Gearing up for the Travel Season: How Clinicians Can Ensure Their Patients are Packed with Knowledge on Zika Prevention

Clinician Outreach and Communication Activity (COCA) Call
December 8, 2016
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Planners have reviewed content to ensure there is no bias.

This presentation will include discussion of the unlabeled use of a product or products under investigational use.
Objectives
At the conclusion of this session, the participant will be able to:

- Describe the latest guidance for travelers visiting areas with active Zika transmission, and differentiate between countries with epidemic and endemic Zika.
- Advise patients who are considering or planning to travel on the possible Zika risk associated with their travel, and the protective measures they can take before, during, and after their trip.
- Apply CDC Zika Laboratory testing algorithms when determining which patients with relevant travel history, possible Zika virus exposure, or Zika symptoms should receive testing.
- State recommendations for travelers returning from areas with active Zika transmission to prevent further transmission of Zika.
TODAY’S PRESENTER

Allison Taylor Walker PhD, MPH
Senior Epidemiologist
Travelers’ Health Branch
Centers for Disease Control and Prevention
CDC’s Response to Zika

Zika Virus

Gearing Up for the Travel Season: How to Ensure Your Patients are Packed with Knowledge on Zika Prevention

Mary Tanner, MD, FAAP
Epidemic Intelligence Service Officer

December 8, 2016
Objectives

• Review pre-travel counseling recommendations for men and women of reproductive age, pregnant women, and women considering pregnancy who are planning travel to areas with active Zika virus transmission.
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• Discuss recommended protective measures for women who live in or travel to areas with active Zika virus transmission
Objectives

• Review pre-travel counseling recommendations for men and women of reproductive age, pregnant women, and women considering pregnancy who are planning travel to areas with active Zika virus transmission

• Discuss recommended protective measures for women who live in or travel to areas with active Zika virus transmission

• Describe the current guidance regarding the care of pregnant women who have possible Zika virus exposure
A Unique Challenge

“…the last time an infectious pathogen (rubella virus) caused an epidemic of congenital defects was more than 50 years ago…”
– New England Journal of Medicine, April 13, 2016
2016 CDC Zika Virus Response

Transitioned to Level 1 Response on February 8, 2016

CDC Emergency Response Activation Levels

1. Level 1
   The highest level of response reserved for critical emergencies. CDC assigns the largest number of staff possible to work 24/7 on the response. To date, there have been three Level 1 responses: Ebola outbreak (2014), H1N1 Influenza outbreak (2009), and Hurricane Katrina (2005).

2. Level 2
   The CDC experts in the particular disease lead the response with a large number of other staff from the program area. A large number of staff from CDC’s Emergency Operations Center may assist with the response.

3. Level 3
   The CDC experts in the particular disease lead the response with some of their own staff. Some staff from CDC’s Emergency Operations Center may assist in the response. CDC decides when a different level of response is needed.
2016 CDC Zika Virus Response

CDC Emergency Response Activation Levels

Level 1
The highest level of response reserved for critical emergencies. CDC assigns the largest number of staff possible to work 24/7 on the response. To date, there have been three Level 1 responses: Ebola outbreak (2014), H1N1 Influenza outbreak (2009) and Hurricane Katrina (2005).

Level 2
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Level 3
The CDC experts in the particular disease lead the response with some of their own staff. Some staff from CDC’s Emergency Operations Center may assist in the response. CDC decides when a different level of response is needed.

Transitioned to Level 1 Response on February 8, 2016

Prior to the Zika virus response, the only Level 1 activations in CDC history were for Hurricane Katrina, H1N1 (Pandemic Flu), and Ebola.
Active Zika Virus Transmission

61 countries and territories worldwide, including 50 countries and territories in the Americas, reporting active Zika virus transmission.

As of November 21, 2016

Zika Virus Infection in Pregnant Women

- Pregnant women can be infected
  - Through a mosquito bite
  - Through sex with an infected partner

- If infected during pregnancy
  - Zika virus can be passed to the fetus during pregnancy or around the time of birth

- If infected around conception
  - Zika virus might present a risk to the fetus
Zika Virus is a Cause of Congenital Anomalies

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

Zika Virus and Birth Defects — Reviewing the Evidence for Causality

Sonja A. Rasmussen, M.D., Denise J. Jamieson, M.D., M.P.H., Margaret A. Honein, Ph.D., M.P.H., and Lyle R. Petersen, M.D., M.P.H.
Congenital Zika Syndrome

• A recently described pattern of congenital anomalies associated with Zika virus infection during pregnancy
  » Severe microcephaly with partially collapsed skull
  » Thin cerebral cortices with subcortical calcifications
  » Macular scarring and focal pigmentary retinal mottling
  » Congenital contractures
  » Early hypertonia with symptoms of extrapyramidal involvement

• Congenital Zika virus infection also linked to
  » Hearing impairment
  » Other neurologic sequelae

Congenital Zika Infection without Microcephaly at Birth

- The full spectrum of adverse outcomes caused by Zika virus infection during pregnancy remains unknown.
- Congenital infection can result in head growth deceleration leading to postnatal microcephaly.

