



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**This is an official
MS Health Alert Network (HAN) Advisory**

MESSAGE ID: MSHAN-20160801-00393-ADV (Health Advisory)

RECIPIENTS: To all Physicians, Hospitals, ERs, Labs, Nurse Practitioners, and Healthcare providers – Statewide

DATE: Monday, August 01, 2016

SUBJECT: *Updated Guidance for Travel and Testing of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Investigation for Local Mosquito-borne Zika Virus Transmission in Miami-Dade, Florida*

Dear Colleagues,

The CDC has issued a Health Alert Message reporting that an area with active Zika virus transmission has been identified in the Wynwood neighborhood area north of downtown Miami, Florida (<http://www.cdc.gov/zika/intheus/florida-update.html>). **Updated travel and testing guidance has been issued for pregnant women and women of reproductive age and their partners who live in or have traveled to this area since June 15, 2016.** This guidance applies to travel to any area with ongoing active Zika virus transmission.

Recommendations (see full Health Alert Message below):

- Pregnant women should avoid travel to this area in Miami, or any other area with active Zika transmission (see <http://www.cdc.gov/zika/geo/active-countries.html>), and pregnant women with travel in this specific area of Miami since June 15, 2016 or any other area with active Zika transmission should be tested for Zika virus.
- Women and men who travel to this area (or any area with active Zika virus transmission) should take precautions to avoid mosquito exposures during travel and for 3 weeks after returning home, and should take precautions to minimize sexual transmission, especially during pregnancy (see full recommendations below).
- All pregnant women in the US should be assessed for potential Zika virus exposure (through travel or sexual exposure to a traveler) at every prenatal visit.

MSDH Zika testing recommendations (see MSDH testing algorithm at <http://msdh.ms.gov/msdhsite/static/resources/6798.pdf> or <http://HealthyMS.com/zika>):

Testing is recommended for:

- Symptomatic persons (at least one of the following symptoms—rash, fever, arthralgia or conjunctivitis) who have a history of travel to an area with active Zika virus transmission* or sexual contact with a traveler in the two weeks prior to illness onset;
- Asymptomatic pregnant women who, while pregnant, have traveled to an area with active Zika transmission or have had sexual contact with a traveler.

*see <http://www.cdc.gov/zika/intheus/florida-update.html> and <http://www.cdc.gov/zika/geo/active-countries.html> for areas with active transmission

Please contact the Mississippi State Department of Health Office of Epidemiology 601-576-7725 (601-576-7400 after hours, weekends and holidays) to arrange for testing of both symptomatic travelers and asymptomatic pregnant women and to report suspected cases of Zika virus infection.

Regards,

Paul Byers, MD
Deputy State Epidemiologist

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 1, 2016, 1300 ET (1:00 PM ET)
CDCHAN-00393

CDC Guidance for Travel and Testing of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Investigation for Local Mosquito-borne Zika Virus Transmission in Miami-Dade and Broward Counties, Florida

Summary

The Florida Department of Health (FL DOH) has identified an area with local mosquito-borne Zika virus transmission (active Zika virus transmission) in Miami (<http://www.cdc.gov/zika/intheus/florida-update.html>). Based on the earliest time of symptom onset and a maximal two-week incubation period for Zika virus, this guidance applies to women of reproductive age and their partners who live in or traveled to this area after June 15, 2016.

This is an ongoing investigation, and CDC is rapidly learning more about the extent of active Zika virus transmission in the area identified by the FL DOH. With the recommendations below, CDC is applying existing guidance to the occurrence of Zika virus transmission in this area of Florida. As more information becomes available, we will update these recommendations.

Recommendations

1. Pregnant women should avoid non-essential travel to the area with active Zika virus transmission identified by the FL DOH.
2. Pregnant women and their partners living in or traveling to the area with active Zika virus transmission identified by the FL DOH should follow steps to prevent mosquito bites (<http://www.cdc.gov/zika/prevention/prevent-mosquito-bites.html>).
3. Women and men who live in or who have traveled to the area with active Zika virus transmission identified by the FL DOH and who have a pregnant sex partner should consistently and correctly use condoms or other barriers to prevent infection during sex or not have sex for the duration of the pregnancy.
4. All pregnant women in the United States should be assessed for possible Zika virus exposure during each prenatal care visit. Women with ongoing risk of possible exposure include those who live in or frequently travel to the area with active Zika virus transmission identified by the FL DOH. Women with limited risk include those who traveled to the area with active Zika virus transmission identified by the FL DOH or had sex with a partner who lives in or traveled to the area with active Zika virus transmission without using condoms or other barrier methods to prevent infection. Each evaluation should include an assessment of signs and symptoms of Zika virus disease (acute onset of fever, rash, arthralgia, conjunctivitis), their travel history as well as their sexual partner's potential exposure to Zika virus and history of any illness consistent with Zika virus disease to determine whether Zika virus testing is indicated.
5. Pregnant women with possible exposure to Zika virus and signs or symptoms consistent with Zika virus disease should be tested for Zika virus infection based on time of evaluation relative to symptom onset in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

