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Updates on Orange County Communicable Diseases

July 6, 2017

Zika Virus Update

Current Situation: California (as of June 30, 2017): There have been a total of 573 travel-associated cases since 2015. The most visited countries for reported cases include Mexico, Nicaragua, Guatemala, and El Salvador. According to the CDC, Zika transmission has not yet peaked in Mexico; travel to all areas in Mexico are considered to pose a risk for Zika virus infection.

Zika travel alerts can be found at: https://wwwnc.cdc.gov/travel/page/zika-travel-information

In Orange County: 34 cases have been reported among Orange County residents, all travel-related. There has been no evidence of local Zika virus transmission in Orange County, but there are *Aedes* mosquitoes here that can transmit Zika and similar viruses. Travelers infected with Zika virus, chikungunya or dengue fever should avoid mosquito exposure when returning home during the first week of illness to reduce the risk of local transmission.

Updated Laboratory Guidance: The Centers for Disease Control and Preventions (CDC) has updated its testing recommendations for pregnant patients with ongoing risk of Zika virus exposure: because Zika virus IgM can persist beyond 12 weeks in a subset of infected persons, physicians should test pregnant women with an approved nucleic acid (NAT) at least once each trimester. For additional information: https://emergency.cdc.gov/han/han00402.asp.

Caring for Pregnant Patients:

Educate pregnant women about risk of travel to areas with Zika transmission. For those that can't avoid travel, providers should educate patients on mosquito bite prevention and effective contraception.

Ask about travel for both pregnant women and their partners, prenatally and at the time of birth. If yes to any of the following questions, test in accordance with CDC guidance: https://www.cdc.gov/zika/hc-providers/pregnant-women/testing-and-diagnosis.html.

- Do you live in or do you frequently travel (daily or weekly) to an area with active Zika virus transmission?
- Have you traveled to an area with Zika during pregnancy or in the 8 week prior to becoming pregnant?
- Have you had sex (vaginal, anal, or oral sex) without a condom or shared sex toys with a partners who lives in or has traveled to an area with Zika?

Recent Reports:

Evaluation of Placental and Fetal Tissue Specimens for Zika Virus Infection — 50 States and District of Columbia, January–December, 2016.
https://www.cdc.gov/mmwr/volumes/66/wr/mm6624a3.htm?s_cid=mm6624a3_w

Of placental samples submitted to the CDC for evaluation, Zika virus RT-PCR testing was positive and provided a confirmatory diagnosis for 38/363 (10%) live births with maternal serologic evidence of recent unspecified flavivirus infection and from 9/86 (10%) with negative maternal Zika virus IgM where possible maternal exposure occurred >12 weeks before serum collection. The proportion of cases for which placental tissue was PCR-positive was relatively low, but testing of placental tissues can be utilized when results of maternal Zika virus testing are not definitive.

Update on Zika Virus–Associated Birth Defects and Evaluation of All U.S. Infants with Congenital Zika Virus Exposure — U.S. Zika Pregnancy Registry, 2016
https://www.cdc.gov/mmwr/volumes/66/wr/mm6613e1.htm.

This study evaluated pregnancies in the 50 U.S. states and the District of Columbia with laboratory evidence of possible recent Zika virus infection reported to the USZPR from January 15 to December 27, 2016. Of those pregnancies with laboratory confirmed maternal disease, 24/250 (10%) had a fetus or baby with Zika-related birth defects. This increases to 15% when infection occurred during the first trimester of pregnancy. For current guidance for evaluation and manage of potentially exposed infants, see:
https://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm?s_cid=mm6533e2_w