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UPDATED HEALTH ADVISORY: ZIKA VIRUS

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The San Francisco Dept. of Public Health (SFDPH) provides this guidance based on current information. Recommendations may change, and SF recommendations may differ from those issued by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

WHAT HAS CHANGED

- Zika serologic testing for pregnant women who have been in an area with ongoing Zika transmission¹ can now be requested for women who do not report symptoms consistent with Zika virus disease.²
- Instructions for testing, forms completion, and specimen shipping have changed. Detailed instructions are available on our website for San Francisco healthcare providers at www.sfdcp.org/zika_providers.html
- Zika virus may persist in semen longer than it is detectable in blood and has been transmitted sexually. Men who reside in or who have traveled to an area of ongoing Zika transmission should abstain from sex with a partner who is pregnant, or should consistently and correctly use condoms during sexual activity for the duration of the pregnancy.³

ACTIONS REQUESTED OF ALL CLINICIANS

1. **Counsel pregnant women to:**
 - a. consider postponing travel to areas where Zika virus transmission is ongoing
 - b. abstain from sexual activity with male partners who have traveled to or resided in areas with ongoing Zika virus transmission during the entire pregnancy; or, use condoms consistently with male partners who have traveled or resided in areas with ongoing Zika transmission during the entire pregnancy.
2. **Counsel male patients** who have been in a Zika transmission area to abstain from sexual activity with a pregnant partner; or, use condoms consistently with a pregnant partner
3. **Counsel all travelers** to Zika transmission areas to strictly adhere to recommended precautions to avoid mosquito bites.
4. **Consider Zika testing per 2/5/16 updated CDC guidance.**
 - a. Zika testing is recommended for pregnant women who have a clinical illness consistent with Zika disease during or within 2 weeks of being in a Zika transmission area. Testing is also recommended if there are findings of fetal/newborn microcephaly with a relevant history of maternal travel.
 - b. Zika testing can be offered to asymptomatic pregnant women who were in a Zika transmission area. The testing window is 2-12 weeks after return from travel.
 - c. Consider testing of suspect (symptomatic) cases of Zika virus infection for Dengue and Chikungunya viruses.
5. **Follow SFDPH instructions for Zika testing.** Detailed instructions on testing, forms completion, and specimen shipping are available for SF healthcare providers at www.sfdcp.org/zika_providers.html. SFDPH Communicable Disease Control Unit (CDCU) is available for questions at (415) 554-2830.

Categories of urgency levels

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

SITUATION

Zika is a flavivirus transmitted to humans by bites of the *Aedes* mosquito, which aggressively bites during dawn, daylight, and dusk hours. The virus has been detected in semen of an infected man and sexual transmission has also been documented, though little is known about the characteristics of this mode of transmission.

Active Zika transmission is currently occurring in much of Latin America and the Caribbean, as well as in several Pacific Islands. Areas of active Zika transmission are expected to expand. Cases have been diagnosed in several US states (including California) but have so far occurred only in travelers returning from Zika transmission areas. No Zika infections locally transmitted by mosquitos have yet been documented in the US. The *Aedes* mosquito that carries Zika has not been found in San Francisco, although it has been found in other California counties.

Zika infection is asymptomatic in about 80% of those infected, but about 20% develop self-limited illness with fever, rash, joint pain, and/or conjunctivitis. Maternal Zika virus infection during pregnancy is associated with increased risk for congenital microcephaly and other congenital abnormalities. A potential link between Zika infection and increased risk of Guillain-Barre syndrome is currently under investigation.

There are currently no vaccines or medications that prevent or treat Zika virus infection. Personal measures to avoid Zika infection include:

- postponement of unnecessary travel to Zika transmission areas, especially for pregnant women;
- protection from mosquito exposure, including frequent application of effective insect repellents and wearing of long-sleeved shirts and long pants (permethrin-impregnated if possible) during the daytime, and preventing mosquito entry to living areas with screens, mosquito netting, or air-conditioning
- modification of sexual behavior by men who have been in Zika transmission areas to either use condoms or abstain from sexual activity with pregnant partners

ADDITIONAL RESOURCES

CDC: www.cdc.gov/zika/hc-providers/index.html

CDPH: www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx

www.cdph.ca.gov/programs/vrdl/Pages/zikainfo.aspx

SFDPH: www.sfcdep.org/zika_providers.html

¹ The updated list of countries with ongoing Zika transmission: www.cdc.gov/zika/geo/

² See CDC Zika updated guidance for pregnant women: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm>

³ See CDC guidance on reducing Zika sexual transmission: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1.htm>