Linden V, Pessoa A, Dobyns WB, et al. Description of 13 Infants Born During October 2015–January 2016 With Congenital Zika Virus Infection Without Microcephaly at Birth — Brazil

Morbidity and Mortality Weekly Report
Early Release / Vol. 65
November 22, 2016
CDC Recommendations: Prevention
Avoid Traveling to Areas with Active Zika Transmission

• Pregnant women should not travel to areas with Zika

• If a pregnant woman must travel, she should
  » Strictly follow steps to prevent mosquito bites
  » Take steps to prevent sexual transmission
  » Talk with her healthcare provider before and after her trip

Prevent Mosquito Bites

If a pregnant woman travels to an area with Zika, she should

- Wear long-sleeved shirts and long pants
- Stay and sleep in places with air conditioning or that use window and door screens
- Use EPA-registered insect repellents with one of the following active ingredients
  - DEET, picaridin, IR3535, oil of lemon eucalyptus or p-menthane-diol, or 2-undecanone

Prevent Sexual Transmission of Zika Virus

For couples with a partner who lives in or has recently traveled to an area with Zika

- Couples in which a woman is pregnant should
  - Use condoms consistently and correctly every time they have sex, or abstain from sex
  - Not share sex toys
  - Follow these precautions for the duration of the pregnancy even if the pregnant woman’s partner does not have symptoms or feel sick

Women and Their Partners Thinking about Pregnancy

• Before a woman or her partner plan travel, they should talk to their healthcare provider about their plans to become pregnant and the risk of Zika virus infection

• If a woman and/or her partner travel to an area with active Zika transmission, they should
  » Strictly follow steps to prevent mosquito bites during the trip
  » Be aware of preconception guidance related to Zika virus exposure

### Suggested Timeframes to Wait before Trying to Conceive

#### Possible exposure via recent travel or sex without a condom with a partner infected with Zika

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wait <strong>at least</strong> 8 weeks after symptoms start or last possible exposure</td>
<td>Wait <strong>at least</strong> 6 months after symptoms start or last possible exposure</td>
</tr>
</tbody>
</table>

#### People living in or frequently traveling to areas with Zika

<table>
<thead>
<tr>
<th>Positive Zika test</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wait <strong>at least</strong> 8 weeks after symptoms start</td>
<td>Wait <strong>at least</strong> 6 months after symptoms start</td>
</tr>
<tr>
<td>No testing performed or negative test</td>
<td>Talk with doctor or healthcare provider</td>
<td>Talk with doctor or healthcare provider</td>
</tr>
</tbody>
</table>
Women and Men of Reproductive Age Who are Considering Travel to Areas with Active Transmission of Zika Virus (ZIKV)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Key Issues</th>
<th>Talking Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess risk of ZIKV exposure and prevention</strong></td>
<td>Environment</td>
<td>Discuss whether Zika is being spread by mosquitoes in the planned area of travel (see CDC Zika Travel Information website*). Discuss environment in which patient will be staying: advise traveler to stay in hotel rooms or other accommodations that are air conditioned or have good window and door screens to keep mosquitoes outside. Discuss mosquito bite prevention, including insect repellent, clothing (including permethrin-treated*), and bed net use.</td>
</tr>
<tr>
<td><strong>Discuss ZIKV Infection</strong></td>
<td>1. Signs and symptoms of ZIKV disease</td>
<td>Many people infected with ZIKV won’t have symptoms or will have only mild symptoms. The most common symptoms of ZIKV disease are fever, rash, arthralgias, and conjunctivitis; other common symptoms include myalgia and headache. Illness usually lasts about a week.</td>
</tr>
<tr>
<td></td>
<td>2. Treatment</td>
<td>ZIKV infection during or just before pregnancy may cause poor pregnancy and infant outcomes, including birth defects. Guillain-Barré syndrome is possibly triggered by ZIKV in a small proportion of infections, as it is after a variety of other infections.</td>
</tr>
<tr>
<td></td>
<td>3. When to seek care</td>
<td>People who have possibly been exposed and develop symptoms consistent with ZIKV disease should see a healthcare provider and report their recent travel.</td>
</tr>
<tr>
<td></td>
<td>4. Preventing transmission after returning home</td>
<td>If travelers develop symptoms of ZIKV disease, they should rest, stay hydrated, and take acetaminophen for fever or pain. To reduce the risk of hemorrhage, aspirin or other NSAIDs should not be taken until dengue can be ruled out. To help prevent others from getting sick, people infected with ZIKV should strictly follow steps to prevent mosquito bites during the first week of illness. Even if they do not feel sick, travelers returning from an area with Zika should take steps to prevent mosquito bites for 3 weeks. These steps will prevent them from passing Zika to mosquitoes that could spread the virus to other people.</td>
</tr>
<tr>
<td><strong>Discuss ZIKV Infection and pregnancy</strong></td>
<td>Possible adverse outcomes of ZIKV infection during pregnancy</td>
<td>ZIKV can be passed to the fetus during pregnancy or at delivery if a woman is infected around the time of conception or during pregnancy. ZIKV infection during pregnancy can cause microcephaly and other severe fetal brain defects. Children with microcephaly often have serious problems with development and can have other neurologic problems, such as seizures. ZIKV has been linked to other problems in pregnancies and among fetuses and infants infected with ZIKV before birth, such as miscarriage, stillbirth, defects of the eye, hearing deficits, and impaired growth. There is no evidence that ZIKV infection poses an increased risk for birth defects in future pregnancies after the virus has cleared from the blood.</td>
</tr>
</tbody>
</table>

