Department of Defense
Armed Forces Health Surveillance Branch
Zika Virus in the Americas Surveillance Summary
(10 FEB 2016)

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For questions or comments, please contact:
dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil
DoD SURVEILLANCE: On 8 FEB 2016, AFHSB released new guidelines for Detecting and Reporting DoD Cases of Acute Zika Virus Disease. Military healthcare providers should consider ZIKV infection in beneficiaries presenting with an undifferentiated febrile illness and a history of travel to areas with ongoing transmission. Confirmed cases should be reported in DRSi as “Any Other Unusual Condition Not Listed,” with “Zika” entered in the comment field along with pertinent travel history and pregnancy status for females. Providers should consult CDC guidance on evaluating and testing women reporting travel during pregnancy to areas with ZIKV transmission and newborns. Testing is currently available through the CDC and several state health departments, including Hawaii and Florida. CDC has requested an Emergency Use Authorization for ZIKV diagnostic testing. Until diagnostic testing is available in the DoD, DoD clinical laboratories should contact their state or local health department to arrange for testing. There are currently no commercially available diagnostic tests. CDC is sending a viral isolate to USAMRIID, NIDIL, USAFSAM, and NAMRU 6 to facilitate test validation.

CASE REPORT: From 1 MAY 2015 to 10 FEB 2016, confirmed autochthonous transmission of Zika virus (ZIKV) has been reported in 26 countries and territories in the Western Hemisphere: Barbados, Bolivia, Brazil, Colombia, Costa Rica, Curacao, Dominican Republic, El Salvador, French Guiana, Guatemala, Guadeloupe, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, U.S. Virgin Islands, and Venezuela. PAHO believes ZIKV will continue to spread in the hemisphere and could reach all areas where Aedes mosquitoes are found (this only excludes Canada and continental Chile). U.S. health authorities say limited outbreaks are possible but widespread outbreaks or epidemics in the continental U.S. are unlikely. Outside of the Americas, recent ZIKV transmission has been reported from American Samoa, Samoa, Cape Verde, Tonga, and Thailand. Past outbreaks have been reported from other areas of Africa, Southeast Asia, and the Pacific Islands.

On 2 FEB, Dallas, TX, health officials reported a case of sexually-transmitted ZIKV infection. CDC reports 38 imported Zika cases in 12 states in the mainland U.S. since MAY 2015, including one case of microcephaly in Hawaii associated with travel to Brazil and two Guillain-Barré syndrome cases. More imported ZIKV infections among travelers from areas of ongoing transmission are expected. Several European countries, China, Canada, Australia, and Israel have reported imported ZIKV infections following travel to affected areas of the Americas. As of 10 FEB, no cases of Zika or Zika-associated congenital neurological malformations have been reported in DoD personnel or beneficiaries.

ZIKA AND MICROCEPHALY: Investigators in Brazil and at the CDC continue to work on establishing a definitive causal link between ZIKV infection during pregnancy and subsequent congenital neurological malformations, such as microcephaly. Laboratory results, including PCR and tissue sample testing performed by CDC, confirmed the presence of ZIKV RNA in four malformation deaths in Rio Grande Norte. As of 30 JAN, Brazil has confirmed 404 microcephaly cases. Investigators are also looking at the possible link between ZIKV infection and neurological syndromes such as GBS.

CDC GUIDANCE: On 5 FEB 2016, CDC released interim guidelines for preventing sexual transmission of ZIKV and updated its 22 JAN interim guidance for advising and caring for pregnant women with new interim guidance for health care providers caring for pregnant women and women of reproductive age with possible ZIKV exposure. Also available from CDC are guidance for evaluating and testing infants with possible congenital ZIKV infection and a Health Advisory (HAN) for health professionals on recognizing, managing, and reporting Zika infections in travelers returning from affected areas. On 29 JAN, Zika virus disease became a notifiable disease in the U.S. On 3 FEB 2016, the CDC Emergency Operations Center (EOC) moved to Level 1 activation for the Zika response, its highest level.

GLOBAL RESPONSE: On 1 FEB 2016, WHO declared the recent cluster of microcephaly cases and other neurologic disorders reported in Brazil, which followed a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern (PHEIC). The clusters have been temporally associated with ZIKV transmission in some settings, but a causal link has not been established. The American Association of Blood Banks has issued guidance for protecting the blood supply, including recommending self deferral for 28 days after return from areas of ongoing ZIKV transmission.

TRAVEL ADVISORY: Based on the possible association between ZIKV infections and congenital neurological malformations CDC has issued Alert Level 2, Practice Enhanced Precautions travel notices for the Caribbean, Puerto Rico, Mexico, Central America, South America, the Pacific Islands, and Cape Verde. CDC is advising women who are pregnant or trying to become pregnant to defer travel to areas of ZIKV transmission, if possible.

Text updated from the previous report will be printed in red; items in (***xx) represent the change in number from the previous AFHSB summary (3 FEB 2016). All information has been verified unless noted otherwise. Sources include: NCMI, CDC, ECDC, Brazil MOH, PAHO, The Lancet, and Hawaii DOH. For questions or comments, please contact: dha.ncr.health-surr.list.afhs-lb-alert-response@mail.mil

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Additional Resources and Media Reports

Zika Web Sites
- AFHSB Guidance
  - Detecting and Reporting DoD Cases of Acute Zika Virus Disease
- CDC
  - Zika home page
  - Information for health care providers
  - Zika virus disease Q & A
  - Travel notices
  - Zika and pregnancy
- PAHO Zika Page
- ECDC
- WHO
- Agencia Brasil (official government news agency)

Information and News
- Notes from the Field: Evidence of Zika Virus Infection in Brain and Placental Tissues from Two Congenitally Infected Newborns and Two Fetal Losses — Brazil, 2015 (CDC, MMWR, 10 FEB)
- CDC Emergency Operations Center moves to highest level of activation for Zika response (CDC, 8 FEB)
- Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016 (CDC, MMWR, 5 FEB)
- Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016 (CDC, MMWR, 5 FEB)
- Zika Situation Report (WHO, 5 FEB)
- American Association of Blood Banks, Bulletin #16-03, Zika, dengue, and chikungunya viruses (AABB, 1 FEB)
- DCHHS reports first case of Zika virus through sexual transmission (Dallas County Health and Human Services, 2 FEB)
- WHO statement on the first meeting of the International Health Regulations (2005) (IHR 2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations (WHO, 1 FEB)
- Possible association between Zika virus infection and microcephaly — Brazil, 2015 (CDC, MMWR, 19 JAN)
- Interim guidelines for the evaluation and testing of infants with possible congenital Zika virus infection — United States, 2016 (CDC, MMWR, 29 JAN)
- Interim guidelines for pregnant women during a Zika Virus outbreak — United States, 2016 (CDC MMWR, 22 JAN)
- Updated rapid risk assessment on Zika virus in the Americas and potential complications (ECDC, 22 JAN)
- Recognizing, managing, and reporting Zika virus infections in travelers returning from Central America, South America, the Caribbean, and Mexico (CDC, 15 JAN)

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