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ERIE COUNTY LEGISLATURE
92 Franklin Street - 4th Floor
Buffalo, New York 14202

TO: Members of the Erie County Legislature

FROM: Karen M. McCarthy, Clerk

DATE: June 16, 2016

SUBJECT: Zika Information Presented during Health & Human Services Committee Meeting

The attached is information distributed by the Health Department during their presentation of information pertaining to the Zika virus.

MEMORANDUM

To: Honorable Members of the Erie County Legislature
From: Health Department
Re: Zika Preparedness Update
Date: June 16, 2016

Summary

- Zika virus disease (Zika) is a disease caused by the Zika virus.
- Zika is spread to people primarily through the bite of an infected *Aedes* species mosquito. Erie County is currently not endemic to the *Aedes* species mosquito.
- Zika can be transmitted during pregnancy from mother to fetus and from a man who develops symptoms to his sexual partners.
- Testing for Zika is approved by the Local Health Department (LHD) where the patient resides.
- The Erie County Department of Health (ECDOH) Office of Epidemiology and Disease Surveillance monitors Zika in the community through medical care providers, Emergency Department surveillance and Syndromic Surveillance utilizing the New York State Department of Health (NYSDOH) system.
- As of June 15, 2016, Erie County has tested 90 individuals for Zika with 1 positive case and 1 suspect case being reported.
- All confirmed Zika cases are reported to the NYSDOH.
- All positive pregnant women are reported on the NYSDOH Pregnancy Registry for infant follow up.

Epidemiology

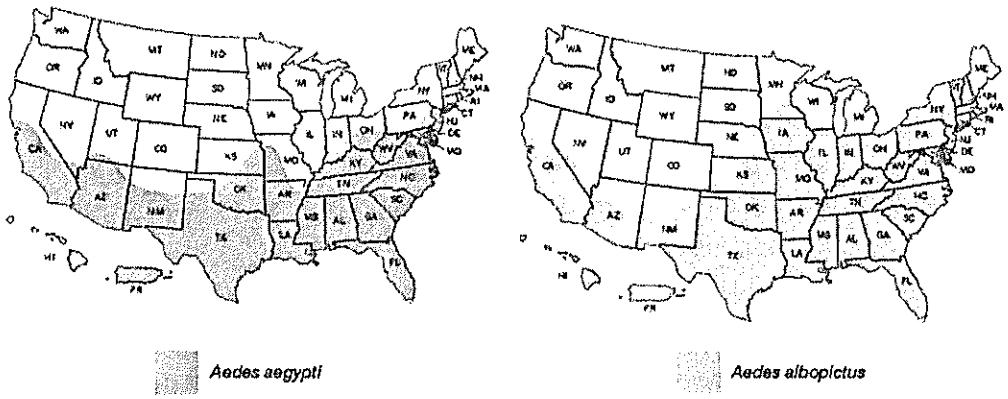
- Zika is a disease caused by the Zika virus, which is spread to people primarily through the bite of an infected *Aedes* species mosquito.
- Most people infected with Zika virus won't know they have the disease because they won't have symptoms.
- The most common symptoms of Zika are fever, rash, joint pain, or conjunctivitis (red eyes). Other common symptoms include muscle pain and headache.
- The incubation period (the time from exposure to symptoms) for Zika is not known, but is likely to be a few days to a week.

Mosquitoes

- *The Aedes species mosquitoes are responsible for the spread the Zika virus.*
- *Aedes aegypti* mosquitoes are more likely to transmit the Zika virus than *Aedes albopictus* mosquitoes.
- At this time, Erie County is not endemic to the *Aedes* species mosquitoes (*Ae. aegypti* and *Ae. albopictus*) responsible for Zika virus transmission.

The below maps show:

- The Centers for Disease Control and Prevention (CDC) best estimate of the potential range of *Aedes aegypti* and *Aedes albopictus* in the United States
- Areas where mosquitoes are or have been previously found



Human Transmission

- A pregnant woman can pass Zika virus to her fetus during pregnancy causing microcephaly and other severe fetal brain defects including eye defects, hearing loss, and impaired growth.
- Zika virus can be spread by a man who has developed symptoms to his sex partners. From these cases, we know the virus can be spread when the man has symptoms, before symptoms start and after symptoms resolve. The virus is present in semen longer than in blood.
- As of February, 1, 2016, there have not been any confirmed blood transfusion transmission cases in the United States.

Testing

- The ECDOH has distributed Health Advisories to Physicians, Urgent Care Facilities and Emergency Departments providing guidance on diagnosing, testing and reporting suspect Zika virus cases.
- Medical care providers report suspect Zika virus cases to the local health department in which the suspect case resides.
- Zika testing is approved by the ECDOH using the NYSDOH testing criteria as follows:
    - Pregnant women who, during pregnancy, had unprotected vaginal, anal or oral sex with a partner who traveled to an area with active mosquito-borne transmission of Zika virus.
    - Pregnant woman who traveled to an area with active mosquito-borne transmission of Zika while pregnant.

