Zika Virus

Public Information Update/phone script

Date: October 21, 2016
Time: 1:30 p.m.

** Highlighted text indicates new, revised or updated information

Note to operators: When people call asking questions that are specific to their personal situation, tell them that we cannot provide advice about how to manage a particular individual. The decision on how best to manage a particular individual must be made in conjunction with the individual's health care provider.

ZIKA VIRUS

What is Zika?
Zika is a viral infection that is primarily spread by the bite of an infected mosquito. Zika virus can sometimes be spread by having sex with an infected partner. Outbreaks typically occur in tropical Africa and southeast Asia. In May 2015, Brazil reported the first outbreak of Zika in the Americas. Zika is now present in many countries and territories.

What are the countries and territories that have reported ongoing transmission in the Americas Region?
Since this is an evolving situation, the list of affected countries is likely to change. For up-to-date lists of countries please visit the CDC website at www.cdc.gov/zika/geo or the Pan American Health Organization at www.paho.org. As of September 28, 2016 the countries and territories have reported ongoing transmission of Zika include: American Samoa (Oceania/Pacific Islands), Anguilla, Antigua, Argentina, Aruba, The Bahamas, Barbados, Barbuda, Belize, Bolivia, Bonaire, Brazil, British Virgin Islands, Cape Verde (Africa), Cayman Islands, Colombia, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, Ecuador, El Salvador, Fiji (Oceania/Pacific Islands), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Kosrae, Federated States of Micronesia (Oceania/Pacific Islands), Marshall Islands (Oceania/Pacific Islands), Martinique, Mexico, New Caledonia (Oceania/Pacific Islands), Nicaragua, Panama, Papua New Guinea (Oceania/Pacific Islands), Paraguay, Peru, Puerto Rico, Saba, Saint Barthelemy (St. Barts), Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Singapore (Asia), Sint Eustatius, Sint Maarten, Samoa (Oceania/Pacific Islands), St. Kitts and Nevis, Suriname, Tonga (Oceania/Pacific Islands), Trinidad and Tobago, Turks and Cacos, U.S. Virgin Islands, and Venezuela.

What is the current Zika virus situation in Southeast Asia?
Zika virus has been present in areas of Southeast Asia for many years, and several countries have reported occasional cases or small outbreaks of Zika virus infections. In select Southeast Asia countries local transmission of Zika virus is possible. Although a large number of local residents are likely to be immune to Zika virus, US travelers to these areas may not be immune and Zika virus infections could occur. The Centers for Disease Control and Prevention (CDC) recommends pregnant women should consider postponing nonessential travel to Southeast Asia countries with reports of Zika virus infection from local transmission or related to travel to those countries, and nearby countries where limited information is available to fully evaluate risk of Zika virus infection. These countries currently include Brunei, Burma (Myanmar), Cambodia, Indonesia, Laos, Malaysia, Maldives, Philippines, Thailand, Timor-Leste (East Timor) and Vietnam.

Are there any areas with Zika in the US?
On July 29, 2016 the State of Florida announced the first confirmed cases of local mosquito-borne Zika virus transmission in the continental US. The cases were limited to a single neighborhood in Miami and Florida State officials responded rapidly with mosquito control and surveillance measures as well as a community-wide search for additional Zika cases. Those investigation efforts identified 10 additional people with Zika. As surveillance in the area continues, additional non-travel related cases may continue to be detected. On August 1, 2016 the Florida Department of Health (FLDOH) and CDC issued a notice to women who are pregnant or thinking of becoming pregnant to avoid unnecessary travel to the impacted area, Wynwood, a neighborhood just north of downtown Miami. As of September 19, 2016 CDC has officially removed Wynwood as an area of active transmission after three mosquito incubation periods passed without any new locally transmitted cases of Zika. Women and men living in or who traveled to the area should be aware that the location was considered to have active Zika virus transmission from June 15 to September 18, 2016. For more information and advice for people living in or traveling to this area, please visit: www.cdc.gov/zika/intheus/florida-update.html and www.floridahealth.gov.

On August 19, 2016 the FLDOH announced five locally transmitted cases of Zika connected to the Miami Beach area. This is the second area of active local transmission identified in Florida and was expanded to a 4.5-square-mile area on September 17, 2016. CDC and Florida health officials recommend that pregnant women avoid travel to the designated area of Miami Beach. Women and men who live in or who have traveled to the designated area of Miami Beach since July 14, 2016 should be aware of active Zika virus transmission. Pregnant women and their sexual partners who are concerned about potential Zika virus exposure may also consider postponing nonessential travel to all parts of Miami-Dade County. For more information, please visit: www.cdc.gov/zika/intheus/florida-update.html and www.flgov.com.

