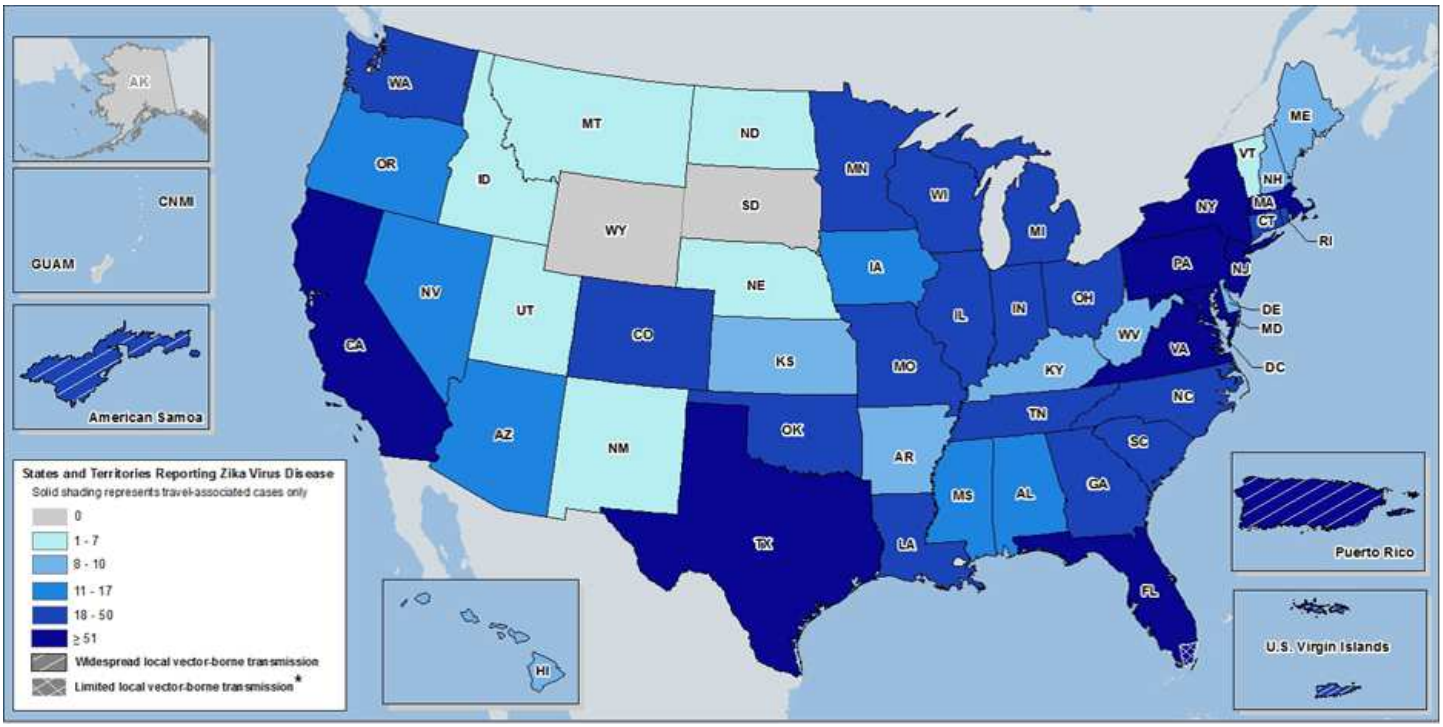
Zika Virus Update

August, 2016

As of August 17, 2016,

- 2260 total cases in the United States
  - 529 in pregnant women
  - 22- sexually transmitted
  - 7 - Guillain-Barre´ Syndrome
- 2,245 – travel-associated cases (14 in Oregon)
- 14 - locally acquired (mosquito-borne transmission) infections in Miami, Florida
- Laboratory-acquired - 1

- 8,000 locally acquired cases in U.S. Territories (Puerto Rico, U.S. Virgin Islands, American Samoa)
  - 25 Guillain-Barre´ Syndrome



This is an evolving situation. Stay up-to-date with current travel and testing recommendations at **bit.ly/zikaoregon** and **http://www.cdc.gov/zika/.**