- Non-pregnant women, men or children who develop (or developed) compatible symptoms during or within 4 weeks of travel to an area with active mosquito-borne transmission of Zika virus.
- Persons who traveled to an area with active mosquito-borne transmission of Zika virus and who present with Guillain-Barré syndrome.
- Infants with microcephaly or intracranial calcifications born to women who
  - Traveled to an area with active mosquito-borne transmission of Zika virus while pregnant **OR**
  - During pregnancy, had unprotected vaginal, anal or oral sex with a partner who traveled to an area with active mosquito-borne transmission of Zika virus.

Surveillance

- The ECDOH Office of Epidemiology and Disease Surveillance
  - Monitors phone calls from medical care providers and the general public to answer questions and identify suspect Zika virus cases.
  - Reviews Hospital Emergency Department reports supplied daily by Erie County Medical Emergency Radio System (MERS) to monitor for possible suspect Zika virus cases.
  - Reviews the NYSDOH Health Commerce System (HCS) Syndromic Surveillance reports to monitor for an increase in Zika virus type symptoms.

Cases in the United States

As of June 8th:

- All cases of Zika virus identified in the United States have travel history associated with an area in which Zika virus transmission is ongoing.
- 691 travel-associated cases reported in the U.S.
- 11 sexually transmitted cases reported
- 1 case of infant microcephaly reported

Cases in New York State (NYS)

- 5,300 individuals tested in NYS
- 164 positive cases in NYS (25% of positive U.S. cases)

Cases in Erie County

- 90 individuals tested in Erie County
- 1 positive case and 1 suspect case

Reporting

- Zika virus is a nationally notifiable condition.

- Healthcare providers are required to report suspected cases to their LHD to facilitate diagnosis and mitigate the risk of local transmission.
- The LHD is required to report laboratory-confirmed cases to the NYSDOH.

Erie County Department of Health Zika Action Plan

Final 4/30/2016

Background

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed case of Zika virus infection in Brazil. The outbreak in Brazil coincided with increased reports of Guillain-Barré syndrome (GBS) and pregnant women giving birth to babies with birth defects.
In December 2015, Puerto Rico, a U.S. territory, reported its first confirmed case of Zika virus disease. Currently, outbreaks are occurring in many countries and territories. To date, Zika has not been spread by mosquitoes in the continental United States, but travel-associated cases have been reported. The Centers for Disease Control and Prevention (CDC) continues to evaluate cases of Zika transmission in the United States and U.S. territories and updates guidance as new information becomes available. For more information, visit **CDC's Zika website. (http://www.cdc.gov/zika/index.html)**

Purpose of Plan

This plan will function as an Attachment to the Erie County Department of Health (ECDOH) Public Health Emergency Preparedness and Response Plan (PHEPR). Many components of this document are described in detail in functional annexes of the PHEPR and are highlighted here.

This plan is to be used by the Erie County Department of Health (ECDOH) Epidemiology and Disease Surveillance Program to identify human Zika cases and control Zika virus spread. There is priority need for identifying potential Zika cases, laboratory testing, surveillance and support for pregnant women and families with a child born with microcephaly or other birth defects linked to Zika virus infection.

Zika Epidemiology

Zika Virus is primarily transmitted through mosquito bites of an infected Aedes species mosquito. The incubation period for Zika virus disease is not known, but is likely to be a few days to a week. Common symptoms of Zika virus include fever, rash, joint pain, and conjunctivitis (red eyes). Other symptoms include muscle pain and headache. The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected.

Although transmission of Zika virus occurs primarily through mosquito bites of an infected mosquito, other modes of transmission can occur from infected pregnant mother to fetus, through sexual contact with an infected male partner, and through blood transfusions. Of growing public health concern with Zika virus infection in pregnant women is the link to a serious birth defect of the brain called microcephaly in babies of mothers who had Zika virus while pregnant. Other problems have been detected among fetuses and infants infected with Zika virus before birth, such as absent or poorly developed brain structures, defects of the eye, hearing deficits, and impaired growth.

Mosquitoes Responsible for Zika

At this time, Erie County is not endemic to the *Aedes* species mosquitoes (*Ae. aegypti* and *Ae. albopictus*) responsible for Zika virus. All cases of Zika virus identified in Erie County have travel history associated with an area in which Zika virus transmission is ongoing. CDC maintains a current list of countries (http://www.cdc.gov/zika/geo/index.html) where Zika virus disease transmission is active. Should a need arise to conduct mosquito surveillance or control activities, ECDOH environmental health staff will develop and implement this section of the plan.

Public Health Surveillance

Goals

To monitor the spread of Zika virus by communicating with and providing diagnosing, testing, and reporting guidelines to medical care providers in order to identify possible Zika cases for disease surveillance. To monitor disease trends for prevention and control.