On October 13, 2016 the FLDOH confirmed through an ongoing investigation that local transmission of Zika is occurring in a new one square mile area in Miami-Dade County. The street boundaries are NW 79th St. to the North, NW 63rd St. to the South, NW 10th Ave. to the West and N. Miami Ave. to the East. This is the third area of active local transmission identified

in Florida. CDC and Florida health officials recommend that pregnant women avoid travel to the newly designated area, in addition to the previously identified designated areas in Miami-Dade County. Women and men who live in or who have traveled to the newly designated area since August 26th should be aware of active Zika virus transmission in the area. Pregnant women and their sexual partners who are concerned about potential Zika virus exposure may also consider postponing nonessential travel to all parts of Miami-Dade County. For more information, please visit: www.cdc.gov/zika/intheus/florida-update.html and www.flgov.com.

Are there any people with Zika in NJ?
In late December 2015, the NJDOH identified New Jersey's first laboratory-confirmed case of Zika in a Bergen county woman exposed in Colombia. Since then, NJ has had a number of confirmed Zika cases – none of which have been locally acquired via mosquito bites. While there is little local public health risk associated with these travel-related cases of Zika, the NJDOH informs local health departments and health care providers to increase awareness of the risk of Zika in travelers to South and Central America and the Caribbean.

Why is there a spike in the number of travel-related cases in NJ?
In NJ we are seeing more travel-related Zika cases as we have heightened the awareness of Zika and improved surveillance and testing for this disease. To date, there have been no locally transmitted cases of Zika in NJ.

Why has the CDC issued a travel alert for Zika if there is no transmission in the US?
Zika virus can be spread from a pregnant woman to her unborn baby. Zika virus infection during pregnancy is a cause of a serious birth defect of the brain called microcephaly and other severe brain defects. Knowledge of the link between Zika and these outcomes is evolving, but until more is known, CDC recommends special precautions for the following groups:

Women who are pregnant (in any trimester):

- Consider postponing travel to any area with ongoing Zika virus transmission.
- 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.

Women who are trying to become pregnant:

- Before you travel, talk to your doctor about your plans to become pregnant and the risk of Zika virus infection.
- Strictly follow steps to prevent mosquito bites during your trip.
- Avoid pregnancy for 8 weeks following your trip. Pregnancy should be prevented either by abstinence or consistent and reliable contraception.

What can we expect in the near future?
Specific areas with ongoing Zika virus transmission are often difficult to determine and are likely to change over time. As more information becomes available, travel notices will be updated.

Is the U.S. at risk of a widespread outbreak?
Aedes aegypti mosquitoes most commonly transmit Zika virus. *Aedes albopictus* mosquitoes can also transmit Zika virus. While these species of mosquitoes are present in many U.S. states, a widespread outbreak is not expected. If U.S. mosquitoes become infected with the virus, it will likely result in localized outbreaks which can be controlled through good surveillance and mosquito control efforts. Additionally, in the U.S there is widespread use of window screens and air conditioning which reduce exposure to mosquitoes. The CDC's assumption is based on studies of other mosquito-borne diseases, such as dengue and Chikungunya, that had localized transmission in the U.S but did not expand to large, uncontrollable outbreaks.

What is Guillain-Barré syndrome (GBS)?
Guillain-Barré syndrome (GBS) is an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness, and sometimes, paralysis. About 3,000 to 6,000 people develop GBS each year in the U.S.
GBS symptoms include weakness of the arms and legs that is usually the same on both sides of the body. These symptoms can last a few weeks or several months. Most people fully recover from GBS, but some people have permanent damage, and in 1 out of 20 cases people have died.

Most cases of GBS tend to occur for no known reason. Researchers do not fully understand what causes GBS. Most people with GBS report an infection before they have GBS symptoms. Rarely, vaccination has also been associated with the onset of GBS.

Does Zika virus infection cause GBS?
Current CDC research suggests that Guillain-Barré syndrome (GBS) is strongly linked to Zika. However, only a small percentage of people with recent Zika virus infection get GBS. CDC is continuing to investigate the link between GBS and Zika to learn more.

Is there a link between pesticides and microcephaly?
Several media reports in February 2016 suggested that a pesticide called pyriproxyfen might be linked with microcephaly. Pyriproxyfen is a registered pesticide in Brazil and other countries that has been used for decades and is added to drinking water in Brazil. Pyriproxyfen has not been linked to microcephaly and the World Health Organization (WHO) has approved the use of pyriproxyfen for the control of disease-carrying mosquitoes.

What are NJ camps doing to protect against mosquitoes and mosquito-borne diseases?
The NJ Youth Camp Safety Standards require camps to provide screening for windows and doors in buildings and to implement mosquito control measures, including prohibiting standing water and other possible breeding places for mosquitoes.