Updated Information for Health Care Providers

Transmission

- Local transmission (via mosquitoes) has been confirmed in an area of one neighborhood of Miami, Florida.
- Centers for Disease Control and Prevention (CDC) has issued travel and testing recommendations for people who traveled to or lived in the designated area of Miami, Florida on or after June 15, 2016, the earliest known date that a person could have been infected with Zika via mosquito transmission.
- Sexual transmission has been confirmed between a man or women with Zika virus and his or her sex partners (before, during, or after symptoms, and possibly if asymptomatic)
    - Sex includes vaginal, anal, and oral sex, and sharing of sex toys without a condom.
- Transmission through blood transfusion is suspected to be possible but has **NOT** been confirmed.
- Transmission through breastfeeding has **NOT** been documented (Zika RNA has been detected in breast milk).
- All pregnant women should be assessed for Zika virus exposure at each prenatal care visit. They should be asked if they:
    - Traveled to or lived in an area with active Zika virus transmission
    - Had sex without a condom or other barrier method with a partner who as traveled to or lived in area with active Zika virus transmission.

Testing

- The Oregon State Public Health Laboratory (OSPHL) can test specimens for Zika. Local health authorities must approve and coordinate testing of all initial and follow-up specimens sent to the Oregon State Public Health Laboratory. See: http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/Pages/zika-providers.aspx for testing process including testing time frames and specimens to collect.
- Currently, several commercial labs offer PCR testing for Zika virus. IgM testing is not available in commercial laboratories. Providers are recommended to follow CDC criteria (listed below) for who should be tested.

- Updated guidance from CDC recommends that negative PCR tests for individuals meeting testing criteria be followed by IgM testing (currently only offered through OSPHL). Providers are encouraged to coordinate additional testing through the same testing process (See above webpage).

- The following persons are recommended to receive Zika testing:

Possible exposure to Zika virus via travel to an affected area or sexual contact with a Zika-infected partner; AND

- Who develop clinically compatible illness, which includes one or more of the following symptoms: fever, rash, arthralgia, or conjunctivitis within 2 weeks of possible exposure; **OR**
- Who are diagnosed with Guillain-Barré syndrome (GBS) within 2 months of possible exposure; **OR**
- Who are pregnant with possible exposure anytime during pregnancy; **OR**
- Who are pregnant with or who deliver an infant with:
    - Occipito-frontal circumference less than the 3rd percentile on standard growth charts, or disproportionately small as compared to infant's length, or
    - Evidence of brain calcifications on ultrasound, or
    - Central nervous system anomalies.
- CDC has updated its interim guidance for U.S. health care providers caring for infants born to mothers with possible Zika virus infection during pregnancy. Laboratory testing is recommended for:
    - Infants born to mothers with laboratory evidence of Zika virus infection during pregnancy and
    - Infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika syndrome and a maternal epidemiologic link suggesting possible transmission, regardless of maternal Zika virus test results. For more information see: http://www.cdc.gov/zika/hc-providers/infants-children.html

Prevention

- CDC has published the following recommendations for counseling men and women of reproductive age with possible Zika virus exposure who are interested in conceiving as follows:
    - Women with Zika virus disease should wait 8 weeks after symptom onset to attempt conception.
    - Men with Zika virus disease should wait 6 months after symptom onset before attempting conception.
    - Asymptomatic men and women with possible Zika virus exposure should wait 8 weeks after possible exposure to attempt conception.
- Advise patients who are pregnant to avoid travel to Zika-affected areas. If travel to a Zika-affected area is unavoidable, patients should take steps to avoid mosquito bites **and unprotected sex with others in that area.** The risk of Zika virus transmission from mosquito bites is low if entire travel period will occur at an elevation of 2000 meters (6500 feet) or above.

- Men or women returning from regions with active Zika transmission should avoid sex or use a condom or other barrier to infection during any sexual activity with pregnant partners for the duration of pregnancy. This guidance does not change, even if the exposed partner tests negative for Zika.
- Persons returning from an **area where Zika virus is circulating** should **avoid mosquito bites** for at least 3 weeks after returning to avoid possible introduction of Zika virus into Oregon's existing mosquito population (The mosquitoes that are known to transmit Zika are **NOT** currently found in Oregon).
- **REPORT** suspected Zika virus infection to the Marion County Health Department within **ONE** working day **503.588.5621**. The health department can assist with collecting the information needed for Zika testing.