* CDC Zika Travel Information website
* permethrin-treated clothes
# PRECONCEPTION COUNSELING

For Women and Men Living in Areas with Ongoing Spread of Zika Virus Who Are Interested in Conceiving

This guide describes recommendations for counseling women and men living in areas with Zika who want to become pregnant and have not experienced clinical illness consistent with Zika virus disease. This material includes recommendations from CDC’s updated guidance, key questions to ask patients, and sample scripts for discussing recommendations and preconception issues. Because a lot of content is outlined for discussion, questions are included throughout the sample script to make sure patients understand what they are being told.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Key Issue</th>
<th>Questions to Ask</th>
<th>Sample Script</th>
</tr>
</thead>
</table>
| Assess pregnancy intentions | Introduce importance of pregnancy planning | Have you been thinking about having a baby?  
Would you like to become pregnant in the next year?  
Are you currently using any form of birth control? | If you are thinking of having a baby, I would like to help you have a healthy and safe pregnancy. With the Zika virus outbreak, planning pregnancy is more important than ever. Preparing and planning for a healthy pregnancy means getting as healthy as you can before becoming pregnant, and also taking the time now to learn about how best to care for yourself during pregnancy. |
| Assess risk of Zika virus exposure | Environment | Do you have air conditioning in your home? At work?  
Do you have window and door screens in your home? At work?  
Do you have a bed net? Would you consider using one?  
Do you live in an area with a lot of mosquitoes? | The best way to prevent Zika is to prevent mosquito bites. To protect yourself at home and work, use air conditioning if possible. Install window and door screens and repair any holes to help keep mosquitoes outside. Sleep under a bed net, if air conditioning or screened rooms are not available. Since you live in an area where Zika is spreading, you are at risk of getting Zika. It is important that we discuss the timing of your pregnancy, and ways to prevent infection when you are pregnant.  
Knowledge check: What are some ways to protect yourself at home and work? |
| Assess risk of Zika virus exposure | Personal measures to prevent mosquito bites | Are you willing to wear clothes that cover your skin, like long pants and long-sleeved shirts?  
Do you dip or spray your clothes with permethrin or wear permethrin-treated clothing (especially treated clothing to keep mosquitoes away)?  
Do you use insect repellents throughout the day and night? How often do you reapply? Are you following the directions on the label? | Now and throughout your pregnancy, you and your partner should take important steps to protect yourselves from getting Zika. Wearing long-sleeved shirts and long pants protects your arms and legs. Treating clothing with permethrin adds another layer of protection, just don’t put it directly on your skin. Use EPA-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, or oil of lemon eucalyptus. These insect repellents are safe to use during pregnancy. Always follow the product label instructions and use as directed. This includes reapplying throughout the day as directed on the product label instructions. Help reduce the number of mosquitoes around your home by emptying standing water from flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, and birdbaths on a regular basis. |
Preventing Unintended Pregnancy

- Preventing unintended pregnancy among people who may be exposed to Zika virus is a primary strategy to reduce the number of pregnancies affected by Zika virus infection.

