



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

February 5, 2016

Dear Colleagues

Maryland DHMH is writing to update you on current guidance for the prevention, diagnosis and testing of Zika virus disease.

***NEW* Updated testing guidance for pregnant women**

CDC recommends that all pregnant women who have traveled to or reside in areas with known Zika transmission be offered Zika virus testing.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er_e

Previously, it was only recommended that pregnant women with appropriate travel history and 2 or more symptoms of Zika virus disease (fever, rash, arthralgia, conjunctivitis) be tested for Zika virus. CDC continues to recommend that pregnant women in any trimester consider postponing travel to areas where Zika virus transmission is ongoing and that women who do travel to one of these areas talk to their doctor or other healthcare provider first and strictly follow steps to avoid mosquito bites during the trip.

***NEW* Updated sexual prevention guidance**

CDC recommends that men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (ie. vaginal intercourse, anal intercourse or fellatio) for the duration of the pregnancy.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm?s_cid=mm6505e1er_e

Of note, it is not recommended to test the blood or serum of asymptomatic men who have been in Zika active areas, even if they have pregnant partners.

For men who have been in Zika active areas and who are sexually active and are concerned about sexual transmission of Zika virus, they can consider abstaining from sexual activity consistently and correctly during sex.

Epidemiology

Internationally, current ongoing Zika virus transmission has been documented in 27 countries and territories, mostly in Central America and South America (list of affected countries at

<http://www.cdc.gov/zika/geo/index.html>)

In the United States, as of February 3, 2016, there has been documented mosquito-borne transmission of Zika virus in Puerto Rico, the U.S. Virgin Islands, and American Samoa. There have been 35 travel-associated cases and one sexually transmitted case in the continental United States. There have been no documented Zika virus cases in Maryland to date.

Prevention

There is no vaccine to prevent Zika virus disease. Prevention is focused on avoiding mosquito bites in areas with known Zika virus transmission. (<http://www.cdc.gov/zika/prevention/index.html>)

Pregnant women in any trimester should consider postponing travel to areas where Zika virus transmission is ongoing. Pregnant women and women trying to become pregnant who do travel to areas with ongoing transmission should talk to their healthcare providers prior to travel and should take all possible precautions to avoid mosquito bites.

Sexual transmission has been documented from a man to sexual partners although it is not considered the primary means of Zika transmission. Also, Zika virus has been found in semen, although the duration of virus persistence in semen is unknown. Transmission from females to their sexual partners has not been documented. Consistent and correct use of condoms may help reduce sexual transmission of Zika virus. (<http://www.cdc.gov/zika/hc-providers/qa-sexual-transmission.html>)

Testing

Currently, DHMH is not performing Zika virus testing, but is expected to be able to test in the next 2 weeks. Testing should be offered to symptomatic patients who have traveled to Zika affected areas and have 2 or more primary Zika virus disease symptoms (fever, rash, arthralgia, conjunctivitis) and to pregnant women who are symptomatic or asymptomatic. CDC also has issued guidance for testing infants born to infected mothers. <http://www.cdc.gov/zika/hc-providers/diagnostic.html>

Testing for Zika virus IgM can be performed on serum specimens (minimum 3 ml in serum separator tube) in the first 12 weeks after exposure (IgM antibodies expected to be positive 4 days after symptom onset) and by PCR within the first 7 days of symptom onset (same tube). Providers should contact their local health department to report suspect Zika virus cases and to obtain consultation for approval of testing.

DHMH Public Health Laboratories testing guidance is available here:

<http://phpa.dhmh.maryland.gov/IDEHASharedDocuments/Zika%20Virus%20Guidance%20and%20Instruction%202016%2002%2003.pdf> . The Serology Testing form for laboratory submission is available at: <http://dhmh.maryland.gov/laboratories/docs/Serological%20Testing.pdf>

Symptoms and Differential Diagnosis

Primary symptoms of Zika virus include fever, maculopapular rash, arthralgia, and conjunctivitis. Other less common symptoms include: headache, vomiting, myalgia, and malaise. Symptom onset is generally 3-5 days after infection, but may occur up to at least 2 weeks after infection. Symptoms generally last 3-7 days.

Differential diagnosis of Zika virus includes the following infectious agents includes: dengue, chikungunya, Leptospirosis, malaria, rickettsial disease, parvovirus, Group A Streptococcus infection, measles, rubella, adenovirus and enterovirus.

Treatment

Treatment for Zika virus is supportive. If dengue virus is in the differential (most areas with Zika virus also have mosquito borne transmission of dengue), patients should avoid aspirin and non-steroidal anti-inflammatory drugs due to risk of hemorrhage.

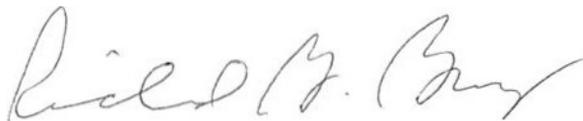
For further information, please visit the DHMH web page that addresses Zika virus at:
<http://phpa.dhmh.maryland.gov/pages/zika.aspx>

The most up to date information on Zika can also be found on the CDC web site at:
<http://www.cdc.gov/zika/>

Thank you for your collaboration in this evolving issue.
Sincerely,



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