



Health, Housing & Community Services Department
Public Health Division
(510) 981-5300

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Health Officer

Health Alert

January 25, 2016

Zika Virus in Travelers and Pregnant Women

Please distribute to all providers in your practice

Current Situation:

- There have been reports in Brazil of increased numbers of newborns with microcephaly and fetal losses among mothers who were infected with Zika virus while pregnant. Zika virus infection may pose a risk to women who visit endemic areas during pregnancy. A CDC travel alert is in effect for countries where Zika virus transmission is ongoing, including Brazil, Colombia, El Salvador, French Guiana, Guatemala, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Suriname, Venezuela, Barbados, Bolivia, Ecuador, Guadeloupe, St. Martin, Guyana, Cape Verde, Samoa, and the Commonwealth of Puerto Rico.
- Zika virus is transmitted by *Aedes* mosquitoes; there is no person-to-person transmission. No local transmission of Zika infections has occurred in California.

Until more is known and out of an abundance of caution, the California Department of Public Health (CDPH) recommends special travel precautions for pregnant women and women trying to become pregnant:

- Pregnant women in any trimester should consider postponing travel to areas where Zika virus transmission is ongoing. Pregnant women who must travel to one of these areas should talk to their healthcare provider first and strictly follow **steps to avoid mosquito bites** (see prevention below) during the trip.
- Women trying to become pregnant should consult with their healthcare provider before traveling to these areas and strictly follow **steps to avoid mosquito bites** (see prevention below).
- Pregnant women who traveled to an area with ongoing Zika virus transmission during pregnancy should be evaluated for Zika virus infection if they had any symptoms suggestive of Zika or if their baby has evidence of microcephaly or brain calcifications. Dengue and chikungunya virus infection should be ruled out in these patients.

Recommendations for Physicians:

- Review the epidemiology and signs and symptoms of Zika.
- Consider Zika in the differential diagnosis of febrile patients with compatible signs, who have traveled to a Zika endemic or outbreak area in the two weeks prior to symptom onset.
- **Report suspect cases of Zika virus disease to Berkeley Public Health, which can assist with coordinating CDC testing to confirm the diagnosis (no commercial testing is available).** Communicable Disease Staff may be reached by phone at **(510) 981-5300** during normal business hours; after hours please call police dispatch at **(510) 981-5911** to contact the Health Officer.
- Zika virus is closely related to dengue and West Nile viruses, and antibody tests for these viruses can be cross-reactive.
- **If Zika, chikungunya, or dengue is suspected, request tests through Berkeley Public Health.** Establishing the diagnosis is important because proper clinical management of dengue can improve outcome and follow up is recommended for women who have Zika during pregnancy.

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- Advise patients with suspected Zika, chikungunya, or dengue to take measures to avoid being bitten by mosquitoes during the first week of illness.

Clinical Disease:

- About one in five people infected with Zika virus become symptomatic. Most infected people have no symptoms. Characteristic clinical findings include acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis. Symptoms usually begin 3-7 days after a person is bitten by an infected mosquito and last several days to a week. Severe disease requiring hospitalization is uncommon and fatalities are rare.
- There is no specific treatment for Zika virus disease. The only treatment option available is the provision of supportive care including rest, fluids, and use of analgesics and antipyretics.
- 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.

Prevention:

- There are no vaccines to prevent Zika infection. Preventing mosquito bites is the only way to avoid becoming infected.
- Use insect repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, or para-menthane-diol for long lasting protection. If using both sunscreen and insect repellent, apply the sunscreen first and then the repellent.
- **Using insect repellent is safe and effective. Pregnant women and women who are breastfeeding can and should choose an EPA-registered insect repellent and use it according to the product label.**
- When weather permits, wear long-sleeved shirts and long pants.
- Use air conditioning or window/door screens to keep mosquitoes outside. If you are not able to protect yourself from mosquitoes inside your home or hotel, sleep under a mosquito bed net.
- Help reduce the number of mosquitoes outside your home or hotel room by emptying standing water from containers such as flowerpots or buckets.

Sources for Information:

- CDC information about Zika virus and disease: <http://www.cdc.gov/zika/>
- Protection against mosquitoes: <http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods>
- Travel notices related to Zika virus: <http://wwwnc.cdc.gov/travel/notices>
- Pan American Health Organization (PAHO): http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en
- MMWR Interim Guidelines for Pregnant Women: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm>

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