

HEALTH ADVISORY

February 3, 2016



Public Health
Prevent. Promote. Protect.

REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please review the attached health advisories on these topics:

- **Evaluation for exposure to Zika virus**
- **Increase in influenza activity, importance of antiviral treatment**
- **Hepatitis C transmission in patients undergoing hemodialysis**

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.

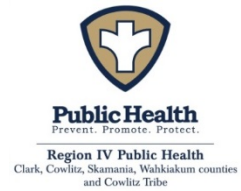
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

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

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**Evaluation and testing of persons with
probable exposure to Zika virus**



Background

Many countries in the Americas are experiencing simultaneous outbreaks of arboviral diseases, including Zika virus, that can cause febrile illness with rash, myalgia, or arthralgia. Physicians and other healthcare providers should review the epidemiology, [geographic distribution](http://www.cdc.gov/zika/geo/index.html), (<http://www.cdc.gov/zika/geo/index.html>) signs, and symptoms of Zika virus infection (fever, maculopapular rash, arthralgias and non-purulent conjunctivitis), and consider Zika in the differential diagnosis of patients with onset of compatible illness within two weeks of travel from a region with ongoing Zika virus transmission. Because of the similar geographic distribution and clinical presentation of Zika, dengue, and chikungunya virus infections, patients with symptoms consistent with Zika virus disease should also be evaluated for the other two agents. No commercial assay is currently available for detecting Zika virus, and serologic cross-reactivity is strong among Zika, dengue, and other flaviviruses. Testing at CDC must be coordinated through the local health department.

Testing criteria for persons with travel to areas with Zika virus transmission

- **All persons reporting two or more of the following symptoms** (regardless of pregnancy status): acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel.
- **Pregnant women** (at any trimester of pregnancy) with findings of fetal microcephaly* or intracranial calcifications at any time following travel that occurred during pregnancy.
- **Women experiencing fetal loss** meeting above symptom criteria during or within 2 weeks of travel, or with findings of fetal microcephaly* or intracranial calcifications.
- **Babies** born to women with a history of travel during pregnancy to an area with Zika virus transmission, with evidence of maternal or fetal infection (e.g., maternal febrile illness, infant microcephaly*).

*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 3rd 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, additional evaluation for Zika virus infection might be considered.

Call your local health department to request Zika virus testing through CDC:

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- 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

Recommendations

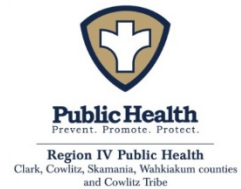
- As standard practice, screen all patients presenting with signs and symptoms suggestive of an infectious disease for travel in the past 30 days.
- Before you call your local health department, please obtain date of illness onset, description of illness, travel history, and flavivirus vaccination history.
- As dengue and chikungunya have similar presentations, a separate specimen should be sent commercially to assist in rapid diagnosis and decreasing the workload at CDC.

Resources

- MMWR. Interim Guidelines for Pregnant Women During a Zika virus Outbreak - United States, 2016. January 22, 2016 / 65(2);30–33.
<http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm>
- CDC Zika virus General Info page: <http://www.cdc.gov/zika>

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**Prompt antiviral treatment is crucial for
some patient populations, as influenza
activity increases in Washington State**



Background

- **Be aware that influenza activity is increasing.**
 - WA DOH influenza report: <http://www.doh.wa.gov/portals/1/documents/5100/420-100-fluupdate.pdf>
 - CCPH Weekly Influenza Update: <https://www.clark.wa.gov/public-health/flu>
- **Encourage influenza vaccination:** All patients ages 6 months and older should be vaccinated against influenza. See <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm>

