

Zika Guidance for Physicians/Healthcare Providers (2/2/16)

Zika is a mosquito-borne disease caused by a Flavivirus. Typical symptoms are fever, rash, joint pain, or conjunctivitis but may also include myalgia, headache, retro-orbital pain, and vomiting. Illness is usually mild with symptoms lasting several days to a week; approximately 80% of those infected with the virus will not show symptoms. Patients with compatible illness and travel to a country with known transmission within 2 weeks of illness onset should be evaluated for Zika virus disease, as well as chikungunya and dengue virus infections. Refer to <http://www.cdc.gov/Zika/geo/> for an updated list of countries with active transmission.

To date, there has not been a case of locally-acquired zika reported in the United States. However, the mosquito species (*Aedes albopictus* and *Aedes aegypti*) currently known to transmit Zika virus can be found in many parts of the U.S., including Georgia. Virus imported into the U.S. by travelers could lead to local transmission, therefore it is imperative that Zika virus infections are identified quickly so that appropriate precautions to minimize mosquito exposure is taken while case-patients are viremic (within the first week of illness onset).

A possible link between Zika virus infections during pregnancy and microcephaly and other poor pregnancy outcomes is currently being investigated. Until more is known, the CDC recommends pregnant women and women planning to become pregnant postpone travel to areas where zika transmission is occurring. Additional information can be found at <http://www.cdc.gov/zika/pregnancy/question-answers.html>.

It is important to note that testing is being done for surveillance purposes; the current turn-around time for results from CDC is > 2 weeks. Ruling out dengue quickly is very important in case management decisions, therefore dengue and chikungunya testing should be pursued through commercial laboratories. There is no specific treatment for Zika virus infection other than supportive care.

Healthcare providers of patients with clinically compatible illness and travel in the last 2 weeks to countries where Zika virus has been found, should suspect zika infection and:

- Report the suspect case immediately to Public Health to determine whether zika testing is warranted. Testing is currently only available through CDC with Georgia Department of Public Health approval. All requests must be approved by your district epidemiologist or DPH Epidemiology at 404-657-2588 (during business hours) or 1-866-PUB-HLTH (after-hours).
- Record a detailed travel history, including specific dates and locations of travel in the two weeks prior to disease onset.
- Record any travel (domestic or international) that occurred during the 10 days after infection.
- Counsel the patient to minimize their exposure to mosquitoes here to reduce the risk of local transmission for 7-10 days after illness onset. When indoors, patients should ensure that doors and windows are kept closed and that there are no holes in door and window screens. When outdoors, patients should wear long sleeved shirts and pants and use mosquito repellent containing 20-30% DEET on exposed skin. Due to warm winter temperatures, this guidance should be given year-round in Georgia.
- Order appropriate commercial laboratory testing for chikungunya and dengue because of the similarities in clinical presentation and geographic distribution of these viruses and Zika.
- Instructions for clinical sample collection can be found at <http://www.cdc.gov/ncezid/dvbd/specimensub/arthoviral-shipment.html>
- In addition to the follow-up above, if your patient is pregnant, please follow CDC interim guidelines for the management of pregnant women during a zika outbreak that can be found at <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm>.

If you have questions about testing or Zika virus infection, please contact your district health department or the Epidemiology Program at Georgia Department of Public Health at 404-657-2588.

