Zika Fever: Information for Clinicians

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DOH: www.flhealth.gov/zika
CDC: www.cdc.gov/zika/

Please contact your county health department on the same business day if you suspect a patient has Zika fever to ensure prompt mosquito control efforts.

Zika fever, a dengue-like illness caused by a mosquito-borne flavivirus, has been identified in numerous countries in Central and South America, Mexico and the Caribbean including Puerto Rico. Focal activity has also been reported in Miami-Dade County. **Zika virus infection during pregnancy can cause certain birth defects including microcephaly**. Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities. Possible links to Zika virus infection and Guillain-Barre syndrome (GBS) are also suspected.

Transmission occurs through the bite of an infected mosquito. Perinatal, in utero, sexual, transfusion and bodily fluid transmissions have also been reported. **Suspect Zika fever cases should be advised to avoid mosquito bites while ill to prevent infection of local mosquitoes.** Potentially infected men or women with pregnant partners should either abstain from sex or use condoms consistently and correctly during intercourse for the duration of the pregnancy.

Incubation period is approximately 2 to 14 days.

Clinical Presentation: Only about 1 in 5 people infected with Zika virus are symptomatic. Zika fever is a mild illness with symptoms similar to those of mild dengue fever. Severe disease requiring hospitalization is uncommon. Symptoms can be treated however there is no medication to treat the disease and illness typically resolves within a week. Co-infections with dengue or chikungunya are possible and should be considered. Aspirin and other non-steroidal anti-inflammatory drugs are not advised in case of co-infection with dengue. Pregnant women with fever should be treated with acetaminophen. Signs/symptoms of Zika fever may include:

- Acute fever (often low grade)
- Maculopapular rash
- Arthralgia
- Conjunctivitis
- Myalgia
- Headache
- Retro-orbital pain
- Vomiting

Laboratory testing: Polymerase chain reaction (PCR) can be used to detect viral RNA in serum and urine during the first week of illness and in urine alone for samples collected one to three weeks after illness onset. Serum antibody tests are recommended for samples collected ≥4 days after illness onset. However, cross-reaction with related flaviviruses (e.g. dengue) is common and results may be difficult to interpret. Dengue IgM antibody testing should be run on samples from patients with positive Zika IgM antibody tests due to cross-reactivity. **Both Zika virus PCR and antibody testing are commercially available**. Zika virus testing is available at Florida Department of Health for patients who are uninsured and meet testing criteria below.

Please contact your county health department to report on the same business day suspect Zika infections including:

- All persons with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis (GBS could follow) **and** a history of travel to an area reporting Zika virus activity in the two weeks prior to illness onset
- Suspect local cases in a county/area with no reported local Zika virus infections **and** three or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis
- Mother of an infant or fetus with microcephaly, intracranial calcifications, or other abnormalities, or poor fetal outcome diagnosed after the first trimester **and** with history of travel to an area with Zika virus activity during pregnancy. Testing of both mother and infant is recommended.
- Infants of symptomatic or asymptomatic pregnant women who traveled to an area reporting Zika virus activity while pregnant. Testing of both mother and infant is recommended.
- Suspected Zika virus associated GBS cases