Zika Update

May 2016
Zika Virus

Zika Virus is spread primarily through the bite of an infected Aedes species mosquito.

- Common symptoms include fever, rash, joint pain, and conjunctivitis. Symptoms are usually mild.
- Zika virus infection during pregnancy can cause serious birth defects.
- Zika virus was first discovered in 1947 and the first human cases were detected in 1952.
- In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil.
- In February, 2016, the World Health Organization (WHO) declared Zika virus a Public Health Emergency of International Concern (PHEIC).
Zika-Affected Areas

- Prior to 2015, Zika virus outbreaks in Africa, South Asia, & Pacific Islands
- In May 2015, first confirmed Zika virus infections in Brazil
- No locally transmitted cases in continental U.S., but cases reported in returning travelers
- As of January 22, 2016, local transmission had been identified in at least 20 countries or territories in the Americas, including Puerto Rico
Zika in Louisiana

We know Zika is returning in travelers daily/weekly

- As of April 27, 2016, there are 544 Zika cases in the United States.
  - All of the case are travel-associated
  - Pregnant – 157
  - Sexually transmitted – 10
  - Guillian Barre Syndrome – 1

- Louisiana has had 4 laboratory confirmed cases
  - All are travel- associated
  - Represents 1% of all confirmed Zika cases in the United States
Zika CDC/Louisiana Planning

5 phases
- Preparation: Vector present or possible in jurisdiction
- Risk Category 1: Mosquito Season
- Risk Category 2: Confirmed Local Transmission
- Risk Category 3: Widespread Local Transmission (multiple locations in jurisdiction)
- Risk Category 4: Local Transmission in Multiple Counties

6 subgroups
- Communication
- Surveillance
- Laboratory Testing
- Vector Control
- Pregnant Women Outreach
- Blood Safety
Zika Virus: Transmission

- Transmitted to people through the bite of an infected *Aedes* species mosquito
- Mosquitoes lay eggs in and near standing water
- They are aggressive daytime biters. Live near and prefer to bite humans
- Mosquitoes become infected when they feed on a person already infected with the virus
- Infected mosquitoes can then spread the virus to other people through bites
- Spread of the virus through blood transfusion and sexual contact have also been reported
THE MOSQUITOS THAT SPREAD ZIKA VIRUS

Zika virus is primarily transmitted to humans from Aedes aegypti mosquitoes, but Aedes albopictus mosquitoes have also been identified as potential carrier. Here’s where each might live in the United States.

Approximate distribution of Aedes aegypti mosquitoes

Approximate distribution of Aedes albopictus mosquitoes

NOTE | Mosquito populations may be detected in areas not shaded on this map, and may not be consistently found in all shaded areas.

SOURCE | Centers for Disease Control and Prevention
Zika Virus: Travel Advisory

As of February 2016, CDC advises:

► All travelers should take steps to avoid mosquito bites to prevent Zika virus infection and other mosquito-borne diseases

► Pregnant women should consider postponing travel to any area where Zika transmission is ongoing

► Healthcare providers are encouraged to report suspect Zika virus cases to Louisiana Office of Public Health at 800-256-2748
Zika Virus: Returned Travelers

Posters at airports, cruise ship terminals, commercial ports
Zika Virus: Prevention

*There is no vaccine or preventive drug available*

- Avoid mosquito bites
- Use air conditioning or window and door screen indoors
- Wear long sleeves and pants, and use mosquito repellents when outdoors
- Clear your yard of any sources of standing water
Preparedness at the Parish Level

Vector Surveillance and Control

Before mosquito season:

▶ Conduct public mosquito education campaigns to focus on reducing or eliminating larval habitats

▶ Conduct surveys to determine abundance, distribution, and type of containers (large numbers of containers may translate to high risk)

▶ Initiate community wide source reduction campaign

▶ Cover, dump, modify or treat large water-holding containers with long-lasting larvicide
Preparedness at the Parish Level

*Vector Surveillance and Control*

**Beginning of mosquito season:**

- Continue public education campaigns
- Develop and distribute mosquito education materials and personal protection measures
- Initiate community wide surveys to determine presence/absence, estimate relative abundance, determine distribution, develop detailed vector distribution maps
- Continue community source reduction efforts
- Initiate preventive control to reduce mosquito populations
Preparedness at the Parish Level

Vector Surveillance and Control

Single or several suspected/confirmed imported/locally acquired cases:

- Continue public mosquito containment education campaigns
- Treat with long-lasting larvicide any water-holding containers that cannot be dumped, covered, discarded or otherwise modified
- Eliminate larval habitats within 100-200 yards/meters around a case’s home
- Educate the public about reported cases of disease and urge them to use insect repellents, window/door screens, and air conditioning
Preparedness at the Parish Level

Vector Surveillance and Control

Outbreak; clusters or suspected or confirmed cases:

- Divide the outbreak area into operational management areas where control measures can be effectively applied to all buildings and public area within a few days
- Conduct door-to-door inspections & mosquito control in an area-wide fashion
- Identify and treat, modify, or remove mosquito-producing containers
- Organize area/community clean-up campaigns targeting disposable containers
- Combine outdoor spatial or residual spraying with source reduction and larviciding
Zika Update

Conclusion

► DHH will continue to monitor the situation and provide updates

► We continue to educate and train the medical community on how to identify and reduce Zika transmission, including in Pregnant women

► We are working with the Parishes on mosquito control and education