



Zika Fever: Guidance for Physicians and Health Care Providers

Version 2.0 (February 9, 2016)

www.floridahealth.gov/zika

FloridaHealth.gov • Florida Department of Health

Summary:

- **Report suspected cases of Zika fever immediately upon initial suspicion to your county health department (CHD).**
 - CHD contact information: www.floridahealth.gov/CHDEpiContact
 - Reporting required by Florida Administrative Code Emergency Rule 64DER16-1 (64D-3.029)
- **Report health status updates of hospitalized suspected or confirmed Zika fever cases to your CHD every 24 hours until discharge.**
 - CHD contact information: www.floridahealth.gov/CHDEpiContact
 - Reporting required by Florida Administrative Code Emergency Rule 64DER16-2 (64D-3.040)
- **Report health status updates of non-hospitalized suspected or confirmed Zika fever cases to your CHD every 72 hours until symptoms resolve.**
 - CHD contact information: www.floridahealth.gov/CHDEpiContact
 - Reporting required by Florida Administrative Code Emergency Rule 64DER16-2 (64D-3.040)

What has changed? Below is a summary of the changes since the first guidance was issued.

NEW:

- **Zika fever is now reportable upon immediate suspicion** (previously next business day).
 - **Expanded criteria for active case finding (*report upon immediate suspicion*):**
 - Mother of an infant or fetus with poor fetal outcome diagnosed after the first trimester **and** the mother has a history of travel to an area with Zika virus activity during pregnancy.
 - Currently pregnant women that traveled any point in their pregnancy and experienced symptoms of Zika fever within two weeks of travel to a country where Zika virus is currently circulating.
 - **Health status updates are now required to be reported to your CHD:**
 - Zika fever suspected and confirmed hospitalized cases now require health status follow-up information to be reported every 24 hours until discharge.
 - Zika fever suspected and confirmed non-hospitalized cases now require health status follow-up information to be reported every 72 hours until symptoms resolve.
 - **Laboratory:**
 - Saliva specimens are now requested to be submitted in addition to serum and urine for persons reporting acute illness onset ≤ 3 weeks from sample date.
 - Asymptomatic pregnant women who have travel (**at any point in their pregnancy**) to a country where Zika virus is currently circulating can also be tested if requested by the provider.
 - **Transmission:**
 - **Potentially infected men with pregnant partners should either abstain from sex or use condoms during sex** (i.e., vaginal intercourse, anal intercourse, or fellatio) **for the duration of the pregnancy.**

Resources:

Florida Department of Health Contact information: www.Floridahealth.gov/CHDEpiContact

DOH: [//www.floridahealth.gov/zika](http://www.floridahealth.gov/zika)

CDC: [//www.cdc.gov/zika/](http://www.cdc.gov/zika/)

CDC Zika virus and pregnancy MMWR: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm>.

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Guidance will be updated as additional information becomes available.

I. Background:

Zika fever, a dengue-like illness caused by a mosquito-borne flavivirus, has been identified in numerous countries in Central and South America, American Samoa, Mexico, Puerto Rico, the U.S. Virgin Islands, and other Caribbean islands (areas with active local Zika virus can be found here: www.cdc.gov/zika/geo/index.html). Outbreaks have previously been reported in Africa, Southeast Asia, and the Pacific Islands. The Ministry of Health of Brazil has reported an increase in the number of babies born with microcephaly and other poor pregnancy outcomes in areas experiencing Zika virus outbreaks. Further studies are being conducted to investigate this concern. Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities. Suspected links between Zika virus infection and Guillain-Barre syndrome (GBS) have also been reported in infected persons.

The Florida Department of Health (DOH) is enhancing surveillance for Zika fever because of concern about the possible introduction of Zika virus into Florida. No local transmission of Zika virus has been reported in Florida (to date), but cases have been reported in returning travelers. With the recent outbreaks, the number of Zika fever cases among travelers visiting or returning to the U.S. will increase. Although Zika virus should not spread easily in developed countries like the U.S., DOH wants to ensure that possible Zika cases are identified.

II. Transmission:

Transmission occurs through the bite of an infected mosquito. Perinatal, in utero, sexual and transfusion transmission have also been reported. **Suspect cases should be advised to avoid mosquito bites while ill to prevent infection of local mosquitoes. Potentially infected men with pregnant partners should either abstain from sex (i.e., vaginal intercourse, anal intercourse, or fellatio) or use condoms during intercourse for the duration of the pregnancy.**

III. Incubation period:

Incubation period is approximately 2 to 14 days.