Action Steps

- The ECDOH will distribute health advisories to healthcare providers to provide guidance on diagnosing, testing and reporting Zika virus suspect cases.
    - Medical care providers will report suspect Zika virus cases to the local health department in which the suspect case resides.
    - Zika testing will be approved by the ECDOH using New York State Department of Health (NYSDOH) testing criteria.
- The ECDOH will monitor for suspect Zika virus cases.
    - The ECDOH will monitor phone calls from medical care providers and the general public to answer questions and identify suspect Zika virus cases.
    - The ECDOH will review Hospital Emergency Department reports supplied daily by Erie County Medical Emergency System (MERS) to monitor for possible suspect Zika virus cases.
    - The ECDOH will review the NYSDOH Health Commerce System (HCS) Syndromic Surveillance reports to monitor for an increase in Zika virus type symptoms.

Disease Investigation

Goals

To interview medical care providers and suspect Zika virus cases in order to authorize the testing for Zika virus.

Action Steps

- The ECDOH will use the NYSDOH Zika Virus Testing Form (Attachment 1) to screen potential Zika virus suspect cases in order to authorize testing.
- In accordance with current NYSDOH guidelines, the ECDOH will authorize testing of suspect Zika virus cases for those who meet the following criteria:
    - Pregnant women who, during pregnancy, had unprotected vaginal, anal or oral sex with a sex partner who traveled to an area with active mosquito-borne transmission of Zika virus.
    - Pregnant woman who traveled to an area with active mosquito-borne transmission of Zika while pregnant.
    - Non-pregnant women, men or children who develop (or developed) compatible symptoms during or within 4 weeks of travel to an area with active mosquito-borne transmission of Zika virus.
    - Persons who traveled to an area with active mosquito-borne transmission of Zika virus and who present with Guillain-Barré syndrome.
    - Infants with microcephaly or intracranial calcifications born to women who
        - Traveled to an area with active mosquito-borne transmission of Zika virus while pregnant **OR**
        - During pregnancy, had unprotected vaginal, anal or oral sex with a sex partner who traveled to an area with active mosquito-borne transmission of Zika virus.
- When a person has met the testing criteria, the ECDOH will fax a copy of the following documents to the medical care provider to be given to the suspect case when they present for specimen collection:
    - The registration ticket generated by the ECDOH using the NYSDOH Countermeasure Data Management System (CDMS) for Zika virus testing.
    - A copy of the Wadsworth Center Infectious Disease Requisition (IDR) form (http://www.wadsworth.org/sites/default/files/WebDoc/1065760803/infectious_diseases_requisition_DOH_4463.pdf) for Zika virus testing (Attachment 2).
    - A list of specimen collection sites in the area (Attachment 3).
- The healthcare provider will provide a written order for Zika virus testing to include:
    - Serum specimen for acute and convalescent antibody testing and Polymerase Chain Reaction (PCR) testing **AND**
    - Urine specimen for PCR testing

Laboratory Testing

Goals

To ensure that specimens are correctly collected, handled and shipped to the NYSDOH Wadsworth Center.

Action Steps

- Specimen Collection
  - Serum: Collect at least six milliliters (ml) of blood in a serum tube (red top, serum separator tube, tiger top, speckle top, gold top). These tubes contain clot activator, so that serum can be readily obtained. Do **NOT** use blood tubes that contain anti-coagulants such as green top, yellow top or purple top. Centrifuge the blood tube, transfer the serum to a separate labeled tube (at least 3 ml serum required) and discard the clot. Seal the serum tubes with parafilm.
  - Urine: Collect urine in a sterile cup with a minimum volume of 3 ml and a maximum volume of 20 ml. Close the lid tightly and seal with parafilm. Specimens that leak will not be tested.
  - Label the specimens: Failure to properly label a specimen will result in rejection and the specimen will not be tested. Specimens must be labeled with:
    - Patient's First and Last Names
    - Patient's Date of Birth
    - Date and Time of Collection
    - All information on the specimen label must exactly match the information on Wadsworth's IDR form, including the spelling of the patient's first and last names.
- Specimen Handling
  - It is best that blood specimens be centrifuged, separated and frozen immediately. Specimens that are not directly centrifuged should be immediately refrigerated and must be centrifuged and the serum frozen within six hours. Specimens must be on cold packs when transported from the refrigerator to the freezer during this 6 hour time period. Both the urine and serum need to be frozen at -70 to -80 degrees Celsius. Freezing preserves the integrity of the RNA in the samples.
- Specimen Transport for Non-NYC residents: Wadsworth's IDR form must be completed in full and accompany each specimen being submitted on a non-NYC resident. If present, symptoms should be clearly noted on the IDR.
  - Follow shipping regulations for UN 3373 Biological Substance, Category B and UN 1875, Class 9 for dry ice.
  - Specimens must be shipped on dry ice to the Wadsworth Center, David Axelrod Institute, 120 New Scotland Avenue, Albany, NY 12208. Label the outside of the package with storage conditions (-70 to -80C).

Reporting Results

Goals
To ensure laboratory results are reported to the medical care provider, ECDOH, and the NYSDOH. To help in understanding the test results.