ZIKA TESTING

Who should be tested for Zika virus?
The criteria below are intended for individuals who do not reside in a Zika-affected area, but may have been exposed during travel. Individuals with frequent (i.e., daily or weekly) travel to Zika-affected areas should be evaluated according to CDC guidelines for patients who reside in areas with active Zika transmission:
http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm

- Acutely symptomatic individuals (including pregnant and non-pregnant persons and children) who present with at least one symptom of Zika (fever, rash, arthralgia, and/or conjunctivitis) and who within the past two weeks:

    - Traveled to a Zika-affected area (including select countries in Southeast Asia) OR
    - Had unprotected sex (i.e., vaginal intercourse, anal intercourse, oral sex or shared sex toys) with a partner who traveled to or resides in a Zika-affected area (including select countries in Southeast Asia)

  NOTE FOR PROVIDERS: Specimens collected >12 weeks from symptom onset will NOT be performed. IgM serology tests are not reliable after 12 weeks. If a Zika virus exposure occurred >12 weeks ago (and symptoms are unrelated to Zika virus), negative IgM results cannot rule out infection. Additionally, specimens collected between 0-4 days after symptom onset may produce false negative IgM results if antibodies have not had time to develop. Consider collecting a follow up specimen if these results are negative.

- All symptomatic pregnant women who during the 8 weeks before conception (counted as 6 weeks prior to the first day of the last menstrual period) or at any point during the current pregnancy:

    - Traveled to a Zika-affected area (including select countries in Southeast Asia) OR
    - Had unprotected sex (i.e., vaginal intercourse, anal intercourse, oral sex or shared sex toys) with a partner who has been diagnosed with Zika or traveled to a Zika-affected area (including select countries in Southeast Asia)

  NOTE FOR PROVIDERS: Specimens collected >12 weeks from symptom onset will NOT be performed. IgM serology tests are not reliable after 12 weeks. If a Zika virus exposure occurred >12 weeks ago (and symptoms are unrelated to Zika virus), negative IgM results cannot rule out infection. Additionally, specimens collected between 0-4 days after symptom onset may produce false negative IgM results if antibodies have not had time to develop. Consider collecting a follow up specimen if these results are negative.

- All asymptomatic pregnant women who during the 8 weeks before conception (counted as 6 weeks prior to the first day of the last menstrual period) or at any point during the current pregnancy:

- Traveled to a Zika-affected area OR
- Had unprotected sex (i.e., vaginal intercourse, anal intercourse, oral sex or shared sex toys) with a partner who has been diagnosed with Zika or traveled to a Zika-affected area

NOTE FOR PROVIDERS: If asymptomatic, preferred specimen collection date is 2-12 weeks after travel or sexual exposure to account for possible incubation period. PCR will be performed on specimens collected within 2 weeks of last exposure; however, a negative test result does not rule out Zika virus infection, and a second specimen should be collected 2-12 weeks after exposure. Specimens collected >12 weeks from last exposure will NOT be performed. IgM serology tests are not reliable after 12 weeks. If first exposure occurred >12 weeks ago, negative IgM results cannot rule out infection.

- All pregnant women who have lived in, traveled to, or had unprotected sex (i.e., vaginal intercourse, anal intercourse, oral sex or shared sex toys) with someone who lived in or traveled to Miami-Dade County since August 1, 2016

- Infants with microcephaly, intracranial calcifications, or brain or eye abnormalities detected prenatally or at birth, and whose mother traveled to or resided in an area with Zika transmission (including select countries in Southeast Asia) while pregnant

- Infants born to mothers with a positive or inconclusive Zika virus test result while pregnant

- Symptomatic infants, who within the first 2 weeks of life develop at least one symptom of Zika (fever, rash, arthralgia and/or conjunctivitis), and whose mothers traveled to a Zika-affected area (including select countries in Southeast Asia) within two weeks of delivery

- Individuals with Guillain-Barré syndrome (GBS) who traveled to a Zika-affected area (including select countries in Southeast Asia) and have no other suspected cause of GBS

Considerations for follow up: asymptomatic pregnant women with a history of travel to a Zika-affected area while pregnant, regardless of past symptoms, should consult with their health care providers. Providers may refer to the CDC MMWR Interim Guidelines for Pregnant Women During a Zika Virus Outbreak: www.cdc.gov/mmwr/zika_reports.html.

Can a pregnant woman be tested for Zika weeks or months after being in a country with Zika?
Testing for asymptomatic pregnant women with travel to a country with current Zika transmission should be offered between 2 and 12 weeks after pregnant women return from travel to areas with ongoing Zika virus transmission. Testing for a pregnant woman with symptoms should happen as soon as possible, but no later than 12 weeks after symptoms.

Why shouldn't an asymptomatic pregnant woman with travel to the select Southeast Asia countries be tested for Zika?
Testing of people without symptoms of Zika virus who have traveled to areas with endemic Zika virus transmission (for example, the select countries in Southeast Asia) is not recommended. This is because similar and more common viruses spread widely in these areas and may cause false positive results in blood tests. For more information, visit: https://wwwnc.cdc.gov/travel/page/zika-virus-southeast-asia and http://www.cdc.gov/zika/hc-providers/pregnant-woman.html.

