



Government of the District of Columbia
Department of Health



Center for Policy, Planning and Evaluation Administration
Division of Epidemiology–Disease Surveillance and Investigation

March 31, 2016

Health Notice for Health Care Providers

Update on Zika Virus Disease Recommendations and Guidance

Summary

In the February 20, 2016, District of Columbia (DC) Department of Health (DOH) health notice (<http://doh.dc.gov/page/health-notice>), we asked health care providers to consistently collect travel history information during the clinical evaluation of patients, and to promptly report suspected cases of travel-associated illnesses, including Zika virus disease. On March 25, 2016, the Centers for Disease Control and Prevention (CDC) updated its recommendations and guidance on Zika virus disease. In this notice we provide an overview of the major changes described in the update and guidelines for reporting cases to DOH for testing. The new recommendations and guidance can be accessed using the links provided in the “Additional Resources” section of this notice.

Zika Virus Disease

Background

Zika is a flavivirus transmitted by certain types of mosquitoes. It is closely related to yellow fever, dengue, and West Nile Viruses and is endemic in some areas of Africa and Asia. Zika virus is transmitted by *Aedes* mosquito spp., which is found in tropical and sub-tropical areas throughout the world. The first transmission reported outside of Asia and Africa occurred in 2007.¹ Zika virus infection generally presents with a mild illness, characterized by low grade fever (< 38.5°C), maculopapular rash, arthralgias, and conjunctivitis. However, it can also include symptoms such as myalgias, headache, pain behind the eyes, and vomiting. Only one in five people infected with Zika become symptomatic. Severe disease is uncommon and no deaths have been reported.² The link between microcephaly and Zika virus infection is currently being investigated after an outbreak in Brazil in 2015, which has resulted in an increased focus on screening pregnant women who may have been exposed to the virus. The factors that may cause increased risk to the fetus are unknown and are currently being investigated.

Updated description of Zika virus disease symptoms and recommendations for testing

- Clinical illness is consistent with Zika virus disease if a patient has one or more of the following symptoms: **acute onset of fever, rash, arthralgia, or conjunctivitis.**
- Testing is recommended for any person with a **positive travel history and who develops one or more** of the symptoms consistent with Zika virus disease **within two weeks** of travel or possible sexual exposure. Previously, testing was recommended only if a patient had two or more of these symptoms.

- The CDC will continue to offer serologic testing to asymptomatic pregnant women who have traveled to areas with active Zika virus transmission while pregnant. Testing can be performed if the sample is collected **within two to 12 weeks** after their last date of travel.
- Testing will now be performed on women who have traveled to areas with active Zika virus transmission during the **eight weeks before conception** (6 weeks before the last menstrual period). Testing can be performed if the sample is collected **within two to 12 weeks** after their last date of travel.
- Samples from the following groups will **not** be tested: 1) men and children who have a positive travel history, but are asymptomatic, and 2) asymptomatic persons whose travel to areas with active Zika virus transmission was more than 12 weeks ago.
- Please contact all patients you have seen regarding Zika virus that these new recommendation may impact. DOH will not communicate updated clinical recommendations directly to patients.

Updated guidance and recommendations for preconception counseling

- Women who have been diagnosed with Zika virus disease or who have symptoms of Zika after possible exposure should wait **at least eight weeks** after symptom onset before attempting conception.
- Asymptomatic women with possible Zika virus exposure should be advised to wait **at least eight weeks** after the last date of possible exposure before attempting conception.
- Men who have been diagnosed with Zika virus disease or who have symptoms of Zika after possible exposure should wait **at least 6 months** after symptom onset before attempting conception.
- In the absence of data on the risk of transmission of Zika virus infection by asymptomatic men, it is currently being recommended that asymptomatic men who have possible Zika virus exposure wait **at least eight weeks** after the last date of possible exposure before attempting conception.
- Routine testing is not recommended for women or men who are attempting conception who have possible exposure to the virus, but no clinical illness.

Updated guidance and recommendations for couples in which the woman is pregnant

- If a man has traveled to or resides in an area with active Zika virus transmission, the couple should consistently and correctly use condoms during sex or abstain from sex **for the duration of the pregnancy**.
- Amniocentesis is no longer being recommended for the purpose of Zika virus testing. Instead, fetal ultrasounds should be performed.
- Fetal ultrasounds may not detect abnormalities consistent with Zika virus disease (microcephaly, intracranial microcalcifications, and brain and eye abnormalities) until late in the second or early in the third trimester of pregnancy.

