



HEALTH ADVISORY #112

Zika Virus Update (2)

TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

FROM: Rahul Gupta, MD, MPH, FACP, WVDHHR, Bureau for Public Health Commissioner and State Health Officer

DATE: 02-11-2016

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO PROVIDERS OF OBSTETRICAL CARE

The Centers for Disease Control and Prevention (CDC) has issued new guidelines for evaluation of possible Zika virus infection. New recommendations include:

1. Providers should offer Zika testing between 2 and 12 weeks after a pregnant woman returns from travel to areas with ongoing Zika virus transmission, even if asymptomatic. Full recommendations are available at http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er.htm_w. In West Virginia, testing can be arranged through the local health department.
2. Men who have traveled to an area of active Zika virus transmission and 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. Full recommendations are available at http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm?s_cid=mm6505e1.htm_w.

On February 10, 2016, CDC published a paper documenting Zika virus in the brains of two fetuses (miscarried at 11 and 13 weeks) and two microcephalic infants who died within 20 hours of birth. This week the New England Journal of Medicine independently reported Zika RNA in the brain of a microcephalic infant of a woman who had Zika-like symptoms during the 13th week of gestation while volunteering in Brazil.

Persons with symptoms of Zika (acute fever, rash, myalgia or arthralgia, and/or conjunctivitis) occurring within 2 weeks of travel to an area with ongoing transmission (<http://wwwnc.cdc.gov/travel/page/zika-travel-information>) can be offered testing. Testing must be arranged through the local health department.

Providers should keep other mosquito-borne infections in the differential diagnosis, including malaria, dengue and chikungunya. Malaria should always be in the differential diagnosis of fever in travelers recently returned from endemic areas. Correct laboratory diagnosis and appropriate treatment of a patient with malaria improves outcomes. CDC maintains provider information and offers a consultation service to support United States providers, visit http://www.cdc.gov/malaria/diagnosis_treatment/index.html. Early recognition and appropriate management of dengue complications is critical for successful outcomes. CDC maintains information on dengue diagnosis and management, visit <http://www.cdc.gov/dengue/clinicalLab/clinical.html>. For information on chikungunya, please see <http://www.cdc.gov/chikungunya/>.

For more information, please visit www.dide.wv.gov or call the Division of Infectious Disease Epidemiology at (304) 558-5358, extension 1 or the answering service at (304) 925-9946.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

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