



**Date:** August 24, 2016  
**To:** CAHAN San Diego Participants  
**From:** Public Health Services, Epidemiology Program

### **Zika Virus Advisory #5 – Updated Interim Guidelines and Case Counts, Actions Requested of Providers**

This health advisory provides CAHAN participants with updated information regarding Zika virus guidelines, case counts, actions requested of healthcare providers, and other useful resources.

#### **Updated Guidelines on Sexual Transmission**

On July 15, 2016, CDC announced the [first reported occurrence of female-to-male sexual transmission](#) of Zika virus. As a result, CDC issued updated [interim guidance on sexual transmission](#) which now includes steps to reduce the risk for sexual transmission from both men *and women* to their sex partners. The guidance defines potential sexual exposure as having had sex (i.e., vaginal, anal, oral, or other activities that might expose a sex partner to genital secretions) with a person who has traveled to or lives in an [area with active Zika virus transmission](#) when the sexual contact did not include a barrier to protect against infection.

*Asymptomatic* women and men who traveled to an area with local Zika virus transmission should wait at least eight weeks after last possible exposure to attempt conception. Women with Zika virus disease (confirmed infection or compatible symptoms) should also wait at least eight weeks before attempting conception. Men with Zika virus disease should wait at least six months after symptom onset to attempt conception.

#### **Updated Guidelines on Caring for Pregnant Women**

The updated CDC [interim guidance on caring for pregnant women](#) with possible Zika virus exposure recommends that *symptomatic* pregnant women evaluated <2 weeks after symptom onset should receive serum and urine Zika virus rRT-PCR testing. *Symptomatic* pregnant women evaluated 2–12 weeks after symptom onset should first receive a Zika virus immunoglobulin (IgM) antibody test; if the IgM antibody test result is positive or equivocal, serum and urine rRT-PCR testing should be performed.

*Asymptomatic* pregnant women living in areas without active Zika virus transmission who are evaluated <2 weeks after possible Zika virus exposure should be offered serum and urine rRT-PCR testing. While a positive rRT-PCR result confirms the diagnosis, a negative rRT-PCR result requires additional testing to exclude infection. These women should return 2–12 weeks after possible Zika virus exposure for Zika virus IgM antibody testing.

#### **Guidance for People Traveling to or Living in South Florida**

The CDC has issued [guidance for people who traveled to or lived in South Florida](#) any time after July 14, 2016. The guidance also applies to those who traveled to or lived in the previously identified Wynwood area any time after June 15, 2016. Pregnant women are advised not to travel to these specific areas in Miami-Dade County in South Florida. Women and men who traveled to or lived in these areas and who have a pregnant sex partner should take [steps to avoid sexual transmission](#) of Zika throughout the pregnancy. The situation in Florida is evolving. Clinicians concerned about Zika for their patients who travelled to Florida should check the [latest CDC guidance](#) and the [Florida Department of Health website](#) which provides updates each week day regarding affected areas in Florida.

## Zika-Affected Areas and Case Counts

As of August 18, 2016, the [World Health Organization \(WHO\) reported](#) that 67 countries and territories have had evidence of vector-borne Zika virus transmission since 2015. The Bahamas, Turks and Caicos Islands, Antigua and Barbuda, Cayman Islands, and Florida have also reported recent local transmission of Zika virus. An up-to-date list of countries and territories with active Zika virus transmission may be found at the [CDC Zika Travel website](#).

The [Florida Department of Health](#) has confirmed that local transmission of Zika is occurring in the Wynwood and Miami Beach areas of Miami-Dade County. As of August 19, 2016, 36 non-travel related infections of Zika have been confirmed in Florida. A Zika Virus Information Hotline was activated for residents, visitors, and anyone planning travel to the state. The Zika Virus Information Hotline number is 1-855-622-6735.

As of August 19, 2016, 1,884 locally-transmitted cases have been confirmed in 16 Mexican states. No local Zika transmission has been reported in Baja California or Sonora. Weekly updates on locally-transmitted Zika in Mexico may be found at the [Mexican Ministry of Health Zika Information website](#) under the tab labeled "Información Relevante."

