

DEPARTMENT OF HEALTH

TO:Vermont Health Care Providers and Clinical Laboratories**FROM:**Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Zika Virus – Update #1

In a Health Advisory on January 29, 2016, we provided interim recommendations, including testing guidelines, on Zika virus. On February 5, the Centers for Disease Control & Prevention (CDC) updated its guidance on the care of pregnant women and issued new recommendations to prevent sexual transmission of Zika virus.

- Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure – United States, 2016: <u>http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm</u>
- Interim Guidelines for Prevention of Sexual Transmission of Zika Virus United States, 2016: <u>http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm?s_cid=mm6505e1er_w.htm</u>

Although these recommendations represent the most current guidance, we will continue to update information as knowledge and understanding of the disease and its complications evolves.

Zika Virus Infection and Pregnancy – Action Requested

Ask all pregnant women about recent travel.

- Pregnant women without symptoms of Zika virus disease, who travel to areas with ongoing Zika virus transmission, can be offered serologic testing for IgM antibodies 2 to 12 weeks after returning from travel.
- Pregnant women with relevant travel history and negative Zika virus IgM testing should receive routine prenatal care, including an assessment of pregnancy dating and an ultrasound at 18 to 20 weeks of gestation to assess fetal anatomy. Consider an additional fetal ultrasound later in pregnancy.
- For pregnant women with relevant travel history and clinical illness consistent with Zika virus disease, testing (RT-PCR and/or IgM depending on timing) is recommended at the time of illness.

Zika Virus Infection and Sexual Transmission

Aedes aegypti mosquito bites remain the primary mechanism for virus transmission. Sexual transmission of Zika virus from males has been documented. To date, there have been no reports of sexual transmission of Zika virus from infected women to their sex partners.

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Recommendations to Prevent Sexual Transmission

- Men who have traveled to an area of active Zika virus transmission and their pregnant sex partners should consistently and correctly use condoms during sex (vaginal, anal, or oral) or abstain from sexual activity for the duration of their partner's pregnancy. Consistent and correct use of non-porous condoms reduces the risk of sexual transmission of many infections, including those caused by other viruses.
- Pregnant women and their male sex partners should discuss the male partner's potential exposures and history of Zika-like illness with the pregnant woman's health care provider.

Testing for Symptomatic Patients

Testing is available for patients, including pregnant women, who present with signs and symptoms consistent with Zika virus disease – acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis – within 2 weeks of travel to an area with active transmission.

 If a patient has *two or more* of these symptoms, serum specimens may be submitted to the Vermont Department of Health Laboratory for testing at CDC. Specimens collected <4 days after symptom onset will be tested by RT-PCR. Specimens collected 4 to 7 days after symptom onset will be subjected to molecular testing and serologic testing for IgM antibodies. Testing for Zika virus should be conducted in consultation with the Health Department.

Contact Infectious Disease Epidemiology at (802) 863-7240 to report a suspect case and for approval prior to submitting specimens.

Zika virus is primarily transmitted by *Aedes aegypti* mosquitoes, which can also transmit dengue and chikungunya viruses. As these illnesses have similar geographic distribution and symptoms, patients with suspected Zika virus infections should also be evaluated and managed for possible dengue or chikungunya infection.

Testing for Asymptomatic Patients

Testing is not recommended for males or non-pregnant females who are asymptomatic.

• Pregnant females who are asymptomatic can be offered serologic testing for IgM antibodies 2 to 12 weeks after returning from areas with ongoing Zika virus transmission. Specimens may be submitted to the Health Department Laboratory for testing at CDC.

Contact Infectious Disease Epidemiology at (802) 863-7240 for consultation and approval prior to submitting serum specimens.

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Preventing Mosquito Bites

The mosquito species that transmit Zika are not present in Vermont. However, all travelers to, or residents of, areas with ongoing Zika virus transmission should strictly follow measures to prevent mosquito bites.

Aedes vector mosquitoes bite mostly during daylight hours, so protection from mosquitoes is required throughout the day.

- Wear long-sleeved shirts, pants, and treat clothing with permethrin using U.S. Environmental Protection Agency-registered insect repellents, and stay in screened-in or air-conditioned rooms.
- Insect repellents containing ingredients such as DEET, picaridin, and IR3535 are safe for use during pregnancy when used in accordance with the product label.
- To prevent human-to-mosquito-to-human transmission, people infected with Zika, dengue, or chikungunya virus should protect themselves from mosquito exposure during the first week of illness.

For More Information -

Countries and territories with active Zika virus transmission: <u>http://www.cdc.gov/zika/geo/index.html</u>

Practice Advisory

Interim Guidance for Care of Obstetric Patients During a Zika Virus Outbreak: <u>http://www.acog.org/About-ACOG/News-Room/Practice-Advisories/Practice-Advisory-Interim-Guidance-for-Care-of-Obstetric-Patients-During-a-Zika-Virus-Outbreak</u>

Zika virus information for health care providers: http://www.cdc.gov/zika/hc-providers/index.html

Preventing mosquito bites: http://www.cdc.gov/features/stopmosquitoes/

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

<u>Health Advisory</u>: Provides important information for a specific incident or situation; may not require immediate action. <u>Health Update</u>: Provides updated information regarding an incident or situation; unlikely to require immediate action. <u>Info Service Message</u>: Provides general correspondence from the Health Department, which is not necessarily considered to be of an emergent nature.

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