



**Date:** May 31, 2017  
**To:** CAHAN San Diego Participants  
**From:** Public Health Services, Epidemiology Program

**Zika Virus Advisory #10 – Current Case Counts and Updated Guidance for Pregnant Women**

This health advisory updates CAHAN participants on current Zika virus epidemiology and recent recommendations from the Centers for Disease Control and Prevention (CDC) on Zika screening in pregnant women. This advisory also provides revised actions requested of healthcare providers and annotated resource links.

**Zika-Affected Areas and Case Counts**

The World Health Organization [currently lists](#) 84 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 May 25, 2017, CDC reported that 5,284 Zika virus disease cases had been identified in U.S. states, including 224 locally-acquired cases, 47 cases associated with sexual transmission, and 29 congenital infections. Guillain-Barré syndrome (GBS) cases are no longer being listed separately from Zika virus disease cases. U.S. territories (American Samoa, Puerto Rico, and U.S. Virgin Islands) have reported 36,586 cases. [U.S. case counts](#) are updated weekly.

As of May 9, 2017, the [national registry](#) of confirmed Zika infections in pregnant women includes 1,845 women in U.S. states and 3,795 women in U.S. territories. [Pregnancy outcomes](#) in the U.S. states recorded in the registry include: 1,471 completed pregnancies with or without birth defects; 64 liveborn infants with birth defects; and 8 pregnancy losses with defects.

From January 1, 2015 to May 26, 2017, the California Department of Public Health (CDPH) reported 541 travel-associated cases of Zika. Case counts are updated weekly on the [CDPH Zika webpage](#).

Since January 1, 2015, there have been 89 confirmed or probable travel-associated Zika cases in San Diego County, including two cases of sexual transmission from travelers. Twenty-one cases of dengue and six cases of chikungunya have also been diagnosed among the 1,621 cases referred for Zika testing in San Diego. The table on the right details the countries/territories of exposure for San Diego travelers. These cases are most frequently associated with travel to Mexico (36%), Central America (20%), Caribbean (19%), and South America (9%). Case counts are updated weekly on the [County Zika webpage](#).

Country/Territory	Number
Mexico	32
Nicaragua	9
Costa Rica	5
Latin America (several countries)	4
Puerto Rico	4
Caribbean (several islands)	3
Guatemala	3
Trinidad and Tobago	3
Venezuela	3
Brazil	2
Colombia	2
Dominican Republic	2
Jamaica	2
American Samoa	1
Belize	1
Fiji	1
Grenada	1
Haiti	1
Indonesia	1
Kiribati	1
Philippines	1
Saint Lucia	1
Senegal	1
Singapore	1
U.S. Virgin Islands	1
No travel (congenital transmission)	1
No travel (sexual transmission)	2
<b>Total</b>	<b>89</b>

## Zika in Mexico

As of May 29, 2017, 8,772 locally-acquired Zika virus cases have been confirmed in 25 Mexican states. This case total includes 5,135 pregnant women. Local transmission has occurred in the Ensenada Municipality in Baja California. Although local transmission has not been reported in other municipalities in Baja California, dengue was reported in Mexicali in 2017, and in Tijuana in 2016.

Once a municipality has been determined to have locally transmitted Zika, ongoing surveillance in Mexico prioritizes testing symptomatic pregnant women. People who are symptomatic but not pregnant and asymptomatic pregnant women may not be routinely tested for Zika in Mexico. Therefore, total case counts in specific Mexican locations should **not** be interpreted as measures of the intensity of Zika virus 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 Florida and Texas

[Miami-Dade County in Florida](#) is currently a cautionary “[yellow](#)” area of risk for Zika, where pregnant women should consider postponing travel. As of May 26, 2017, 1,172 travel-related and 289 non-travel-related Zika infections have been confirmed in Florida, with 59 more Zika infections that could not be determined. 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 patients who travelled to Florida should check the [latest CDC guidance](#) and the periodic updates on the [Florida Department of Health website](#).

[Areas of Brownsville, Texas](#) are currently designated as having cautionary “[yellow](#)” area of risk for Zika, and 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.

## 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 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.
  - This also 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 of the other symptoms above within two weeks after return may also be evaluated for Zika.
  - 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 of the other symptoms above 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 of the other symptoms above, 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 by phone at 619-692-8499 during business hours (Monday-Friday, 8:00 AM to 5:00 PM), or by faxing a [Confidential Morbidity Report Form](#) to 858-715-6458.
- **Test patients with suspected Zika virus disease** based on the criteria above.
  - 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, suspect symptomatic cases should be reported during business hours (Monday–Friday, 8:00 AM to 5:00 PM) by phone or fax to the Epidemiology Program.** This will facilitate important local vector control actions while results are pending.
  - Testing for Zika virus remains available through County of San Diego Public Health Laboratory. Updated Zika virus diagnostic specimen testing directions are available [here](#).
  - Additional information about Zika virus testing can be found in a CDC document entitled [Guidance for U.S. Laboratory Testing for Zika Virus Infection: Implications for Clinicians](#) and on the [CDPH website](#).
- **Test asymptomatic pregnant patients and individuals who seek testing as part of preconception counseling** as outlined in the CDC health advisory entitled [Prolonged IgM Antibody Response in People Infected with Zika Virus: Implications for Interpreting Serologic Testing Results for Pregnant Women](#).
  - Further CDC guidance on the evaluation of pregnant women who traveled to areas with local Zika virus transmission while pregnant is available at [Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016](#). This includes any pregnant women who traveled to Baja California.
  - Asymptomatic individuals who are being tested as part of routine obstetrical care or as part of preconception counseling should generally be tested in commercial laboratories. Providers do not need to contact the Epidemiology Program about asymptomatic patients.
- **Advise** patients to avoid mosquito bites. Refer travelers, particularly pregnant women, to [CDC Travel Advisories](#) for current information. Pregnant women should avoid non-essential travel to **any** locations with ongoing local transmission of Zika.
- **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 Preconception Counseling and Prevention of Sexual Transmission of Zika Virus Exposure — United States, September 2016](#).

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

## **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](#)

[Fact Sheets and Posters](#) in English, Spanish, Portuguese, Chinese, Creole, Korean, Mandarin, Tagalog, Vietnamese, and other languages. These resources cover a variety of topics, including travel information, insect repellent, sexual transmission, and mosquito control.

[Guidance for U.S. Laboratories Testing for Zika Virus Infection](#) - 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.

[Zika Virus Information for Healthcare Providers](#) - 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**

[Aedes aegypti and Aedes albopictus Mosquitoes in California](#) - 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.

[Zika and Education and Outreach Toolkits](#) - contains talking points for those who provide information to women who are pregnant or planning pregnancy, for those who provide sexual health education, and for those who counsel travelers, as well as posters, Facebook posts and tweets, and accompanying graphics that can be shared on social media sites.

### **County of San Diego**

[Department of Environmental Health Vector Control Program](#) - contains information about the countywide program that monitors vectors and the diseases that they carry. Local information is provided on [West Nile virus](#), [hantavirus](#), [tularemia](#), [plague](#), and [Lyme disease](#).

[Public Health Services Zika Virus Webpage](#) - contains weekly updates on Zika cases in San Diego County.

### **Other**

[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](#)

Thank you for your continued participation.

### **CAHAN San Diego**

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