



December 5, 2016

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This issue contains guidance documents relevant to current public health events and information from **November 21–December 5**.

The next COCA Update is scheduled for **December 19**.

For questions about these or other clinical issues, please write to us at [coca@cdc.gov](mailto: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: Risk Mitigation Strategies to Reduce Opioid Overdoses**

**Date:** Tuesday, December 6, 2016

**Time:** 2:00-3:00 pm (Eastern Time)

**Dial In:** 800-779-0686 (U.S. Callers); 312-470-0194 (International Callers)

**Passcode:** 3377346

**Webinar:** <https://www.mymeetings.com/nc/join.php?i=PW1897448&p=3377346&t=c>

When prescribing opioids, risk mitigation strategies can be an effective way to reduce abuse and overdose. Strategies described in CDC's Guideline for Prescribing Opioids for Chronic Pain include reviewing prescription drug monitoring program (PDMP) data, urine drug testing (UDT), and co-prescribing naloxone. During this COCA Call, clinicians will learn about steps they can take when concerning information is discovered through PDMP checks or UDT. Presenters will review how to evaluate factors that increase risk for opioid overdose and how to determine when co-prescribing naloxone would be beneficial. In addition, a case study of a 46-year-old man with chronic low back pain, on high-dose opioid, will be presented to illustrate how PDMP and UDT results and medical evaluation can be used for opioid treatment decision-making.

[https://emergency.cdc.gov/coca/calls/2016/callinfo\\_120616.asp](https://emergency.cdc.gov/coca/calls/2016/callinfo_120616.asp)

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

**Date:** Thursday, December 8, 2016

**Time:** 2:00-3:00 pm (Eastern Time)

**Dial In:** 800-857-9754 (U.S. Callers); 517-308-9296 (International Callers)

**Passcode:** 1286513

**Webinar:** <https://www.mymeetings.com/nc/join.php?i=PW2161764&p=1286513&t=c>

Throughout this holiday season, many clinicians will see patients who plan to travel or have recently traveled to areas with active Zika transmission. During this COCA Call, clinicians will learn about current CDC travel recommendations, how to determine which patients should receive Zika testing after traveling to an area with Zika, and the recommendations for patients before and after travel to help them protect themselves and others from Zika.

[https://emergency.cdc.gov/coca/calls/2016/callinfo\\_120816.asp](https://emergency.cdc.gov/coca/calls/2016/callinfo_120816.asp)

### Recent COCA Calls

#### **Updated CDC Zika Laboratory Testing Guidance**

**Date:** Thursday, December 1, 2016

During this COCA Call, clinicians learned about the updated recommendations in CDC's Guidance for U.S. Laboratories Testing for Zika Virus Infection and understand their role in testing specimens collected from patients. In addition, subject matter experts from CDC, the American Society for Microbiology, and the Association of Public Health Laboratories discussed changes to the CDC Triplex Real-time RT-PCR (rRT-PCR) Assay Emergency Use Authorization, examined the use of non-CDC developed assays, and reviewed recommendations for plaque reduction neutralization testing in Puerto Rico.

[https://emergency.cdc.gov/coca/calls/2016/callinfo\\_120116.asp](https://emergency.cdc.gov/coca/calls/2016/callinfo_120116.asp)

### **Assessment and Evidence-based Treatments for Opioid Use Disorder**

**Date:** Tuesday, November 29, 2016

One substantial risk associated with prescribing opioids for chronic pain is opioid use disorder (OUD). This disorder is associated with specific criteria, such as unsuccessful efforts to cut down or control opioid use, as well as use resulting in social problems and a failure to fulfill obligations at work, school, or home. During this COCA Call, clinicians learned about OUD diagnosis criteria, evidence-based treatment options, and patient education techniques. Presenters used actual case studies to illustrate how clinicians can use recommendations from the CDC Guideline for Prescribing Opioids for Chronic Pain to select OUD evidence-based treatment options such as medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies.

[https://emergency.cdc.gov/coca/calls/2016/callinfo\\_112916.asp](https://emergency.cdc.gov/coca/calls/2016/callinfo_112916.asp)

Archived COCA conference calls are available at [emergency.cdc.gov/coca/calls/index.asp](https://emergency.cdc.gov/coca/calls/index.asp).

Free continuing education (CME, CNE, ACPE, CEU, CECH, and AAVSB/RACE) is available for most calls. For more information about free CE, visit [emergency.cdc.gov/coca/continuingeducation.asp](https://emergency.cdc.gov/coca/continuingeducation.asp)

## **CDC Emergency Response**

### **2016 Zika Virus**



#### **NEW: CDC Supporting Texas Investigation of Possible Local Zika Transmission**

CDC has been informed by Texas health officials that Zika virus infection has been diagnosed in a resident of Brownsville, Texas, without any other known risk factors, suggesting possible local transmission of Zika virus infection. This case may be the first known occurrence of local mosquito-borne Zika virus transmission in the state. CDC is closely coordinating with Texas and local

officials to increase surveillance efforts and vector control activities in this area.

