April 25, 2016

Did a colleague forward this to you? Subscribe here for future COCA Updates.

This issue contains guidance documents relevant to current public health events and information from April 11-25.

The next COCA Update is scheduled for May 9.

For questions about these or other clinical issues, please write to us at coca@cdc.gov.

Additional Resources
CDC Emergency on Twitter
CDC Clinician Outreach and Communication Activity on Facebook
COCA Home Page

Topics and Highlights
- COCA News and Announcements
- CDC Emergency Response
- CDC News and Announcements
- Public Health Preparedness
- Natural Disasters and Severe Weather
- Morbidity and Mortality Weekly Report (MMWR)
- Infectious, Vector-Borne, and Zoonotic Diseases
- Travel Safety
- Food, Drug, and Device Safety

COCA News and Announcements

Recent COCA Calls
Updated Interim Zika Clinical Guidance for Reproductive Age Women and Men, Sexual Transmission of Zika, and the U.S. Zika Pregnancy Registry
Date: Tuesday, April 12, 2016
During this COCA Call, Clinicians learned about:
- Updated CDC interim guidance for caring for reproductive age women and men with possible Zika exposure
- CDC interim guidance for prevention of sexual transmission of Zika
- Preventing transmission of Zika virus in labor and delivery settings
- Interpreting pediatric testing guidance
- US Zika Pregnancy Registry
http://emergency.cdc.gov/coca/calls/2016/callinfo_041216.asp

Archived COCA conference calls are available at emergency.cdc.gov/coca/calls/index.asp.
Free continuing education credits (CME, CNE, ACPE, CEU, CECH, and AAVSB/RACE) are available for most calls. For more information about free CE, visit emergency.cdc.gov/coca/continuingeducation.asp

CDC Emergency Response

2016 Zika Virus
Clinicians Caring for Pregnant Women and Women of Reproductive Age


A low proportion of persons who had testing for Zika virus in the United States had confirmed Zika virus infection. Approximately 99% of asymptomatic pregnant women who were tested had no laboratory evidence of Zika virus infection. Given the potential for adverse pregnancy and infant outcomes associated with Zika virus, healthcare providers can continue to offer Zika virus testing to asymptomatic pregnant women with potential exposure. However, these data suggest that in the current U.S. setting, the likelihood of Zika virus infection among asymptomatic persons is low.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6515e1.htm?s_cid=mm6515e1_e

CDC Concludes Zika Causes Microcephaly and Other Birth Defects

Scientists at the Centers for Disease Control and Prevention (CDC) have concluded, after careful review of existing evidence, that Zika virus is a cause of microcephaly and other severe fetal brain defects. In the report published in the New England Journal of Medicine, the CDC authors describe a rigorous weighing of evidence using established scientific criteria. Media Statement:


Tools for Healthcare Providers

View printable and easy to use CDC fact sheets, guidance documents, and testing algorithms for Zika virus infection.


Clinical Consultation Service for Healthcare Providers Caring for Pregnant Women with Possible Zika Virus Infection

CDC maintains a 24/7 consultation service for healthcare providers caring for pregnant women with possible Zika virus infection. This consultation service is NOT for patients or the general public. To contact the service, email ZikaPregnancy@cdc.gov or call 770-488-7100.

Doctor’s Visit Checklist: For Pregnant Women Who Traveled to an Area with Zika


Doctor’s Visit Checklist: For Pregnant Women Living in an Area with Zika


US Zika Pregnancy Registry

To understand more about Zika virus infection during pregnancy and congenital Zika virus infection, CDC established the US Zika Pregnancy Registry and is collaborating with state, tribal, local, and territorial health departments. The data collected through this registry will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy.


MMWR: Interim Guidance for Healthcare Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016

CDC has updated its interim guidance for U.S. healthcare providers caring for women of reproductive age with possible Zika virus exposure to include recommendations for counseling women and men with possible Zika virus exposure who are interested in conceiving. The updated guidelines also include recommendations for Zika virus testing and guidance for women residing along the US-Mexico Border.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2er.htm?s_cid=mm6512e2er_w

CDC recommends Standard Precautions in all healthcare settings to protect both healthcare personnel and patients from infection with Zika virus as well as from blood-borne pathogens (e.g., human immunodeficiency virus [HIV] and hepatitis C virus [HCV]).

http://www.cdc.gov/mmwr/volumes/65/wr/mm6511e3.htm?s_cid=mm6511e3_w


http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e1er.htm?s_cid=mm6512e1er_w

Questions and Answers For Healthcare Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure


