Precautions & procedures related to the emergence of Zika Virus

**Background**

In Brazil, a temporal relationship between increased incidence of fetal microcephaly and increased Zika virus transmission has been noted. This has raised questions about an association between the two.

A few bullet points about Zika virus-

- It is transmitted by mosquito bite
- 80% of the time it is asymptomatic. When symptoms occur, they are usually mild and could include: acute onset fever; nonsuppurative conjunctivitis; arthralgias; maculopapular rash.
- Pregnant woman are susceptible and maternal-fetal transmission has been documented at any trimester
- It is not known how many fetal microcephaly cases in Brazil are related to Zika virus
- Zika virus transmission from mosquito to human has been documented in Latin America and South America (see below). An up to date list of countries with active transmission can be found at [http://www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html)

Also, please read January 26, 2016 the Infectious Disease Update from VDH State Health Commissioner Marissa Levine. [http://www.vdh.state.va.us/clinicians/](http://www.vdh.state.va.us/clinicians/)
New Clinical Procedures

Patient Counseling

- All pregnant women will be asked about recent travel to areas where Zika transmission is occurring.
- All pregnant women will be asked if they have had sex with a partner who has traveled to a Zika-affected area during their pregnancy. If ‘yes’ then they will be advised to abstain from sex during their pregnancy, or at a minimum to use condoms.
- All pregnant women will be advised to avoid travel to areas where Zika transmission is occurring. Nursing will distribute a handout with this advisory to all pregnant woman presenting for appointments by nursing. The handout is in English, Spanish, & Portuguese.
- Pregnant women whom are unable to avoid travel to areas of Zika virus transmission will be advised regarding mosquito bites avoidance. Our staff nurses have a CDC patient handout in English & Spanish explaining what steps patients should take.

Testing*

- Serologic testing for Zika will be discussed with our local health departments in the following circumstances:
  - Mandatory Testing
    - Pregnant woman with a travel history during her pregnancy to a Zika affected area with 2 or more symptoms of Zika virus infection (acute onset of fever; maculopapular rash; arthralgia; or conjunctivitis)
    - Pregnant woman with travel history during her pregnancy to Zika affected area with fetal ultrasound findings of microcephaly or intracranial calcification
  - Testing Offered
    - Pregnant woman with a travel history during her pregnancy to a Zika affected area without Zika symptoms
- Fetal Ultrasound: All pregnant women with a history of travel to an area with Zika transmission during their pregnancy will have close fetal ultrasound monitoring

*The above information is listed in graphical form on page 3 of this memorandum

The above new procedures have been approved by CrossOver Staff Clinicians. We would welcome feedback on them as we all work together to keep our patients safe and healthy. As always, thank you for your dedicated service to our patients.

Sincerely,

Mike Murchie
Medical Director
CrossOver Healthcare Ministry
Pregnant woman with history of travel to an area with Zika virus transmission
http://wwwn.cdc.gov/travel/notices/

Pregnant woman reports clinical illness consistent with Zika virus disease during or within 2 weeks of travel

Test for Zika virus infection

Positive or inconclusive test for Zika virus infection

Fetal ultrasound to detect microcephaly or intracranial calcifications
Offer amniocentesis for Zika virus testing

Negative test(s) for Zika virus infection

Fetal ultrasound to detect microcephaly or intracranial calcifications

Either finding present

No findings present

Test pregnant woman for Zika virus infection
Consider amniocentesis for Zika virus testing

Either finding develops

Either finding present

No findings present

Consider serial ultrasounds to detect development of microcephaly or intracranial calcifications

No findings present