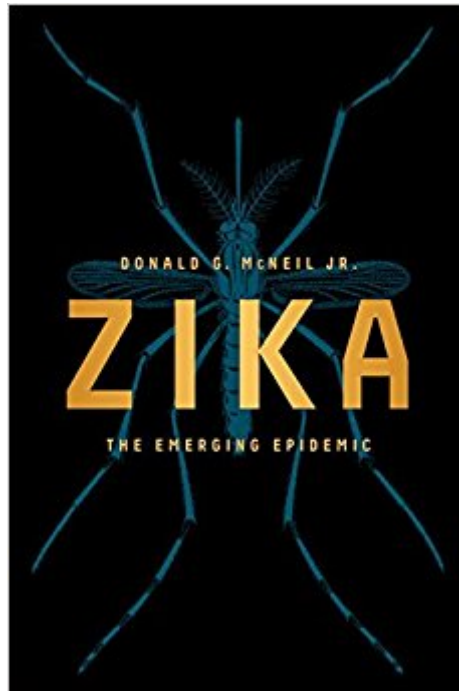




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Zika: The Emerging Epidemic



Synopsis

A gripping narrative about the origins and spread of the Zika virus by New York Times science reporter Donald G. McNeil Jr. Until recently, Zika was once considered a mild disease – it was hardly a cause for global panic. But as early as August 2015, doctors in northeast Brazil began to notice a trend: many mothers who had recently experienced symptoms of the Zika virus were giving birth to babies with microcephaly, a serious disorder characterized by unusually small heads and brain damage. By early 2016, Zika was making headlines as evidence mounted – and eventually confirmed – that microcephaly is caused by the virus, which can be contracted through mosquito bites or sexually transmitted. The first death on American soil, in February 2016, was confirmed in Puerto Rico in April. The first case of microcephaly in Puerto Rico was confirmed on May 13, 2016. The virus has been known to be transmitted by the *Aedes aegypti* or Yellow Fever mosquito, but now *Aedes albopictus*, the Asian Tiger mosquito, has been found to carry it as well, which means it might affect regions as far north as New England and the Great Lakes. Right now, at least 298 million people in the Americas live in areas conducive to Zika transmission, according to a recent study. Over the next year, more than 5 million babies will be born. In *Zika: The Emerging Epidemic*, Donald G. McNeil Jr. sets the facts straight in a fascinating exploration of Zika's origins, how it's spreading, the race for a cure, and what we can do to protect ourselves now.

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Customer Reviews

“I find much to applaud in Mr. McNeil’s Zika: The Emerging Epidemic. Though slim, Zika is dense with information. In a no-nonsense, declarative writing style, Mr. McNeil tells the history of humanity’s relationship with the Zika virus. - Laurie Garrett, The New York Times

“Tight and highly informative. - Sally Satel, The Washington Post

“[An] agile account. McNeil’s mapping of official responses to the epidemic underlines the burning need for viral vigilance. - Nature

“Lucid, even prescient....Years from now, wherever we stand in the struggle, many of us will still be reading and sharing McNeil’s real-time account of Zika’s stunning assault on an unprepared planet. Yes, the book is really that good. - Dr. Claire Panosian Dunavan, American Journal of Tropical Medicine and Hygiene

“A succinct summary of Zika to date....from a reliable source. - Kirkus Reviews

Donald G. McNeil Jr. is a science reporter covering plagues and pestilences for The New York Times, where he began work as a copy boy in 1976. He is a former Africa correspondent and has reported from fifty-five countries.

Donald McNeil Jr is one of our top science journalists. He covers global health issues for the New York Times and has reported on epidemics ranging from Ebola to West Nile. McNeil visited Brazil during the early days of the Zika epidemic, when the first cases of microcephaly appeared, and interviewed researchers on flavivirus as well as local public administrators. The book is exciting, covering the epidemic as it first unfolded and as the threat of birth defects emerged. In the early days (January 2016) rumors circulated wildly- I remember fighting a social media battle with friends who were posting alternative hypotheses about genetically engineered mosquitoes and larvicides, and using McNeil and the NEJM as my sources. The book was written before the Rio Olympics in summer 2016, so would-be tourists had practical concerns. Several of my relatives live in the affected areas, so I had personal worries. The book is at its best in Q&A mode, discussing the knowns and the unknowns and timetable for vaccine development. The history of Zika before Brazil is also fascinating. But McNeil made me furious. There are minor annoyances, like (on p. 23) saying that Zika replicates via a DNA intermediate (don’t science journalists fact-check with scientists?) There is First World condescension: "and then (travel) to Vietnam to see whether it was true that communists are terrific at fighting tuberculosis, but would be able to declare victory only if they obtained more aid from the capitalists" (page 60). (Well, yeah. Is it a contradiction that a poor country might have very good public health services, as Vietnam does, but still need money from

rich countries to pay for expensive drugs?) But what really made me mad was his smugness in the debate about whether women in the affected countries should, or could, avoid pregnancy until the epidemic blew over. (Officials in several Latin American countries were already telling them that). It's defensible to argue that avoidance would be the wisest course and that it wouldn't have to be too long. But he brushes aside as irrelevant all the evidence that women in several of those countries have limited access to contraception, none to abortion, and may be subject to sexual violence. Because SOME of them have access, they should be told this anyway. He is scornful of WHO officials' concerns and mansplains to a Puerto Rican WIC instructor and then to Denise Jamieson, a leading ob-gyn doctor in Puerto Rico, who tries to explain that a woman trying to have a baby near the end of her fertility may not be willing to wait a year or two. At that time, the risk of being bitten by a Zika-infected mosquito in Puerto Rico and having an affected baby was still very low, below that of an older woman having a baby with a fatal trisomy. Most decisions around childbearing are personal and can't be prescribed. A genetic counselor can't tell a woman whether or not to start or end a pregnancy if the couple is at risk for a genetic disease; they are subject to rules of "nondirective counseling." SSRIs increase the risk of pulmonary hypertension. Women are always worrying about the risks- will those four beers before the positive pregnancy test cause fetal alcohol syndrome? You can give women the options and make sure they have the means to carry them out (free contraceptives, free ultrasounds, free counseling and abortions) but you can't tell them what to do. What guarantee did they have that the virus would go away, or that a vaccine would be developed within two years? The regions hit hard by Zika are also those in which women were affected by global development policies aimed at their bodies. Puerto Rico is part of the United States, and served by the CDC, but 38% of the women in Puerto Rico were sterilized (many unknowingly) by 1968, under a U.S. government population control program. Nearly 300,000 indigenous women in Peru were forcibly sterilized in the 1990's by the Fujimori regime. The CDC and the WHO are aware of this history and that women's fertility and its control is a fraught subject in Latin America. None of this background is mentioned by McNeil, who is surely aware of this history.

...you should read this book. It is the clearest description of the way the current issues with Zika have been managed by governmental health agencies. As a practicing OB/GYN, I learned a lot from this book. The Q&A at the end is one of the clearest presentations of the facts about Zika that I have seen.

Well written for the public. I hoped to use the book as a reference on the disease and it was too brief and not enough detail.

Up-to-date, detailed, and very accurate. Probably all you want and need to know about Zika. And a delightfully quick read.

Gets you the information to March 2014, very good, I did research with *Aedes aegypti* in the 0's in grad school and have worked in medical research it answered my questions. Gave me a way to talk to clients about medical issues.

Very useful information.

Insightful and dogged reporting. If you're interested in infectious diseases and how epidemics are handled by governments and health agencies designed to protect us, this is a book for you.

Important account of how we got to the current stage in the evolution of this deadly disease.

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