



**DALLAS COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
EPIDEMIOLOGY

**Zachary Thompson**  
Director

**Dr. Christopher Perkins**  
Health Authority/Medical Director

**From:** Jessica Smith, MPH, Senait Woldai, MPH  
Wendy Chung, MD, Chief Epidemiologist

**To:** Dallas County Medical Providers

**Date:** February 5, 2016

---

## **HEALTH ADVISORY: Zika Virus Update (#2)**

Zika virus infection has been confirmed in 10 residents in Texas to date, all of which have been diagnosed in persons returning from affected countries, with the exception of one infection in a Dallas resident acquired by sexual contact. The current outbreak of Zika virus in the Americas is unprecedented in magnitude, and clinical guidance is anticipated to evolve as more information accrues.

Symptoms occur in 1 in 5 persons infected with Zika virus and include fever, conjunctivitis, rash, and/or arthralgia.<sup>1</sup> The illness is typically mild and resolves within one week. However, Zika infection in pregnant women may be associated with congenital microcephaly and fetal losses. Guillain-Barre syndrome has also been reported in patients after suspected Zika infection.

Travel history should be elicited for pregnant women and their sexual partners, to screen for possible needs for testing and counseling. Clinicians should consider Zika virus infection in any patients (including [pregnant women](#)<sup>2</sup>) with [2 or more compatible symptoms](#) (e.g., fever, rash, conjunctivitis or joint pain) within 2 weeks of travel to an area with [active Zika virus transmission](#).<sup>3</sup> In addition, Zika infection should be considered in patients with compatible clinical syndrome *but without travel history*, **who report recent unprotected sexual contact (within the previous 2 weeks) with a person with a history of travel to areas with Zika activity.**

Zika virus is transmitted to persons primarily through the bite of an infected *Aedes* species mosquito. Recent temperatures in our area were not conducive to *Aedes* mosquito activity, although such mosquitoes are usually present in our area during the warmer late-spring and summer months. Perinatal, sexual and transfusion transmission events have been reported.

All area clinicians should refer to the most recent information available at (<http://www.cdc.gov/zika/>) and be aware of the following guidance incorporating highlighted updates from today:

### **Current DCHHS Testing Guidance:**

Currently, all PCR and serologic testing for Zika virus in Texas is being referred to CDC. The DCHHS laboratory will begin conducting PCR testing for Zika virus this upcoming week. To discuss testing, clinicians should contact the DCHHS Epidemiology division at 214-819-2004 or 214-677-7899 (on-call 24/7) and complete the required [DCHHS Zika Virus Clinical Specimen Submission Form](#).<sup>4</sup> Instructions for specimen submission to DCHHS are available at: [DCHHS Submission Instructions for Zika Virus Testing](#).<sup>5</sup>

Patients **MUST** meet the following epidemiologic criteria **BEFORE** a specimen can be sent to DCHHS:

1. Any patient with **2 or more symptoms** compatible with Zika virus infection (e.g., fever, rash, joint pain, or conjunctivitis) **within 2 weeks of travel** to an [area with Zika virus transmission](#).<sup>3</sup>
2. Any [asymptomatic pregnant woman](#) who has traveled to areas with ongoing Zika virus transmission, within 2–12 weeks after returning to travel.<sup>3</sup>

3. Any patient with symptoms of Guillain-Barré syndrome (GBS) within 1 month of travel to an area with Zika virus transmission.
4. [Infants born to women with positive or inconclusive test results](#) for Zika infection.<sup>6</sup>
5. [Infants with microcephaly or intracranial calcifications](#) born to women who have traveled to an area with Zika virus transmission while pregnant.<sup>6</sup>
6. Patients with compatible illness who do not meet above testing criteria, but for whom there may be [concern for alternate \(e.g. sexual, non-perinatal\) modes of transmission](#),<sup>7</sup> should be discussed with DCHHS Epidemiology division for case-by-case evaluation and determination of approval for testing.

CDC recommends that [diagnostic testing for dengue and chikungunya also be considered](#) in patients with possible Zika virus infection who have traveled within the previous 2 weeks to an area with ongoing transmission.<sup>8</sup> Testing for dengue and chikungunya is available from commercial laboratories.

#### **Patient Counseling:**

- All persons should take steps to avoid mosquito bites to prevent mosquito-borne diseases.
- **Pregnant women should defer travel to areas with Zika virus transmission.** For most current guidance for pregnant women, providers should refer to CDC and ACOG/SMFM websites.
- **Men who have traveled to areas with Zika virus transmission who have a pregnant partner should abstain from sex or use condoms during sex for the duration of the pregnancy.**<sup>9</sup>
- **Men who have traveled to areas with Zika virus transmission with non-pregnant partners may consider abstaining from sexual activity or using condoms during sex.**<sup>9</sup>
- Patients with suspected infection with Zika virus should be advised to protect themselves from mosquito bites during the first week of illness, to prevent transmission to mosquitoes.
- Fever should be treated with acetaminophen; aspirin and other non-steroidal anti-inflammatory drugs should be avoided until dengue can be ruled out to reduce the risk of hemorrhage.

#### **Public Health Notification:**

Healthcare providers in Dallas County who identify persons with possible infection with Zika virus are requested to report such cases within 1 working day to DCHHS by phone at (214) 819-2004.

- 
1. CDC Health Advisory. Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico (1/15/16): <http://emergency.cdc.gov/han/han00385.asp>
  2. CDC. Update: Interim Guidelines for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016 (2/5/2016): <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6505e2er.pdf>
  3. CDC. Areas with Zika Transmission (2/1/16): <http://www.cdc.gov/zika/geo/index.html>
  4. DCHHS Zika Virus Specimen Submission Form (2/1/16): [http://www.dallascounty.org/department/hhs/documents/DCHHS\\_Zika\\_SubmissionForm\\_020116.pdf](http://www.dallascounty.org/department/hhs/documents/DCHHS_Zika_SubmissionForm_020116.pdf)
  5. DCHHS Submission Instructions for Zika Virus Testing (2/5/16): [http://www.dallascounty.org/department/hhs/documents/DCHHS\\_Zika\\_submissionguidance\\_20160205\\_interim.pdf](http://www.dallascounty.org/department/hhs/documents/DCHHS_Zika_submissionguidance_20160205_interim.pdf)
  6. CDC. Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection — United States, 2016 (1/26/16): <http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3.htm>
  7. CDC COCA Call. Zika Virus — What Clinicians Need to Know (1/26/16): [http://emergency.cdc.gov/coca/calls/2016/callinfo\\_012616.asp](http://emergency.cdc.gov/coca/calls/2016/callinfo_012616.asp)
  8. CDC Memorandum. Updated diagnostic testing for Zika, chikungunya, and dengue viruses in US Public Health Laboratories (1/13/16): <http://www.cdc.gov/zika/pdfs/denvchikvziky-testing-algorithm.pdf>
  9. **Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016 (2/5/2016):** <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6505e1er.pdf>