Updated guidelines include a new recommendation to offer serologic testing to asymptomatic pregnant women (women who do not report clinical illness consistent with Zika virus disease) who have traveled to areas with ongoing Zika virus transmission. This update also expands guidance to women who reside in areas with ongoing Zika virus transmission. Local health officials should determine when to implement testing of asymptomatic pregnant women on the basis of information about levels of Zika virus transmission and laboratory capacity.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er.htm_w

Clinicians Caring for Infants and Children

Congenital Microcephaly Case Definitions


Questions and Answers For Healthcare Providers Caring for Infants and Children with Possible Zika Virus Infection


MMWR: Increase in Reported Prevalence of Microcephaly in Infants Born to Women Living in Areas with Confirmed Zika Virus Transmission During the First Trimester of Pregnancy — Brazil, 2015

http://www.cdc.gov/mmwr/volumes/65/wr/mm6509e2er.htm?s_cid=mm6509e2er_w

Interim Guidelines for Healthcare Providers Caring for Infants and Children with Possible Zika Virus Infection — United States, February 2016

CDC has updated its interim guidelines for U.S. healthcare providers caring for infants born to mothers who traveled to or resided in areas with Zika virus transmission during pregnancy and expanded guidelines to include infants and children with possible acute Zika virus disease.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6507e1.htm

Sexual Transmission

NEW: MMWR: Male-to-Male Sexual Transmission of Zika Virus — Texas, January 2016

Sexual transmission through both vaginal and anal sex is an emerging mode of Zika virus infection that might contribute to more illness than was anticipated when the outbreak was first recognized. Cases of sexually transmitted Zika virus infection should be reported to public health agencies and can help inform recommendations to prevent Zika virus infections.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6514a3.htm?s_cid=mm6514a3_w


The following recommendations apply to men who have traveled to or reside in areas with active Zika virus transmission and their female or male sex partners. These recommendations replace the previously issued recommendations and are updated to include time intervals after travel to areas with active Zika virus
transmission or after Zika virus infection for taking precautions to reduce the risk for sexual transmission. http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3er.htm?s_cid=mm6512e3er.htm_w


MMWR: Transmission of Zika Virus Through Sexual Contact with Travelers to Areas of Ongoing Transmission — Continental United States, 2016 http://www.cdc.gov/mmwr/volumes/65/wr/mm6508e2er.htm?s_cid=mm6508e2er_e

Zika Travel Information

MMWR: Travel-Associated Zika Virus Disease Cases Among U.S. Residents — United States, January 2015–February 2016 During January 1, 2015–February 26, 2016, a total of 116 residents of U.S. states and the District of Columbia had laboratory evidence of recent Zika virus infection based on testing performed at CDC, including one congenital infection and 115 persons who reported recent travel to areas with active Zika virus transmission (n = 110) or sexual contact with such a traveler (n = 5). http://www.cdc.gov/mmwr/volumes/65/wr/mm6511e1.htm?s_cid=mm6511e1_e

MMWR: Revision to CDC’s Zika Travel Notices: Minimal Likelihood for Mosquito-Borne Zika Virus Transmission at Elevations Above 2,000 Meters http://www.cdc.gov/mmwr/volumes/65/wr/mm6510e1er.htm?s_cid=mm6510e1er_w

Zika Virus Infection Among U.S. Pregnant Travelers — August 2015–February 2016 http://www.cdc.gov/mmwr/volumes/65/wr/mm6508e1er.htm?s_cid=mm6508e1er_e

CDC Issues Advice for Travel to the 2016 Summer Olympic Games http://wwwnc.cdc.gov/travel/notices/alert/2016-summer-olympics-rio


Clinical Evaluation and Testing


Clinical Evaluation & Disease Zika virus is transmitted to humans primarily through the bite of an infected Aedes species mosquito. Most people infected with Zika virus are asymptomatic. Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis. Other commonly reported symptoms include myalgia and headache. http://www.cdc.gov/zika/hc-providers/clinicalevaluation.html


State, Local, Tribal, and Territorial Health Department Resources

NEW: Survey of Blood Collection Centers and Implementation of Guidance for Prevention of Transfusion-Transmitted Zika Virus Infection — Puerto Rico, 2016 Importation of blood products from nonaffected areas might serve a role in prevention of transfusion-transmitted Zika virus. An approved laboratory test for blood donor screening and implementation of PRT are critical for compliance with FDA guidance and to ensure a safe and sustainable blood supply. Blood collection organizations and public health organizations need to collaborate to prepare for blood safety and adequacy...
challenges that might arise if Zika virus transmission spreads in the United States.
http://www.cdc.gov/mmwr/volumes/65/wr/mm6514e1.htm?s_cid=mm6514e1_w

Top 10 Zika Response Planning Tips: Brief Information for State, Tribal, Local, and Territorial Health Officials

Zika Virus Risk-Based Preparedness and Response Guidance for States

Zika Virus Microsite
CDC has developed an easily embeddable collection of Zika virus information for partner and stakeholder websites. This collection, called a microsite, can supplement partner web sites with CDC’s up-to-date, evidence-based content. The content is automatically updated when CDC’s website is updated.

