

Zika Guidance for Physicians/Healthcare Providers (5/3/16)

This letter has been updated to include guidance on evaluation of patients with suspected Zika infection by sexual transmission as well as new links for updated CDC guidance on management of pregnant women with possible Zika exposure and prevention of sexual transmission of Zika. Disclaimer on commercially available PCR testing.

Updated interim guidance for the management of pregnant women with possible Zika virus exposure was issued on 4/1/2016 and can be found at http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2.htm?s_cid=mm6512e2_w
Updated interim guidelines for the prevention of sexual transmission of Zika virus were also released on 4/1/2016 and can be found at http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm?s_cid=mm6512e3_w

Zika is a mosquito-borne disease caused by a flavivirus. Typical symptoms are fever, rash, joint pain, or conjunctivitis but may also include myalgia, headache, retro-orbital pain, and vomiting. Pregnant women are the most at risk for severe outcomes which may include fetal abnormalities or demise. Illness in healthy non-pregnant persons is usually mild with symptoms lasting several days to a week; approximately 80% of those infected with the virus will not show symptoms. Patients with compatible illness and travel to a country with known transmission within 2 weeks of illness onset should be evaluated for Zika virus disease, as well as chikungunya and dengue virus infections. Additionally, non-travelers with suspect sexual transmission should be evaluated for Zika infection only. Refer to <http://www.cdc.gov/Zika/geo/> for an updated list of countries with active transmission.

The mosquito species (*Aedes spp.*) currently known to transmit Zika virus can be found in many parts of the U.S., including Georgia. Virus imported into the U.S. by travelers could lead to local transmission; therefore it is imperative that Zika virus infections are identified quickly so that appropriate precautions to minimize mosquito exposure are taken while case-patients are viremic (within the first week of illness onset).

A link between Zika virus infections during pregnancy and microcephaly and other poor pregnancy outcomes has been confirmed. CDC recommends pregnant women and women planning to become pregnant postpone travel to areas where Zika virus transmission is occurring. Additional information can be found at <http://www.cdc.gov/zika/pregnancy/question-answers.html>.

It is important to note that testing is being done for surveillance purposes; the current turn-around time for results is 2-4 weeks or longer. Ruling out dengue quickly is very important in case management decisions, therefore dengue and chikungunya testing should be pursued through commercial laboratories for symptomatic travelers. Recently, an emergency use PCR test has become available through some commercial labs. We would strongly encourage that samples still be sent through Epidemiology to Georgia Public Health Laboratory (GPHL) for IgM testing as PCR testing is only useful in the very early days of illness onset. PCR tests have also missed confirmed infections even when used within the appropriate time period. It is important to also send sample through GPHL for confirmation even when commercial PCR is being used. There is no specific treatment for Zika virus infection other than supportive care.

Healthcare providers of patients with clinically compatible illness and travel in the last 2 weeks to countries where Zika virus has been found, asymptomatic pregnant women with possible Zika virus exposure, a case of suspect sexual transmission of Zika, or suspect local vector-borne transmission should:

- Report the suspect case immediately to Public Health to determine whether zika testing is warranted. Testing is currently only available through CDC with Georgia Department of Public Health approval. All requests must be approved by your district epidemiologist or DPH Epidemiology at 404-657-2588 (during business hours) or 1-866-PUB-HLTH (after-hours).
- Prior to approving a patient for Zika virus testing, Public Health needs ALL the following information listed below. In the case of suspect sexual transmission, this information is needed for both the suspect case and the sexual contact who traveled. For non-travelers, travel information may be skipped. Specimens shipped without prior approval from DPH Epidemiology will not be tested.

1. Patient Name



2. Patient date of birth

3. Gender (if female, pregnant y/n)

4. Patient address

5. Country to where the patient traveled

6. Travel dates (need specific dates)

7. If ill, date of symptom onset

8. Symptoms

9. *If the patient is pregnant, CDC will test asymptomatic pregnant women they have returned to the US from travel in the past 2-12 weeks to a country on the CDC Zika transmission area list (found at <http://www.cdc.gov/zika/geo/index.html>). DPH Epidemiology will determine if testing is appropriate.

10. *If the patient reports they are a sexual contact of a suspect or confirmed Zika case, DPH will determine if testing is appropriate.

11. Clinical questions may be triaged by DPH Epidemiology at any time, but paperwork for sample shipment can only be processed during normal business hours. A sample of .5 mL of serum can be collected by your facility after hours for a suspect case and held until the next business day for processing.

12. DPH Epidemiology will fax the appropriate lab forms with approval codes after the patient is approved for testing.

- Record any travel (domestic or international) that occurred during the 10 days after infection for symptomatic patients.
- Counsel the patient to minimize their exposure to mosquitoes in the US to reduce the risk of local transmission for 7-10 days after illness onset and also to reduce the risk of locally acquired viruses like West Nile or LaCrosse Encephalitis. When indoors, patients should ensure that doors and windows are kept closed and that there are no holes in door and window screens. When outdoors, patients should wear long sleeved shirts and pants and use mosquito repellent containing 20-30% DEET on exposed skin. Due to warm winter temperatures, this guidance should be given year-round in Georgia.
- For male travelers, counsel the patient to abstain from sex or use condoms consistently and correctly for the duration of time recommended in the CDC Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus (http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm?s_cid=mm6512e3_w)
- Order appropriate commercial laboratory testing for chikungunya and dengue for symptomatic travelers because of the similarities in clinical presentation and geographic distribution of these viruses and Zika.

If you have a suspect case patient that needs to be triaged for Zika testing, please contact your district health department or the Epidemiology Program at Georgia Department of Public Health at 404-657-2588.