Action Steps

- Reporting to medical care provider
  - Results of Zika Virus testing will be made available to the ordering provider by Wadsworth Center and by the ECDOH.
- Reporting to ECDOH
  - Results of Zika virus testing will be made available to the ECDOH by Wadsworth Center through the HCS Electronic Computerized Laboratory Reporting System (ECLRS).
- Reporting to NYSDOH
  - The reporting of the positive Zika virus case including demographic, symptom, travel history, and laboratory data will be performed by the ECDOH using the NYSDOH HCS Communicable Disease Electronic Surveillance System (CDESS).

Interpreting Results

Goals
To aid in the understanding of Zika virus test results.

Action Steps

- Providers can access public health consultation for assistance with interpretation of test results by calling NYSDOH Zika Information hotline at 1-888-364-4723 between 9:00 AM and 6:00 PM weekdays.

Rapid Birth Defects Monitoring and Follow-up

Goal
To ensure rapid detection and reporting of microcephaly, other major birth defects, and other disabilities that might be associated with Zika virus.

Action Steps

- Healthcare providers and facilities caring for these neonates should directly contact the NYSDOH at 1-888-364-4723 between 9:00 AM and 6:00 PM weekdays.

Disease Prevention

Goal
To reduce the risk of transmitting Zika virus by providing education and guidance to the medical providers and the general public.

Action Steps

- Sexual transmission
    - Educate the public and clinicians so they are aware of the risks of sexual transmission of the Zika virus so that the public, especially pregnant women, follow guidelines to prevent transmission and further spread of the virus.
- Blood transfusion transmission
    - Coordinate with local and state epidemiology and surveillance partners to identify the support needed to investigate Zika virus infections suspected to be associated with blood products or transfusions in collaboration with local blood centers and transfusing healthcare facilities.
- Travel Exposure
    - Disseminate travel notices designed to inform travelers and clinicians about the risks for contracting Zika infection related to specific destinations and provide prevention recommendations.
    - Disseminate general bite avoidance notices to inform travelers about mosquito borne diseases, including Zika.
    - ECDOH regularly disseminates mosquito control information to prevent other mosquito borne diseases. These notices would be redeveloped to include Zika, if a local need is identified.

Disease Education

Goal

To educate medical providers regarding Zika virus.

Action Steps

- Use the CDC Joint Information Center (JIC) key messages document, CDC Zika website, and other CDC resources, along with local resources, as needed, to prepare messaging materials
- Utilize resources and information developed by the CDC and NYSDOH to communicate to medical providers via established methods:
    - Distribution of Health Alerts through Erie County's list-serve
    - Distribution of Health Alerts to hospital emergency departments and urgent care centers via Erie County Medical Emergency Radio System (MERS)
    - Distribution of Health Alerts to managed care partners for additional dissemination though their established networks.
    - Posting current information and links to additional resources on Erie County's website.

Goal

To educate the general public regarding Zika virus.

Action Steps

- Develop communication messages, products, and programs with key partners and stakeholders to standardize recommendations for people traveling to areas of risk of Zika transmission.
- Identify primary communication outlets for areas of high risk populations (e.g., radio, television) and potential for using those channels to communicate messaging.
- Use the CDC Joint Information Center (JIC) key messages document, CDC Zika website, and other CDC resources, along with local resources, as needed, to prepare messaging materials.
- Utilize Erie County's website and other social media (Facebook, Twitter, etc.) to disseminate critical information regarding Zika.
- Identify local vendors for translation (as necessary), printing, signage, audiovisual/public service announcement development and determine what is required (funding, contract approval) to use these resources for message and product dissemination.

Attachment 1

NYS DOH - NYSDOH Zika Virus Testing

Please fill out the following information for the person who will be receiving the countermeasure at this Event. Fields labeled "Required" need to be entered before continuing the registration process.

Recipient Information

First Name (required) | MI | Last Name (required)

Country (required) | Address (required) | Apt#

USA

Phone# (999-999-9999) (required)

City (required) | State (required) | Zip (required)

County (required)

-- Not NYS --

E-Mail Address (recommended)

Gender (required) | Date of Birth (MM/DD/YYYY) (required)

-- Select Gender --

For persons less than 19 years of age

Mother's First Name | Mother's Maiden (Last) Name

Emergency Contact Information

First Name | MI | Last Name

Phone# (999-999-9999) | Relationship to Recipient

-- Select Relationship --

Health Care Provider (who ordered testing)

First Name (required)

Last Name (required)

Address (required)

City (required) | State (required) | Zip (required)

Phone# (999-999-9999) (required) Fax# (999-999-9999) (required)

Zika Information

Travel

In the past year, did you have travel to an area with local Zika virus transmission?(required)

-- Select One --

Country Departure Date (MM/DD/YYYY)

Return Date (MM/DD/YYYY)

Country Departure Date (MM/DD/YYYY)

Return Date (MM/DD/YYYY)

Symptoms

Did you experience fever, rash, joint/muscle pain, or red eye (conjunctivitis) during or within 4 weeks after travel?(required) -- Select One --

If yes, date of first symptom (MM/DD/YYYY)

Pregnancy

Are you currently pregnant?(required) -- Select One --

If yes, date of last menstrual period (MM/DD/YYYY)

If yes, estimated due date (MM/DD/YYYY)

If yes, how many weeks pregnant are you?