- The best way to reduce risk of unintended pregnancy is to use an effective form of birth control consistently and correctly.

Effectiveness of Family Planning Methods

- Implant: Less than 1 pregnancy per 100 women in a year (0.05%)
- Intrauterine Device (IUD): LNG - 0.2%, Copper T - 0.8%
- Male Sterilization (Vasectomy): 0.15%
- Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic): 0.5%

How to make your method most effective:
After procedure, little or nothing to do or remember. Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

CDC Guidance: Pregnancy
Zika Virus Assessment During Pregnancy

• **All** pregnant women should be assessed for possible Zika virus exposure and signs or symptoms of infection at each prenatal care visit.

• They should be asked if they
  » Traveled to or live in an area with active Zika virus transmission during pregnancy or periconceptional period
  » Had sex without a condom with a partner who has traveled to or lives in an area with active Zika virus transmission

Most common symptoms:
Fever, rash, joint pain, conjunctivitis

Other symptoms:
Muscle pain, headache
CDC’s Response to Zika
ZIKA SCREENING TOOL FOR PREGNANT WOMEN

(To be administered by nurse, check-in receptionist, or other healthcare provider)

All pregnant women should be assessed for possible Zika virus exposure at each prenatal care visit. Use this tool to evaluate pregnant women for exposure to Zika virus and for signs and symptoms of Zika virus disease to determine whether testing is indicated.

NOTE: If your pregnant patient has questions about Zika testing, educational factsheets are available on CDC’s website: http://www.cdc.gov/zika/hc-providers/pregnant-woman.html

Assess for Possible Exposure to Zika Virus Infection
(See references on back for more information.)

Do you live in or do you frequently travel (daily or weekly) to an area with active Zika virus transmission?

- YES
- NO

Have you traveled to an area with Zika during pregnancy or just before you became pregnant [8 weeks before conception or 6 weeks before your last menstrual period]?

- YES
- NO

Have you had sex (vaginal, anal, or oral sex) without a condom or shared sex toys with a partner(s) who lives in or has traveled to an area with Zika?

- YES
- NO

If you answered “YES” to any question, assess for signs and symptoms of Zika virus disease.

Do you currently have or have you had (in the last 12 weeks) fever, rash, joint pain, or conjunctivitis (red eyes)?

- YES
- NO

If your pregnant patient answered “YES” to having any of these signs or symptoms, she might have symptomatic Zika virus infection. Test in accordance with CDC guidance for symptomatic persons.

If your pregnant patient answered “NO” to having any signs or symptoms, she has been exposed and might have an asymptomatic Zika virus infection. Test in accordance with CDC guidance for asymptomatic pregnant women.

Who should be tested?

• Anyone who has or recently had symptoms of Zika virus infection
  » And lives in or recently traveled to an area with Zika virus transmission, or
  » Had sex without a condom with a partner who lived in or traveled to an area with active Zika virus transmission

• All pregnant women who
  » Live in or recently traveled to an area with active Zika virus transmission, or
  » Had sex without a condom with a partner who lives in or recently traveled to an area with active Zika virus transmission

http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e1.pdf
Diagnostic Testing for Zika Virus

Molecular testing
• Real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) for viral RNA in body fluids or tissues

SeroLogic testing
• Zika virus immunoglobulin M (IgM) enzyme-linked immunosorbent assay
• Plaque reduction neutralization test (PRNT)

Diagnostic Testing for Zika Virus

PRNTs

- PRNTs evaluate neutralizing antibodies in the serum.
- Neutralizing antibodies develop shortly after IgM and consist primarily of IgG antibodies.
- Zika virus is a flavivirus, closely related dengue, yellow fever, Japanese encephalitis, and West Nile viruses.
- After infection with a flavivirus, neutralizing antibodies are expected to persist for many years.

Limitations of Zika Virus Tests

- Presence of Zika virus RNA is relatively short-lived; negative results do not exclude infection

- Testing for Zika virus IgM can produce false positive results because of cross-reacting antibodies against related flaviviruses or nonspecific reactivity

- PRNT levels may not distinguish infecting virus in people previously infected with or vaccinated against a related flavivirus
Testing and interpretation recommendations for a pregnant woman with possible exposure to Zika virus* – United States (including U.S. territories)

A

Assess for possible Zika virus exposure
Evaluate for signs and symptoms of Zika virus disease

- Symptomatic: <2 weeks after symptom onset, or
- Asymptomatic and NOT living in an area with active Zika virus transmission: <2 weeks after possible exposure

