



This is an official **DHEC Health Advisory**

Distributed via Health Alert Network
March 25, 2016; 6:00 PM
10376-DAD-03-25-2016-ZIKA

Update: Interim Guidance for Health Care Providers Caring for Women with Possible Zika Virus Exposure — U.S., 2016

Summary

CDC has updated its interim guidance for U.S. health care providers caring for women of reproductive age with possible Zika virus exposure (1) to include recommendations on counseling women and men with possible Zika virus exposure who are interested in conceiving. This guidance is based on limited available data on persistence of Zika virus RNA in blood and semen (2–5). Women who have Zika virus disease should wait at least 8 weeks after symptom onset to attempt conception, and men with Zika virus disease should wait at least 6 months after symptom onset to attempt conception. Women and men with possible exposure to Zika virus but without clinical illness consistent with Zika virus disease should wait at least 8 weeks after exposure to attempt conception. Possible exposure to Zika virus is defined as travel to or residence in an area of active Zika virus transmission (<http://www.cdc.gov/zika/geo/active-countries.html>), or sex (vaginal intercourse, anal intercourse, or fellatio) without a condom with a man who traveled to or resided in an area of active transmission. Women and men who reside in areas of active Zika virus transmission should talk with their health care provider about attempting conception. This guidance also provides updated recommendations on testing of pregnant women with possible Zika virus exposure.

Please refer to the full article with references at: http://www.cdc.gov/mmwr/early_release.html

Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus

Summary

CDC issued interim guidance for the prevention of sexual transmission of Zika virus on February 5, 2016 (1). The following recommendations apply to men who have traveled to or reside in areas with active Zika virus transmission and their female or male sex partners. These recommendations replace the previously issued recommendations and are updated to include time intervals after travel to areas with active Zika virus transmission or after Zika virus infection for taking precautions to reduce the risk for sexual transmission. This guidance defines potential sexual exposure to Zika virus as any person who has had sex (i.e., vaginal intercourse, anal intercourse, or fellatio) without a condom with a man who has traveled to or resides in an area with active Zika virus transmission.

Zika virus can be sexually transmitted from a man to his sex partners. Zika virus infection is of particular concern during pregnancy. The first documented case of sexual transmission of Zika virus was in 2008 (2); transmission was from a man to a woman, and sexual contact occurred a few days before the man's symptom onset. The first case of sexual transmission associated with the current outbreak was reported

in early February (Dallas County Health and Human Services, unpublished data, 2016). In late February 2016, CDC reported two additional confirmed cases of sexual transmission of Zika virus from men returning from areas with active Zika virus transmission to their sex partners in the United States; these transmissions occurred in early 2016 (3). As of March 18, 2016, CDC has reported three additional cases, for a total of six confirmed cases of sexual transmission in the United States associated with this outbreak. Another recent report described a case of sexual transmission that occurred in Italy in 2014 (4). In addition, there have been two reports of replication-competent Zika virus isolated from semen at least 2 weeks after onset of illness; blood plasma specimens collected at the same time as the semen specimens tested negative for Zika virus by reverse transcription—polymerase chain reaction (RT-PCR) (5,6). Semen collected from a third man with Zika virus infection had virus particles detectable by RT-PCR at 62 days after fever onset; RT-PCR of blood at that time was negative (7). Because serial semen specimens were not collected for these three cases, the duration of persistence of infectious Zika virus in semen remains unknown.

All reported cases of sexual transmission involved vaginal or anal sex with men during, shortly before onset of, or shortly after resolution of symptomatic illness consistent with Zika virus disease. It is not known whether infected men who never develop symptoms can transmit Zika virus to their sex partners. Sexual transmission of Zika virus from infected women to their sex partners has not been reported. Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms.

Please refer to the full article with references at: http://www.cdc.gov/mmwr/early_release.html

DHEC contact information for reportable diseases and reporting requirements

Reporting of Zika Virus is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2016 List of Reportable Conditions available at:

<http://www.scdhec.gov/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2016			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
<u>Lowcountry</u> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<u>Midlands</u> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<u>Pee Dee</u> 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859	<u>Upstate</u> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
<u>Lowcountry</u> Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091 Beaufort, Colleton, Hampton, Jasper Phone: (843) 322-2453 Nights/Weekends: (843) 441-1091 Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091	<u>Midlands</u> Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046 Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046 Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046	<u>Pee Dee</u> Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845 Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845 Georgetown, Horry, Williamsburg Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845	<u>Upstate</u> Anderson, Oconee Phone: (864) 260-5801 Nights/Weekends: (866) 298-4442 Abbeville, Greenwood, Laurens, McCormick Phone: (864) 227-5947 Nights/Weekends: (866) 298-4442 Cherokee, Greenville, Pickens, Spartanburg, Union Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442
For information on reportable conditions, see http://www.scdhec.gov/Health/FHPF/ReportDisease sAdverse Events/ReportableConditionsInSC/		DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

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.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.