



January 29, 2016

Dear Colleagues,

No doubt many of you have heard in the news about Zika Virus, a virus spread to people by mosquito bites. Outbreaks of Zika Virus have been identified throughout the world, and most recently, in December 2015, in Puerto Rico.

There have been concerns raised especially with respect to infection during pregnancy. Because Zika Virus is transmitted primarily through the bite of an infected mosquito, to date the handful of cases in the continental United States have been identified in returning travelers.

The following information is geared towards **employees** considering travel to an area with active Zika Virus transmission and **clinicians** who may be counseling patients prior to travel, or evaluating patients returning from an outbreak area. The most up to date information can be found at the [CDC Zika Virus website](#).

Please do not hesitate to contact us with any questions or concerns.

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Information for Employees

- If you are considering travel to an outbreak country:
 - If you are considering traveling to one of the countries where there is ongoing transmission of Zika Virus, please discuss in advance with your primary care provider and(or) obstetric provider, especially if you are pregnant or trying to become pregnant.
 - Consider enrolling in TravelSafe. TravelSafe tracks employees while they are away and provides them with any relevant safety information they need. The employee's travel details are registered in the travel risk management program Worldcue if employees use one of the two approved travel agencies, Great GetAways and Egencia. More information on the program can be found at: www.partners.org/travelsafe
 - Consider evaluation at the [MGH Travelers Advice and Tropical Medicine Center](#) (617 7254 6454)
- If you develop fever, rash, joint pain, conjunctivitis, muscle aches, or headache within 2 weeks of returning from one of the affected countries, please contact your primary care provider and be sure to let them know about your recent travel.

Information for Clinicians

- Counseling patients planning travel to an outbreak country:
 - The Centers for Disease Control and Prevention (CDC) has issued a travel alert ([Level 2- Practice Enhanced Precautions](#)) for people traveling to areas where there is ongoing transmission. This includes, as of today: Brazil, Colombia, El Salvador, French Guiana, Guatemala, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Suriname, Venezuela, and Puerto Rico. **Note that this list of countries is likely to change during the course of the outbreak so please check the CDC Travel Alert [website](#) frequently.** Enhanced precautions entail methods to protect against mosquito bites including:
 - Cover exposed skin by wearing long-sleeved shirts and long pants.

- Use EPA-registered insect repellents containing DEET, picaridin, oil of lemon eucalyptus (OLE), or IR3535. Always use as directed.
 - Pregnant and breastfeeding women can use all EPA-registered insect repellents, including DEET, according to the product label.
 - Most repellents, including DEET, can be used on children aged >2 months.
 - Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pre-treated clothing and gear or treat them yourself
 - Stay and sleep in screened-in or air-conditioned rooms.
 - For your patients who are pregnant (in any trimester), the CDC has issued guidance that travelers consider postponing travel to any area where Zika Virus transmission is ongoing. If travel is required, then the methods described in enhanced precautions (above) should be strictly followed.
 - For your patients who are trying to become pregnant, clinicians should be able to discuss the potential risk of Zika Virus in pregnancy and review enhanced precautions,
- Evaluating patients returning from travel to an outbreak country:
 - Clinical Presentation
 - Only 20% of individuals infected with the virus develop symptoms
 - Most common symptoms: fever, rash, joint pain, conjunctivitis, myalgias, headache
 - Usually a mild illness, with symptoms lasting for several days to a week
 - Infection during pregnancy has been associated with microcephaly
 - Guillain-Barré syndrome also has been reported in patients following suspected Zika virus infection
 - Testing for Zika Virus and other Evaluations
 - Testing for Zika Virus is limited and currently available only through the CDC with prior approval required. Testing is only being offered in the following circumstances:
 - Pregnant women, with a history of travel to an area with Zika virus transmission, who present during or within 2 weeks of travel with a clinical illness consistent with Zika virus disease (two or more of the following signs/symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) can be tested for evidence of Zika virus RNA and anti-Zika antibody.
 - Pregnant women who have ultrasound finding of intracranial calcifications or microcephaly will also be tested for Zika virus in addition to other viral infections.
 - Testing for Zika Virus requires consultation with the Massachusetts Department of Public Health (MDPH) in advance and coordination with the MGH Microbiology Laboratory. Because of this, it is recommended that you discuss the case in advance with the MFM On Call Provider who can assist in coordinating the discussion with the MDPH and the MGH Microbiology Laboratory. For more details regarding this process, click [here](#).
 - Other considerations.
 - The mosquitoes that spread Zika Virus also transmit Dengue and Chikungunya viruses. Consider these, among other diagnoses in your differential and involve the Infectious Disease service as needed (see below)
 - Treatment.
 - There is no specific antiviral treatment and treatment is usually supportive. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue can be ruled out to reduce the risk of hemorrhage.
 - Infection Control Considerations.
 - Due to transmission route, practice Standard Precautions when evaluating such patients.
- Where to go with more questions.
 - Specifically related to pregnancy concerns: Contact [MGH-MFM On Call](#) (pager 17977)
 - Additional Infectious Disease input required: [ID Fellow On Call](#) (pager 16136; for inpatients), [ID Outpatient Attending on Call](#) (pager 22226, for outpatients). When appropriate, consider a referral for your patients considering travel to the [MGH Travelers Advice and Tropical Medicine Center](#) (617 7254 6454)