Zika virus rRT-PCR on serum and urine

Positive Zika virus rRT-PCR on serum or urine:
Recent Zika virus infection

Negative Zika virus rRT-PCR on serum and urine

- Symptomatic: Zika virus IgM and dengue virus IgM
- Asymptomatic and NOT living in an area with active Zika virus transmission: Zika virus IgM 2-12 weeks after exposure

Zika virus IgM and dengue virus IgM negative:
No recent Zika virus infection

Zika virus IgM or dengue virus IgM positive or equivocal:
Presumptive recent Zika virus or flavivirus infection

Plaque reduction neutralization test (PRNT)

Zika virus PRNT \( \geq \) 10 and dengue virus PRNT < 10:
Recent Zika virus infection

Zika virus PRNT \( \geq \) 10 and dengue virus PRNT \( \geq \) 10:
Recent flavivirus infection, specific virus cannot be identified

Zika virus PRNT < 10:
No recent evidence of Zika virus infection

B

- Symptomatic: 2-12 weeks after symptom onset, or
- Asymptomatic and NOT living in an area with active Zika virus transmission: 2-12 weeks after possible exposure, or
- Asymptomatic and living in an area with active Zika virus transmission:
  1st and 2nd trimester

Zika virus IgM and dengue virus IgM on serum

Dengue virus IgM positive or equivocal and Zika virus IgM negative:
Presumptive dengue virus infection

Zika virus IgM positive or equivocal and any result on dengue virus IgM:
Presumptive recent Zika virus or flavivirus infection

Zika virus IgM negative:
No recent Zika virus infection

Reflex Zika virus rRT-PCR on serum and urine

Positive Zika virus rRT-PCR on serum or urine:
Recent Zika virus infection

Negative Zika virus rRT-PCR on serum

Evaluation <2 Weeks after Symptoms or Exposure

Testing and interpretation recommendations for a pregnant woman with possible exposure to Zika virus** — United States (including U.S. territories)

**PREGNANT WOMAN

Assess for possible Zika virus exposure
Evaluate for signs and symptoms of Zika virus disease

- Symptomatic: <2 weeks after symptom onset, or
- Asymptomatic and NOT living in an area with active Zika virus transmission: <2 weeks after possible exposure

Zika virus rRT-PCR on serum and urine

Evaluation 2-12 Weeks after Symptoms or Exposure

Testing and interpretation recommendations for a pregnant woman with possible exposure to Zika virus—United States (including U.S. territories)

PREGNANT WOMAN

Assess for possible Zika virus exposure
Evaluate for signs and symptoms of Zika virus disease

- Symptomatic: 2–12 weeks after symptom onset, or
- Asymptomatic and NOT living in an area with active Zika virus transmission: 2–12 weeks after possible exposure, or
- Asymptomatic and living in an area with active Zika virus transmission: 1st and 2nd trimester

Zika virus IgM and dengue virus IgM on serum

# Clinical management of a pregnant woman with suspected Zika virus infection

<table>
<thead>
<tr>
<th>Interpretation of Laboratory Results*</th>
<th>Prenatal Management</th>
<th>Postnatal Management</th>
</tr>
</thead>
</table>
| **Recent Zika virus infection**                | • Consider serial ultrasounds every 3–4 weeks to assess fetal anatomy and growth†  
• Decisions regarding amniocentesis should be individualized for each clinical circumstance§                                                                                                       | **LIVE BIRTHS:**   
• Cord blood and infant serum should be tested for Zika virus rRT-PCR, Zika IgM, and dengue virus IgM antibodies. If CSF is obtained for other reasons, it can also be tested.  
• Zika virus rRT-PCR and IHC staining of umbilical cord and placenta is recommended.§   
**FETAL LOSSES:**  
• Zika virus rRT-PCR and IHC staining of fetal tissues is recommended.§             |
| **Recent flavivirus infection: specific virus cannot be identified** |                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |
| **Presumptive recent Zika virus infection**   | • Consider serial ultrasounds every 3–4 weeks to assess fetal anatomy and growth†  
• Amniocentesis might be considered; decision should be individualized for each clinical circumstance§                                                                                                    | **LIVE BIRTHS:**   
• Cord blood and infant serum should be tested for Zika virus rRT-PCR, Zika IgM, and dengue virus IgM antibodies. If CSF is obtained for other reasons, it can also be tested.  
• Zika virus rRT-PCR and IHC staining of umbilical cord and placenta should be considered.§  
**FETAL LOSSES:**  
• Zika virus rRT-PCR and IHC staining of fetal tissues should be considered.§             |
| **Presumptive recent flavivirus infection**     |                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |
| **Recent dengue virus infection**             | • Clinical management in accordance with existing guidelines (http://apps.who.int/iris/bitstream/10665/44188/1/9789241547871_eng.pdf).                                                                                                                  |                                                                                                                                                                                                                       |
| **No evidence of Zika virus or dengue virus infection** | • Prenatal ultrasound to evaluate for fetal abnormalities consistent with congenital Zika virus syndrome.§  
• Fetal abnormalities present: repeat Zika virus rRT-PCR and IgM test; base clinical management on corresponding laboratory results.  
• Fetal abnormalities absent: base obstetric care on the ongoing risk of Zika virus exposure to the pregnant woman.                                           |                                                                                                                                                                                                                       |
Pregnancy & Zika Testing: Interactive Web Algorithm

