



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

January 20, 2016

Dear Colleagues,

The Maryland Department of Health and Mental Hygiene (DHMH) is sending this communication to provide you with updated information regarding Zika virus, a mosquito-borne arbovirus in the *Flaviviridae* family, which also includes dengue and West Nile viruses. A prior letter and fact sheet were distributed at the end of December 2015 with general information about Zika virus and its associated illness.

SIGNS & SYMPTOMS

As a reminder, approximately 20% of individuals infected with Zika virus will become ill; 80% are asymptomatic. Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia (mostly in the small joints of the hands and feet), or conjunctivitis. Other commonly reported symptoms include myalgia, headache, retro-orbital pain and vomiting. Clinical illness is usually mild with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon, and there have been no reported deaths to date as part of this outbreak.

EPIDEMIOLOGY

As of the date of this letter, 20 countries have documented ongoing transmission of Zika virus, including Brazil, Colombia, El Salvador, French Guiana, Guatemala, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Suriname, and Venezuela. Because it is difficult to determine the specific areas where Zika virus transmission is ongoing, and because these areas are likely to change over time, please refer to CDC's travel website (<http://wwwnc.cdc.gov/travel/>) for the most up to date information on transmission locations. Local transmission of Zika virus in the continental United States has not yet been documented; however, cases of Zika have been reported in returning travelers. These imported cases might result in local spread of the virus in some areas of the United States. All travelers to countries with ongoing transmission are encouraged to take precautions to avoid mosquito bites, including using insect repellent and mosquito bed nets.

CDC GUIDANCE FOR TRAVELERS & PREGNANT WOMEN

On January 15, 2016, the Centers for Disease Control and Prevention (CDC) released a Health Advisory, entitled "Recognizing, managing, and reporting Zika virus infections in travelers returning from Central America, South America, the Caribbean, and Mexico." We urge all clinicians to access and read this advisory (available at <http://emergency.cdc.gov/han/han00385.asp>), which includes important recommendations for health care providers.

Of particular importance, because of concerns that Zika virus infection in pregnant women may be associated with microcephaly in their babies, CDC recommends that pregnant women should consider postponing travel to any area where Zika virus transmission is ongoing. Pregnant women and women trying to become pregnant who do travel to one of these areas should talk to their healthcare providers first and strictly follow steps to avoid mosquito bites during the trip. Interim guidelines for evaluating pregnant women who have traveled to areas with ongoing Zika virus transmission were published as an Early Release in CDC's Morbidity and Mortality Weekly Report (MMWR) on January 19, 2016. We strongly encourage all obstetrical and family practice providers who will be working with pregnant women or women trying to become pregnant to familiarize themselves with the contents of the guidelines, which are available here:

<http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6502e1er.pdf>. CDC also continues to work on guidance for the evaluation of infants born to women who have tested positive for Zika virus infection.

DIAGNOSTIC TESTING

CDC currently recommends testing for Zika virus in pregnant women with a history of travel to an area with Zika virus transmission and who report two or more symptoms consistent with Zika virus disease as described above during or within two weeks of travel, or who have ultrasound findings of fetal microcephaly or intracranial calcifications. Laboratory diagnosis is generally accomplished by testing serum or plasma to detect virus, viral nucleic acid, or virus-specific IgM and neutralizing antibodies. Currently, Zika virus testing is only performed by CDC and must be coordinated through DHMH, though DHMH is actively working on developing the capacity to perform this testing locally. If you feel you have a patient who warrants testing for Zika virus, please contact DHMH to discuss the case.

This guidance has been superseded by guidance from February 5, 2016. See updated clinician letter for most current guidance.

TREATMENT

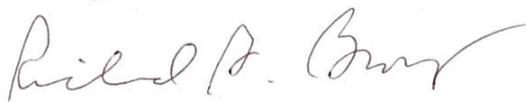
There are no specific antiviral treatments or vaccines available for Zika virus disease. Treatment is supportive, and should include rest, fluids, antipyretics, and analgesics. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) **should be avoided** until dengue can be ruled out to reduce the risk of hemorrhage.

REPORTING SUSPECT CASES

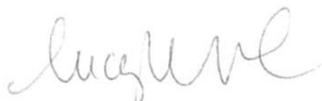
Although Zika virus disease is not nationally reportable in the United States, healthcare providers are encouraged to inquire about patients' travel histories and report suspected cases to their local health departments to facilitate diagnosis and mitigate the risk of local transmission. Please do not send specimens to the State Public Health Laboratory without first discussing the case with the local health department staff.

Please contact the Infectious Disease Epidemiology and Outbreak Response Bureau at DHMH at (410) 767-6700 with any additional questions or concerns. For additional information on Zika virus, please see the enclosed, updated fact sheet and the following CDC website: <http://www.cdc.gov/zika/>

Sincerely,



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Enclosure: Zika Virus Fact Sheet (January 20, 2016)