Can a man's semen be tested for Zika virus?
At this time, testing of men for the purpose of assessing risk for sexual transmission is not recommended; although, this may change as we learn more. There are tests to detect Zika virus in semen, but they are not widely available and the test results are difficult to interpret. As more is learned, recommendations for the prevention and treatment of Zika virus through sexual transmission will be updated. At this time, recommendations for pregnant couples are to practice abstinence or use barrier methods against infection (male and female condoms and dental dams) throughout the pregnancy; these recommendations do not change, even if a person with possible Zika virus exposure tests negative for Zika virus infection. For more information, visit: www.cdc.gov/zika/symptoms/diagnosis.html and www.cdc.gov/zika/hc-providers/clinical-guidance/sexualtransmission.html.

How can I get tested for Zika virus?
If you think you may have Zika virus, please see your healthcare provider for evaluation. If your provider is concerned and would like to seek testing, your local health department can be contacted to obtain approval. Only providers can obtain approvals, and testing requires a prescription from a healthcare provider.

How much does Zika virus testing cost?
Zika virus tests approved by a health department and tested at the NJDOH laboratory are free of charge; however, there may be fees to an individual or their insurance company associated with the cost of a doctor's appointment (private physician, urgent care, emergency department, etc.) and/or the specimen collection process. Please contact the testing facility and/or your insurance company more information regarding potential fees for Zika testing.

Is there free testing for Zika in New Jersey?
Testing for Zika involves visiting a healthcare provider, who can evaluate your symptoms and potential exposure to Zika, and getting your blood drawn and urine collected for a laboratory test. There are currently no free clinics for Zika testing, but there are lower cost options for persons who are uninsured or may qualify for a sliding fee scale.

If you are pregnant, you may qualify for immediate assistance with healthcare costs including Zika testing. For more information on this and other helpful resources such as prenatal care, Federally Qualified Health Centers, WIC (Women, Infants and Children) or Special Child Early Intervention Services (SCHEIS), please call the 24/7 Family Health Helpline at 1-800-328-3838.

How can I find low cost healthcare services for Zika testing?
New Jersey's Federally Qualified Health Centers (FQHCs) offer a wide range of health care services for the entire family. You don't need health insurance to get care at a center. Centers serve the uninsured and underinsured, as well as patients with Medicaid, Medicare and private insurance. If you're uninsured, your bill will be based on your ability to pay and no one is ever turned away for lack of funds. For more information and to find an FQHC near you please visit: http://nj.gov/health/fhs/fqhc.

ZIKA SIGNS / SYMPTOMS / SEVERITY

What are the signs and symptoms of this virus in people?
The most common symptoms of Zika include:

- Fever
- Rash
- Joint pain (arthralgia)
- Conjunctivitis (red eyes)

Other common symptoms include:

- Muscle pain
- Headache

How severe is illness associated with Zika?
Most people do not develop symptoms. In the 20% of people who do get symptoms, the illness is usually mild. The biggest concern is the chance for a serious birth defect if a pregnant woman becomes infected.

What is the rash type and distribution?
At this point in time, the type of rash commonly seen with Zika is still being defined. Maculopapular (flat and bumpy areas) rash is reported most often. This rash is often pruritic (itchy). Additionally, rash on the trunk and face have been described, but we cannot rule out the possibility that a rash will distribute differently. CDC would like healthcare providers to document all rash information so we can learn more about this symptom.

ZIKA VIRUS TRANSMISSION / INFECTIVITY

Is Zika contagious? How does it spread?
Most people who are infected were bitten by an infected mosquito. There has been one report of possible spread of the virus through blood transfusion. There has also been one confirmed case of Zika in a person with no known risk factors; however, this person did provide care to another person who had uniquely high amounts of Zika virus in his blood. It remains unclear how this person became infected with Zika. Family contacts should be aware that blood and body fluids of severely ill patients might be infectious. While mosquito bites are the main way that Zika virus is spread, Zika virus can also spread when an infected man or woman has sex with his or her partners, even if the infected person does not have symptoms at the time.

Currently, there are no confirmed reports of Zika spreading from an infected patient to a healthcare provider or other patients. However, healthcare personnel are reminded to use Standard Precautions when they might come in contact with high volumes of body fluids. Standard Precautions to minimize contact with body fluids are important to reduce the possibility of spreading infectious diseases such as Zika.

What is the incubation period for Zika?
Symptoms usually begin 2-7 days after being infected and last several days to a week.

Who is at highest risk for getting infected with Zika?
Anyone who is living in or traveling to an area where Zika virus is found, who has not already been infected with Zika virus, is at risk for infection. All travelers should continue to take steps to prevent mosquito bites for 3 weeks after they leave an area with Zika, even if they do not feel sick.

Are you immune for life once infected?
Once a person has been infected, he or she is likely to be protected from future infections.

Can mothers pass Zika on to babies?
Zika virus can be passed from mother to her baby during pregnancy. This mode of transmission is being investigated. To date, there are no reports of infants getting Zika through breastfeeding, although the virus has been identified in breast milk. Because the benefits of breastfeeding outweigh the risk of acquiring Zika, mothers are encouraged to breastfeed, even in areas where Zika virus is found.

Can Zika be spread during breastfeeding?
To date, there are no reports of infants getting Zika through breastfeeding. Because of the benefits of breastfeeding, mothers are encouraged to breastfeed even in areas where Zika virus is found. Mothers who are breastfeeding in areas where Zika virus is found should practice mosquito prevention measures such as using insect repellent.