CDC’s top priority for the public health response to Zika is to protect pregnant women because of the risks associated with Zika virus infection during pregnancy.

Recently, CDC updated its interim guidance for healthcare providers caring for pregnant women with possible Zika virus exposure. This web tool is intended to help healthcare providers apply the updated recommendations for Zika virus testing, interpretation of results, and clinical management for a pregnant woman with possible exposure to Zika virus.

- This tool is intended for healthcare providers and public health officials in the United States.
- CDC continues to evaluate all available evidence and will update recommendations as new information becomes available.

What CDC is Doing
Many Questions Remain about Zika Virus and its Impact on Pregnancies

• What is the level of risk from Zika virus infection during pregnancy?

• When during pregnancy does Zika virus infection pose the highest risk to the fetus?

• What is the full range of potential health problems that Zika virus infection may cause?

• What are other factors (e.g., co-occurring infection) that might affect the risk for birth defects?
Sample of Current CDC Efforts Related to Pregnant Women, Fetuses, & Infants

- US Zika Pregnancy Registry
- Zika Active Pregnancy Surveillance System (Puerto Rico)
- US Zika-Related Birth Defects Surveillance
- Proyecto Vigilancia de Embarazadas con Zika (Colombia)
Tools for Healthcare Providers and Information for Patients

CDC’s Response to Zika

FOR WOMEN: A POSITIVE ZIKA VIRUS TEST

What does it mean for me?

You’ve just learned from your doctor or healthcare provider that you have a positive Zika test result, which means that you have Zika virus. While you have Zika, you can pass it to your sex partner and if you are pregnant you can pass it to your developing fetus. You can also pass it to mosquitoes, which can then bite you, get infected with the virus, and spread it to other people. If you are not sure you would need a repeat test.

CDC’s Response to Zika

UPDATED INTERIM PREGNANCY GUIDANCE: Testing and interpretation recommendations for a pregnant woman with possible exposure to Zika virus—United States (including U.S. territories)

How can I treat

There is no specific medication for treating Zika infection, and there is no vaccine to prevent illness.

CDC’s Response to Zika

DOCTOR’S VISIT CHECKLIST:

For Pregnant Women Who Traveled to an Area with Zika*

If you are pregnant and have traveled to an area with Zika during your pregnancy or up to 6 weeks before becoming pregnant, you should talk to your healthcare provider, even if you don’t feel sick. Bring this checklist to your visit to make sure you don’t forget to discuss anything important.

Here are some topics and questions you may want to discuss with your healthcare provider:

INFORMATION TO SHARE:

- When did you travel to an area with Zika?
- What did you travel to?
- How long did you stay?
- In what trimester were you pregnant when you traveled to an area with Zika?
- Did you have any symptoms of Zika during your trip or within 2 weeks of returning?
- The most common symptoms of Zika are fever, rash, joint pain, and headache.
- Did your partner travel to an area with Zika?
- When and where did your partner travel?
- Did you partner have any signs or symptoms of Zika (including fever, rash, joint pain, or headache) when they were in the trip, or after returning?

*Check www.cdc.gov/Zika/travel/notices for the most up-to-date travel recommendations.

Resource List:

- Zika and Pregnancy: www.cdc.gov/Zika/Pregnancy
- Pregnant Women: How to Prevent Yourself: www.cdc.gov/Zika/travel/notices
- More about Zika: www.cdc.gov/Zika
- Zika and Travel: www.cdc.gov/Zika/travel

www.cdc.gov/Zika

*Free materials available in English, Spanish and other languages
Thank you!

