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Zika Update

INTRODUCTION

Between January 1, 2015 and February 24, 2016, there were 107 travel-associated cases of Zika Virus Disease (ZVD) reported in 25 US states. In addition, one



travel-associated and 39 locally acquired cases were reported in the US territories, i.e., American Samoa, Puerto Rico and US Virgin Islands. No confirmed cases have been reported in Nevada to date. On February 5, 2016, CDC released updated guidelines for health care providers (HCPs) caring for pregnant women and women of reproductive age with possible Zika virus exposure. Since then, Washoe County Health District (WCHD) has received many phone calls from local HCPs to inquire about Zika virus testing. Eight tests are pending to date. Seven of the eight are pregnant women who traveled to affected areas but no illnesses were reported. One of the eight is a returned traveler who had symptoms compatible with ZVD. Between February 5 and 26, CDC updated two guidelines previously released. On February 26, CDC also published two articles on Zika in their Morbidity and Mortality Weekly Report (MMWR). This issue of Epi-News will focus on summary of updates and primary findings from the two articles.

ALL COUNTRIES AND TERRITORIES WITH ACTIVE ZIKA VIRUS TRANSMISSION

As of February 23, 2016, CDC listed 34 countries and territories with active Zika virus transmission, which is the most current list. They are:

AMERICAS (Aruba, Barbados, Bolivia, Brazil, Colombia, Commonwealth of Puerto Rico, US territory, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay,

Saint Martin, Suriname, Trinidad and Tobago, U.S. Virgin Islands, Venezuela.

OCEANIA/PACIFIC ISLANDS (American Samoa, Marshall Islands, Samoa, Tonga)

AFRICA (Cape Verde).

It is highly recommended that you check the CDC's website <http://www.cdc.gov/zika/geo/active-countries.html> to obtain the most current list of affected countries and territories.

LABORATORY TESTS UPDATES

Who Should Be Tested?

- All individuals with Zika compatible symptoms AND a history of travel to a Zika-affected area within 2 weeks prior to the illness onset.
- Asymptomatic pregnant woman with a history of travel to an area with ongoing Zika virus transmission
- Pregnant woman residing in an area with ongoing Zika virus transmission
- Infants born to mothers with positive or inconclusive test results for Zika virus infection.
- Children with microcephaly whose mothers were in an affected area during their pregnancy since the outbreak began in March 2015.
- **NEW!** An infant during the first 2 weeks of life 1) whose mother traveled to or resided in an affected area within 2 weeks of delivery and 2) who has ≥ 2 of the following manifestations: fever, rash, conjunctivitis, or arthralgia.

How?

RT-PCR and serology including IgM and PRNT testing are the two primary tests for Zika virus. Beginning on February 25, 2016, the Nevada State Public Health Laboratory (NSPHL) can perform RT-PCR for symptomatic cases. The turn-around-time is 48-72 hours upon receipt of specimens. For the time being, serology still needs to be done at CDC for asymptomatic pregnant women's screening with an appropriate travel history to affected areas.

Healthcare providers (HCPs) wishing to arrange testing for Zika virus must contact WCHD at 775-328-2447 for a consultation and approval. Please DO NOT send any symptomatic individuals with a travel history to WCHD clinics for care or testing. Specimens should be shipped to the address below. Should you have any questions associated with specimen collection and shipment, please call NSPHL directly at 775-688-1335 (business hour) or 775-823-1150 (after-hours).

Nevada State Public Health Laboratory
1660 North Virginia Street, MS 0385
Reno, Nevada 89557

To report a suspected Zika virus infection, please call **Washoe County health District (WCHD) at 775-328-2447 or fax to 775-328-3764.**

ZIKA AND PREGNANCY

On February 26, CDC MMWR published the first article titled “Zika Virus Infection among US Pregnant Travelers – August 25 2015 -February 2016”. This article describes nine confirmed cases of Zika virus infection among the 257 pregnant travelers tested during this time period. Among six women with Zika symptoms during their first trimester of pregnancy, outcomes included:

- Two early pregnancy losses,
- Two elective terminations,
- One infant with microcephaly;
- One pregnancy continuing.

Among two women with Zika symptoms during their second trimester of pregnancy, one apparently healthy infant has been born and one pregnancy is continuing. A pregnant woman with Zika symptoms in her third trimester delivered a healthy infant.

What does this report suggest and what are the implications for public health practice?

- In the small case series described in this report, Zika virus infection during pregnancy was associated with a range of outcomes, including early pregnancy losses, congenital microcephaly, and apparently healthy infants.
- HCPs caring for pregnant women with possible Zika virus exposure during pregnancy should follow CDC guidelines for patient evaluation and management. Two testing algorithms (Figure 1 and Figure 2) for pregnant women are described on page 3.

Further information can be found here:

http://www.cdc.gov/mmwr/volumes/65/wr/mm6508e1er.htm?s_cid=mm6508e1er.htm_w

ZIKA AND SEXUAL TRANSMISSION

Also on February 26, 2016, CDC MMWR published a second article entitled, “Transmission of Zika

Virus through Sexual Contact with Travelers to Areas of Ongoing Transmission – Continental United States, 2016”. This article describes 14 instances of suspected sexual transmission of Zika virus from symptomatic male travelers to their sexual partners, of which two laboratory-confirmed and four probable cases have been identified. “In all cases where type of sexual contact was documented, the contact included condomless vaginal intercourse and occurred when the male partner was symptomatic or shortly after symptoms resolved.” What does this report suggest and what are the implications for public health practice?

