



Zika Fever – Information for Clinicians

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Please contact your county health department immediately during business hours if you suspect a patient has Zika fever to ensure prompt mosquito control efforts.

While Zika virus transmission throughout the Americas has decreased since its introduction in 2015, the current risk of exposure in these countries and territories is unknown. In addition to the Americas and Caribbean, cases have been documented in Africa, Southeast Asia, the Indian subcontinent, and islands in the Pacific Ocean: <https://wwwnc.cdc.gov/travel/page/zika-travel-information>. **Zika virus infection during pregnancy can cause certain birth defects, including microcephaly.** Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities. Zika virus infection has also been linked to Guillain-Barré syndrome (GBS).

Transmission occurs through the bite of an infected mosquito. Perinatal, in utero, sexual, transfusion and bodily fluid transmissions have also been reported. Potentially infected men or women with pregnant partners should either abstain from sex or use condoms consistently and correctly during intercourse for the duration of the pregnancy. **Suspected Zika fever cases should be advised to avoid mosquito bites while ill to prevent infection of local mosquitoes.**

Incubation period is approximately 3 to 14 days.

Clinical Presentation: Only about one in five people infected with Zika virus are symptomatic. Zika fever is a mild illness with symptoms similar to those of mild dengue fever or influenza. Symptoms can be treated; however, there is no medication to treat the disease and illness typically resolves within one week. Co-infections with dengue or chikungunya are possible and should be considered. Aspirin and other non-steroidal anti-inflammatory drugs are not advised in case of co-infection with dengue. Pregnant women with fever should be treated with acetaminophen.

Zika fever signs and symptoms may include:

- Acute fever (often low grade)
- Rash (may be pruritic)
- Arthralgia
- Conjunctivitis
- Myalgia
- Headache
- Vomiting
- Cough or sore throat in some cases

Laboratory Testing: Polymerase chain reaction (PCR) can detect viral RNA in serum during the first week of illness and in urine for samples collected within two weeks of illness onset. Serum antibody tests are recommended for samples collected four or more days after illness onset. Dengue IgM antibody testing should be run on samples from patients with positive Zika IgM antibody tests due to cross-reactivity. **Both Zika virus PCR and antibody testing are commercially available.** Zika virus testing is available at the Florida Department of Health (FDOH) for symptomatic patients who are uninsured, potentially exposed uninsured asymptomatic pregnant women through the end of the first post-natal week, infants of potentially exposed pregnant women, suspected GBS cases with recent potential exposure to Zika, and suspected local cases meeting the criteria below.

Please contact your county health department to report on the same business day suspect Zika infections including:

- All persons with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis (GBS could follow) **and** a history of travel to an area reporting Zika virus activity in the two weeks prior to illness onset.
- Suspect local cases in a county/area with no reported local Zika virus infections **and** three or more of the following signs/symptoms: fever, maculopapular rash, arthralgia and conjunctivitis.
- Infant or fetus with microcephaly, intracranial calcifications, or abnormalities, or poor fetal outcome diagnosed after the first trimester **and** with history of travel to an area with Zika virus activity during pregnancy. Testing of both mother and infant is recommended; testing of the infant is still recommended even if the mother previously tested negative.

Resources:

FDOH: www.zikafreefl.org

CDC: www.cdc.gov/Zika