VIROLOGY

Zika-linked birth defects seen in Colombia

Country hopes to quantify threat that Zika poses to fetuses.

BY DECLAN BUTLER

Researchers have found Colombia's first cases of birth defects linked to the Zika virus, *Nature* learned last week. The cases are probably forerunners of a widely anticipated wave of birth defects in the country, related to infections caused by the mosquito-borne virus that is sweeping across the Americas.

The discovery is perhaps no surprise: Zika arrived in Colombia last September, and the country is second only to Brazil in terms of the number of people infected with the virus. But Colombian researchers hope that by closely monitoring pregnant women, they can help to better establish the magnitude of the threat that the virus poses to fetuses: a crucial question that scientists have not yet been able to answer with data from Brazil.

Scientists in Colombia have now diagnosed one newborn with microcephaly — an abnormally small head — and two others with congenital brain abnormalities, says Alfonso Rodriguez-Morales, who chairs the Colombian Collaborative Network on Zika (RECOLZIKA), which made the diagnoses. All three infants tested positive for the presence of Zika virus. The researchers have submitted a report of their detections to a scientific journal.

IMMINENT RISE

Rodriguez-Morales, an infectious-diseases epidemiologist at the Technological University of Pereira in western Colombia, says that he expects to see a rise in cases of Zika-linked birth defects, starting in two or three months' time. The RECOLZIKA group — a network of researchers and public-health institutions across Colombia — is already investigating a handful of other suspected cases of microcephaly with a possible link to Zika.

Clinical evidence leaves little doubt that a link between Zika and microcephaly exists: the virus has been detected in amniotic fluid, in the cerebrospinal fluid of affected babies and in the brains of stillborn fetuses and those aborted after the detection of severe malformations during pregnancy. But a key question in assessing the scale of the threat that Zika may pose is how many pregnant women infected with the virus — particularly during the first trimester, when the fetus is most vulnerable — nonetheless give birth to healthy babies.

Brazil is the only country so far to report a large surge in newborns with microcephaly that coincides with outbreaks of Zika virus. But the exact size of that surge is uncertain, and it has not yet been possible to quantify the extent to which the virus is linked to the rise. RECOLZIKA researchers hope to help to answer this through national tracking programmes, which were set up in December to monitor pregnant women for signs of infection and to spot early signs of birth defects in fetuses.

Even if its risk does turn out to be low, Zika could still lead to many cases, says Rodriguez-Morales, because a large number of pregnant women in the Americas are likely to become infected with the virus. ■

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