

<b>DATE:</b>	February 5, 2016
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Karen M. Murphy, PhD, RN, Secretary of Health
<b>SUBJECT:</b>	<b>Zika Virus Update #2</b>
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	Statewide
<b>STREET ADDRESS:</b>	Statewide
<b>COUNTY:</b>	Statewide
<b>MUNICIPALITY:</b>	Statewide
<b>ZIP CODE:</b>	Statewide

**This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.**

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, OBSTETRIC, PEDIATRIC, INFECTION CONTROL, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL

**EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE

**FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE

**LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE

**PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

Today, the Centers for Disease Control and Prevention (CDC) released new guidance regarding prevention of sexual transmission of Zika virus. Also today, CDC updated previous guidance for pregnant women during a Zika virus outbreak. Based on this updated guidance, Zika virus serological testing can now be offered to asymptomatic pregnant women 2–12 weeks after return from travel to an area experiencing Zika virus transmission. Specimen testing should continue to be facilitated through The Pennsylvania Department of Health (PADOH) by contacting your local health department or by calling 1-877-PA-HEALTH.

PADOH is providing a summary of each document as well as links to the full documents, which have been published in CDC’s Morbidity and Mortality Weekly Report (MMWR). For additional information please visit CDC’s Zika virus website (<http://www.cdc.gov/zika/>).

No Zika virus infections have been identified among Pennsylvania residents as of February 5, 2016.

## **Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016**

Available at: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm>

CDC has updated its interim guidelines for U.S. health care providers caring for pregnant women during a Zika virus outbreak. Updated guidelines include a new recommendation to offer serologic testing to asymptomatic pregnant women (women who do not report clinical illness consistent with Zika virus disease) who have traveled to areas with ongoing Zika virus transmission. Testing can be offered 2–12 weeks after pregnant women return from travel. This update also expands guidance to women who reside in areas with ongoing Zika virus transmission, and includes recommendations for screening, testing, and management of pregnant women and recommendations for counseling women of reproductive age (15–44 years). Pregnant women who reside in areas with ongoing Zika virus transmission have an ongoing risk for infection throughout their pregnancy. For pregnant women with clinical illness consistent with Zika virus disease, testing is recommended during the first week of illness. For asymptomatic pregnant women residing in areas with ongoing Zika virus transmission, testing is recommended at the initiation of prenatal care with follow-up testing mid-second trimester. Local health officials should determine when to implement testing of asymptomatic pregnant women based on information about levels of Zika virus transmission and laboratory capacity. Health care providers should discuss reproductive life plans, including pregnancy intention and timing, with women of reproductive age in the context of the potential risks associated with Zika virus infection.

## **Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016**

Available at: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm>

Sexual transmission of Zika virus is possible, and is of particular concern during pregnancy.

Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy. Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness (<http://www.cdc.gov/zika/symptoms>) with their health care provider; providers can consult CDC's guidelines for evaluation and testing of pregnant women.

Men who reside in or have traveled to an area of active Zika virus transmission who do not have a pregnant sex partner but are concerned about sexual transmission of Zika virus might consider abstaining from sexual activity or using condoms consistently and correctly during sex. Couples considering this personal decision should take several factors into account. Most infections are asymptomatic, and when illness does occur, it is usually mild with symptoms lasting from several days to a week; severe disease requiring hospitalization is uncommon. The risk for acquiring vector-borne Zika virus in areas of active transmission depends on the duration and extent of exposure to infected mosquitoes and the steps taken to prevent mosquito bites (<http://www.cdc.gov/zika/prevention>). After infection, Zika virus might persist in semen when it is no longer detectable in blood.

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of February 5, 2016 but may be modified in the future.