

Date: February 8, 2017

To: CAHAN San Diego Participants

From: Public Health Services, Epidemiology Program

Zika Virus Advisory #9 – Local Transmission Reported in Baja California

This health advisory informs CAHAN participants that locally-transmitted Zika has been reported in Ensenada, Baja California. This advisory also provides updated Zika illness case counts, revised actions requested of healthcare providers, and annotated resource links.

Zika in Mexico

The first locally transmitted case of Zika in Baja California was confirmed this week by the Mexican Health Ministry. The case is a male resident of the Ensenada municipality with symptom onset in mid-January, 2017. Local transmission has not been reported in other municipalities in Baja California, however dengue was reported in Mexicali and Tijuana in 2016.

As of January 30, 2017, 7,720 locally-acquired cases have been confirmed in 25 Mexican states. This case total includes 4,315 pregnant women. Once a municipality has been determined to have locally transmitted Zika, ongoing surveillance in Mexico prioritizes testing symptomatic pregnant women. Asymptomatic pregnant women and symptomatic non-pregnant individuals may not be routinely tested for Zika. Therefore, total confirmed case counts in specific Mexican locations should not necessarily be interpreted as measures of the intensity of Zika activity. The Mexican Health Ministry provides weekly updates on Zika virus, chikungunya, and dengue.

Pregnant women who live in, traveled to, or had sex without a condom with someone who lives in or traveled to a Mexican state with known local transmission of Zika (including Baja California, Baja California Sur, and Sonora) should be tested for Zika virus. Individuals who have symptoms of Zika illness within two weeks of travel to or after sexual contact with a traveler to these Mexican states should also be tested. Pregnant women should avoid non-essential travel to any locations with ongoing local transmission of Zika.

Zika in Texas

Six mosquito-transmitted Zika cases in Brownsville, Cameron County, Texas have been reported since November, 2016. A seventh case that may have been mosquito or sexually transmitted has also been reported. The Centers for Disease Control and Prevention (CDC) has issued guidance related to Zika for people living in or traveling to Brownsville. Areas of Brownsville are currently designated as having cautionary "yellow" area of Zika risk, and

Table. Zika Infections by Country/Territory of Exposure: San Diego County, 2015-2017	
Country/Territory	Number
Mexico	31
Nicaragua	9
Costa Rica	5
Guatemala	3
Latin America (several countries)	3
Puerto Rico	3
Trinidad and Tobago	3
Venezuela	3
Brazil	2
Caribbean (several islands)	2
Colombia	2
Dominican Republic	2
Jamaica	2
American Samoa	1
Belize	1
Grenada	1
Haiti	1
Kiribati	1
Philippines	1
Saint Lucia	1
Senegal	1
Singapore	1
U.S. Virgin Islands	1
No travel (sexual transmission)	2
Total	82

pregnant women should "consider postponing travel there." Pregnant women who live in, traveled to, or had sex without a condom with someone who lives in or traveled to Brownsville on or after October 29, 2016, should be tested for Zika virus. Individuals who have symptoms of Zika illness within two weeks of travel to or after sexual contact with a traveler to Brownsville should also be tested. Weekly updates on the current case count and travel advice can be found at the Zika in Texas website.

Zika in Florida

Miami-Dade County is currently a cautionary "yellow" area of Zika risk, where pregnant women should consider postponing travel. As of January 27, 2017, 262 non-travel related infections of Zika had been confirmed in Florida. A Zika Virus Information Hotline is available for residents, visitors, and anyone planning travel to the state at 1-855-622-6735. Clinicians concerned about Zika for their patients who travelled to Florida should check the <u>latest CDC guidance</u> and the <u>Florida Department of Health website</u> which provides periodic updates when new cases are identified.

Zika-Affected Areas and Case Counts

The World Health Organization <u>currently lists</u> 76 countries and territories with vector-borne Zika virus transmission since 2015. The CDC Zika Travel website has an up-to-date list of countries and territories with active Zika transmission.

As of February 1, 2017, CDC reported that 4,973 Zika cases had been identified in U.S. states, including 220 locally-acquired cases, 41 cases associated with sexual transmission, and 13 cases diagnosed with Guillain-Barré syndrome (GBS). U.S. territories (American Samoa, Puerto Rico, and U.S. Virgin Islands) have reported 36,414 cases, including 36,274 locally-acquired cases. Of those, 52 people were diagnosed with GBS. U.S. case counts are updated weekly.

As of January 24, 2017, the <u>national registry</u> of confirmed Zika infections in pregnant women includes 1,394 women in U.S. states and 3,071 women in U.S. territories. <u>Pregnancy outcomes</u> in the U.S. states recorded in the registry include: 999 completed pregnancies with or without birth defects; 38 liveborn infants with birth defects; and 5 pregnancy losses with defects.

From January 1, 2015 to February 3, 2017, the California Department of Public Health (CDPH) reported 486 travel-associated cases of Zika. Case counts are updated weekly on the CDPH Zika webpage.

Since January 1, 2015, there have been 82 confirmed or probable travel-associated Zika cases in San Diego County, including two cases of sexual transmission from travelers. Nineteen cases of dengue and five cases of chikungunya have also been diagnosed among the 1,062 cases referred for Zika testing in San Diego. The table on the previous page details the countries/territories of exposure for San Diego travelers. Cases are greatest from travel to Mexico (38%), Central America (23%), Caribbean (21%), and South America (10%). Case counts are updated weekly on the County Zika webpage.

