



Philadelphia Department of Public Health
Division of Disease Control

JANE BAKER
Acting Health Commissioner

CAROLINE C. JOHNSON, MD
Acting Deputy Commissioner, Acting Chief Medical Officer &
Director, Division of Disease Control

Health Advisory

Travel-Related Zika Virus Infections: Clinical and Testing Guidance

February 8, 2016

Local transmission of Zika virus, a flavivirus transmitted by *Aedes species* mosquitoes has emerged throughout South/Central America, the Caribbean, and Mexico since 2015. Less common modes of Zika transmission include maternal-fetal transmission and possible sexual transmission. Providers should recognize the potential for Zika and other travel-related arboviral infections such as dengue and chikungunya in individuals returning from tropical and subtropical regions with febrile illness.

Clinical Presentation & Management: Within 2 weeks of exposure, 1 in 5 persons infected with Zika virus will develop mild illness with fever, maculopapular rash, arthralgia, or conjunctivitis that resolves within a week. Guillain-Barre syndrome has been reported as a possible post-infectious occurrence, and fatalities are extremely rare. Treatment for Zika is supportive. Until dengue has been ruled out, do not administer aspirin or nonsteroidals.

Laboratory Testing: For patients who develop symptoms compatible with Zika during or within 2 weeks of travel to a Zika-endemic area, collect at least 0.5 mL serum and contact the Philadelphia Department of Public Health (PDPH) at 215-685-6742 for testing approval. Presently, Zika virus testing (PCR and/or serology) may only be performed at the Centers for Disease Control and Prevention (CDC) with prior health department approval. Chikungunya and dengue testing, which are available through commercial laboratories or the Pennsylvania Department of Health Bureau of Laboratories should also be performed for suspect Zika cases.

Congenital Zika Infection: Given the potential association between Zika infection in pregnant women and microcephaly, providers should *test symptomatic pregnant patients* who traveled to Zika-endemic countries and *offer Zika-specific serologic testing to asymptomatic pregnant patients 2–12 weeks* after returning from travel. Serial fetal ultrasounds to detect microcephaly or intracranial calcifications and amniocentesis for Zika testing are recommended for pregnant woman with positive or inconclusive Zika test results. Zika testing is recommended for newborns with microcephaly born to mothers who traveled to Zika-endemic areas and newborns without microcephaly if the mother has positive or inconclusive Zika test results. Since sexual transmission of Zika is possible, providers should counsel men who traveled to Zika-endemic areas and their pregnant partners to abstain from sexual activity or consistently and correctly use condoms during sex for the duration of the pregnancy. Men with non-pregnant partners may also consider these precautions. For more information, refer to CDC guidance at: <http://www.cdc.gov/zika/hc-providers/index.html>.

Zika Prevention: Given the potential for congenital Zika infection, area healthcare providers should advise pregnant women to strongly consider canceling or postponing travel to areas with local transmission of Zika virus (<http://www.cdc.gov/zika/geo/index.html>). Providers are encouraged to discuss travel plans with all patients and encourage them to prevent mosquito bites by using insect repellent, wearing long sleeved shirts and pants, and staying in air-conditioned or screened accommodations. During mosquito season (April/May–October), advise suspect Zika cases to stay indoors and avoid mosquito bites for the first 7 days of illness.

Healthcare Providers Resources and Reporting Requirements: Zika-related resources and updates for area healthcare providers are available on the PDPH Health Information Portal (<https://hip.phila.gov>), including testing submission instructions, patient education materials for prenatal clinic waiting rooms, and travel-related arboviral case updates for Philadelphia. All suspect Zika cases should be reported to PDPH at 215-685-6742. Please provide patient demographics along with clinical, travel, and arboviral disease/vaccine history.

SUMMARY POINTS

- If Zika is suspected, notify PDPH at 215-685-6742 to help facilitate testing if warranted.
- Suspect Zika cases should be tested for chikungunya and dengue, and treated with acetaminophen until dengue is ruled out.
- Pregnant women who traveled to Zika-endemic countries should be tested for Zika and their infants should be monitored for the development of microcephaly.
- Men who traveled to Zika-endemic countries, particularly those with pregnant sexual partners, should be counseled on the prevention of sexual transmission of Zika.
- Advise pregnant women to cancel or postpone travel to Zika-endemic countries and discuss mosquito bite prevention tips with all patients who travel to these areas.

Message #: PDPH-HAN-00228V-02-08-16
Philadelphia Department of Public Health

Division of Disease Control • 500 South Broad Street, Philadelphia, PA 19146
215-685-6740 (phone) • 215-686-4514 (after hours) • 215-238-6947 (fax) • www.phila.gov/health/DiseaseControl • hip.phila.gov