Recommendations

- **Antiviral treatment is recommended within 48 hours of symptom onset.** Treatment should not be delayed while waiting for laboratory confirmation in any patient with suspected influenza who is:
 - Hospitalized;
 - Has severe, complicated, or progressive illness; or
 - Is at higher risk for influenza complications. A list of applicable high risk health conditions can be found at: http://www.cdc.gov/flu/about/disease/high_risk.htm
 - Early antiviral treatment works best, but treatment may offer benefit when started up to 4-5 days after symptom onset in hospitalized patients.
- **Antiviral treatment can also be considered on the basis of clinical judgement** for suspected or confirmed influenza in previously healthy, symptomatic outpatients not at high risk especially if treatment can be initiated within 48 hours of illness onset.
- **Do NOT delay initiation of treatment while awaiting results of laboratory tests for influenza.** Be aware that rapid influenza diagnostic tests (RIDTs) can provide false negative results. See <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Reporting Influenza

Reporting is required in the following situations:

- Lab-confirmed influenza-associated deaths in persons of all ages.
- Suspected and lab-confirmed infections due to an unsubtypeable or novel (new or emerging non-seasonal) influenza virus, including avian influenza A (H7N9) virus.
- Outbreaks of influenza-like illness or lab-confirmed influenza in an institutional setting (e.g. long term care facility or hospital).

To report call:

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Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Chemoprophylaxis.			
Antiviral Agent	Use	Children	Adults
Oseltamivir (Tamiflu®)	Treatment (5 days)	<p>If younger than 1 yr old:</p> <ul style="list-style-type: none"> • 3 mg/kg/dose twice daily <p>If 1 yr or older, dose varies by child's weight:</p> <ul style="list-style-type: none"> • 15 kg or less, the dose is 30 mg twice a day • >15 to 23 kg, the dose is 45 mg twice a day • >23 to 40 kg, the dose is 60 mg twice a day • >40 kg, the dose is 75 mg twice a day 	75 mg twice daily
	Chemo-prophylaxis (7 days)	<p>If child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless situation is judged critical due to limited data in this age group.</p> <p>If child is 3 months or older and younger than 1 yr old:</p> <ul style="list-style-type: none"> • 3 mg/kg/dose once daily <p>If 1 yr or older, dose varies by child's weight:</p> <ul style="list-style-type: none"> • 15 kg or less, the dose is 30 mg once a day • >15 to 23 kg, the dose is 45 mg once a day • >23 to 40 kg, the dose is 60 mg once a day • >40 kg, the dose is 75 mg once a day 	75 mg once daily
Zanamivir (Relenza®)	Treatment (5 days)	10 mg (two 5-mg inhalations) twice daily <i>(FDA approved and recommended for use in children 7 yrs or older)</i>	10 mg twice daily <i>(two 5-mg inhalations)</i>
	Chemo-prophylaxis (7 days)	10 mg (two 5-mg inhalations) once daily <i>(FDA approved for and recommended for use in children 5 yrs or older)</i>	10 mg once daily <i>(two 5-mg inhalations)</i>

Source: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

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Reminder to assess and improve infection control practices to stop Hepatitis C virus transmission in patients undergoing hemodialysis



Background

The Centers for Disease Control and Prevention (CDC) has received an increased number of reports of newly acquired hepatitis C virus (HCV) infection among patients undergoing hemodialysis. Infection control lapses in dialysis care could expose patients to HCV. Any case of new HCV infection in a patient undergoing hemodialysis should prompt immediate action.

Link to complete CDC advisory: <http://emergency.cdc.gov/han/han00386.asp>

Recommendations

CDC is urging dialysis providers and facilities to:

1. Assess current infection control practices and environmental cleaning and disinfection practices within the facility to ensure adherence to infection control standards (see <http://www.cdc.gov/dialysis/preventiontools/index.html> for checklists and audit tools) ;
2. Address any gaps identified by the assessments;
3. Screen chronic hemodialysis patients for HCV, following CDC guidelines, to detect infections, determine treatment potential, and halt secondary transmission (<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>); and
4. Promptly report all acute HCV infections to your local health department.

Reporting

To report a suspect case of hepatitis C or any other notifiable condition, or if you have questions, please call:

- 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

Thank you for your partnership.

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