### LETTERS

For nearly 8 decades, *N. gonorrhoeae* has been controllable. Continued investment in research and the development of new laboratory technology are critical in supporting an effective response to mitigate the threat of untreatable gonorrhea.

We received funding from National Institute of Allergy and Infectious Diseases R21AI109005. C.C.B. received funding from National Institute on Drug Abuse T32 DA023356 and National Institute on Drug Abuse R01 DA037773-01A1.

### References

- Martin I, Sawatzky P, Liu G, Allen V, Lefebvre B, Hoang L, et al. Decline in decreased cephalosporin susceptibility and increase in azithromycin resistance in *Neisseria gonorrhoeae*, Canada. Emerg Infect Dis. 2016;22:65–7. http://dx.doi.org/ 10.3201/eid2201.151247
- Kirkcaldy RD, Hook EW III, Soge OO, del Rio C, Kubin G, Zenilman JM, et al. Trends in *Neisseria gonorrhoeae* susceptibility to cephalosporins in the United States, 2006– 2014. JAMA. 2015;314:1869–71. http://dx.doi.org/10.1001/ jama.2015.10347
- Buono SA, Watson TD, Borenstein LA, Klausner JD, Pandori MW, Godwin HA. Stemming the tide of drug-resistant *Neisseria gonorrhoeae*: the need for an individualized approach to treatment. J Antimicrob Chemother. 2015;70:374–81. http://dx.doi.org/ 10.1093/jac/dku396
- Deguchi T, Yasuda M, Hatazaki K, Kameyama K, Horie K, Kato T, et al. New clinical strain of *Neisseria gonorrhoeae* with decreased susceptibility to ceftriaxone, Japan. Emerg Infect Dis. 2016;22:142–4. http://dx.doi.org/10.3201/eid2201.150868
- Hemarajata P, Yang S, Soge OO, Humphries RM, Klausner JD. Performance and verification of a real-time PCR assay targeting gyrA gene for prediction of ciprofloxacin resistance in *Neisseria* gonorrhoeae. J Clin Microbiol. 2016:54:805–8. http://dx.doi.org/ 10.1128/JCM.03032-15

Address for correspondence: Claire C. Bristow, University of California San Diego, 9500 Gilman Drive, La Jolla, CA 92093-0507, USA; email: cbristow@ucsd.edu

# **Detection of Zika Virus** in Semen

## Barry Atkinson, Pasco Hearn, Babak Afrough, Sarah Lumley, Daniel Carter, Emma J. Aarons, Andrew J. Simpson, Timothy J. Brooks, Roger Hewson

Author affiliations: Public Health England, Porton Down, UK (B. Atkinson, P. Hearn, B. Afrough, S. Lumley, D. Carter, E.J. Aarons, A.J. Simpson, T.J. Brooks, R. Hewson); National Institute for Health Research, Liverpool, UK (T.J. Brooks, R. Hewson) To the Editor: As an increasing number of autochthonous Zika virus infections are reported from several South America countries (1), we read with interest the report from Musso et al. on the potential sexual transmission of Zika virus (2). We report additional evidence for this potential route of transmission after identification of an imported case of infection into the United Kingdom.

After an outbreak alert for Zika in French Polynesia, active screening was implemented at Public Health England (Porton Down, United Kingdom). In 2014, a 68-year-old man had onset of fever, marked lethargy, and an erythematous rash 1 week after returning from the Cook Islands. Serum samples taken 3 days into the febrile illness tested negative for dengue and chikungunya viruses by real-time reverse transcription PCR (rRT-PCR). Test results for dengue virus IgM and chikungunya virus IgM also were negative; a test result for dengue virus IgG was indeterminate.

An rRT-PCR test result for Zika virus (3) was positive and indicated a crossing threshold value of 35 cycles. This low viral load, commonly observed even in the acute phase of disease (3), meant that attempts to obtain sequence data were unsuccessful. Convalescent-phase serum, urine, and semen samples were requested; only semen was positive for by rRT-PCR, at 27 and 62 days after onset of febrile illness. These results demonstrated stronger signals than those obtained in tests of the original serum sample, with crossing threshold values of 29 and 33 cycles, respectively. Zika virus–specific plaque reduction neutralization test results were positive on convalescent-phase serum samples.

Although we did not culture infectious virus from semen, our data may indicate prolonged presence of virus in semen, which in turn could indicate a prolonged potential for sexual transmission of this flavivirus. Moreover, these findings could inform decisions regarding what control methods are implemented and which specimen types are best suited for diagnostic detection.

### References

- Pan American Health Organization. Reported increase of congenital microcephaly and other central nervous system symptoms—epidemiological update [cited 2016 Feb 4]. http://www.paho.org/hq/index.php?option=com\_content&view= article&id=1239&Itemid=2291&lang=en
- Musso D, Roche C, Robin E, Nhan T, Teissier A, Cao-Lormeau V-M. Potential sexual transmission of Zika virus. Emerg Infect Dis. 2015;21:359–61. http://dx.doi.org/10.3201/eid2102.141363
- Lanciotti RS, Kosoy OL, Laven JJ, Velez JO, Lambert AJ, Johnson AJ, et al. Genetic and serologic properties of Zika virus associated with an epidemic, Yap State, Micronesia, 2007. Emerg Infect Dis. 2008;14:1232–9. http://dx.doi.org/10.3201/ eid1408.080287

Address for correspondence: Barry Atkinson, Public Health England, Porton Manor Farm Rd, Salisbury SP4 0JG, UK; email: barry.atkinson@phe.gov.uk

DOI: http://dx.doi.org/10.3201/eid2205.160107