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CHELAN-DOUGLAS PUBLIC HEALTH



Current Conditions of Interest

"Always Working for a Safer and Healthier Community"

**TO REPORT A
NOTIFIABLE
CONDITION:**

Phone (509) 886-6400

Fax (509) 886-6478

After hours call:

(509) 886-6499

Zika Virus



Clinical Signs & Symptoms

About 1 in 5 people infected with Zika virus become symptomatic. Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis. Other commonly reported symptoms include myalgia and headache. Clinical illness is usually mild with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon and case fatality is low. However, there have been cases of Guillain-Barre syndrome reported in patients following suspected Zika virus infection. The Brazil Ministry of Health is also investigating the possible association between Zika virus and a reported increase in the number of babies born with microcephaly. Due to concerns of microcephaly associated with maternal Zika virus infection, fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities.

Diagnosis & Reporting

Based on the typical clinical features, the differential diagnosis for Zika virus infection is broad. In addition to dengue, other considerations include leptospirosis, malaria, rickettsia, group A streptococcus, rubella, measles, and parvovirus, enterovirus, adenovirus, and alphavirus infections (e.g., Chikungunya, Mayaro, Ross River, Barmah Forest, O'nyong-nyong, and Sindbis viruses).

Preliminary diagnosis is based on the patient's clinical features, places and dates of travel, and activities. Laboratory diagnosis is generally accomplished by testing serum or plasma to detect virus, viral nucleic acid, or virus-specific immunoglobulin M and neutralizing antibodies. Click for more information about diagnostic testing(<http://www.cdc.gov/zika/hc-providers/diagnostic.html>).

As an arboviral disease, Zika virus is a nationally notifiable condition. Healthcare providers are encouraged to report suspected cases to their local health departments to facilitate diagnosis and mitigate the risk of local transmission. State or local health departments are encouraged to report laboratory-confirmed cases to CDC through ArboNET, the national surveillance system for arboviral disease.

Treatment

No specific antiviral treatment is available for Zika virus disease. Treatment is generally supportive and can include 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.** Because of similar geographic distribution and symptoms, patients with suspected Zika virus infections also should be evaluated and managed for possible dengue or chikungunya virus infection. People infected with Zika, chikungunya, or dengue virus should be protected from further mosquito exposure during the first few days of illness to prevent other mosquitoes from becoming infected and reduce the risk of local transmission.

Resources:

- [Zika Information for Health Care Providers](#)
- [Areas with Zika virus](#)
- [Zika Fact Sheets and Posters](#)



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Zika Virus Testing for Washington State

Zika virus is circulating in many areas of the world.
Know how to appropriately manage potentially exposed patients.

Be aware that Zika virus is circulating in many parts of the world. For an up-to-date list of areas with active Zika transmission, see <http://www.cdc.gov/zika/geo/index.html>

Be familiar with CDC Zika health care resources. See <http://www.cdc.gov/zika/hc-providers/index.html>

Obtain travel history from all pregnant women. Remind pregnant women that CDC advises pregnant women to avoid travel to areas with active Zika transmission, and advises women considering becoming pregnant to consult with their healthcare provider regarding travel.

Be alert to the symptoms of Zika in patients with relevant travel history. Only about 20 percent of patients with Zika infection will have symptoms. If present, symptoms include acute onset of fever, maculopapular rash, arthralgia and conjunctivitis. Zika may be associated with Guillain-Barré syndrome in some cases and also with microcephaly and other poor pregnancy outcomes in infants of women who were infected while pregnant.

Be aware of CDC recommendations that men with travel to an area with Zika transmission avoid sexual contact with pregnant partners, or correctly and consistently use condoms.

Consider dengue and chikungunya in symptomatic travelers. Dengue and chikungunya circulate in the same areas as Zika, and should be tested for commercially if Zika is suspected. If dengue is a possibility, patients should avoid aspirin and NSAID until dengue has been ruled out.

Call your local health jurisdiction if you want to arrange Zika testing. Testing is currently available only at CDC, and *must* be approved by the Chelan-Douglas Health District. Mon-Thurs 8:00-5:00 (509) 886-6400. After hours (509) 886-6499.

Before calling the LHJ, obtain travel history, including dates of travel, from the patient.

Be familiar with the criteria for Zika testing at CDC (*note: guidelines are expected to continue to be updated or changed*):

Following LHJ approval, CDC will test:

- **All persons with travel to an area with known Zika virus transmission (regardless of pregnancy status) reporting two or more of the following symptoms:** acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel. Obtain specimens during the first week of illness if possible.
- **Pregnant women with travel to an area with known Zika virus transmission** (at any trimester)
 - **With clinical illness consistent with Zika virus disease** -testing recommended during the first week of illness if possible
 - **Asymptomatic** -testing can be offered 2-12 weeks after pregnant women return from travel.
- **Babies born to women with a history of travel during pregnancy to an area with known Zika virus transmission**, with evidence of maternal infection or fetal infection

If testing, collect 2 mL serum (0.25 mL minimum), separate, refrigerate and transport cold to the Washington Public Health Laboratories. Be sure to also collect serum for commercial dengue and chikungunya testing, if indicated.