Government of the District of Columbia
Department of Health

Center for Policy, Planning and Evaluation Administration
Division of Epidemiology-Disease Surveillance and Investigation

January 15, 2016

Health Notice for Health Care Providers

Update on Travel-Associated Illnesses: Zika and Ebola Virus Disease

Summary

Every day nearly one million travelers arrive to the United States. The District of Columbia Department of Health (DOH) strives to track the movement and spread of communicable diseases in the District, including those related to travel-associated exposures.

We are asking health care providers to assist us in our surveillance by doing the following:

- **Consistently collect travel history information during the clinical evaluation of patients.**
- **Promptly report suspected cases of travel-associated illness.**

Case reports are an essential means by which we collect and accurately report data on the burden of illnesses among District residents. We would like to share important information on Zika and Ebola virus disease, including current data on the Zika outbreak and details about the discontinuation of active monitoring of travelers for Ebola after travel from Guinea, Liberia, or Sierra Leone.

Zika Virus Disease

Background

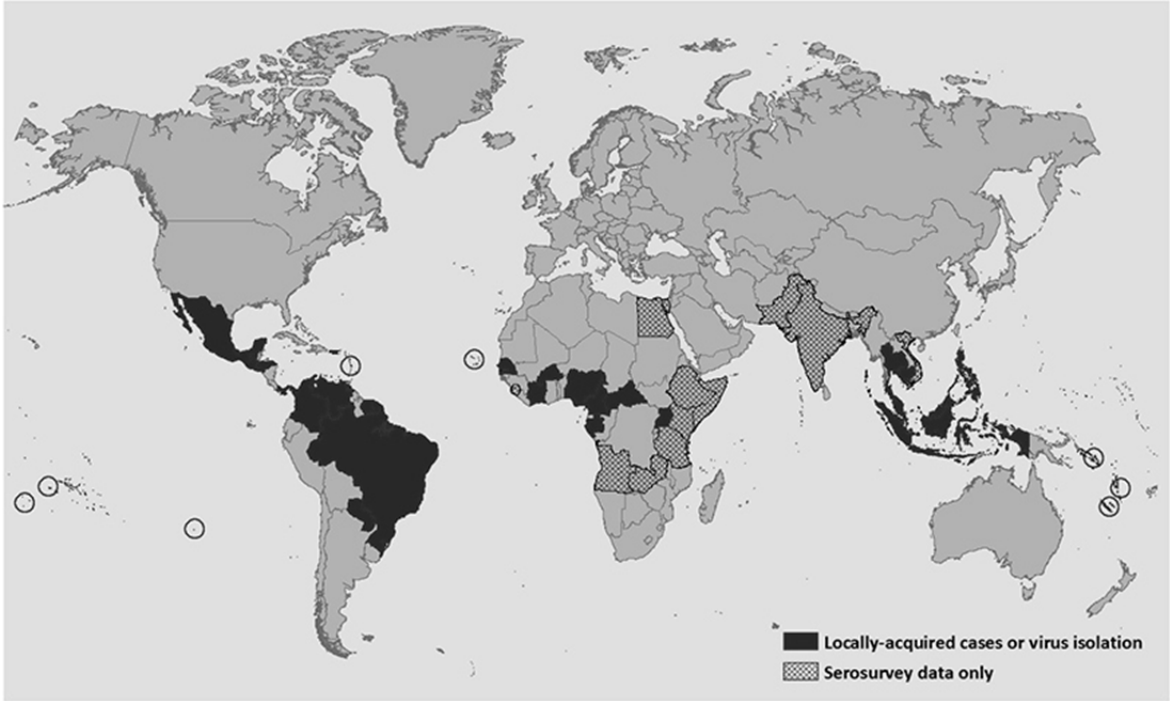
Zika is a flavivrus transmitted by mosquitoes. It is closely related to yellow fever, dengue, and West Nile Viruses and is endemic in some areas of Africa and Asia. It is transmitted by *Aedes* mosquito spp., which is found in tropical and sub-tropical areas throughout the world. The first transmission reported outside of Asia and Africa occurred in 2007.[1] Zika virus infection generally presents with a mild illness, characterized by low grade fever (< 38.5°C) and a maculopapular rash, but can include symptoms such as myalgias/arthralgias, headache, conjunctivitis, pain behind the eyes, and vomiting. Severe disease is uncommon and no deaths have been reported.[2]

Zika has recently come to attention because of outbreaks in South and Central America, in countries which have had no previously reported cases. An outbreak of Zika characterized by maculopapular rash, fever, myalgias/arthraligias, and conjunctivitis occurred in 2015 in Brazil.[3] In addition, it has been reported that the number of babies born with birth defects such as microcephaly in Brazil increased dramatically in 2015; the Ministry of Health of Brazil is currently investigating a possible link between this and the increased incidence of Zika virus infection.