CDC News and Announcements

CDC Science Clips: Volume 8, Issue: 16
Each week select science clips are shared with the public health community to enhance awareness of emerging scientific knowledge. The focus is applied public health research and prevention science that has the capacity to improve health now.
www.cdc.gov/library/sciclips/issues/

Public Health Preparedness

Emergency Preparedness and Response for Health Professionals – (CDC)
Find preparedness resources for health professionals at
http://emergency.cdc.gov/health-professionals.asp

Emergency Preparedness and Response Training Resources for Clinicians – (CDC)
Find online and in-person training resources at
emergency.cdc.gov/coca/trainingresources.asp

Natural Disasters and Severe Weather

CDC Feature: Prepare for Spring Weather – (CDC)
http://www.cdc.gov/features/springweather/

Food and Water Needs: Preparing for a Disaster or Emergency – (CDC)
emergency.cdc.gov/disasters/foodwater/prepare.asp

Health and Safety Concerns for All Disasters – (CDC)
emergency.cdc.gov/disasters/alldisasters.asp

Morbidity and Mortality Weekly Report (MMWR)

MMWR publications are prepared by CDC. To electronically subscribe, go to
www.cdc.gov/mmwr/mmwrsubscribe.html

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Workers’ Memorial Day — April 28, 2016

Infectious, Vector-Borne, and Zoonotic Diseases

Ebola in the United States and West Africa

**UPDATED:** Case Counts

Seasonal Influenza

What You Should Know for the 2015-2016 Influenza Season – (CDC)

Information for Health Professionals – (CDC)
http://www.cdc.gov/flu/professionals/index.htm

Weekly Flu View – April 9 (CDC)
Flu View is a weekly influenza surveillance report prepared by CDC’s Influenza Division. All data are preliminary and may change as CDC receives more reports.
http://www.cdc.gov/flu/weekly/

Planning and Preparedness: Health Professionals and Seasonal Flu – (HHS)
Healthcare providers play an important role during flu season. The following guidance and information will assist healthcare providers and service organizations to plan and respond to seasonal flu.
www.flu.gov/planning-preparedness/hospital/index.html

Travel Safety

Current Travel Warnings – April 21 (U.S. Department of State)
The U.S. Department of State issues Travel Warnings when long-term, protracted conditions make a country dangerous or unstable. Travel Warnings recommend that Americans avoid or carefully consider the risk of travel to that country. The State Department also issues Travel Warnings when the U.S. government's ability to assist American citizens is constrained due to the closure of an embassy or consulate or because of a drawdown of State Department staff.
travel.state.gov/content/passports/english/alertswarnings.html

Food, Drug, and Device Safety

**NEW:** Sterile Drug Products from Pharmakon Pharmaceuticals: Recall - Lack of Sterility Assurance
Healthcare professionals should immediately check their medical supplies, quarantine any drug products marketed as sterile from Pharmakon, and not administer them to patients. Administration of a non-sterile drug product intended to be sterile may result in serious and potentially life-threatening infections or death.

MedWatch: The FDA Safety Information and Adverse Event Reporting Program – (FDA)
MedWatch is your Food and Drug Administration (FDA) gateway for clinically important safety information and reporting serious problems with human medical products.
http://www.fda.gov/Safety/MedWatch/default.htm
FoodSafety.gov: Reports of FDA and USDA Food Recalls, Alerts, Reporting, and Resources – (HHS/USDA/FDA/CDC/NIH)

FoodSafety.gov lists notices of recalls and alerts from both FDA and the U.S. Department of Agriculture. Visitors to the site can report a problem or make inquiries. www.foodsafety.gov/recalls/recent/index.html

The Emergency Risk Communication Branch in the Division of Emergency Operations, Office of Public Health Preparedness and Response is responsible for the management of all COCA products.

For information about this update or other clinical issues, or to send your feedback, please contact us at coca@cdc.gov

CDC Clinician Outreach and Communication Activity Facebook page – connect with COCA on Facebook

Clinician Outreach and Communication Activity – resources for healthcare providers

COCA RSS Feed – subscribe to be notified of conference calls, updates, and CDC guidance for health providers

Crisis & Emergency Risk Communication Training – training program that draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication

Health Alert Network – CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories

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