March 14, 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 February 29 - March 14.

The next COCA Update is scheduled for March 28.

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

COCA News and Announcements

Upcoming COCA Calls

NEW: Synthetic Cannabinoids: Information and Guidance for Clinicians
Date: Thursday, March 31, 2016
Time: 1:00-2:00 pm (Eastern Time)
Dial In Number: 800-857-9697 (U.S. Callers); 312-470-7286 (International Callers)
Passcode: 8433871
During this COCA Call, clinicians will learn about synthetic cannabinoids, their clinical effects, and the role clinicians can play in the public health response.
http://emergency.cdc.gov/coca/calls/2016/callinfo_033116.asp

Recent COCA Calls

Update on Interim Zika Virus Clinical Guidance and Recommendations
Date: Thursday, February 25, 2016
During this COCA Call, participants learned why CDC has updated the clinical guidelines and how they can use the guidelines for Zika virus evaluation and testing.
http://emergency.cdc.gov/coca/calls/2016/callinfo_022516.asp

High Burden, Great Opportunity: Preventing Heart Attacks and Strokes
Date: Tuesday, February 23, 2016
During this COCA Call, clinicians learned about the components of Million Hearts® and the strategies to help find and address the needs of those at greatest risk for cardiovascular disease.
http://emergency.cdc.gov/coca/calls/2016/callinfo_022316.asp

2015-2016 Influenza Activity and Clinical Recommendations
Date: Tuesday, February 16, 2016
During this COCA Call, clinicians learned about 2015-2016 influenza activity, heard an overview of CDC’s current recommendations for vaccination and antiviral medications, and gained insight into data supporting the
recommendations.
http://emergency.cdc.gov/coca/calls/2016/callinfo_021616.asp

Zika Virus—What Clinicians Need to Know
Date: Tuesday, January 26, 2016
During this COCA Call, participants learned about the epidemiology and clinical manifestations of Zika virus disease and how early recognition and reporting of suspected cases can mitigate the risk of local transmission.
http://emergency.cdc.gov/coca/calls/2016/callinfo_012616.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

Morbidity and Mortality Weekly Report (MMWR)
NEW: 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
The birth prevalence of microcephaly in Brazil increased sharply during 2015–2016. The suggested link between maternal exposure to Zika virus infection during the first trimester of pregnancy and the increased birth prevalence of microcephaly provide additional evidence for congenital infection with Zika virus. Ongoing surveillance is needed to identify additional cases and to fully elucidate the clinical spectrum of illness. Pregnant women should protect themselves from mosquito bites by wearing protective clothing, applying insect repellents, and when indoors, ensuring that rooms are protected with screens or mosquito nets.
http://www.cdc.gov/mmwr/volumes/65/wr/mm6509e2er.htm?s_cid=mm6509e2er_w

NEW: 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

Transmission of Zika Virus Through Sexual Contact with Travelers to Areas of Ongoing Transmission — Continental United States, 2016
This report provides information on six confirmed and probable cases of sexual transmission of Zika virus from male travelers to female nontravelers.
http://www.cdc.gov/mmwr/volumes/65/wr/mm6508e2er.htm?s_cid=mm6508e2er_e

Zika Virus Infection Among U.S. Pregnant Travelers — August 2015–February 2016
This report provides preliminary information on testing for Zika virus infection of U.S. pregnant women who have traveled to areas with Zika virus transmission.
http://www.cdc.gov/mmwr/volumes/65/wr/mm6508e1er.htm?s_cid=mm6508e1er_e

Interim Guidelines for Health Care Providers Caring for Infants and Children with Possible Zika Virus Infection — United States, February 2016
CDC has updated its interim guidelines for U.S. health care providers caring for infants born to mothers who traveled to or reside 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

Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016
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

Zika Travel Information

**NEW:** CDC Issues Advice for Travel to the 2016 Summer Olympic Games

**NEW:** CDC Adds 1 Destination to Interim Travel Guidance Related to Zika Virus

Zika Travel Notices

Questions and Answers

Zika and Sexual Transmission

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

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

Health Alert Network (HAN)

CDC is issuing this HAN Advisory as a strong reminder to state, local, and US territorial public health departments, clinicians, and the public to be aware of and adhere to current recommendations for preventing sexual transmission of Zika virus, particularly for men with pregnant partners.
http://emergency.cdc.gov/han/han00388.asp

Additional Resources

**NEW:** Clinical Consultation Service for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Infection
CDC maintains a 24/7 consultation service for health care 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, call 770-488-7100 or email ZikaMCH@cdc.gov.

