

Zika Virus Infection in Travelers from the Americas, Caribbean, & Mexico

Current Situation

In May 2015, the World Health Organization reported the first local transmission of Zika virus in the Western Hemisphere, with autochthonous (locally acquired) cases identified in Brazil. As of January 15, 2016, local transmission had been identified in at least 14 countries or territories in the Americas, including Puerto Rico (See <http://wwwnc.cdc.gov/travel/notices>). Further spread to other countries in the region is likely because of the prevalence of *Aedes sp.* mosquitoes.

Local transmission of Zika virus has not been documented in the continental United States. Currently, all Zika virus infections have been found in travelers returning to the United States. With the recent outbreaks in the Americas, the number of Zika virus disease cases among travelers visiting or returning to the United States likely will increase. Subsequent local transmission may result if *Aedes sp.* mosquitoes are infected following feeding from an infected human- creating a human-to-mosquito-to-human spread of the virus.

All pregnant women with a history of travel to an area with Zika virus transmission should be evaluated. Pregnant women reporting clinical illness consistent with Zika virus disease during or within 2 weeks of travel should be tested for Zika virus infection. Those not reporting clinical illness should be evaluated via fetal ultrasound. Infection should be considered in patients exhibiting acute onset of fever, maculopapular rash, arthralgia, myalgia, or conjunctivitis. Clinical disease usually is mild, however, during the current outbreak, Zika virus infections have been confirmed in pregnant women, in several infants with microcephaly and in women who have had fetal losses. Please see the Interim Guidance: testing algorithm for CDC's specific evaluation recommendations.

Because of the similar geographic distribution and clinical presentation of Zika, patients with symptoms consistent with Zika virus disease should also be evaluated for dengue and chikungunya virus infection, in accordance with existing guidelines.

Education

Until more is known and out of an abundance of caution, pregnant women should consider postponing travel to any area where Zika virus transmission is ongoing. Pregnant women who do intend to travel to these areas should talk to their doctor or other healthcare provider prior to leaving about prevention-primarily about mosquito bite prevention. Women trying to become pregnant should consult with their healthcare providers before traveling to these areas and strictly follow steps to avoid mosquito bites during the trip.

Treatment

No specific antiviral treatment is available for Zika virus disease. Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics. Because of similar geographic distribution and symptoms, patients with suspected Zika virus infections also should be evaluated and managed for possible dengue or chikungunya virus infection. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue can be ruled out to reduce the risk of hemorrhage. In particular, pregnant women who have a fever should be treated with acetaminophen. People infected with Zika, chikungunya, or dengue virus should be protected from further mosquito exposure during the first few days of illness to reduce the risk of local transmission.

Report

Zika virus is an arboviral disease and a Standard Notification Notifiable Disease, and therefore must be reported to Infectious Diseases & Outbreaks (ID&O) within 5 days of suspected diagnosis. To report the suspected case, please go to www.adph.org/epi, REPORT Card.

Specimen Collection and Shipping

- If you would like for specimens to be tested for Zika, chikungunya, or dengue virus, follow the instructions below to properly collect and send to BCL for forwarding to CDC. Please specify name(s) of the arbovirus (es) for which you are requesting on the test requests. Note: CDC is recommending that when testing for Zika, to also test for chikungunya and dengue. Follow CDC's instructions for collecting and sending diagnostic specimens, <http://www.cdc.gov/ncecid/dvbd/specimensub/arboviral-shipping.html>.
- Complete CDC's Specimen Submission Form: Specimens of Human Origin, <http://www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf>.
- Complete a BCL Requisition Form for each specimen and test ordered, http://www.adph.org/bcl/assets/BCL_Requisition_Form.pdf. Include specimen collection date, date of symptom onset, as well as dates, locations of recent travel, and relevant vaccine history.
- Specimens may be dropped off at your local county health department to be couriered to BCL overnight or can be shipped directly to BCL at 8140 AUM Drive, Montgomery, AL 36117 (at your expense). Specimens for Zika virus testing will be forwarded to CDC.

Resources

- For more information about Zika Virus, please see CDC HAN http://www.adph.org/bcd/assets/HAN_385.pdf
- Interim Guidelines for Pregnant Women During a Zika Virus Outbreak-United States, 2016: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm>
- General information about Zika virus and disease: <http://www.cdc.gov/zika/>
- Zika virus information for clinicians: <http://www.cdc.gov/zika/hc-providers/index.html>
- If you have a question about specimen collection and shipping, call BCL at 334-260-3400.
- If you have a question about reporting a suspected case, call ID&O at 1-800-338-8374.