Can Zika be sexually transmitted?
Spread of the virus through sexual contact has occurred. Zika can be spread during sex from a man or woman who has Zika to his or her sex partners, even if the infected person does not have symptoms at the time. The primary method of transmitting Zika is through the bite of an infected *Aedes* mosquito. The risk for sexual transmission of Zika virus can be eliminated by abstinence and reduced by correct and consistent use of barrier methods against infection. Given the potential risks of maternal Zika virus infection, pregnant women with sex partners (male or female) who live in or have traveled to an area with active Zika virus transmission should abstain from sexual activity or consistently and correctly use barrier methods against infection, such as male and female condoms and dental dams, during sex (i.e., vaginal intercourse, anal intercourse, and oral sex, and the sharing of sex toys) throughout the entire pregnancy.

How can pregnant couples prevent the sexual transmission of Zika virus?
Sexual transmission of Zika virus is possible, and is of particular concern during pregnancy. CDC recommends that pregnant women with sex partners (male or female) who live in or have traveled to an area with active Zika virus transmission should abstain from sexual activity or consistently and correctly use barrier methods against infection, such as male and female condoms and dental dams, during sex (i.e., vaginal intercourse, anal intercourse, and oral sex, and the sharing of sex toys) throughout the entire pregnancy. Pregnant women should talk to their health care provider about their male or female partner's possible exposures to mosquitoes and history of Zika-like illness. If a man or woman develops symptoms of Zika virus illness during travel or within 2 weeks after returning from an area with active Zika virus transmission, he or she should see a healthcare provider.

How can couples who are not pregnant and not planning to become pregnant prevent the sexual transmission of Zika virus?
Men and women who want to reduce the risk for sexual transmission of Zika should use barrier methods against infection, such as male and female condoms and dental dams, consistently and correctly during sex (i.e., vaginal intercourse, anal intercourse, and oral sex, and the sharing of sex toys) or abstain from sex when one sex partner has traveled to or lives in in area with active Zika virus transmission.

How long to use condoms or not have sex to prevent the sexual transmission of Zika:

Preventing Sexual Transmission of Zika for People Who Have Traveled to an Area with Zika*	
If you are pregnant	Pregnant women should not travel to areas with Zika. If you must travel to an area with Zika, talk to your healthcare provider.
If your partner is pregnant	Use condoms correctly, **every time** you have vaginal, anal, or oral sex or **do not have sex** for the entire pregnancy.
If you and your partner are planning a pregnancy	Consider avoiding nonessential travel to areas with active Zika transmission. * Discuss your plans for pregnancy with a healthcare provider to determine your risk and the options available.

If you or your partner are not pregnant and are not planning a pregnancy	Men: consider using condoms or not having sex for at least 6 months after travel (if you don't have symptoms) or for at least 6 months from the start of symptoms (or Zika diagnosis) if you develop Zika. Women: consider using condoms or not having sex for at least 8 weeks after travel (if you don't have symptoms) or for at least 8 weeks from the start of symptoms (or Zika diagnosis) if you develop Zika.

Preventing Sexual Transmission of Zika for People Living in an Area with Zika**	
If you or your partner are pregnant	Use condoms from start to finish, **every time** you have vaginal, anal, or oral sex or **do not have sex** for the entire pregnancy. It is also very important to see a healthcare provider to discuss your options during pregnancy.
If you and your partner are planning a pregnancy	Discuss your plans for pregnancy with a healthcare provider to determine your risk and the options available.
If you or your partner are not pregnant and are not planning a pregnancy	Consider using condoms or not having sex as long as there is Zika in the area. If either you or your partner develop symptoms of Zika or have concerns, talk to a healthcare provider.

*CDC maintains a current list of areas with active Zika transmission: www.cdc.gov/zika/geo.
**If a person frequently travels to an area with Zika, they should follow the guidelines for people living in an area with active Zika transmission.

All persons living in or traveling to areas with Zika virus should take steps to prevent Zika virus infection through prevention of mosquito bites. If a man or woman develops symptoms of Zika virus during travel or within 2 weeks after returning, he or she should see a healthcare provider.

Can a previous Zika virus infection cause someone who later becomes pregnant to have an infant with microcephaly?

We do not know the exact risk to the baby if a woman is infected with Zika virus while she is pregnant. However, Zika virus infection does not pose a risk of birth defects for future pregnancies. Zika virus usually remains in the blood of an infected person for about a week. Zika virus has been found in semen at least 24 days after symptoms began. Zika virus genetic material has been found in semen up to 188 days after symptoms began, in vaginal fluids 3 days after symptoms began, and in cervical mucus up to 11 days after symptoms began. Finding Zika virus genetic material does not necessarily mean that live virus is present or that a person can spread it to others. CDC and other public health partners continue to study Zika virus and how it is spread. There is no evidence the virus will cause infections in a baby that is conceived after the virus is cleared from the blood.

