



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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

MESSAGE ID: MSHAN-20160119-00385-ADV (Health Advisory)
RECIPIENTS: All Physicians, Hospitals, ERs, and Healthcare providers – Statewide
DATE: Tuesday, January 19, 2016

SUBJECT: *Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico*

Dear Colleagues:

Since May 2015, 14 countries in Latin America and Puerto Rico have reported human cases and local transmission of Zika virus; a mosquito borne virus imported from Asia or Africa. One travel associated case has been identified in the U.S., and more are sure to follow. Symptoms of Zika virus are frequently mild and include fever, rash, arthralgias and conjunctivitis. Zika virus has been implicated in a marked increase in microcephaly among neonates in the affected countries. Pregnant women and women intending to become pregnant should avoid travel to Zika virus endemic countries if possible.

Zika cases have been identified in the following countries in the Western Hemisphere: Brazil, Colombia, El Salvador, French Guiana, Guatemala, Guyana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Suriname and Venezuela. Additional countries are likely to be affected. Local transmission in the U.S. from imported cases is possible in areas where the mosquito vector is present. Please visit <http://www.cdc.gov/zika/> for up to date information on where Zika transmission has been identified.

Recommendations for Mississippi 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.
- Notify the Mississippi State Department of Health Office of Epidemiology (601 576-7725) immediately of any suspect case of Zika virus. Commercial testing for Zika is not available and the Mississippi State Department of Health can facilitate testing if needed.
- Suspected Zika cases should avoid mosquito exposures in the U.S. to prevent the possibility of local transmission.
- All travelers should take steps to avoid mosquito bites to prevent Zika virus infection and other mosquito-borne diseases.
- Pregnant women and women planning to become pregnant should consider postponing travel to any area where Zika virus transmission is ongoing

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This is an official
CDC HEALTH ADVISORY

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CDCHAN-00385

Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico

Summary

In May 2015, the World Health Organization reported the first local transmission of Zika virus in the Western Hemisphere, with autochthonous (locally acquired) cases identified in Brazil. As of January 15, 2016, local transmission had been identified in at least 14 countries or territories in the Americas, including Puerto Rico (See Pan American Health Organization [PAHO] link below for countries and territories in the Americas with Zika virus transmission). Further spread to other countries in the region is likely.

Local transmission of Zika virus has not been documented in the continental United States. However, Zika virus infections have been reported in travelers returning to the United States. With the recent outbreaks in the Americas, the number of Zika virus disease cases among travelers visiting or returning to the United States likely will increase. These imported cases may result in local spread of the virus in some areas of the continental United States, meaning these imported cases may result in human-to-mosquito-to-human spread of the virus.

Zika virus infection should be considered in patients with acute onset of fever, maculopapular rash, arthralgia or conjunctivitis, who traveled to areas with ongoing transmission in the two weeks prior to illness onset. Clinical disease usually is mild. However, during the current outbreak, Zika virus infections have been confirmed in several infants with microcephaly and in fetal losses in women infected during pregnancy. We do not yet understand the full spectrum of outcomes that might be associated with infection during pregnancy, nor the factors that might increase risk to the fetus. Additional studies are planned to learn more about the risks of Zika virus infection during pregnancy.

Healthcare providers are encouraged to report suspected Zika virus disease cases to their state health department to facilitate diagnosis and to mitigate the risk of local transmission. State health departments are requested to report laboratory-confirmed cases to CDC. CDC is working with states to expand Zika virus laboratory testing capacity, using existing RT-PCR protocols.

This CDC Health Advisory includes information and recommendations about Zika virus clinical disease, diagnosis, and prevention, and provides travel guidance for pregnant women and women who are trying to become pregnant. Until more is known and out of an abundance of caution, pregnant women should consider postponing travel to any area where Zika virus transmission is ongoing. Pregnant women who do travel to 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.

Background

Zika virus is a mosquito-borne flavivirus transmitted primarily by *Aedes aegypti*. *Aedes albopictus* mosquitoes might also transmit the virus. Outbreaks of Zika virus disease have been reported previously in Africa, Asia, and islands in the Pacific.

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Clinical Disease

About one in five people infected with Zika virus become symptomatic. Characteristic clinical findings include acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis. Clinical illness usually is mild with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon and fatalities are rare. During the current outbreak in Brazil, Zika virus RNA has been identified in tissues from several infants with microcephaly and from fetal losses in women infected during pregnancy. The Brazil Ministry of Health has reported a marked increase in the number of babies born with microcephaly. However, it is not known how many of the microcephaly cases are associated with Zika virus infection and what factors increase risk to the fetus. Guillain-Barré syndrome also has been reported in patients following suspected Zika virus infection.

Diagnosis

Zika virus infection should be considered in patients with acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis who recently returned from affected areas. To confirm evidence of Zika virus infection, RT-PCR should be performed on serum specimens collected within the first week of illness. Immunoglobulin M and neutralizing antibody testing should be performed on specimens collected ≥ 4 days after onset of illness. Zika virus IgM antibody assays can be positive due to antibodies against related flaviviruses (e.g., dengue and yellow fever viruses). Virus-specific neutralization testing provides added specificity but might not discriminate between cross-reacting antibodies in people who have been previously infected with or vaccinated against a related flavivirus.

There is no commercially available test for Zika virus. Zika virus testing is performed at the CDC Arbovirus Diagnostic Laboratory and a few state health departments. CDC is working to expand laboratory diagnostic testing in states, using existing RT-PCR protocols. Healthcare providers should contact their state or local health department to facilitate testing.

Treatment

No specific antiviral treatment is available for Zika virus disease. Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics. Because of similar geographic distribution and symptoms, patients with suspected Zika virus infections also should be evaluated and managed for possible dengue or chikungunya virus infection. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue can be ruled out to reduce the risk of hemorrhage. In particular, pregnant women who have a fever should be treated with acetaminophen. 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.

Prevention

No vaccine or preventive drug is available. The best way to prevent Zika virus infection is to:

- Avoid mosquito bites.
- Use air conditioning or window and door screens when indoors.
- Wear long sleeves and pants, and use insect repellents when outdoors. Most repellents, including DEET, can be used on children older than two months. Pregnant and lactating women can use all Environmental Protection Agency (EPA)-registered insect repellents, including DEET, according to the product label.

Recommendations for Health Care Providers and Public Health Practitioners

- 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.
- Until more is known and out of an abundance of caution, pregnant women should consider postponing travel to any area 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.
- Health departments should perform surveillance for Zika virus disease in returning travelers and be aware of the risk of possible local transmission in areas where *Aedes* species mosquitoes are active.
- State health departments are requested to report laboratory-confirmed Zika virus infections to CDC.

For More Information

- General information about Zika virus and disease: <http://www.cdc.gov/zika/>
- Zika virus information for clinicians: <http://www.cdc.gov/zika/hc-providers/index.html>
- Protection against mosquitoes: <http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods>
- Travel notices related to Zika virus: <http://wwwnc.cdc.gov/travel/notices>
- Information about Zika virus for travelers and travel health providers: <http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/zika>
- Pan American Health Organization (PAHO): http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en
- Information on microcephaly: <http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html>
- Approximate distribution of *Aedes aegypti* and *Ae. albopictus* mosquitoes in the United States: <http://www.cdc.gov/chikungunya/resources/vector-control.html>

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-20160119-00385-ADV
Program (HAN) Type: Health Advisory
Status (Type): Actual ()
Message Type: Alert
Reference: MSHAN-00385
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)).