COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Public Health Department

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PROVIDER HEALTH ADVISORY

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Zika Virus Update

This Provider Health Advisory from the San Luis Obispo County Public Health Department (SLO PHD) contains updated information about Zika virus transmission, risk, testing and patient education.

Please be aware that information and guidance is rapidly changing.

Transmission

- Zika virus is primarily transmitted to humans through the bite of *Aedes* species mosquitos.
- Perinatal transmission with resultant infant microcephaly is considered likely based on:
  - A marked increase in reported cases of microcephaly during a large Zika outbreak in Brazil
  - Laboratory evidence of prenatal Zika infection among a small number of cases of microcephaly.
- Other documented modes of Zika virus transmission include intrapartum from mother to infant, sexual transmission, and laboratory exposure. Blood and organ/tissue transmission pose theoretical risks, but no cases have been documented to date. Transmission through breastfeeding has not been reported.
- On February 24, 2016, the CDC issued a Health Advisory suggesting sexual transmission of the Zika virus may be more likely than previously considered. Guidance on this topic is available at Interim Guidelines for Prevention of Sexual Transmission of Zika Virus – 2016.

Risk of Infection

- The Aedes mosquito has not been detected in San Luis Obispo, Santa Barbara or Monterey Counties, although it is present in 12 other California counties, including Kern County.
- Due to the lack of the vector mosquito, the fragile nature of a Zika-infected mosquito life cycle, and low number of cases in California (six travel-associated cases in 2016 to date), the likelihood of local transmission is extremely low at this time.
- There have been no reported cases of locally-acquired Zika in US states, though transmission has been reported in Puerto Rico, US Virgin Islands, and American Samoa. Travelers may be at risk, with outbreaks occurring in many countries, including Mexico. Providers may reference the CDC's current list of travel advisories at http://wwwnc.cdc.gov/travel/notices/ in order to advise patients, particularly pregnant women (and partners), about the risk of travel-associated infection.

Clinical Findings

- The primary health concern at present pertains to pregnant women due to reports of Zika-associated microcephaly in newborns. Health care providers should ask all pregnant women about recent travel.
- There have also been reports of Guillain-Barré syndrome in patients following Zika virus infection. There is some evidence to suggest that Guillain-Barré syndrome may be linked to Zika virus infection.

- About 1 in 5 people infected with Zika virus become symptomatic. Risk of infection or likelihood of symptoms do not appear to be related to demographics, e.g., age, gender, pregnancy status, etc. Symptoms, if present, typically begin 2 to 7 days after being bitten by an infected mosquito.
- Characteristic clinical findings are acute onset of fever with maculopapular pruritic rash, arthralgia, and/or conjunctivitis. Other commonly reported symptoms include myalgia and headache.
- Clinical illness is usually mild with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon and case fatality is very low.

Diagnosis and Testing

- Preliminary diagnosis is based on the patient's clinical features along with places and dates of travel and history of mosquito bites.
- **Testing for Zika virus must be arranged through SLO PHD.** There are no commercially available diagnostic tests for Zika virus disease.
- Serologic testing is recommended for all pregnant women who have traveled to an area with Zika virus transmission, regardless of symptoms.
- For symptomatic cases, testing should also be considered for Chikungunya and Dengue.
- There are two types of basic testing recommended:
  - Reverse transcriptase-polymerase chain reaction (**RT-PCR**), on serum specimens collected **during the first week of illness** (Note: a negative RT-PCR on serum collected 5-7 days after symptom onset does not preclude Zika virus infection. Serologic testing should also be performed.)
  - Serologic testing for Zika virus-specific **IgM and plaque-reduction neutralizing antibodies** on serum collected **≥4 days after illness onset in symptomatic patients or 2-12 weeks in asymptomatic returning travelers.**
- Complete testing guidance is available at https://www.cdph.ca.gov/programs/vrdl/Pages/ZikaInfo.aspx.
- Interpretation of serologic results among asymptomatic pregnant women should be done in consultation with SLO PHD.
- At this time, testing of exposed, asymptomatic men for the purpose of assessing risk for sexual transmission is not recommended.

Patient Education

- Pregnant women or women trying to become pregnant should be advised not to travel to areas with Zika virus transmission.
- Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy.
- Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness with their health care provider.
- Anyone traveling to an area with Zika virus transmission should avoid mosquito bites. Guidance is available at: http://www.cdc.gov/zika/prevention/index.html.

SLO PHD continues to closely monitor the rapidly evolving Zika virus situation and will advise providers of new information that will affect clinical decisions. Providers can keep up to date by visiting the CDC's Zika page at www.CDC.gov/Zika and the CDPH Zika page at https://www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx for information specific to California. As always, please contact us with any questions you may have.

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