If a woman who is not pregnant is bitten by a mosquito and infected with Zika virus, will her future pregnancies be at risk?

Zika virus usually remains in the blood of an infected person for about a week. There is currently no evidence to suggest Zika virus infection poses a risk of birth defects in future pregnancies.

If a woman has traveled to an area with Zika transmission, should she wait to get pregnant?

We do not know how great the risk to a baby is if a woman becomes infected with Zika virus while she is pregnant. Zika virus usually remains in the blood of an infected person for up to a week. Infectious Zika virus (virus that can be spread to others) has been found in semen at least 24 days after symptoms began. Zika virus genetic material has been found in semen up to 188 days after symptoms began, in vaginal fluids 3 days after symptoms began, and in cervical mucus up to 11 days after symptoms began. Finding Zika virus genetic material does not necessarily mean that live virus is present or that a person can spread it to others. CDC and other public health partners continue to study Zika virus and how it is spread. There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies. A woman thinking about pregnancy, who has recently traveled to an area with local Zika transmission, should talk to her healthcare provider after returning.

Suggested Timeframe to Wait Before Trying to Get Pregnant After a Possible Zika Virus Exposure*	
If you or your partner are planning to conceive in the near future	Consider avoiding nonessential travel to areas with active Zika transmission.
Women	Wait at least **8 weeks** after symptoms start or last possible exposure.
Men	Wait at least **6 months** after symptoms start or last possible exposure.

*Possible Zika virus exposure is defined as recent travel an area of active Zika virus transmission or sex (vaginal intercourse, anal intercourse, and oral sex, and the sharing of sex toys) without using a barrier method to prevent infection, such as male and female condoms and dental dams, with a man or woman infected with Zika or who traveled to or resided in an area of active Zika virus transmission. CDC maintains a current list of areas with active Zika transmission: www.cdc.gov/zika/geo.

Can Zika be spread through blood transfusions?

There is a strong possibility that Zika virus can be spread through blood transfusions. Since most people (80%) infected with Zika do not show symptoms, they may not know they have been infected. It is not known how long Zika virus can stay in blood, but scientists and researchers believe it is less than 28 days. To date, there have not been any confirmed cases of

blood transfusion transmission in the U.S. Multiple reports of Zika being spread through transfusions in Brazil are being investigated.

I was in a place with Zika recently—can I donate blood?
The U.S. Food and Drug Administration (FDA) is closely monitoring the spread of Zika virus.

In areas without active Zika virus transmission, the FDA and blood collection establishments (blood centers) are asking that blood donors possibly at risk for Zika virus infection wait four weeks (28 days) before donating. This was recommended in FDA guidance issued February 2016.

Individuals possibly at risk include:

- Those who have been to an area with active transmission of Zika virus within the past four weeks
- Those who have exhibited signs and symptoms suggestive of Zika virus infection within four weeks prior to donating
- Those who have had sexual contact with a person who has traveled to, or resided in, an area with active Zika virus transmission or has been diagnosed with/had symptoms suggestive of Zika virus infection during the prior three months

CDC maintains a current list of areas with active Zika transmission: www.cdc.gov/zika/geo.

In areas with active Zika virus transmission, the FDA recommends that Whole Blood and blood components for transfusion be obtained from areas of the U.S. without active transmission, screen donated blood and blood components for Zika virus, or use FDA-approved pathogen-reduction technology for plasma and certain platelet products. This was recommended in FDA guidance issued February 2016.

To protect the US blood supply, CDC, in collaboration with the FDA, defines areas of active Zika virus transmission as having two or more locally acquired cases of Zika virus infection within 45 days. These defined areas of risk can be different from areas for which CDC has issued travel guidance, because of concerns about potential risk for blood safety.
The following are areas of active transmission of Zika virus in the continental United States for the purpose of blood and tissue safety intervention:

- Miami-Dade County, FL
- Palm Beach County, FL

On August 26, 2016, the FDA issued revised guidance to prevent the spread of Zika virus through the blood supply. This new FDA guidance calls for blood collection centers in the United States to screen all donated blood and blood components for Zika virus. This revised guidance takes the place of the previous FDA guidance issued February 2016. This guidance will be implemented immediately in Miami-Dade County and Palm Beach County, FL, in high-risk states within 4 weeks, and in all states within 12 weeks. For more information, visit: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518218.htm.

What if I was in a place with Zika recently, or I got symptoms, and I already donated blood?
Blood centers request that if a donor gives blood and later realizes that they should have waited, he or she should immediately notify the blood center where they donated so the product can be removed.

Removal could be due to:

1) possible Zika virus exposure (see above) or
2) because they develop symptoms consistent with Zika virus infection within 14 days of donation

Can Zika be spread through kissing?
Zika virus has been found in saliva (spit). It is unknown if Zika can be spread through kissing and this is being investigated. Remember that Zika is a mosquito-borne disease and most people who are infected were bitten by an infected mosquito.

