indispensable tools in detecting new teratogens and have been effective in Brazil's Zika outbreak. However, since these tools will probably not provide global information or allow in-depth comprehension of the link between a teratogen and its risks, we need epidemiological studies, such as case-control studies and cohort studies with appropriate follow-up.

To facilitate these studies we have launched an international web registry,³ enrolling pregnant women, prospectively and anonymously, at any gestational age as soon as Zika exposure is suspected (eg, mosquito bite, unprotected sex) and ideally before any additional screening (a prospective registry). Follow-up information on other risk factors and on pregnancy,

fetal, and neonatal outcomes is gathered after birth. Any healthcare provider supporting the registry by providing well documented exposures will be regarded as a collaborator of the registry in any future peer reviewed scientific publication (see <https://epgl.unige.ch/zika-in-pregnancy-registry/>). The collected data will be available to research groups that have a clear, non-redundant research question and approval from a biomedical research ethics committee.

We hope that this centralised dataset of shared information will allow research to progress in acquiring a comprehensive characterisation of the risks associated with Zika materno-fetal transmission.

Competing interests: None declared.

Full response at: www.bmj.com/content/354/bmj.i4721/rr-0.

- 1 Morris JK, Rankin J, Garne E, et al. Prevalence of microcephaly in Europe: population based study. *BMJ* 2016;354:i4721. doi:10.1136/bmj.i4721 pmid:27623840.
- 2 Kleber de Oliveira W, Cortez-Escalante J, De Oliveira WT, et al. Increase in reported prevalence of microcephaly in infants born to women living in areas with confirmed Zika virus transmission during the first trimester of pregnancy—Brazil, 2015. *MMWR Morb Mortal Wkly Rep* 2016;65:242-7. doi:10.15585/mmwr.mm6509e2 pmid:26963593.
- 3 Panchaud A, Vouga M, Musso D, Baud D. An international registry for women exposed to Zika virus during pregnancy: time for answers. *Lancet Infect Dis* 2016;16:995-6doi:10.1016/S1473-3099(16)30255-9.

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