- Sexual transmission of Zika virus might be more common than previously reported.
- HCPs should now consider any person who has had condomless sex (i.e., vaginal intercourse, anal intercourse, or fellatio) with a male partner who has traveled to an affected area and who has had symptoms compatible with Zika virus disease during travel or within 2 weeks of return as potentially exposed.
- Routine testing of men who have traveled for the purpose of assessing risk for sexual transmission is NOT recommended.
- Men who reside in or have traveled to an area of ongoing Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) with their pregnant partners for the duration of the pregnancy.
- Pregnant women should discuss with their male partners any recent travel history and any illness

Further information can be found here:

http://www.cdc.gov/mmwr/volumes/65/wr/mm6508e2er.htm?s_cid=mm6508e2er.htm_w

ZIKA AND INFANTS

On February 19, 2016, CDC updated the Interim Guidelines for Health Care Providers Caring for Infants and Children with Possible Zika Virus Infection. The earlier version was released on January 26, 2016. The update contains a new recommendation for routine care for infants born to mothers who traveled to or resided in areas with Zika virus transmission during pregnancy but did not receive Zika virus testing, when the infant has a normal head circumference, normal prenatal and postnatal ultrasounds (if performed), and normal physician examination. More discussion on this topic will be addressed in later issues of Epi-News due to the length limit of this Epi-News. Further information can be found here:

http://www.cdc.gov/mmwr/volumes/65/wr/mm6507e1.htm#F1_down

Figure 1.

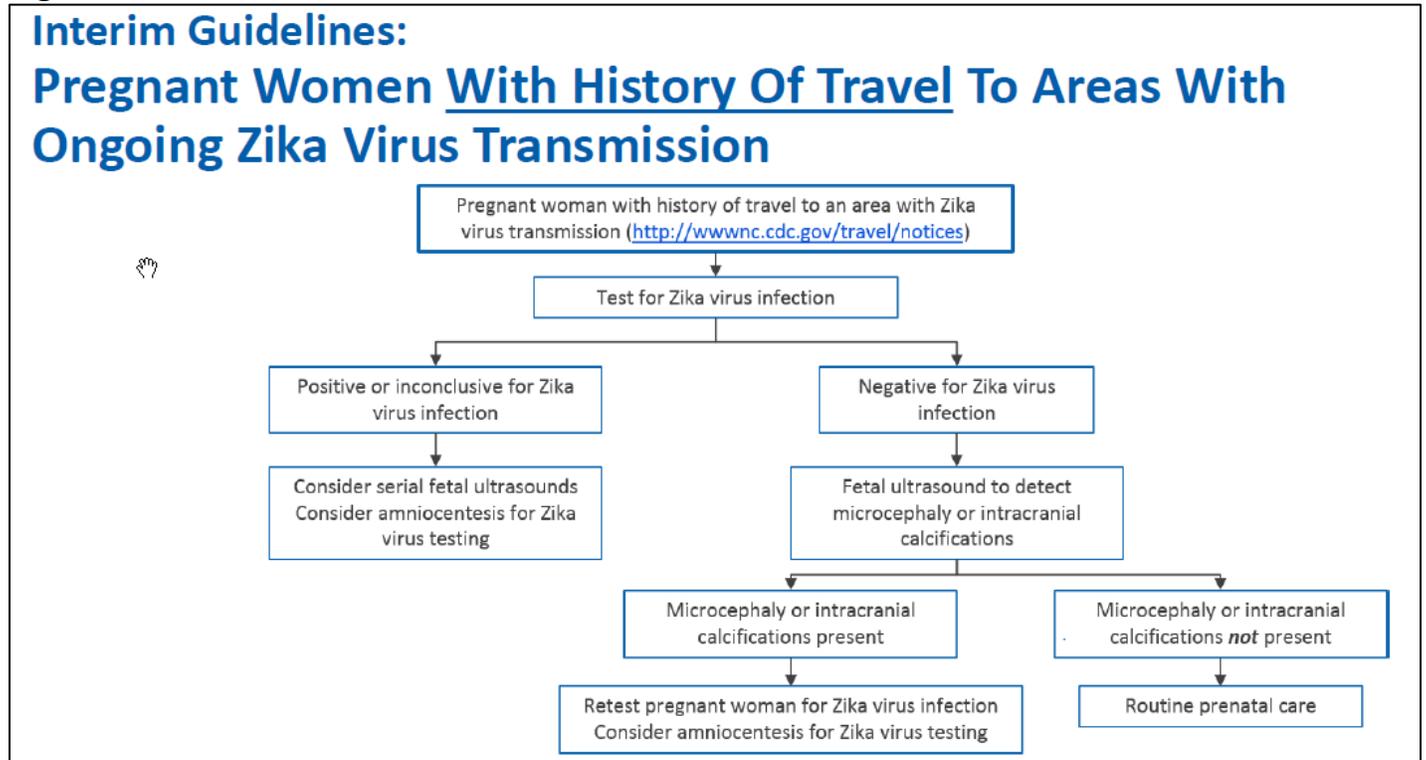


Figure 2.