Although Zika is not currently reportable in the US, the Centers for Disease Control and Prevention (CDC) and DOH encourage you to report suspected cases to the DOH to facilitate diagnosis. Laboratory

diagnosis testing should be performed on travelers returning from the affected areas (**Figure 1**) with the appropriate clinical features. At this time, testing is not recommended for pregnant women with a positive travel history, but who do not have clinically compatible illness.

Figure 1. Countries that have past or current evidence of Zika virus transmission (as of December 2015)[2]



Recommended Actions

DOH recommends the following steps for health care providers if they encounter a patient with recent travel to a region where Zika virus transmission is occurring and who have clinically compatible illness:

1. Notify DOH by phone about any suspected cases of Zika virus infection.

2. Complete the DOH Communicable Disease Case Report Form (http://doh.dc.gov/publication/communicable-disease-case-report-form) and fax it (202) 442-8060.

3. Obtain a laboratory serum sample (any tube) for testing.
    a. Sample submission is coordinated through the DC Public Health Laboratory for testing by the CDC. Preliminary results should be reported to DOH within one week.

4. Complete the CDC 50.34 sample submission form and include it with your sample. http://www.cdc.gov/laboratory/specimen-submission/form.html
    a. Fill out the form completely and ensure the following information is accurate:
        i. Date of onset of clinical signs/symptoms
        ii. Travel history and dates
        iii. Sample collection date

Ebola Virus Disease

Background

Since March 2014, West Africa has experienced the largest outbreak of Ebola in history, with multiple countries affected. In October 2014, CDC implemented enhanced entry screening at five U.S. airports that receive over 94% of travelers from Guinea, Liberia, and Sierra Leone, including at Dulles International Airport. DC DOH began actively monitoring travelers from these countries residing or visiting the District in October 2014. CDC has periodically updated its recommendations and guidelines over the past 14 months as the control of the outbreak in West Africa has improved and come to a halt in the affected countries. Per updated CDC guidelines, DC DOH ended monitoring of travelers from Liberia on June 17, 2015, and travelers from Sierra Leone on November 10, 2015.

Update

On December 29, 2015, the World Health Organization (WHO) declared Guinea free of Ebola virus transmission after 42 had passed since the last patient with Ebola tested negative for the disease twice. As of December 29, 2015, enhanced entry screening and monitoring have changed for travelers entering the United States from Guinea. These travelers will continue to enter the United States through one of the designated U.S. airports conducting enhanced entry screening. However, CDC no longer recommends active monitoring for travelers arriving in the United States from Guinea. As as a result of these changes, DC DOH is no longer actively monitoring travelers from Guinea, as of December 29, 2015.

For more information, or to report suspected Zika cases or other travel-associated illnesses, please contact the Division of Epidemiology–Disease Surveillance and Investigation:

Phone: (202) 442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls)
Fax: (202) 442-8060
Email: doh.epi@dc.gov

Additional Resources

- Information from the CDC on Zika virus: http://www.cdc.gov/zika/index.html
- Information on the possible association with microcephaly: http://www.cdc.gov/zika/pdfs/possible-association-between-zika-virus-and-microcephaly.pdf
- Additional instructions for submitting specimens for Zika virus testing: http://www.cdc.gov/ncezid/dvbd/specimensub/arboviral-shipping.html
- Information from the CDC on the 2014 EVD outbreak in West Africa: http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/.

References

1. World Health Organization Western Pacific Region. Zika virus. (May 2015). Retrieved January 6, 2016, from: http://www.wpro.who.int/mediacentre/factsheets/fs_05182015_zika/en/
2. Centers for Disease Control and Prevention. Zika virus. (December 2015). Retrieved January 6, 2016, from http://www.cdc.gov/zika/index.html
3. Campos GS, Bandeira AC, Sardi SI. Zika virus outbreak, Bahia, Brazil [letter]. Emerg Infect Dis. 2015 Oct [January 7, 2016].http://dx.doi.org/10.3201/eid2110.150847