• More information on Zika: www.cdc.gov/zika
  https://www.cdc.gov/mmwr/zika_reports.html

• Questions about CDC’s work related to Zika: contact CDC-INFO at 800-232-4636 or www.cdc.gov/cdc-info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Zika Virus Transmission and Prevention

Allison Taylor Walker, PhD, MPH

Travelers’ Health Branch
Division of Global Migration and Quarantine
National Center of Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

December 8, 2016
ZIKV

- Single stranded RNA virus
- Genus Flavivirus, family Flaviviridae
- Closely related to dengue, yellow fever, Japanese encephalitis (JEV), and West Nile virus (WNV)

Transmission electron microscope image of negative-stained, Fortaleza-strain ZIKV (red), isolated from a microcephaly case in Brazil.

Photo Credit: www.niaid.nih.gov
Modes of Transmission

- Bite from an infected *Aedes* species mosquito
  - *Ae. aegypti* and *Ae. albopictus*
- Maternal-fetal
  - Intrauterine
  - Perinatal
- Sexual transmission from ANY infected partner
- Laboratory exposure
- Probable: blood transfusion
## Vector Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Blood Meal</td>
<td>Bite during the day and night</td>
</tr>
<tr>
<td>Number of Blood Meals</td>
<td>Multiple (<em>Ae. aegypti</em>), single (<em>Ae. albopictus</em>)</td>
</tr>
<tr>
<td>Preferred Host(s)</td>
<td>Humans (<em>Ae. aegypti</em>), humans and other mammals (<em>Ae. albopictus</em>)</td>
</tr>
<tr>
<td>Preferred Site to Lay Eggs</td>
<td>Containers of standing water (<em>i.e.</em>, tires, flower pots)</td>
</tr>
<tr>
<td>Vector-borne Diseases</td>
<td>Dengue, yellow fever, chikungunya, ZIKV</td>
</tr>
<tr>
<td>Environment</td>
<td>Urban (<em>Ae. aegypti</em>), urban and rural (<em>Ae. albopictus</em>)</td>
</tr>
</tbody>
</table>
Zika Virus Infection Prevention
Incubation Period, Viremia, and Transmissibility

- Incubation period: 3–14 days
- Viremia: few days–1 week
- Virus can be shed in semen and urine after viremia has resolved
  - Viral RNA has been detected in semen as long as 188 days after illness onset
  - Duration of transmissibility not established
  - To date, cases of sexual transmission have involved exposure within a few weeks of illness onset

Recommendations for Prevention of Sexual Transmission

- **Couples in which a woman is pregnant**
  - Use condoms or abstain from sex throughout pregnancy

- **Couples who are not pregnant and one or both partners have traveled to or live in an area with ZIKV**
  - Use condoms (male or female) or abstain from sex (vaginal, anal, oral, and sharing of sex toys) as follows:
    - Men: At least 6 months after symptom onset or last possible exposure (if asymptomatic)
    - Women: At least 8 weeks after symptom onset or last possible exposure (if asymptomatic)

Mosquito Bite Protection

- Wear long-sleeved shirts and long pants
- Stay and sleep in places with air conditioning, when possible, and use window and door screens to keep mosquitoes outside
- Take steps to control mosquitoes indoors and outdoors
- Personal protection:
  - Use EPA-registered insect repellents with either DEET, picaridin, IR3535, para-methane-diol (PMD), oil of lemon eucalyptus (OLE), 2-undecanone and follow label directions
    - PMD and OLE should not be used in children <3 years
  - Apply sunscreen before insect repellent

http://www.nc.cdc.gov/travel/page/avoidbug-bites
What People Infected with Zika or Possibly Exposed to Zika Can Do to Protect Others

- Protect from mosquito bites for 3 weeks after leaving an area with Zika
  - 3 weeks = Incubation weeks + viremic week
  - When viremic, Zika can be passed to a mosquito and to other people
Zika Virus Disease Risk in Countries with Active and Previous Zika Virus Transmission
Risk to Travelers

- **Countries with active Zika virus transmission**
  - Travel notices
  - Immunologically naïve population
  - Competent vector

- **Countries with previously documented Zika virus transmission**
  - CDC does not issue travel notices in non-outbreak settings
  - Population immunity at an unknown level
  - Likely lower vector burden
  - Likely lower force of infection
  - Likely lower risk to the traveler than travel to countries with active Zika virus transmission
### Travel Notices

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<th>Recommended Preventive Measures</th>
<th>Examples</th>
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<td>Level 1, Watch</td>
<td>Follow usual precautions</td>
<td>Measles, Chikungunya</td>
</tr>
<tr>
<td>Level 2, Alert</td>
<td>Use enhanced precautions</td>
<td>Zika, Rubella</td>
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<td>Level 3, Warning</td>
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Countries and Territories with Active ZIKV Transmission: AMERICAS
(current as of December 5, 2016)