<https://www.cdc.gov/media/releases/2016/p1128-zika-texas.html>

#### **Zika Virus Information for Healthcare Providers**

CDC's Zika webpage for healthcare provider resources.

<http://www.cdc.gov/zika/hc-providers/index.html>

#### **UPDATED: Key Messages—Zika Virus**

A collection of the most up-to-date, cleared information on the ongoing Zika virus outbreak.

<http://www.cdc.gov/zika/pdfs/zika-key-messages.pdf>

#### **Print Resources in Different Languages**

CDC fact sheets and posters for distribution to patients are available in languages, including Spanish, Arabic, Tagalog, Vietnamese, Mandarin, Creole, Korean, and other languages. These resources cover a variety of topics, including travel information, insect repellent, sexual transmission, and mosquito control.

<http://www.cdc.gov/zika/fs-posters/index.html>

### **Clinicians Caring for Pregnant Women and Women of Reproductive Age**

#### **Pregnancy and Zika Testing Clinical Algorithm**

The interactive clinical algorithm allows healthcare providers to receive recommendations tailored to their pregnant patients with possible Zika exposure. Healthcare providers can answer questions about pregnant patients and, based on the responses, receive information regarding the type of testing indicated as well as

clinical management recommendations. It can be used on computers and mobile devices/tablets.  
<http://www.cdc.gov/zika/hc-providers/testing-for-zikavirus.html>.

### **U.S. Zika Pregnancy Registry**

CDC and state, tribal, local, and territorial health departments request that healthcare providers, especially obstetric and pediatric healthcare providers, participate in the U.S. Zika Pregnancy Registry.  
<http://www.cdc.gov/zika/hc-providers/registry.html>

### **Clinical Guidance for Healthcare Providers Caring for Pregnant Women**

<http://www.cdc.gov/zika/hc-providers/pregnant-woman.html>

### **Clinical Guidance for Healthcare Providers Caring for Women of Reproductive Age**

<http://www.cdc.gov/zika/hc-providers/women-reproductive-age.html>

### **Clinicians Caring for Infants and Children**

#### **NEW: MMWR: Description of 13 Infants Born During October 2015–January 2016 With Congenital Zika Virus Infection Without Microcephaly at Birth—Brazil**

The report describes 13 infants in Brazil with congenital Zika virus infection who had head size in the normal range at birth, but later experienced slowed head growth. Among these infants, 11 later developed microcephaly. Slowed head growth and microcephaly were accompanied by significant neurologic complications. Although microcephaly was not present at birth, the infants had other brain abnormalities consistent with congenital Zika syndrome. The study reveals that among infants of mothers exposed to Zika virus during pregnancy, the absence of microcephaly at birth does not rule out congenital Zika virus infection or the presence of Zika-related brain abnormalities.

[http://www.cdc.gov/mmwr/volumes/65/wr/mm6547e2.htm?s\\_cid=mm6547e2\\_e](http://www.cdc.gov/mmwr/volumes/65/wr/mm6547e2.htm?s_cid=mm6547e2_e)



#### **Measuring Infant Head Circumference: An Instructional Video for Healthcare Providers in English and Spanish**

CDC is working to ensure that infants with microcephaly and other brain abnormalities receive the services they need. Accurately identifying infants with microcephaly is crucial. The goal of this instructional video is to provide clinicians with the tools needed to accurately measure infant head circumference and length.

In English: <https://www.youtube.com/watch?v=HWV1JdAhsSo>

En Español: <https://www.youtube.com/watch?v=tPBxXklIjt0>

#### **Clinical Guidance for Healthcare Providers Caring for Infants & Children**

<http://www.cdc.gov/zika/hc-providers/infants-children.html>

### **Sexual Transmission**

#### **Zika and Sexual Transmission**

<http://www.cdc.gov/zika/transmission/sexual-transmission.html>

### **Travel Information**

#### **Zika Travel Information**

<http://wwwnc.cdc.gov/travel/page/zika-information>

#### **UPDATED: Advice for People Living in or Traveling to South Florida**

On December 2, 2016, CDC removed the red area designation for the 1-square-mile area of Little River after more than three mosquito incubation periods (45 days) passed without any new locally transmitted cases of Zika. Guidance for yellow areas now applies to the Little River area.

<http://www.cdc.gov/zika/intheus/florida-update.html>

### **Clinical Evaluation and Testing**

#### **NEW: MMWR: Announcement—Guidance for U.S. Laboratory Testing for Zika Virus Infection: Implications for Health Care Providers**

CDC has released updated guidance online for U.S. laboratory testing for Zika virus infection.