Hospital

Please choose the hospital you will go to for blood and urine collection(required)

-- Select One --

Back Next

Revised: April 2011

NYS DOH - NYSDOH Zika Virus Testing

Answers to the following questions are required to ensure that the countermeasure you receive is appropriate for you.

(Note: 'YOU' refers to the person that will receive treatment at the event)

Screening Questions	Yes	No	Unknown
1) Q.1: Since 1/1/2015, did you travel to an area with active Zika virus transmission?	○	○	○
2) Q.2: Since 1/1/2015, did you have sexual contact without barrier with a man who traveled to/from these areas after his return?	○	○	○
3) During or within 4 weeks of this travel or sexual contact (as defined in Q.1 or 2) did you have a fever?	○	○	○
4) During or within 4 weeks of this travel or sexual contact (as defined in Q.1 or 2), did you have a rash?	○	○	○
5) During or within 4 weeks of this travel or sexual contact (as defined in Q.1 or 2) did you have joint pain?	○	○	○
6) During or within 4 weeks of this travel or sexual contact (as defined in Q.1 or 2) did you have red eyes (conjunctivitis)?	○	○	○
7) During or within 4 weeks of travel or sexual contact (Q1or2) did you have headache, muscle pain, pain behind eyes, or vomiting?	○	○	○
8) During or within 4 weeks of travel or sexual contact (Q.1 or 2) were you diagnosed with Guillain-Barre Syndrome?	○	○	○
9) During or within 4 weeks of travel or sexual contact (Q1or2) did you have paralysis in your legs that spread to the upper body?	○	○	○
10) Did you travel to an area with active Zika activity at any point during your (or your partners) pregnancy?	○	○	○
11) If you are/were pregnant, did a prenatal ultrasound show a small brain/head (microcephaly)?	○	○	○
12) If you are/were pregnant, did a prenatal ultrasound show spots in the brain (intracranial calcification)?	○	○	○
13) If you are/were pregnant, did a prenatal ultrasound show any other abnormality?	○	○	○
14) Was your baby diagnosed after birth with a small brain/head (microcephaly) or another abnormality?	○	○	○
15) Since your return from travel have you donated blood, blood products (plasma, platelets), sperm, or tissue/organs?	○	○	○
16) Since your return from travel have you received any blood, blood product (plasma, platelets), sperm, or tissue/organ?	○	○	○
17) Have you ever been diagnosed with Dengue, Japanese Encephalitis, West Nile Virus, or Yellow Fever?	○	○	○
18) Have you ever been vaccinated for Dengue, Japanese Encephalitis, Tickborne Encephalitis, or Yellow Fever?	○	○	○
19) Have you ever lived in or frequently visited Mexico, the Caribbean, Central America, or South America (excluding Chile)?	○	○	○
20) Do you have a healthcare provider order/prescription for Zika virus testing? (testing requires an order/prescription)	○	○	○

Attachment 2

Zika Specimen Collection Sites

Kaleida Health Laboratories

Center for Laboratory Medicine
Address: 115 Flint Road, Williamsville, NY 14221
Phone: (716) 626-7200
Hours: 8am-4pm (Monday – Friday)

Millard Fillmore Suburban Hospital
Address: 1540 Maple Road, Williamsville, NY 14221
Phone: (716) 568-3703
Hours: 7am-7pm (Monday – Friday)

Laboratory PSC
Address: 2325 Sheridan Drive, Tonawanda, NY 14150
Phone: (716) 833-3924
Hours: 8am-4pm (Monday – Friday) (Closed 12pm-1pm)

Buffalo General Medical Center
Address: 100 High Street, 7th Floor, Buffalo, NY 14203
Phone: (716) 859-2434
Hours: 6:30am-5:00pm (Monday-Friday)
8am-12pm (Saturday)

Women's and Children's Hospital of Buffalo
Address: 140 Hodge Street, Buffalo, NY 14222
Phone: (716) 878-7743
Hours: 8:30am-5pm (Monday-Friday)

Laboratory PSC
Address: 8270 Wherle Drive, Clarence, NY 14031
Phone: (716) 580-3303
Hours: 8am-4pm (Monday-Friday)
Closed 12pm-1pm

Laboratory PSC
Address: 6363 Transit Road, Suite 510, Depew, NY 14043
Phone: (716) 391-1319
Hours: 9am-5pm (Monday-Friday)
Closed 12pm-1pm

Catholic Health Laboratories

Marian Professional Building (Buffalo Mercy Hospital)
Address: 515 Abbott Road, Buffalo, NY 14220
Phone: (716) 828-2435
Hours: 7am-3:15pm (Monday-Friday)
8am-11:45pm (Saturday)

