

HEALTH UPDATE



Public Health
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REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

To: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH

Clark County Public Health, (360) 397-8412

Sarah D. Present MD, MPH

Skamania County Community Health, (509) 427-3850

Wahkiakum County Health & Human Services, (360) 795-8630

Jennifer Vines, MD, MPH

Cowlitz County Health & Human Services, (360) 414-5599

Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

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Summary

In every confirmed case of sexual transmission of Zika virus in the United States¹ a male was symptomatic for Zika virus disease shortly before, during, or shortly after having unprotected sex that led to infection of his partner. On March 25, 2016, the CDC published an update to interim guidance for prevention of sexual transmission of Zika virus, summarized below¹. These recommendations may change as more information becomes available regarding the incidence and duration of seminal shedding from infected men and the utility and availability of testing in this context. We encourage clinicians to be aware of and adhere to current recommendations for preventing sexual transmission of Zika virus, particularly for men with pregnant partners.

Recommendations for men and their pregnant sex partners

- Men who reside in or have traveled to an area of active Zika virus transmission who 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.
- Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness (<http://www.cdc.gov/zika/symptoms>) with their healthcare provider; providers can consult CDC's guidelines for evaluation and testing of pregnant women².

Recommendations for men and their non-pregnant female sex partners

- Couples in which a man had confirmed Zika virus infection or clinical illness consistent with Zika virus disease should consider using condoms or abstaining from sex for at least 6 months after onset of illness.
- Couples in which a man traveled to an area with active Zika virus transmission but did not develop symptoms of Zika virus disease should consider using condoms or abstaining from sex for at least 8 weeks after departure from the area.
- Couples in which a man resides in an area with active Zika virus transmission but has not developed symptoms of Zika virus disease might consider using condoms or abstaining from sex while active transmission persists in the area.
- Sexual transmission of Zika virus from infected women to their sex partners has not been documented, nor has transmission from persons who are asymptotically infected. Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms.

Testing criteria for persons with possible exposure to Zika virus

This criteria replaces that sent in the Feb. 11th Health Advisory.

1. All persons with **travel to an area with known Zika virus transmission** (regardless of pregnancy status) reporting 2 or more of the following symptoms during or within 2 weeks of travel: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis. Obtain specimens during the first week of illness if possible.
2. All persons **reporting 2 or more of the following symptoms within 2 weeks of unprotected sex with a man** who has tested positive for Zika virus or who traveled to an area with Zika and has shown symptoms of the virus during travel or within 2 weeks of his return: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis. Obtain specimens during the first week of illness if possible.
3. **Pregnant women** (at any trimester of pregnancy):
 - **With clinical illness consistent with Zika virus disease** during or within 2 weeks of travel to an area with known Zika virus transmission. Obtain specimens during the first week of illness if possible.
 - At least one sign or symptom of Zika virus disease **with no travel but, within 2 weeks of having unprotected sex** with a male partner with possible Zika virus exposure.
 - **Asymptomatic with exposure^a** - testing can be offered 2-12 weeks after pregnant women return from travel to an area with known Zika virus transmission* OR after unprotected sex with a man who has tested positive for Zika virus or who traveled to an area with Zika and has shown symptoms of the virus during travel or within 2 weeks of his return.
**Includes any travel during the 8 weeks before conception (6 weeks before LMP).*
 - **With fetal ultrasounds that detect microcephaly or intracranial calcifications** – also consider amniocentesis for Zika virus testing if a pregnant woman tests positive.
4. **Women experiencing fetal loss** with travel to an area with known Zika virus transmission during pregnancy, if not previously tested. Consult your local health department when travel exposure was over 12 weeks prior to fetal loss.
5. **Babies born to women with a history of travel during pregnancy to an area with known Zika virus transmission**, with evidence of maternal infection (mother with positive or inconclusive test results for Zika virus infection); or fetal infection (infants with microcephaly^b or intracranial calcifications); or two or more of the following symptoms within 2 weeks of delivery: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, and maternal travel occurring within 2 weeks of delivery.

^a Note that the interpretation of results in asymptomatic persons is complex. Because of cross-reactivity among flaviviruses (including West Nile virus, endemic in some parts of WA), a positive IgM result can be difficult to interpret. While a negative IgM result obtained 2-12 weeks after travel would suggest that a recent infection did not occur, it does not definitively rule out Zika virus infection.

^b For the purpose of evaluating an infant for possible congenital Zika virus infection, microcephaly is defined as occipitofrontal circumference less than the third percentile, based on standard growth charts for sex, age, and gestational age at birth. If an infant's occipitofrontal circumference is $\geq 3^{\text{rd}}$ percentile but is notably disproportionate to the length of the infant, or if the infant has deficits that are related to the central nervous system (including visual or hearing deficits), additional evaluation for Zika virus infection might be considered.

To arrange for Zika testing

Testing is currently available only at CDC, and **MUST** be first approved by your local health department (LHD) before submitting a specimen.

1. Before calling the LHD, obtain travel history, including dates of travel from the patient.
2. If Zika testing is approved by your LHD, collect 2 mL serum (0.25 mL minimum), separate and refrigerate. Complete the Washington Public Health Laboratory virology form and include with the specimen when transporting to the Public Health Lab.
Virology form: <http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>
3. For symptomatic patients, consider ordering commercial dengue and chikungunya testing. Contact your LHD for details.

For questions or to request testing, please contact:

- Clark County Public Health: (360) 397-8182
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services: (360) 795-6207

Resources

1. Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus - United States, 2016. MMWR: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm>
2. Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure - United States, 2016. MMWR: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2.htm>.
3. Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection - United States, 2016. <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6503e3er.pdf>
4. CDC Zika webpage for Health Care Providers: <http://www.cdc.gov/zika/hc-providers/index.html>

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