U.S. ZIKA PREGNANCY REGISTRY

What is the purpose of the US Zika Pregnancy Registry?
CDC developed the US Zika Pregnancy Registry to learn more about the effects of Zika during pregnancy and to learn more about the growth and development of babies whose mothers had Zika while pregnant. The registry is a database of health information without names attached to it. CDC will collect health information about Zika among pregnant women and babies across the United States for the registry. CDC and health departments will use the information from this registry to help pregnant women and families affected by Zika. The knowledge gained from this registry will help doctors and other healthcare providers care for pregnant women and their babies. Comprehensive national information will support and improve the public health response.

Who is being included in the registry?
Women living in the United States who have been infected with Zika during pregnancy and their babies will be included in the registry. Puerto Rico is establishing a separate Zika pregnancy surveillance system. If a patient is eligible for the registry, their healthcare provider will be contacted for follow up.

What will be done with the information collected?
The identity of people in the registry will be kept private and secured. The information a doctor or other healthcare provider shares will be added to the registry with information about other pregnant patients with Zika and the babies born to these mothers. This information will help

CDC and state health departments better understand how Zika affects pregnant women and their babies. Data are reported as a total for all US states and the District of Columbia and as a total for all US territories; CDC is not reporting individual state, tribal, territorial, or jurisdictional level data. The numbers reflect the poor outcomes among completed pregnancies with laboratory evidence of possible Zika virus infection that have been reported to the pregnancy surveillance systems.

What do I have to do to be in the registry?
If your healthcare provider is participating in this Registry, she/he will let you know you have been included and will share information about your health with your health department and the CDC. You will not need to do extra paperwork, go to extra appointments, or have extra tests to be part of the registry. Your health department and CDC will work with your doctor and other healthcare providers to collect all of the information needed. For this registry, your health department and CDC will:

- Collect information about your pregnancy,
- Collect information about you and your baby around the time the baby is born, and
- Contact the baby's doctor or other healthcare provider to collect information about the baby's growth and development up to his or her first birthday.

If you change doctors or healthcare providers, please request that your new provider contact registry staff by e-mailing ZIKApregnancy@cdc.gov. As established in the HIPAA Privacy Rule, you have the right to request from your healthcare provider restrictions to, access to, amendments to, and accounting of the disclosure of your protected health information at any time.

How much does being included in the registry cost?
Being in the registry does not cost any money.

What if I have questions about being in the registry?
For more information, call 770-488-7100 or send questions to ZIKApregnancy@cdc.gov.

VECTOR CONTROL FOR THE GENERAL PUBLIC

Here's what you can do **outside** of your home:

- Install/repair and use window and door screens. Do not leave doors propped open.
- Once a week, empty and scrub, turn over, cover, or throw out any items that hold water like tires, buckets planters, toys, pools, birdbaths, flowerpot saucers, or trash containers. Mosquitoes lay eggs near water.

- Tightly cover water storage containers (buckets, cisterns, rain barrels) so that mosquitoes cannot get inside to lay eggs.
- For containers without lids, use wire mesh with holes smaller than an adult mosquito.
- Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.

- Use an outdoor flying insect spray where mosquitoes rest. Mosquitoes rest in dark, humid areas like under patio furniture, or under the carport or garage. When using insecticides, always follow label instructions.

- If you have a septic tank, repair cracks or gaps. Cover open vent or plumbing pipes. Use wire mesh with holes smaller than an adult mosquito.

- Consult with a pest control expert to inspect your yard and outdoor areas, make recommendations regarding mosquito control and, if appropriate, treat areas with insecticides. Visit the NJ Department of Environmental Protection website to find contact information for your local mosquito control agency: www.nj.gov/dep/mosquito.

Here's what you can do **inside** your home:

- Use air conditioning when possible.
- Keep mosquitoes from laying eggs inside your home. Once a week, empty and scrub, turn over, cover or throw out any items that hold water like vases and flowerpot saucers.
- Kill mosquitoes inside your home. Use an indoor flying insect fogger or indoor insect spray to kill mosquitoes and treat areas here they rest. These products work immediately, but may need to be reapplied. Always follow label directions. Only using insecticide will not keep your home free of mosquitoes.
  - Mosquitoes rest in dark, humid places like under the sink, in closets, under furniture, or in the laundry room.
  - Use an indoor fogger or indoor insect spray to reach and treat areas where mosquitoes rest inside the home.

Do-It-Yourself products

Product	Active Ingredient	Brand name examples**	How long it works
Indoor flying insect spray	Imidacloprid, β-Cyfluthrin	Home Pest Insect Killer, Raid, Ortho, Hot Shot, EcoLogic	7-10 days
Indoor flying insect fogger	Tetramethrin, Cypermethrin	Hot Shot, Raid, Real Kill, Spectracide	Up to 6 weeks

**Insecticide brand names are provided for your information only. The Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services cannot recommend or endorse any name brand products.

TREATMENT

What is the treatment for people with Zika?
There is no specific treatment for Zika. Symptoms are treated by getting rest, drinking fluids to prevent dehydration and taking medicines such as acetaminophen or paracetamol to relieve fever and pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, should be avoided until dengue can be ruled out to reduce the risk of increased bleeding.

