

# Alert from Buncombe Co. Dept. of Health: Zika Virus

The CDC has released interim guidelines for health care providers in the US caring for patients, including pregnant women and their infants, who may be affected by Zika virus. Links to this guidance are below as are some key points.

## What is Zika virus?

Zika virus is a mosquito-borne flavivirus transmitted mainly by *Aedes aegypti* mosquitoes found throughout much of the Americas, including parts of the US.

- **No locally transmitted Zika cases have been reported in the continental United States, but cases have been reported in returning travelers.**
  - Locally transmitted Zika virus has been reported in Puerto Rico.
- It is estimated that **80%** of persons infected with Zika virus are **asymptomatic**.
- **Symptomatic disease is generally mild** and characterized by **acute onset of fever, maculopapular rash, arthralgia, or nonpurulent conjunctivitis**. Symptoms usually last from several days to 1 week. Severe disease requiring hospitalization is uncommon, and fatalities are rare.
- **Maternal-fetal transmission of Zika virus has been documented throughout pregnancy.**
- Zika virus infections have been confirmed in infants with microcephaly, and in the current outbreak in Brazil, a marked increase in the number of infants born with microcephaly has been reported. However, it is not known how many of the microcephaly cases are associated with Zika virus infection.

**Updates on areas with ongoing Zika virus transmission** are available online at <http://wwwnc.cdc.gov/travel/notices/>

## Recommendations for Health Care Providers

**Zika virus infection should be considered in patients with acute fever, rash, arthralgia, or conjunctivitis, who traveled to areas with ongoing transmission in the two weeks prior to onset of illness.**

- All travelers should take steps to avoid mosquito bites to prevent Zika virus infection and other mosquito-borne diseases.
  - *Aedes aegypti* mosquitoes bite both indoors and outdoors, mostly during the daytime; therefore, it is important to ensure protection from mosquitoes throughout the entire day.
    - Mosquito prevention strategies include wearing long-sleeved shirts and long pants, using insect repellents, using permethrin-treated clothing and gear, and staying and sleeping in screened-in

- or air-conditioned rooms.
    - When used as directed on the product label, insect repellents containing DEET, picaridin, and IR3535 are safe for pregnant women.
    - Further guidelines for using insect repellents are available online (<http://wwwnc.cdc.gov/travel/page/avoid-bug-bites>)
- Because there is neither a vaccine nor prophylactic medications available to prevent Zika virus infection, **CDC recommends that all pregnant women consider postponing travel to areas where Zika virus transmission is ongoing.**
  - Pregnant women who do travel to one of these areas should talk to their doctors or other healthcare providers first and strictly follow steps to avoid mosquito bites during the trip.
  - Women trying to become pregnant should consult with their healthcare providers before traveling to these areas and strictly follow steps to avoid mosquito bites during the trip.
- **Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities.**
- **Healthcare providers are encouraged to report suspected Zika virus disease cases to their state or local health department** to facilitate diagnosis and to mitigate the risk of local transmission.
- Because of the similar geographic distribution and clinical presentation of Zika, dengue, and chikungunya virus infection, **patients with symptoms consistent with Zika virus disease should also be evaluated for dengue and chikungunya virus infection.**
- Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics.
  - Aspirin and other NSAIDs should be avoided until dengue can be ruled out to reduce the risk of hemorrhage.
- People infected with Zika, chikungunya, or dengue virus should be protected from further mosquito exposure during the first few days of illness to reduce the risk of local transmission.

## Interim Guidelines for Pregnant Women During a Zika Virus Outbreak — 1/22/2016

<http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm>

- Health care providers should **ask all pregnant women about recent travel.**
- **Pregnant women with a history of travel to an area with Zika virus transmission and who report two or more symptoms consistent with Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) during or within 2 weeks of travel, or who have ultrasound findings of fetal microcephaly or intracranial calcifications, should be tested for Zika virus infection in consultation with their state or local health department.**

- In pregnant women with laboratory evidence of Zika virus infection, serial ultrasound examination should be considered to monitor fetal growth and anatomy and referral to a maternal-fetal medicine or infectious disease specialist with expertise in pregnancy management is recommended.
- There is no specific antiviral treatment for Zika virus; supportive care is recommended.

## Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection – 1/26/2016

<http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3er.htm>

- Zika virus infections have been documented through both intrauterine transmission resulting in congenital infection and intrapartum transmission from a viremic mother to her newborn.
- **Pediatric healthcare providers should ask mothers of newborns with microcephaly or intracranial calcifications about their residence and travel while pregnant and about any symptoms of illness compatible with Zika virus disease (acute onset of fever, rash, joint pain, and red eyes).**
- Healthcare professionals should also obtain the results of any Zika virus testing performed before the mother gave birth.
- **Zika virus testing is recommended for:**
  - infants with microcephaly or intracranial calcifications born to women who traveled to or resided in an area with Zika virus transmission while pregnant
  - infants born to mothers with positive or inconclusive test results for Zika virus infection
- Health care providers should contact their state health department to facilitate testing.
- For infants with laboratory evidence of a possible congenital Zika virus infection, additional clinical evaluation and follow-up is recommended.
- Treatment of Zika virus infection in babies is supportive and should address the infant's specific needs.

**These interim guidelines will be updated as more information becomes available.**

**For additional information on Zika virus**, see <http://www.cdc.gov/zika>

If you have any questions or concerns, please contact Dr. Jennifer Mullendore, MD, MSPH or the **Buncombe County Disease Control staff at 828-250-5109.**

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