



A Union of Professionals

AFT Nurses and Health Professionals

Zika

An international public health emergency

On Feb. 1, 2016, the World Health Organization declared a Public Health Emergency of International Concern after clusters of microcephaly and other neurological disorders, such as Guillain-Barré syndrome, were found in some areas affected by Zika. On Feb. 8, the Centers for Disease Control and Prevention (CDC) elevated its response efforts to Level 1 activation, the highest response level at the agency.

ZIKA VIRUS FACTS

Are you at risk as a healthcare worker?

According to the CDC, that's unlikely. Those most at risk are pregnant women who have traveled to countries where Zika, and the Aedes species mosquito that is the primary source of the virus, is present. Practicing strict blood and body fluid precautions is part of the routine practice for all healthcare professionals and should be sufficient precaution in this case as well. For those with partners who may have traveled to areas where the Zika virus is active, barrier protection for sexual activity is also recommended for the first month following potential exposure. If additional modes of transmission are confirmed, further recommendations for protection will be posted.

TRANSMISSION

Multiple routes of transmission, but primarily through mosquito bites.

- Primarily transmitted to humans through the bite of an infected Aedes species mosquito.
- Perinatal, in utero and sexual transmission events have also been reported, and the CDC has developed guidelines for at-risk pregnant women during a Zika outbreak: bit.ly/Zika-women
- Transfusion transmission is also possible when blood has been donated by travelers to Cape Verde, Mexico, the Caribbean, Central or South America, and the Pacific Islands who have been infected with Zika

Zika Virus Quick Facts



Symptoms

Some may experience fever, rash, joint pain or conjunctivitis. However, 80% of those infected are asymptomatic.



Transmission

The Zika virus is primarily transmitted to humans from mosquito bites. Transmission by intimate contact and blood transfusion have been reported.



At Risk

The group most at risk from exposure to the Zika virus is unborn children.

virus. According to the AABB (American Association of Blood Banks), there are no licensed blood-donor screening tests in the United States to identify Zika. In the absence of these tests, self-deferral of blood donation for 28 days following travel is encouraged. More on transfusion screening and protocols: bit.ly/Zika-transfusion

American Federation of Teachers, AFL-CIO

555 New Jersey Ave. N.W. • Washington, DC 20001 • T: 202-879-4400 • www.aft.org



HIGH- AND LOW-RISK AREAS

No locally acquired infections have been reported within the continental U.S.

- Active Zika infections are occurring in Cape Verde, Mexico, the Caribbean, Central America, the Pacific Islands and South America.
- As of March 30, 2016, the CDC reports no known cases of Zika have been locally acquired in the continental U.S. The cases that have been diagnosed (312) in the U.S. have been travel-related or “imported.” There have been 349 individuals locally infected in the U.S. territories of American Samoa, Puerto Rico and the U.S. Virgin Islands: bit.ly/Zika-US

SIGNS AND SYMPTOMS

Generally mild and absent in the majority of cases.

- When symptomatic, individuals infected with Zika virus may experience fever, rash, joint pain or conjunctivitis, with symptoms lasting up to a week; **however, 80 percent of those infected are asymptomatic.**
- The Brazil Ministry of Health is noting an increase in the number of people with Guillain-Barré syndrome at the same time there is an outbreak of the Zika virus, and is working with the CDC to see if there is a causal relationship.
- Current information on which countries pregnant women and those of childbearing age should avoid visiting—as well as recommendations for screening, testing and management of pregnant returning travelers—is available from the CDC: bit.ly/Zika-travel

DIAGNOSIS

Only about 20 percent of those infected are symptomatic. Once diagnosed, Zika cases must be reported.

- Initial diagnosis is based on the patient’s clinical features, places and dates of travel, and activities.
- Laboratory diagnosis of Zika virus infection is made through molecular and serologic testing. This includes reverse transcription-polymerase chain reaction (RT-PCR) for viral RNA, and immunoglobulin (Ig) M ELISA and plaque reduction neutralization test (PRNT) for Zika virus antibodies. Because it is not known which type of testing most reliably establishes

the diagnosis of congenital infection, the CDC recommends both molecular and serologic testing of infants who are being evaluated for evidence of a congenital Zika virus infection.

- No commercial tests for Zika virus are available; Zika virus testing is performed at the CDC and some state and territorial health departments. Healthcare providers should contact their state or territorial health department to facilitate testing:

bit.ly/Zika-diagnosis

TREATMENT

Only supportive care is available at this time.

- Neither antiviral treatments nor vaccines are currently available for Zika virus. Once infected, however, individuals will develop immunity from the disease.
- Care for those affected is primarily supportive and includes rest, hydration, antipyretics and analgesics.
- The CDC recommends that, because of the similarity in symptoms and geographic distribution, patients with suspected Zika infections also should be evaluated and managed for possible dengue or chikungunya virus infection. Precautionary advice: Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue can be ruled out to reduce the risk of hemorrhage:

bit.ly/Zika-eval

PREVENTION

Most important is to avoid mosquito bites.

- Adults and children should wear clothing that covers all skin, including arms and legs.
- Use EPA recommended insect repellents.
- Stay inside in an air-conditioned environment; make certain all screens are intact and in use when not in air conditioning; and sleep under a mosquito net when outside or in an area where the Aedes mosquito is known to be present.
- Avoid travel to locations where Zika virus transmission is ongoing. If in those areas, remaining at elevations of 2,000 feet or higher is believed to dramatically lower the risk of exposure to the Aedes mosquito.
- For more detailed information about prevention measures for both adults and children, follow this link to CDC recommendations: bit.ly/Zika-prevent