IV. Clinical Presentation:

Only about 1 in 5 people infected with Zika virus are symptomatic. Zika fever is a mild illness with symptoms similar to those of mild dengue fever. Severe disease requiring hospitalization is uncommon. Treatment is symptomatic and illness typically resolves within a week. Co-infections with dengue virus or chikungunya virus are possible and should be considered. Aspirin and other non-steroidal anti-inflammatory drugs are not advised in case of co-infection with dengue virus. Pregnant women with fever should be treated with acetaminophen. Signs and symptoms of Zika fever may include:

- Acute fever (often low grade)
- Conjunctivitis
- Retro-orbital pain
- Maculopapular rash
- Myalgia
- Vomiting
- Arthralgia
- Headache

V. Initial case reporting and identification of suspected infections:

Persons suspected of having Zika fever should be reported immediately upon initial suspicion to the CHD (www.floridahealth.gov/CHDEpiContact). On Friday, February 5, 2016 Florida Administrative Code Emergency Rule 64DER16-1 (64D-3.029), was published requiring providers to report immediately persons suspected of being infected with Zika virus.

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Report upon initial suspicion, persons suspected of having infection from Zika virus using the following criteria:

- **All persons**, including pregnant women, with two or more of the following **signs/symptoms**: fever, maculopapular rash, arthralgia or conjunctivitis (GBS could follow) **and a history of travel** to an area reporting Zika virus activity **in the two weeks prior to illness onset.**

OR

- Mother of an **infant or fetus with microcephaly or intracranial calcifications or poor fetal outcome** diagnosed after the first trimester **and have history of travel** to an area with Zika virus activity during pregnancy. (Testing of both the mother and infant is recommended.)

OR

- Currently **pregnant women** who (while pregnant) experienced two or more of the following **signs/symptoms**: fever, maculopapular rash, arthralgia, or conjunctivitis (GBS could follow) **in the two weeks following travel** to an area reporting Zika virus activity.

OR

- **Persons suspected of having locally acquired the infection.** For example,
 - A symptomatic person without history of travel who lives in the same household as a person who traveled to an area reporting Zika virus activity. (Mosquito transmission.)
 - A symptomatic person without history of travel that had sexual contact with a confirmed case; or
 - An ultrasound indicating microcephaly of the fetus in pregnant woman that is asymptomatic and had sexual contact with a partner that had travel history to an area with active Zika virus circulation.

Other testing: asymptomatic pregnant women

Asymptomatic pregnant women that **have a history of travel to an area reporting Zika virus activity are not required to be reported.** However, if requested by the provider, testing for Zika virus infection can be performed at BPHL. This optional testing request should be made by the provider after full discussion with the mother about the testing, impact, and medical need.

VI. Health status monitoring:

On February 5, 2016, Florida Administrative Code Emergency Rule 64DER16-2 (64D-3.040) was published requiring providers to report health status updates to DOH for suspected and confirmed hospitalized and non-hospitalized cases of Zika fever. Health status updates follow the same procedures as reporting persons suspected of having Zika fever and should be reported to your CHD. Contact information: www.Floridahealth.gov/CHDEpiContact.

- **Report health status updates of hospitalized suspected or confirmed Zika fever cases to your CHD every 24 hours until discharge.**
 - Complete patient contact information must be provided to the CHD to ensure further follow-up for persons still symptomatic from Zika fever at discharge.
- **Report health status updates of non-hospitalized suspected or confirmed Zika fever cases to your CHD every 72 hours until symptoms resolve.**
 - Report health status updates until Zika virus infection is ruled out (e.g., negative laboratory results for Zika virus infection have been received) or the person is no longer symptomatic.
 - At least one health status update should be provided.

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VII. Laboratory testing:

Polymerase chain reaction (PCR) at DOH Bureau of Public Health Laboratories (BPHL) can be used to detect viral RNA in serum, urine and saliva samples collected during the first three weeks after illness onset. Serum antibody tests are also available for samples collected ≥ 4 days after illness onset. However, cross-reaction with related flaviviruses (e.g., dengue and West Nile viruses) is common and results may be difficult to interpret. Commercial testing for Zika virus is currently not available. **Contact your CHD (www.floridahealth.gov/CHDEpiContact) to request Zika virus testing for persons suspected of being infected with Zika virus.**

VIII. Public Health Emergency:

A Declaration of Public Health Emergency was issued February 3, 2016 in response to the Governor's Executive Order Number 16-29.

- www.floridahealth.gov/_documents/newsroom/press-releases/2016/02/020416-declaration-public-health-emergency.pdf.

Florida Administrative Code Emergency Rules 64DER16-1 (64D-3.029) and 64DER16-2 (64D-3.040) were issued and effective February 5, 2016.

- <https://www.flrules.org/Faw/FAWDocuments/FAWVOLUMEFOLDERS2016/4224/4224doc.pdf>

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