worry (p = 0.281) and vaccination intentions (p = 0.467) did not significantly interact with country status.

Our results indicate that the choice of disease labels for public communications about outbreaks cannot be made by personal preference. In this study, an animal reservoir label evoked weaker responses from participants than other labels. Although these results could be specific to the animal we chose, using an animal reservoir label may produce greater misconceptions (e.g., exposure to the animal necessary for transmission) that undermine suspicions of risk. Further research is needed to determine whether this effect is context-specific or generalizes to other animal reservoir labels for infectious diseases and whether our findings replicate in a nonhypothetical context.

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Zika Virus Screening among Spanish Team Members After 2016 Rio de Janeiro, Brazil, Olympic Games

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The current Zika virus epidemic became a major concern for national Olympic delegations before they traveled to Rio de Janeiro, Brazil, during summer 2016. Fear about individual consequences of the infection, such as congenital or neurologic disorders, were common among athletes and other participants of the Olympic Games and led some persons not to attend the Games for these reasons. The possibility of the Olympics contributing to a global spread of the Zika virus epidemic also was a concern, initially raised by ≈100 academic researchers, expressed in an open letter addressed to the World Health Organization (WHO) in May 2016 (1,2).

The risk for Zika during the Rio de Janeiro Olympic Games was estimated to be very low in different models published in medical journals (9×10⁻⁶ to 3×10⁻⁵) (3-6). After considering these figures, WHO advised that the Games should not substantially affect the epidemic (7).

To evaluate the risk for the Spanish Olympic Team acquiring Zika virus, our research group from 6 hospitals in Spain invited members of the Spanish delegation to participate in a serologic study of Zika virus 20 and 30 days after returning from Rio de Janeiro. The study was conducted in 6 different recruiting Tropical Medicine Units in cities in Spain (Barcelona, Madrid, Sevilla, San Sebastian, Las Palmas de Gran Canaria, and Almeria).

Athletes and other participants were invited to participate in the study through the Spanish Olympic Committee. A total of 117 Olympics participants accepted and were included in the study during September and October 2016. After providing oral and written information, study participants signed an informed consent form, and demographic and health data were recorded in a medical questionnaire. Participants signed an informed consent form, and demographic and health data were recorded in a medical questionnaire. After providing oral and written information, study participants signed an informed consent form, and demographic and health data were recorded in a medical questionnaire.

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We evaluated the risk for the Spanish Olympic Team acquiring Zika virus in Rio de Janeiro, Brazil, during 2016. We recruited 117 team members, and all tested negative for Zika virus. Lack of cases in this cohort supports the minimum risk estimates made before the Games.

**Table.** Demographic and travel-related characteristics of 117 Spanish athletes who attended the Olympic Games, Rio de Janeiro, Brazil, 2016*

| Characteristic                        | Results  |
|--------------------------------------|----------|
| **Patients**                         |          |
| Sex                                  |          |
| M                                    | 76 (66.0) |
| F                                    | 41 (35.0) |
| **Age, y, median ± SD**              | 35.54 ± 9.46 |
| **Athletes**                         |          |
| All athletes                         | 53 (45.3) |
| Outdoor athletes                    | 35 (66.0) |
| **Spanish nationality**              | 112 (95.7) |
| **Chronic disease**                  | 6 (5.1)  |
| Immunosuppression                    | 0        |
| **Current pregnancy, own or partner’s** | 9 (7.7)† |
| **Intention to conceive within the following 6 mo** | 29 (24.8) |
| Sex                                  |          |
| M                                    | 22 (75.9) |
| F                                    | 7 (24.1)  |
| **Vaccination and travel advice**    |          |
| Vaccine                              |          |
| Yellow fever                         | 23 (19.6) |
| Japanese encephalitis                | 0        |
| Tickborne encephalitis               | 0        |
| **Attendance at a travel clinic**    | 115 (98.3) |
| **Zika advice included**             | 116 (99.2) |
| >1 Visit to a tropical country       | 74 (63.3) |
| **Previous diagnosis of dengue**     | 0        |
| **During the trip**                  |          |
| Length of stay, d, median ± SD      | 21.35 ± 9.05 |
| Places visited                       |          |
| Rio de Janeiro                       | 103 (88) |
| Rio de Janeiro, Deodoro, and Barra   | 7 (6.0)  |
| Rio de Janeiro and Ilha Grande       | 4 (3.4)  |
| Rio de Janeiro and Paraty            | 1 (0.85) |
| Rio de Janeiro and French Polynesia  | 1 (0.85) |
| **Use of bed nets or air conditioners** | 61 (52.6) |
| **Use of repellent**                | 111 (94.9) |
| **Risky sexual behavior**            | 2 (1.7)  |
| **Recall >1 mosquito bite during stay** | 56 (47.9) |

*All values are no. (%) unless otherwise indicated.
†Male participants’ partners who were pregnant before the Games.
Study participants were advised to wait to conceive in accordance with WHO specifications: 6 months for men, 2 months for women. Participants with pregnant partners were advised to use condoms during the entire pregnancy.

A lack of Zika cases in this cohort supports the risk calculations made before the Games and the WHO statement that there were no Zika cases associated with the Olympic Games (8). Although 48% of participants in our study recalled at least 1 mosquito bite during the stay, the overall absence of cases in the Rio de Janeiro population during July and August 2016 (9,10) is believed to be due to the vector-control efforts by Brazilian authorities before the Games and to the winter weather, leading to a low presence of adult mosquitoes and mosquito bites (5,6).

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Candidatus Dirofilaria hongkongensis as Causative Agent of Human Ocular Filariosis after Travel to India

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We report a human case of ocular Dirofilaria infection in a traveler returning to Austria from India. Analysis of mitochondrial sequences identified the worm as Candidatus Dirofilaria hongkongensis, a close relative of Dirofilaria repens, which was only recently described in Hong Kong and proposed as a new species.

Dirofilariosis, caused by Dirofilaria repens or D. immitis nematodes, is a zoonotic filarial infection transmitted through the bite of various mosquitoes. The most frequent