

March 11, 2016

**Office of the
Chief Medical
Health Officer**

ZIKA VIRUS UPDATE #2

Potential complications of Zika virus disease

The World Health Organization reports that national health authorities in Brazil and French Polynesia have observed an increase in Guillain-Barré syndrome which coincided with Zika virus infections in the general public, as well as an increase in babies born with microcephaly in northeast Brazil. Agencies investigating the Zika outbreaks are finding an increasing body of evidence about the link between Zika virus and infant microcephaly. However, more investigation is needed to better understand the relationship between microcephaly in babies and the Zika virus.

Recommendations for the management of returning travellers to BC are evolving and are likely to change. This update focuses on new information and changes in recommendations since the last MHO Update of Feb 5, 2016. Please also refer to the Feb. 5 update for further information.

There is growing evidence of sexual transmission of Zika virus and the following recommendations apply to women and men who may be at risk of exposure to Zika or risk of transmitting the virus to sexual partners.

Women as travellers to Zika-affected areas:

- a. Advise women of the risks of conceiving or being pregnant in a region where Zika is circulating, postpone travel if possible, and be provided with information on how to prevent both mosquito bites and pregnancy.
- b. For women returning from an area where Zika virus is circulating, discuss delaying conceiving a child for at least **2 months**. This recommendation is based upon the sum of incubation period, duration of illness and time required to clear virus. Note: Once the virus has cleared, there is no evidence to suggest that previous Zika virus infection will have any effect on subsequent pregnancies.

Men as travellers to Zika-affected areas:

- a. Men who have returned from an area where Zika is circulating and who have a pregnant partner should consider abstaining from sexual activity or, consistently and correctly using a condom, for at least **2 months and possibly the duration of the pregnancy**. This advice is being offered in an environment of uncertainty about the duration of time in which special barrier precautions should be in place during pregnancy.

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- b. Discuss the possibility of sexual transmission of Zika virus with men who have returned from an area where Zika virus is circulating, and who have a non-pregnant partner.
- If effective birth control is being used, the guidance relates to transmission of the virus, and the associated illness in the female partner, in the absence of foetal considerations. For asymptomatic men, interventions to prevent sexual transmission of Zika include abstinence or avoiding unprotected sexual activity for at least 2 months.
 - If pregnancy is desired, at minimum, attempts at conception should be delayed for at least **2 months**. Abstinence or the use of condoms with sexual activity is recommended for this period of time. It is unclear what the risks of Zika virus transmission are associated with conception beyond the 2 months. Guidance from the UK- RCOG has suggested a 6 month delay for men who are symptomatic with Zika virus infection. The CDC guidance on sexual transmission of Zika has not placed time limits on the risk of sexual transmission associated with sexual activity.

Management of returning travellers from Zika-affected areas:

All returning *symptomatic* travellers should be assessed for infections in a returning traveller. All symptomatic travellers who have visited an area where Zika virus is circulating and become ill up to 15 days after returning can be offered Zika testing as component of the work-up for infection in a returning traveller. Please discuss Zika-specific testing with an Island Health Medical Microbiologist.

Zika virus testing is not routinely indicated for *asymptomatic* returning travellers unless the traveller was pregnant during or within 2 months of returning from travel to a Zika virus affected area. Testing for other travellers can be considered on a case-by-case basis, in consultation with the Medical Microbiologist

Current recommendations for the management of returning pregnant travellers is unchanged. In summary, all pregnant women returning from a Zika affected area should be offered Zika virus testing and a detailed ultrasound at 19-20 weeks gestational age. Those with negative or unknown Zika virus serology and a normal ultrasound, may be offered monthly ultrasounds for reassurance. See Table 1 for recommended laboratory tests and timing.

Referral to **Obstetrics and Infectious Disease** specialists is recommended for pregnant women that meet the following criteria:

1. Have a positive test for Zika virus infection OR
2. Have an abnormality on ultrasound consistent with congenital viral infection.

**Table 1. Zika Virus Testing for Pregnant Women
Clinical presentation Recommended Tests**

Presentation	Recommended Specimens
<p>Acutely ill: <i>1. Report two or more symptoms consistent with Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) with onset during or within 2 weeks of travel</i></p> <p>AND</p> <p><i>2. Is currently symptomatic or symptom onset was in the previous 5-10 days.</i></p>	<ol style="list-style-type: none"> 1. 5ml EDTA purple top blood tube for Zika virus RNA detection 2. 5 ml gold top serum separator tube for Zika virus serology 3. Urine for Zika virus RNA detection 4. Nasopharyngeal swab for Zika virus RNA detection <p>Please provide both the travel and clinical history, including the date of onset of symptoms and indicate that samples are to be forwarded to the BCCDC Public Health Laboratory.</p>
<p>Recovered: <i>1. Reported symptoms consistent with Zika virus disease with onset during or within 2 weeks of travel</i></p> <p><i>2. No longer symptomatic, and symptom onset was more than 10 days ago</i></p>	<p>5 ml gold top serum separator tube for Zika virus serology, collected <i>one month after symptom resolution</i></p> <p>Please provide both the travel and clinical history, including the date of onset of symptoms and indicate that samples are to be forwarded to the BCCDC Public Health Laboratory.</p>
<p>Asymptomatic: <i>1. No symptoms consistent with Zika virus disease with onset during or within 2 weeks of travel</i></p>	<p>5 ml gold top serum separator tube for Zika virus serology, collected <i>one month after return from Zika affected area</i></p> <p>Please provide travel history, including the date of return, and indicate that samples are to be forwarded to the BCCDC Public Health Laboratory</p>

For further information on Zika virus including BC recommendations on testing, as well as Canadian and international guidance on Zika management, please see:
<http://www.bccdc.ca/health-info/diseases-conditions/Zika-virus/information-for-health-professionals>



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