Important health messages for patients and their partners

- During preconception counseling with women with a possible exposure to Zika virus, health care providers should provide information on strategies to prevent unintended pregnancy, including the use of the most effective contraception methods that can be used correctly and consistently.

- For pregnant women whose partner traveled to or resides in an area with active Zika transmission, **it is important to provide guidance on sexual transmission.** Couples should be advised to correctly use condoms during sex or abstain from sex **for the duration of the pregnancy.**
- Due to the small window of time that a patient with Zika virus infection is thought to be viremic, it is important to educate patients on mosquito exposure reduction practices to minimize the potential for local transmission.

Important health messages as mosquito season approaches

- Please remind patients that there has been **no** local transmission of Zika virus by mosquitoes in the continental United States.
- As the spring and summer progress, please be vigilant of Zika symptoms (acute onset of fever, rash, conjunctivitis, or arthralgias) in persons who have *not* traveled outside of the US. If you are concerned about Zika virus disease-like symptoms in a patient without a positive travel history, please contact the DOH Division of Epidemiology–Disease Surveillance and Investigation at 202-442-8141.

Important updates and reminders about procedures for submitting case reports

- The recently updated Zika Disease Case Report form can be filled out electronically and is posted on the DOH website: <http://doh.dc.gov/publication/zika-virus-information>.
 - The DOH form can be used to request testing **regardless of the state of residence of the patient.**
 - **Please include the email address of the submitter and the patient’s provider on the form.**
 - Fax the completed form to 202-442-8060.
- Please let the patient know to expect a call from us once you submit the form with their contact information.
 - **Do not** instruct patients to call us on their own.
 - We will interview all patients, including those with a positive travel history but without symptoms of Zika.
- After receiving the Zika Disease Case Report Form, DOH will send the submitter/provider a detailed email with further instructions to coordinate sample pick up for shipment to CDC.
- If your facility has a key contact(s) who will always be responsible for coordinating sample pick up, please send an email to DOH.EPI@dc.gov with your facility name, facility address, and the name and contact information (email, phone number) for this person.
- When calling with Zika virus inquires please leave a direct number where you can be reached and not the general number for your facility. This will help expedite our response if we can call you back directly.
- DOH will report test results to the provider as soon as they are received — typically four or more weeks after submission. DOH will **not** report results directly to patients.
- Please carefully consider other potential diagnoses in addition to Zika when referring a patient for testing.

If you have any questions regarding this important issue, you may contact the Division of Epidemiology–Disease Surveillance and Investigation:

Phone: 202-442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls)

Fax: 202-442-8060

Email: doh.epi@dc.gov

Additional Resources

- Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016:
http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2er.htm?s_cid=mm6512e2er_w
- Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus — United States, 2016:
http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3er.htm?s_cid=mm6512e3er_w
- DOH Information on Zika virus: <http://doh.dc.gov/publication/zika-virus-information>
- Information from the CDC on Zika virus: <http://www.cdc.gov/zika>
- DCDOH Health Notice for Health Care Providers
(http://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Zika%20EVD%20update%20HAN%2001_21_2016%20FINAL.pdf)
- CDC MMWR: Update: Interim Guidelines for Pregnant Women During a Zika Virus Outbreak — United States, 2016 (<http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm>)
- CDC MMWR: Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection — United States, 2016 (<http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3er.htm>)
- CDC MMWR: Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016 (<http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm>)
- CDC MMWR: Possible Association Between Zika Virus Infection and Microcephaly — Brazil, 2015 (<http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e2.htm>)
- Information on the possible association with microcephaly: <http://www.cdc.gov/zika/pdfs/possible-association-between-zika-virus-and-microcephaly.pdf>
- Additional instructions for submitting specimens for Zika virus testing:
<http://www.cdc.gov/ncezid/dvbd/specimensub/arboviral-shipping.html>
- Information on protection against mosquitoes: <http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods>
- Information from the CDC on the 2014 EVD outbreak in West Africa:
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/>.

References

1. World Health Organization Western Pacific Region. Zika virus. (May 2015). Retrieved January 6, 2016, from: http://www.wpro.who.int/mediacentre/factsheets/fs_05182015_zika/en/
2. Centers for Disease Control and Prevention. Zika virus. (December 2015). Retrieved January 6, 2016, from <http://www.cdc.gov/zika/index.html>