
WHO guideline development group meeting - Infant feeding in areas of Zika virus transmission

Geneva, Switzerland (via videoconference)

9 December 2019 (14:30 – 17:00 CET)

10 December 2019 (09:30 – 12:30 CET)

SCOPE AND PURPOSE

The World Health Organization (WHO) is committed to driving public health impact in every country, ensuring healthy lives and promoting well-being for all at all ages. WHO's normative, data, and research and innovation activities drive the creation of global public goods. This work has been included as one of the WHO Global Public Health Goods for country impact and aims to support regional and country offices work and to help WHO Member States and their partners to make evidence-informed decisions on the appropriate actions in their efforts to improve access to quality essential health services, support countries to be prepared for health emergencies, and address the determinants of health. It will also help in increasing capacity in the countries to respond to their needs on preparedness on Zika virus infections and to prioritize essential actions in national health policies, strategies and plans.

The World Health Assembly (WHA) in 2018, through the WHA resolution 71.9 on Infant and Young Child Feeding, affirmed that “the protection, promotion and support of breastfeeding contributes substantially to the achievement of the Sustainable Development Goals (SDGs) on nutrition and health, and is a core element of quality health care”, and recognized that “appropriate, evidence-based and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and families”; requested WHO “to continue to update and generate evidence-based recommendations.”

As part of the key mandate of WHO to develop technical normative guidance on public health programmes and novel technologies, WHO convened a Guideline Development Group for the update of the current [WHO Infant feeding in areas of Zika virus transmission](#)¹. This guideline was developed, first as interim advice and then as a rapid advice guideline during the outbreak. The document states that the benefits of breast feeding for the infant and mother outweigh any potential risk of Zika infection through breast milk and recommended that mothers with possible or confirmed Zika virus infection or exposure continue to breast feed. As data about long-term outcomes associated with Zika virus infection in infants and young children is becoming available

¹ Guideline: Infant feeding in areas of Zika virus transmission. Geneva: World Health Organization; 2016.

and taking into consideration that Zika virus outbreaks could occur again, this guideline is being updated and transformed into a standard WHO guideline.

An initial meeting with the GDG took place in April 2019, in which input was given into the scope of the guideline, assisted the steering group in developing the key questions in PICO format and prioritized outcomes to guide the evidence reviews and focus the recommendations. On 24 July 2019, the WHO steering group met to discuss expanding this guideline to include infant feeding recommendations for infants presenting with [congenital Zika virus syndrome \(CZVS\)](#) or [Guillain-Barré Syndrome \(GBS\)](#) and support required by mothers and caretakers of infants affected by this condition.

Zika virus can be transmitted from mother to fetus during pregnancy, resulting in microcephaly (smaller than normal head size) and other congenital malformations in the infant, collectively referred as CZVS. Microcephaly is caused by underlying abnormal brain development or loss of brain tissue. CZVS also includes other malformations such as dysphagia (swallowing problems), limb contractures, high muscle tone, ventriculomegaly, joint abnormalities, ocular abnormalities and hearing loss. These congenital anomalies occur following both symptomatic and asymptomatic infection. CZVS may manifest at any point in infancy, from birth up to a few years later or during the prenatal period. Not all children will present all these complications, as it varies according to the extent of the brain damage. Of concern is that some of the manifestations of CZVS lead to feeding problems such as swallowing dysfunction or dysphagia (i.e. difficulty breathing with feeding, coughing or choking during feeding, or extended feeding times), irritability, or vomiting. In turn, this could increase the risk of mortality, morbidity, growth abnormalities and developmental problems.

Zika virus infection is also a trigger of GBS, which can result in neuropathy and myelitis, particularly in adults and older children, leading to paralysis of the legs, arms, or muscles in the face. This could potentially also affect feeding. Therefore, specific guidelines are needed for families with infants and young children with CZVS and/or GBS and health workers providing care to these children.

WHO has established a WHO guideline development group following the procedure outlined in the WHO Handbook for Guideline Development². The guideline development group is a multidisciplinary group encompassing a range of technical and programmatic skills as well as diverse perspectives, aiming at having geographical representation and gender balance.

A final guideline development group meeting is planned by teleconference, with the following objectives:

- To examine the Grading of Recommendations Assessment, Development and Evaluation (GRADE) evidence-to-decision profiles or other assessments of the quality of the evidence used to inform the recommendations and provide input;

² WHO handbook for guideline development – 2nd ed. Geneva: World Health Organization; 2014.

- To interpret the evidence, with explicit consideration of the overall balance of benefits and harms;
- To formulate recommendations and determining their strength considering benefits, harms, values and preferences, feasibility, equity, ethics, acceptability, resource requirements and other factors, as appropriate;
- To define implications for further research and gaps;
- To discuss implementation and evaluation considerations of the guideline.