Kenmore Mercy Hospital
Address: 2950 Elmwood Ave, Kenmore, NY 14217
Phone: (716) 447-6221
Hours: 7am-4:30pm (Monday-Friday)
7:30am-12pm (Saturday)

Sisters of Charity Hospital
Address: 2121 Main Street, Suite 115, Buffalo, NY 14214
Phone: (716) 862-1633
Hours: 7am-3:30pm (Monday-Friday)
8am-12pm (Saturday)

St. Joseph's Hospital
Address: 2625 Harlem Road, Cheektowaga, NY 14225
Phone: (716) 891-2711
Hours: 7am-3:45pm (Monday-Friday)
7:30am-12pm (Saturday)

Attachment 3

New York State Department of Health
Wadsworth Center
Empire State Plaza
PO Box 509, Albany, NY 12201-0509

Infectious Diseases Requisition

NYS Accession Number _____

Date received ____/____/____

Shipping address: www.wadsworth.org/wcinfo.htm

Telephone: (518) 474-4177

Patient Demographics

*denotes required information

Last Name * _____ First Name * _____ MI _____ DOB * ____/____/____ ☐ Male ☐ Female Sex

Street Address _____ City _____ State _____ Zip Code _____

Erie
NYS County of Residence * _____ NYS DOH Outbreak Number _____ CDESS Case Number _____ Submitter's Reference Number _____

Submitter (Laboratory report will be sent to)

*denotes required information

Name and Address *

Name _____ Laboratory PFI _____

Address _____ Contact Person _____

City _____ State _____ Zip _____ Telephone Number (_____) _____ - _____ ext. _____

Specimen Information

*denotes required information

Specimen is: ☐ Isolate ☐ Primary Specimen ☐ Autopsy Specimen Collection Date * ____/____/____ (MM / DD / YYYY)

Source / Specimen Type * Serum (3mL) and Urine (3mL) Time Collected (if applicable for test) ____:____ (HH : MM)

Laboratory Examination Requested

www.wadsworth.org/IDtesting

☐ **Bacterial** ☐ **Fungal** ☐ **Mycobacterial** ☐ **Parasitic** ☐ **Serology** ☑ **Viral**

Suspected Organism / Agent Zika Virus

☐ **Identification / Confirmation**

☐ **TB Fast Track** www.wadsworth.org/mycobac/fasttrack.htm

☐ **Viral Encephalitis Panel** www.wadsworth.org/divisions/infdis/enceph/form.htm

☐ **Susceptibility (specify antimicrobial(s))** _____

☐ **Serology (specify test and define onset date)** _____

☐ **Other (specify)** _____

Submitting lab findings: Smear/Stain/Other results _____ Comments _____

Specimen submitted on/in: Media _____ Preservative _____ Tissue cell line _____

Relevant Exposure: ☐ Contact known case ☐ Food/water ☐ Nosocomial

☐ Travel _____ (Location & Dates) ☐ Animal _____ (Type) ☐ Arthropod _____ (Type)

Clinical History

_____ Name of patient's healthcare provider ( ) _____ - _____ ext. _____ Telephone Number

Diagnosis: _____ Hospitalized? ☐ Yes ☐ No ☐ Unknown If hospitalized, hospital name: _____

Pregnant (trimester): _____ Symptoms: ☐ Acute ☐ Chronic ☐ Other _____ Onset of symptoms: ____/____/____ (MM / DD / YYYY)

Fever: max _____ duration _____ CSF: Glu _____ Prot _____ RBC _____ WBC _____

Relevant Treatment: _____ Date ____/____/____ Relevant Immunization: _____ Date ____/____/____

Symptoms/Clinical Epidemiology (check all that apply):

Central Nervous System: ☐ Altered Mental Status ☐ Coma ☐ Encephalitis ☐ Headache ☐ Meningitis ☐ Paralysis ☐ Seizures

Gastrointestinal: ☐ Diarrhea ☐ Blood/Mucus ☐ Nausea ☐ Vomiting

Respiratory: ☐ Bronchitis ☐ Bronchiolitis ☐ Cough ☐ Pneumonia ☐ Upper Respiratory Infection

Skin/hair/nails: ☐ Hemorrhagic ☐ Maculopapular Rash ☐ Petechial Rash ☐ Vesicular

Cardiovascular: ☐ Endocarditis ☐ Myocarditis ☐ Pericarditis

Miscellaneous: ☐ Arthralgia ☐ Conjunctivitis ☐ Cystitis ☐ Hepatitis ☐ Hepatomegaly ☐ Immunocompromised ☐ Jaundice ☐ Keratitis ☐ Lymphadenopathy ☐ Malaise ☐ Myalgia ☐ Pleurodynia ☐ Splenomegaly ☐ Ulcer(s) ☐ Urethritis

Other Symptoms: _____

Non-Human Samples

New York State Department of Health
Wadsworth Center
Empire State Plaza
PO Box 509, Albany, NY 12201-0509