As of August 17, 2016, the CDC reported that 2,260 Zika cases had been identified in U.S. states, including 22 cases associated with sexual transmission and 7 cases diagnosed with Guillain-Barré syndrome. U.S. territories (American Samoa, Puerto Rico, and the U.S. Virgin Islands) have reported 8,035 cases, including 8,000 locally-acquired cases. Of those, 25 persons were diagnosed with Guillain-Barré syndrome. [U.S. case counts](#) are updated weekly.

From January 1, 2015 to August 19, 2016, the California Department of Public Health (CDPH) reported 170 travel-associated cases of Zika. There have been 28 confirmed or probable travel-associated Zika cases in San Diego County, including one case of sexual transmission from a traveler. Case counts are updated weekly on the [CDPH Zika webpage](#).

## Actions Requested of Healthcare Providers

- **Suspect** Zika (also consider dengue and chikungunya) in travelers with acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis within two weeks after return from an [area with local Zika virus transmission](#).
  - This currently includes travelers to Miami-Dade County, Florida with at least *two* of the above symptoms within two weeks after return. Travelers to other counties in Florida with at least *three* of the above symptoms within two weeks after return may also be evaluated for Zika. The [Florida Department of Health website](#) provides updates each week day regarding affected areas in Florida.
  - Because Zika may also be sexually transmitted, suspect Zika in patients with compatible symptoms who have had recent sexual contact with a person who traveled to or lives in an area with active Zika virus transmission when sexual contact did not include a barrier to protect against infection.
  - Patients with microcephaly or Guillain-Barré syndrome of unknown etiology, *regardless of travel history*, should be evaluated for Zika virus infection.
- **Report** suspect Zika cases based on the criteria above to the Epidemiology Program by phone at 619-692-8499 during business hours Monday-Friday, or 858-565-5255 after-hours on evenings, weekend and County-observed holidays, and by faxing a [Confidential Morbidity Report Form](#) to 858-715-6458.
- **Test** patients with suspect Zika based on the criteria above. Also test asymptomatic pregnant patients within 12 weeks of travel to an [area with local Zika virus transmission](#). To arrange testing, first contact the Epidemiology Program. If testing is approved, Epidemiology Program staff will request information about the patient and provide instructions on submitting specimens to the County of San Diego Public Health Laboratory. Additional information about Zika virus testing and appropriate specimens for submission may be found on the [CDPH website](#).

- **Advise** patients to avoid mosquito bites. Refer travelers, particularly pregnant women, to [CDC Travel Advisories](#) for current information.
- **Evaluate** pregnant women who traveled to areas with local Zika virus transmission while pregnant using the CDC [Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016](#).
- **Inform** patients who travel to Zika-affected countries that Zika can be sexually transmitted and advise them to prevent transmission, especially to women who are or may become pregnant, using guidance available in the CDC [Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus — United States, July 2016](#).
- **Evaluate** fetuses and infants of women infected with Zika virus during pregnancy for possible congenital infection and microcephaly using the CDC [Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016](#)

## **Useful Zika Virus Resources**

### **Centers for Disease Control and Prevention**

- [Information for Travelers](#)
- [Information for Pregnant Women](#)
- [Information for Women Trying to Become Pregnant](#)
- [Fact Sheets and Posters in English and Spanish](#)
- [Questions and Answers for Obstetrical Healthcare Providers](#)
- [Questions and Answers for Pediatric Healthcare Providers](#)
- [Zika Virus Information and Guidance for Clinicians](#)

### **California Department of Public Health**

- [Aedes aegypti and Aedes albopictus Mosquitoes in California \(CDPH\)](#)
- [Zika virus](#)
- [Zika & Pregnancy Poster in English and Spanish](#)
- [Zika Questions and Answers for the Public in English and Spanish](#)
- [Zika Information for Health Professionals](#)
- [CDPH Weekly Update on Number of Laboratory-Confirmed Zika Cases in California \(PDF, New Window\)](#)

### **County of San Diego**

- [Department of Environmental Health Vector Control Program](#)
- [Public Health Services Zika Virus Webpage](#)

### **Other**

- [Zika Virus – Pan American Health Organization](#)
- [Center for Infectious Disease Research and Policy Zika Resource Webpage \(University of Minnesota\)](#)
- [Zika Virus Resource Centre - Lancet](#)
- [New England Journal of Medicine Journal Watch for Zika](#)

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