[https://www.cdc.gov/mmwr/volumes/65/wr/mm6546a7.htm?s\\_cid=mm6546a7\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6546a7.htm?s_cid=mm6546a7_w)

### **Guidance for U.S. Laboratories Testing for Zika Virus Infection**

The guidance was updated to be inclusive of the currently available Emergency Use Authorization (EUA) assays; it takes into account the recent updates to the CDC Triplex Real-time RT-PCR Assay EUA, which includes the addition of whole blood as an acceptable specimen type. The updated guidance also specifies that plaque reduction neutralization testing (PRNT) confirmation is currently not routinely recommended in Puerto Rico, where dengue is endemic.

<https://www.cdc.gov/zika/laboratories/lab-guidance.html>

### **Clinical Evaluation & Disease**

<http://www.cdc.gov/zika/hc-providers/preparing-for-zika/clinicalevaluationdisease.html>

### **Testing for Zika**

<https://www.cdc.gov/zika/hc-providers/testing-for-zikavirus.html>

## **State, Local, Tribal, and Territorial Health Department Resources**

### **CDC Zika Interim Response Plan**

The purpose of this document is to describe the CDC response plan for locally acquired cases of Zika virus infection in the continental United States and Hawaii.

<https://www.cdc.gov/zika/public-health-partners/cdc-zika-interim-response-plan.html>

### **State, Local, Tribal, and Territorial Health Department Resources**

<https://www.cdc.gov/zika/public-health-partners/index.html>

### **Zika Community Action Response Toolkit (Z-CART)**

The Z-CART outlines an approach to risk communication and community engagement planning and is intended as a template for state, local, and tribal agencies to adapt to their needs and to use for reviewing plans for communicating about Zika during the event of a locally transmitted Zika virus.

<http://www.cdc.gov/zika/public-health-partners/z-cart.html>

## **CDC News and Announcements**

### **CDC Science Clips: Volume 8, Issue: 48**

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/](http://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](http://emergency.cdc.gov/coca/trainingresources.asp)

## **Natural Disasters and Severe Weather**



### **Winter Weather – (CDC)**

<http://www.cdc.gov/disasters/winter/index.html>

### **Food and Water Needs: Preparing for a Disaster or Emergency – (CDC)**

<http://www.cdc.gov/disasters/foodwater/>

### **Health and Safety Concerns for All Disasters – (CDC)**

<http://www.cdc.gov/disasters/index.html>

# Infectious, Vector-Borne, and Zoonotic Diseases

## Seasonal Influenza

**2015–2016 Flu Season** – (CDC)

<https://www.cdc.gov/flu/fluview/1516season.htm>

**Influenza Vaccination Information for Health Care Workers** – (CDC)

<http://www.cdc.gov/flu/healthcareworkers.htm>

**Information for Health Professionals** – (CDC)

The pages listed offer public health and health care professionals key information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza

<http://www.cdc.gov/flu/professionals/index.htm>



**Weekly U.S. Influenza Surveillance Report: Flu View** – October 29 (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](http://www.flu.gov/planning-preparedness/hospital/index.html)

## Travel Safety

**Current Travel Warnings** – November 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](http://travel.state.gov/content/passports/english/alertswarnings.html)

## Morbidity and Mortality Weekly Report (MMWR)

MMWR publications are prepared by CDC. To electronically subscribe, go to [www.cdc.gov/mmwr/mmwrsubscribe.html](http://www.cdc.gov/mmwr/mmwrsubscribe.html)

**December 2, 2016 / Vol. 65 / No. 47** [Download .pdf document of this issue](#)

- [Asthma Among Employed Adults, by Industry and Occupation — 21 States, 2013](#)
- [Progress with Scale-Up of HIV Viral Load Monitoring — Seven Sub-Saharan African Countries, January 2015–June 2016](#)
- [Vital Signs: Trends in HIV Diagnoses, Risk Behaviors, and Prevention Among Persons Who Inject Drugs — United States](#)
- [Description of 13 Infants Born During October 2015–January 2016 With Congenital Zika Virus Infection Without Microcephaly at Birth — Brazil](#)

## Food, Drug, and Device Safety

**Pharmacists on the Front Lines of Opioid Overdose Prevention**

Pharmacists and prescribers share a common goal of ensuring safe and effective treatment for patients. CDC released a [new brochure developed specifically for pharmacists](#) that outlines the pharmacist's role in curbing the opioid epidemic and offers tips on how to engage with patients. The brochure is part of a suite of CDC-

published user-friendly [resources for patients and providers](#), related to the CDC [Guideline for Prescribing Opioids for Chronic Pain](#).

**MedWatch: The FDA Safety Information and Adverse Event Reporting Program – (FDA)**

MedWatch is your 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](http://www.foodsafety.gov/recalls/recent/index.html)

[Return to Top ↑](#)

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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](mailto: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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