NYS Accession Number _____

Date received ____/____/____

Shipping address: www.wadsworth.org/wcinfo.htm

Telephone: (518) 474-4177

Submitter (test ordered by)

*denotes required information

Name and Address *

Name

Address

City State Zip

Contact Person _____

Telephone Number (____) ____ - ____ ext. ____

Sample Information

*denotes required information

Collection Date * ____/____/____ (MM / DD / YYYY)

Time Collected (if applicable for test) ____:____ (HH : MM)

NYSDOH Outbreak Number _____

Laboratory Examination Requested

☐ Bacterial ☐ Fungal ☐ Mycobacterial ☐ Parasitic ☐ Serology ☐ Viral

Suspected Organism / Agent _____

Animal

☐ Domestic ☐ Wild

☐ Avian ☐ Mammal ☐ Reptile ☐ Other

Common Name _____

Sample Source _____

Submitter Sample Number _____

If domestic, name of owner and animal; if wild, specify collection site: _____

Owner/Site _____ Animal _____

Address _____ City _____ State _____ NYS County _____

Comments _____

Food

Brand Name _____ Lot Number _____ USDA Number _____

Sample description _____

Place collected _____

Street _____ City _____ State _____ NYS County _____

Comments _____

Environmental

Collection Site or Facility Name _____

Source description _____

Street _____ City _____ State _____ NYS County _____

Describe below samples taken; use separate sheets if necessary.

Sample type (Swab, etc.)	Identifier (Room number, etc.)	Sample type (Swab, etc.)	Identifier (Room number, etc.)

Comments _____

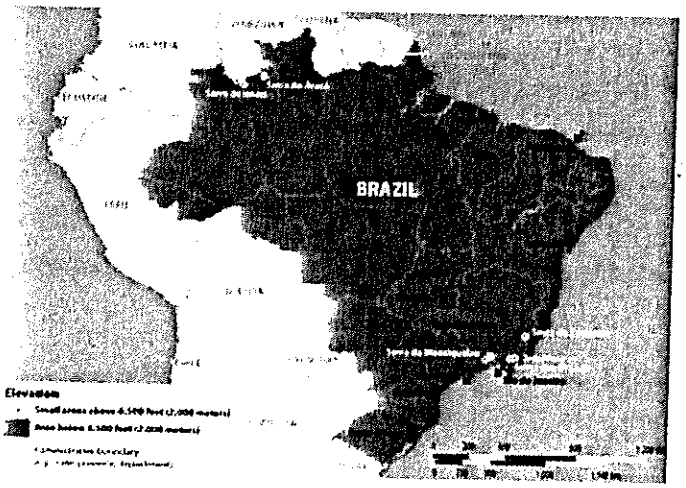
Zika Virus in Brazil

Warning - Level 3, Avoid Nonessential Travel
Alert - Level 2, Practice Enhanced Precautions
Watch - Level 1, Practice Usual Precautions

What is the current situation?

Local mosquito transmission of Zika (http://www.cdc.gov/zika/index.html) virus infection (Zika) has been reported in Brazil. Local mosquito transmission means that mosquitoes in the area are infected with Zika virus and are spreading it to people.

Because Zika virus is primarily spread by mosquitoes, CDC recommends that travelers to Brazil protect themselves from mosquito bites. The mosquitoes that spread Zika usually do not live at elevations above 6,500 feet (2,000 meters) because of environmental conditions. Travelers whose itineraries are limited to areas above this elevation are at minimal risk of getting Zika from a mosquito. The following map shows areas of Brazil above and below 6,500 feet.* For more information, see Questions and Answers: Zika risk at high elevations.



*The categories shown on this map are intended as a general guideline and should not be considered to indicate absolute risk. Elevation may vary within an area to a larger extent than this map can depict. The presence of mosquitoes may change seasonally, with increasing temperatures or rainfall, and may change over time. Travelers to destinations that cross or are near an elevation border may wish to consider the destination as an area of lower elevation. Travelers to high elevations are still at risk of getting Zika from sex.

Click to enlarge

A pregnant woman can pass Zika virus to her fetus. Infection during pregnancy can cause serious birth defects

CDC recommends special precautions for the following groups:

- Women who are pregnant:
  - Should not travel to any area of Brazil below 6,500 feet (see map).
  - If you must travel to one of these areas, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip. If your itinerary is limited **entirely** to areas above 6,500 feet, there is minimal risk of getting Zika from a mosquito.
  - If you have a male partner who lives in or has traveled to Brazil, either use condoms (http://www.cdc.gov/condomeffectiveness/male-condom-use.html) or do not have sex (vaginal, anal, or oral (http://www.cdc.gov/zika/transmission/index.html)) during your pregnancy.
- Women who are trying to become pregnant:
  - Before you or your male partner travel, talk to your doctor about your plans to become pregnant and the risk of Zika virus infection.
  - See CDC guidance (http://www.cdc.gov/zika/pregnancy/thinking-about-pregnancy.html) for how long you should wait to get pregnant after travel to Brazil.
  - You and your male partner should strictly follow steps to prevent mosquito bites.
- Men who have traveled to an area with Zika and have a pregnant partner should use condoms (http://www.cdc.gov/condomeffectiveness/male-condom-use.html) or not have sex (vaginal, anal, or oral) during the pregnancy.