6. Pregnant women with ongoing risk of possible Zika virus exposure and who do not report symptoms of Zika virus disease should be tested in the first and second trimester of pregnancy in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).
7. Pregnant women with limited risk and who do not report symptoms should consult with their healthcare providers to obtain testing for Zika virus infection based on the elapsed interval since their last possible exposure in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).
8. Women with Zika virus disease should wait at least eight weeks and men with Zika virus disease should wait at least six months after symptom onset to attempt conception.
9. Women and men with ongoing risk of possible Zika virus exposure who do not have signs or symptoms consistent with Zika virus disease and are considering pregnancy should consult their healthcare provider. Due to the ongoing risk of possible Zika virus exposure, healthcare providers should discuss the risks of Zika, emphasize ways to prevent Zika virus infection, and provide information about safe and effective contraceptive methods. As part of their pregnancy planning and counseling with their health care providers, some women and their partners living in the area with active Zika virus transmission identified by the FL DOH might decide to delay pregnancy.
10. Women and men with limited risk and who do not report signs or symptoms consistent with Zika virus disease should wait at least eight weeks after last possible exposure to attempt conception.

Background

Zika is spread to people primarily through the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*). Zika virus can also be sexually transmitted. Zika virus infection during pregnancy can cause microcephaly and severe fetal brain defects, and has been associated with other adverse pregnancy outcomes. Most persons infected with Zika virus will not have symptoms; infants with microcephaly and other birth defects have been born to women with Zika virus infection who do not report symptoms.

CDC's testing recommendations for pregnant women with ongoing or limited risk for possible Zika virus exposure who report clinical illness consistent with Zika virus disease (symptomatic pregnant women) are the same. Symptomatic pregnant women who are evaluated less than two weeks after symptom onset should receive serum and urine Zika virus rRT-PCR testing. Symptomatic pregnant women who are evaluated two to 12 weeks after symptom onset should first receive a Zika virus immunoglobulin (IgM) antibody test; if the IgM antibody test result is positive or equivocal (unclear), serum and urine rRT-PCR testing should be performed.

Testing recommendations for pregnant women with possible Zika virus exposure who do not report clinical illness consistent with Zika virus disease (asymptomatic pregnant women) differ based on the circumstances of possible exposure. For asymptomatic pregnant women with ongoing risk for possible exposure and who are evaluated less than two weeks after last possible exposure, rRT-PCR testing should be performed. If the rRT-PCR result is negative, a Zika virus IgM antibody test should be performed two to 12 weeks after the exposure. Asymptomatic pregnant with limited risk for possible exposure who are first evaluated 2–12 weeks after their last possible exposure should first receive a Zika virus IgM antibody test; if the IgM antibody test result is positive or equivocal, serum and urine rRT-PCR should be performed. Asymptomatic pregnant women with ongoing risk for possible exposure to Zika virus should receive Zika virus IgM antibody testing as part of routine obstetric care during the first and second trimesters; immediate rRT-PCR testing should be performed when IgM antibody test results are positive or equivocal.

Further information on the interpretation of testing results and clinical management of pregnant women with laboratory evidence of possible Zika virus infection are available below.

For More Information

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, MS 39215-1700
601-576-8090 • 1-866-HLTHY4U • www.HealthyMS.com

Equal Opportunity in Employment/Services

- Interim Guidance for Health Care Providers Caring for Pregnant Women:
MMWR: http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_w
Summary: <http://www.cdc.gov/zika/hc-providers/pregnant-woman.html>
- Fact Sheet with Testing Algorithms: http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf
- Interim Guidance for Prevention of Sexual Transmission of Zika Virus:
http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e2.htm?s_cid=mm6529e2_w
- Updated information on active transmission of Zika virus from the Florida Department of Health:
<http://www.flgov.com/2016/08/01/gov-scott-florida-calls-on-cdc-to-activate-emergency-response-team-following-confirmed-mosquito-borne-transmissions/>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

Alerting Message Specification Settings

Originating Agency:	Mississippi State Department of Health
Alerting Program:	MS Health Alert Network (MS HAN)
Message Identifier:	MSHAN-20160801-00393-ADV
Program (HAN) Type:	Health Advisory
Status (Type):	Actual ()
Message Type:	Alert
Reference:	MSHAN-00393
Severity:	Unknown
Acknowledgement:	No
Sensitive:	Not Sensitive
Message Expiration:	Undetermined
Urgency:	Undetermined
Delivery Time:	600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency:	A unique identifier for the agency originating the alert.
Alerting Program:	The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.
Message Identifier:	A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (ALT=Health Alert , ADV=Health Advisory , UPD=Health Update , MSG/INFO=Message/Info Service)).
Program (HAN) Type:	Categories of Health Alert Messages.
Health Alert:	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory:	Provides important information for a specific incident or situation; may not require immediate action.
Health Update:	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Health Info Service:	Provides Message / Notification of general public health information; unlikely to require immediate action.
Status (Type):	
Actual:	Communication or alert refers to a live event
Exercise:	Designated recipients must respond to the communication or alert
Test:	Communication or alert is related to a technical, system test and should be disregarded
Message Type:	
Alert:	Indicates an original Alert
Update:	Indicates prior alert has been Updated and/or superseded
Cancel:	Indicates prior alert has been cancelled
Error:	Indicates prior alert has been retracted

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).