Actions Requested of Healthcare Providers

- Suspect Zika (also consider dengue and chikungunya) in travelers with acute onset of maculopapular rash, fever, arthralgia, or conjunctivitis within two weeks after return from areas with local Zika virus transmission.
 - This currently includes travelers to Miami-Dade County, Florida and Cameron County, Texas with at least two of the above symptoms within two weeks after return. Travelers to other counties in Florida or in south Texas with maculopapular rash and at least one other of the above symptoms within two weeks after return may also be evaluated for Zika.
 - This also includes travelers to any of the 25 Mexican states (including Baja California, Baja California Sur, and Sonora) with known local Zika transmission who have at least two of the above symptoms within two weeks after return.

- 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.
- Assist with enhanced surveillance and diagnostic efforts by testing for Zika in patients with acute onset of maculopapular rash, fever, arthralgia, or conjunctivitis who meet the following criteria:
 - San Diego County residents **regardless of travel** or sexual exposure to a recent traveler who have maculopapular rash and at least one other of the above symptoms without alternative explanation such as a drug reaction or other infection (e.g., enterovirus, parvovirus, adenovirus, group A streptococcus, West Nile virus, leptospirosis, rickettsia, measles, or rubella).
 - Pregnant women residing in San Diego County regardless of travel or sexual exposure to a recent traveler who have maculopapular rash and at least one other of the above symptoms, OR who have fever, arthralgia and conjunctivitis, without alternative explanation, such as a drug reaction or other infection.
- **Report all suspect Zika cases** to the Epidemiology Program immediately 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. In addition, test asymptomatic pregnant patients within 12 weeks of travel to an area with local Zika virus transmission.
 - Some commercial laboratories are now offering PCR Zika testing on serum and urine, as well as IgM testing on serum. In cases of acute illness, PCR and antibody tests are needed to rule out Zika. Symptomatic patients should also be tested for dengue and chikungunya. If testing is done at commercial laboratories, the suspect case must still be reported immediately by phone to the Epidemiology Program. This will facilitate important local vector control actions while results are pending.
 - Testing for Zika virus remains available without cost by contacting 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.
 Zika virus diagnostic testing specimen testing directions are available here.
 - Additional information about Zika virus testing can be found in a recent announcement from CDC entitled <u>Guidance for U.S. Laboratory Testing for Zika Virus Infection: Implications for Clinicians</u> and on the <u>CDPH website</u>.
- Advise patients to avoid mosquito bites. Refer travelers, particularly pregnant women, to <u>CDC Travel Advisories</u> for current information. Pregnant women should avoid non-essential travel to <u>any</u> locations with ongoing local transmission of Zika.
- Evaluate pregnant women who traveled to areas with local Zika virus transmission while pregnant using the CDC <u>Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure United States, July 2016</u>. This includes any pregnant women who traveled to Baja California.
- 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 <u>Update: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus Exposure United States, September 2016.</u>

Evaluate fetuses and infants of women infected with Zika virus during pregnancy for possible congenital
infection and microcephaly using the CDC <u>Update</u>: <u>Interim Guidelines for the Evaluation and Management of
Infants with Possible Zika Virus Infection — <u>United States</u>, <u>August 2016</u>. Detailed guidance for patient
management, case reporting, and specimen collection is available in the CDPH document <u>Evaluation and
Follow-Up Procedures for Suspected Congenital Zika Virus Infection—Fetus, Newborn and Infant</u>.
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Useful Zika Virus Resources

Centers for Disease Control and Prevention

Clinical Guidance for Healthcare Providers Caring for Infants & Children

Clinical Guidance for Healthcare Providers Caring for Pregnant Women

<u>Fact Sheets and Posters</u> in English, Spanish, Portuguese, Chinese, Creole, Tagalog, Mandarin, Vietnamese and Korean. <u>Guidance for U.S. Laboratories Testing for Zika Virus Infection</u> - full algorithms for Zika testing and useful information about available tests in commercial and public health laboratories.

Information for Travelers - Zika travel information for the general public with all Zika travel notices.

Information for Pregnant Women - information for pregnant women and women trying to become pregnant.

<u>Zika Virus Information for Healthcare Providers</u> - extensive clinical and testing guidance for all clinicians. Contains links to continuing medical education resources and a web tool for Zika testing in pregnancy.

To sign up for email updates on Zika virus and other health issues from CDC, go to the Keep Informed webpage.

California Department of Public Health

<u>Aedes aegypti and Aedes albopictus Mosquitoes in California</u> - contains maps of Aedes affected areas of California, mosquito fact sheets, information for clinicians on Aedes transmitted diseases, and other resource links.

Weekly Update on Number of Laboratory-Confirmed Zika Cases in California

Zika Information for Health Professionals - general information for healthcare providers and blood banks.

<u>Zika and Pregnancy Outreach Toolkit</u> - contains posters, talking points for those who provide information to women who are pregnant or planning pregnancy, Facebook posts and tweets, and accompanying graphics that can be shared on social media sites.

<u>Zika and Sexual Transmission Toolkit</u>—contains posters, talking points for sexual health educators, Facebook posts and tweets, and accompanying graphics that can be shared on social media sites.

<u>Zika Travel Outreach Toolkit</u> - contains posters, travel talking points for healthcare providers, Facebook posts and tweets, and accompanying graphics that can be shared on social media sites.

County of San Diego

<u>Department of Environmental Health Vector Control Program</u> - contains information about the countywide program that monitors vectors and the diseases that they carry. Local information is provided on <u>West Nile virus</u>, <u>hantavirus</u>, <u>tularemia</u>, <u>plague</u>, and <u>Lyme disease</u>.

Public Health Services Zika Virus Webpage - contains weekly updates on Zika cases in San Diego County.

Other

<u>Center for Infectious Disease Research and Policy Zika Resource Webpage (University of Minnesota)</u>
<u>Zika Virus Resource Centre - Lancet</u>

New England Journal of Medicine Journal Watch for Zika

Thank you for your participation.

CAHAN San Diego

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