Sexual transmission of Zika virus from a male partner is also possible, so travelers are also encouraged to use condoms or not have sex.

Many people infected with Zika virus do not get sick. Among those who do develop symptoms, sickness is usually mild, with symptoms that last for several days to a week. Guillain-Barré syndrome (GBS), a rare disorder that can cause muscle weakness and paralysis for a few weeks to several months, is very likely triggered by Zika in a small proportion of infections, much as it is after a variety of other infections. Most people fully recover from GBS, but some have permanent damage.

As more information becomes available, this travel notice will be updated. Please check back frequently for the most up-to-date recommendations.

What can travelers do to prevent Zika?

There is no vaccine or medicine for Zika. Travelers can protect themselves by preventing mosquito bites: (http://www.cdc.gov/zika/fs-posters/index.html)

- Cover exposed skin by wearing long-sleeved shirts and long pants.
- Use EPA-registered insect repellents containing DEET, picaridin, oil of lemon eucalyptus (OLE, also called para-menthane-diol [PMD]), 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 older than 2 months. (OLE should not be used on children younger than 3 years.)

- Use permethrin-treated (http://npic.orst.edu/pest/mosquito/ptc.html) clothing and gear (such as boots, pants, socks, and tents). You can buy pre-treated clothing and gear or treat them yourself.
- Stay in places with air conditioning and window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.
- Mosquito netting can be used to cover babies younger than 2 months old in carriers, strollers, or cribs to protect them from mosquito bites.

Sexual transmission of Zika virus from a man is possible. If you have sex (vaginal, anal, or oral (http://www.cdc.gov/zika/transmission/index.html)) with a man while traveling, you should use condoms (http://www.cdc.gov/condomeffectiveness/male-condom-use.html).

After travel:

Many people infected with Zika virus do not feel sick. If a mosquito bites an infected person while the virus is still in that person's blood, it can spread the virus by biting another person. **Even if they do not feel sick, travelers returning to the United States from an area with Zika should take steps to prevent mosquito bites for 3 weeks so that they do not spread Zika to uninfected mosquitos.**

Men who have traveled to an area with Zika but don't have symptoms should use condoms for 8 weeks to protect their sex partners. Men who have Zika symptoms or are diagnosed with Zika should use condoms for 6 months. If the man's partner is pregnant, the couple should either use condoms or not have sex during the pregnancy.

Women who have traveled to an area with Zika but don't have symptoms should wait 8 weeks after travel before trying to get pregnant. Women who also have Zika symptoms should wait at least 8 weeks after symptoms start before trying to get pregnant.

For more information, see Zika and Sexual Transmission (http://www.cdc.gov/zika/transmission/sexual-transmission.html).

If you feel sick and think you may have Zika:

- Talk to your doctor if you develop a fever with a rash, joint pain, or red eyes. Tell him or her about your travel.
- Take acetaminophen (paracetamol) to relieve fever and pain. Do not take aspirin, products containing aspirin, or other nonsteroidal anti-inflammatory drugs, such as ibuprofen.
- Get lots of rest and drink plenty of liquids.

If you are pregnant:

Pregnant travelers returning from Brazil can be tested for Zika virus infection.

- If you develop a fever with a rash, joint pain, or red eyes, talk to your doctor immediately and tell him or her about your travel.
- If you do not have symptoms, testing can be considered 2–12 weeks after you return from travel.

Clinician Information

Health care providers should be alert to pregnant patients returning from countries or territories with active Zika virus transmission. Clinicians should test pregnant women with symptoms of Zika during travel or within 2 weeks of travel. Asymptomatic pregnant women who have traveled to Brazil can also be offered testing

of travel. Asymptomatic pregnant women who have traveled to Brazil can also be offered testing.

- For pregnant women with symptoms of Zika, testing is recommended at the time of clinical illness.
- For asymptomatic pregnant women, testing can be offered 2–12 weeks after return from travel.

See CDC's Updated Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age during Ongoing Zika Virus Transmission (http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er.htm_w) for additional recommendations related to Zika testing and follow-up care.

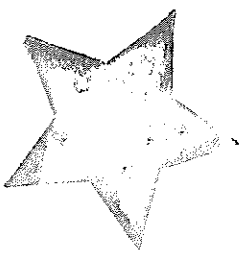
Guidelines for health care providers caring for infants whose mothers have possible Zika virus infection (http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3.htm) are also available.

Additional Resources

For Travelers:

- Zika Travel Information
- Avoid Bug Bites
- Insect Repellent Use and Safety (http://www.cdc.gov/westnile/faq/repellent.html)

For Clinicians:

- Zika: Information for Health Care Providers (http://www.cdc.gov/zika/hc-providers/index.html)
- Protection against Mosquitoes, Ticks, & Other Insects & Arthropods

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