Zika Fever – v2.0 (February 18, 2016)

Merlin reporting code = 06010
Case report form (CRF): *Florida Confidential Vector-borne Disease Infection CRF*
CRF for Pregnant Women
MERLIN EXTENDED DATA REQUIRED

Clinical description
A mosquito-borne viral illness characterized by acute onset of low-grade fever, maculopapular rash, arthralgia/joint pain, conjunctivitis, myalgia, headache, retro-orbital pain, or vomiting.

Clinical criteria for diagnosis
An illness characterized by two or more of the following symptoms: fever, rash, conjunctivitis, or general arthralgia/joint pain.

Laboratory criteria for diagnosis
Confirmatory:
- Detection of Zika virus RNA by reverse-transcriptase polymerase chain reaction (PCR) on serum, urine, saliva, amniotic fluid, cerebral spinal fluid, or tissue samples;

OR
- Positive culture;

OR
- Positive immunohistochemistry (IHC) test or other antigen test;

OR
- Detection of Zika virus-specific IgM antibodies by enzyme immunoassay (EIA) **and** a 4-fold difference in Zika and dengue serum neutralizing antibody titers.

Presumptive:
Detection of Zika virus-specific IgM antibodies by EIA **and** negative for dengue virus-specific IgM antibodies.

Epidemiological linkage criteria
- Recent travel to an area with ongoing Zika virus transmission

OR
- Epidemiologically-linked to a confirmed or probable Zika fever case.

Case classification
Confirmed:
A clinically compatible illness in a person with confirmatory laboratory evidence and either epidemiological linkage criteria.

Probable:
A clinically compatible illness in a person with presumptive laboratory evidence and either epidemiological linkage criteria.

Suspect:
- A clinically compatible illness in a person with no laboratory test results available who is epidemiologically-linked to a confirmed or probable Zika fever case

OR

- An asymptomatic person with confirmatory or presumptive laboratory evidence and either epidemiological linkage criteria.

Comments

Only about one in five people infected with Zika virus are symptomatic and some patients may not have fever. Zika fever, dengue fever, and chikungunya fever are difficult to differentiate clinically. It is also important to note that co-infections with these viruses can occur.

Cross-reaction with related flaviviruses (e.g., dengue, West Nile, yellow fever, Japanese encephalitis viruses) on serological tests is common and results may be difficult to interpret. Due to this cross-reactivity, it is important to ask if there has been any lifetime travel to a flavivirus-endemic country or vaccination for yellow fever or Japanese encephalitis viruses.

Clinicians should also consider testing for dengue and chikungunya fever for suspect cases of Zika fever if fever was reported. As testing capacity allows, all samples meeting the requirements for Zika fever PCR testing at the Bureau of Public Health Laboratories (BPHL) will also be tested for dengue and chikungunya viruses if the patient reported fever. All samples collected in the first four days of illness and meeting standard requirements for dengue and chikungunya testing will also be tested for Zika virus by PCR if travel to a Zika fever endemic area is reported.

Acute and convalescent sera from people with infections believed to be Florida-acquired should be sent to BPHL. Acute sera from people with infections believed to be acquired outside Florida should also be sent to BPHL.

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