- Anguilla
- Antigua and Barbuda
- Argentina
- Aruba
- The Bahamas
- Barbados
- Belize
- Bolivia
- Bonaire
- Brazil
- British Virgin Islands
- Cayman Islands
- Colombia
- Costa Rica
- Cuba
- Curaçao
- Dominica
- Dominican Republic
- Ecuador
- El Salvador
- French Guiana
- Grenada
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Jamaica
- Martinique
- Montserrat
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Saba
- Saint Barthélemy
- Saint Lucia
- Saint Martin
- Saint Vincent and the Grenadines
- Saint Eustatius
- Saint Maarten
- Saint Kitts and Nevis
- Suriname
- Trinidad and Tobago
- Turks and Caicos
- United States
- U.S. Virgin Islands
- Venezuela

Countries and Territories with Active ZIKV Transmission: Outside the Americas
(current as of December 5, 2016)

- American Samoa
- Fiji
- Marshall Islands
- Micronesia
- New Caledonia
- Palau
- Papua New Guinea
- Samoa
- Singapore
- Tonga

# Countries and Territories with Previous Reported ZIKV Transmission: Outside the Americas

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<tr>
<th>Africa</th>
<th>Asia</th>
<th>Pacific Islands</th>
<th>Southeast Asia</th>
</tr>
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<td>Angola</td>
<td>Kenya</td>
<td>Bangladesh</td>
<td>Brunei</td>
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<tr>
<td>Benin</td>
<td>Liberia</td>
<td>India</td>
<td>Burma (Myanmar)</td>
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<tr>
<td>Burkina-Faso</td>
<td>Mali</td>
<td>Pakistan</td>
<td>Cambodia</td>
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<tr>
<td>Cameroon</td>
<td>Mozambique</td>
<td>Easter Island</td>
<td>Indonesia</td>
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<tr>
<td>Central African Republic</td>
<td>Niger</td>
<td>Vanuatu</td>
<td>Laos</td>
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<td>Côte d’Ivoire</td>
<td>Nigeria</td>
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<td>Malaysia</td>
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<td>Egypt</td>
<td>Senegal</td>
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<td>Maldives</td>
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<tr>
<td>Ethiopia</td>
<td>Sierra Leone, Somalia</td>
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<td>Philippines</td>
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<td>Gabon</td>
<td>Tanzania</td>
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<td>Thailand</td>
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<td>Guinea-Bissau</td>
<td>Togo</td>
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<td>Timor-Leste</td>
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<td>Vietnam</td>
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</tr>
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CDC Consultation Service

- CDC maintains a 24/7 consultation service for health officials and healthcare providers caring for pregnant women with Zika virus infection (suspect or confirmed)
  - To contact the service:
    - Call: 770-488-7100
    - Email: ZIKAMCH@cdc.gov
- For other questions call:
  - 800-CDC-INFO
Additional Resources

Resources for Travelers

- **Text messaging service**
  - Text “PLAN” to 855-255-5606 to subscribe

- **TravWell mobile application**
  - Destination-specific vaccine recommendations
  - Packing and to do lists
  - Notifications from CDC about disease outbreaks
To Ask a Question

- **Using the Webinar System**
  - “Click” the Q&A tab at the top left of the webinar tool bar
  - “Click” in the white space
  - “Type” your question
  - “Click” ask

- **On the Phone**
  - Press Star (*) 1 to enter the queue
  - State your name
  - Listen for the operator to call your name
  - State your organization and then ask your question
Thank you for joining!

Centers for Disease Control and Prevention
Atlanta, Georgia
http://emergency.cdc.gov/coca
Today’s webinar will be archived

**When:** A few days after the live call

**What:** All call recordings (audio, webinar, and transcript)

**Where:** On the COCA Call webpage

Upcoming COCA Call registration is not required

Effectively Communicating with Patients about Opioid Therapy

- Date: Tuesday, December 13, 2016
- Time: 2:00 – 3:00 pm (Eastern)
- Presenters:
  - Deborah Dowell, MD, MPH—CDC
  - David J. Tauben, MD, FACP—University of Washington
  - Joseph O. Merrill MD, MPH—University of Washington

http://emergency.cdc.gov/coca
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Those who participated in today’s COCA Call and who wish to receive continuing education should complete the online evaluation by January 9, 2017 with the course code **WC2286**. Those who will participate in the on demand activity and wish to receive continuing education should complete the online evaluation between January 9, 2017 and December 7, 2018 will use course code **WD2286**.

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CE’s obtained through the CDC Training & Continuing Education Online System will be maintained for each user.
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