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

**NEW:** Zika Virus Risk-Based Preparedness and Response Guidance for States

**NEW:** Zika Action Plan Summit

**NEW:** CDC Director travels to Puerto Rico to Assess Zika Response
http://www.cdc.gov/media/releases/2016/a0304-director-puerto-rico.html

Zika MAC-ELISA Emergency Use Authorization

Collection and Submission of Body Fluids for Zika Virus Testing
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.
https://tools.cdc.gov/medialibrary/index.aspx#microsite/id/234558

Clinical Evaluation
The primary way Zika virus is spread to people is through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis.

Diagnostic Testing
Zika virus disease can often be diagnosed by performing reverse transcriptase-polymerase chain reaction (RT-PCR) on serum. Contact your state or local health department to facilitate testing.

CDC’s Zika Virus Digital Press Kit

Emerging Infections Diseases Letter: Detection of Zika Virus in Semen
“We report additional evidence for this potential route of transmission after identification of an imported case of ZIKV infection into the United Kingdom.”
http://wwwnc.cdc.gov/eid/article/22/5/16-0107_article

2014 Ebola in the United States and West Africa

UPDATED: Case Counts

CDC News and Announcements

NEW: Making Health Care Safer
CDC is calling on doctors, nurses, health care facility administrators, and state and local health departments to continue to do their part to prevent HAIs. The report recommends doctors and nurses combine three critical efforts to accomplish this.
http://www.cdc.gov/vitalsigns/protect-patients/index.html

NEW: Cancer Death Rates Continue to Decline
The Report to the Nation on the Status of Cancer (1975-2012) shows that death rates continued to decline for all cancers combined, as well as for most cancer sites for men and women of all major racial and ethnic populations.
http://www.cdc.gov/media/releases/2016/p0309-cancer-death-rate.html

CDC Science Clips: Volume 8, Issue: 10
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

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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- Evaluation of a National Call Center and a Local Alerts System for Detection of New Cases of Ebola Virus Disease — Guinea, 2014–2015
- Vital Signs: Preventing Antibiotic-Resistant Infections in Hospitals — United States, 2014

Infectious, Vector-Borne, and Zoonotic Diseases

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 – February 27 (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)
Health care providers play an important role during flu season. The following guidance and information will assist health care providers and service organizations to plan and respond to seasonal flu.
www.flu.gov/planning-preparedness/hospital/index.html

Travel Safety

Current Travel Warnings – March 7 (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: Amikacin Sulfate Injection USP, 1 gram/4mL (250 mg/mL) Vials by Teva: Recall - Glass Particulate Matter
Teva Pharmaceuticals announced a voluntary recall of one lot of amikacin sulfate injection USP, 1 gram/4mL
(250 mg/mL) vials due to the potential presence of particulate matter identified as glass in one vial. The recalled
lot # is 4750915, Expiration Date 9/2017.

NEW: Human and Animal Sterile Drug Products by I.V. Specialty: FDA Alert - Lack of Sterility Assurance
On March 7, 2016, FDA recommended that I.V. Specialty cease sterile production until appropriate corrective
actions are implemented, and recall all non-expired drug products intended to be sterile. The company has
neither ceased sterile production nor initiated a recall. Therefore, FDA is alerting health care professionals and
patients to dispose of and not use drug products intended to be sterile that were produced and distributed by
I.V. Specialty.

NEW: Fluconazole Injection, USP, (in 0.9 Percent Sodium Chloride) 200mg per 100ml: Recall - Elevated Impurity
Sagent has initiated a voluntary recall of one lot of Fluconazole Injection, USP, 200mg per 100ml to the user
level due to the discovery of an out of specification impurity result detected during routine quality testing of
stability samples at the 18-month interval. This impurity has been identified as Metronidazole. An elevated
impurity has the potential to decrease effectiveness of the product in patients.
http://www.fda.gov/safety/medwatch/safetyinformation/safetyalertsforhumanmedicalproducts/ucm489316.htm

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

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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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