Is there a vaccine for Zika?
No, there is currently no vaccine to prevent Zika.

What is New Jersey doing in response to this situation?
The NJ Department of Health is communicating with local health departments and healthcare providers through health alert messages and conference calls to increase their awareness. Updated information will be posted to the NJDOH website as updates become available.

What would we do if there was a case of Zika in New Jersey?
All travelers should continue to take steps to prevent mosquito bites for 3 weeks after they leave an area with Zika, even if they do not feel sick. While a widespread Zika outbreak in the U.S. is not expected, this will help prevent the mosquitoes here in NJ from getting infected by a sick traveler. Remember, most infected people do not develop symptoms. In the 20% of people who do get symptoms, the illness is usually mild.

ZIKA TRAVEL ISSUES AND CONCERNS

Can I travel to countries affected by the outbreak?
Since Zika is primarily spread by mosquitoes, CDC recommends that travelers to areas with ongoing transmission protect themselves from mosquito bites:

- Cover exposed skin by wearing long-sleeved shirts and long pants.
- Use EPA-registered insect repellents containing DEET, picaridin, 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 aged >2 months.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pre-treated clothing and gear or treat them yourself.
- Stay and sleep in screened-in or air-conditioned rooms.

Women who are pregnant (in any trimester) should consider postponing travel to any area where Zika virus transmission is ongoing. If you are pregnant and must travel to one of these

areas, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip. Women who are trying to become pregnant should talk to their doctor about plans to become pregnant and the risk of Zika virus infection before travel and strictly follow steps to prevent mosquito bites during travel. All women of child bearing age who choose to travel should follow steps to prevent mosquito bites in the event of an unplanned pregnancy.

Is it safe to get pregnant after traveling to a country with Zika virus?
We do not know the risk to a baby if a woman is infected with Zika virus while she is pregnant. Zika virus usually remains in the blood of an infected person for up to a week. Infectious Zika virus (virus that can be spread to others) has been found in semen at least 24 days after symptoms began. Zika virus genetic material has been found in semen up to 188 days after symptoms began, in vaginal fluids 3 days after symptoms began, and in cervical mucus up to 11 days after symptoms began. Finding Zika virus genetic material does not necessarily mean that live virus is present or that a person can spread it to others. CDC and other public health partners continue to study Zika virus and how it is spread. There is currently no evidence that Zika virus infection poses a risk of birth defects in future pregnancies. A woman thinking about pregnancy, who has recently traveled to an area with local Zika transmission, should talk to her healthcare provider after returning.

Suggested Timeframe to Wait Before Trying to Get Pregnant After a Possible Zika Virus Exposure*	
If you or your partner are planning to conceive in the near future	Consider avoiding nonessential travel to areas with active Zika transmission.
Women	Wait at least **8 weeks** after symptoms start or last possible exposure.
Men	Wait at least **6 months** after symptoms start or last possible exposure.

*Possible Zika virus exposure is defined as recent travel an area of active Zika virus transmission or sex (vaginal intercourse, anal intercourse, and oral sex, and the sharing of sex toys) without using a barrier method to prevent infection, such as male and female condoms and dental dams, with a man or woman infected with Zika or who traveled to or resided in an area of active Zika virus transmission. CDC maintains a current list of areas with active Zika transmission: www.cdc.gov/zika/geo.

Should I avoid contact with people that have recently traveled to affected countries?
Zika is not an airborne disease and cannot be spread by coughing, sneezing or talking. However, Zika virus can be transmitted from person-to-person through sexual transmission, even if the infected person does not have symptoms at the time. Men and women who want to reduce the risk for sexual transmission of Zika should use barrier methods against infection, such as male and female condoms and dental dams, consistently and correctly during sex (i.e.,

vaginal intercourse, anal intercourse, and oral sex, and the sharing of sex toys) or abstain from sex when one sex partner has traveled to or lives in in area with active Zika virus transmission.

What if I am elderly or have a chronic illness and have plans to travel?
There is currently no evidence that Zika causes more serious illness in the elderly or people with chronic illnesses. It is recommended that all travelers consult with their healthcare providers to be sure they are well enough to travel. In most cases, Zika virus causes a mild illness. Providers should consider the patient's ability to withstand all vector-borne diseases, including but not limited to dengue, Chikungunya, and malaria, which can cause severe illness. Other travel-related illness, such as diarrhea, should also be considered. If a person chooses to travel, they should take steps to avoid mosquito bites, (read steps from the first question in this section).

ADDITIONAL ZIKA INFORMATION/RESOURCES

Where can I learn more?
The CDC Zika web address is: http://www.cdc.gov/zika/index.html
The web address for CDC travel health notices is: http://wwwnc.cdc.gov/travel/notices
For NJ information, go to: http://www.nj.gov/health/cd/izdp/vbi.shtml
The NJ Department of Environmental Protection Mosquito Control web address is:
http://www.nj.gov/dep/mosquito