

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network  
[Health.Alert@nh.gov](mailto:Health.Alert@nh.gov)  
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NH-HAN 20160301



## Zika Virus Outbreak: Update #2

### Key Points and Recommendations:

- Today, the New Hampshire Department of Health and Human Services (DHHS) is announcing the first New Hampshire resident confirmed with Zika virus. The adult female patient contracted the virus after sexual contact with a male who had a compatible illness following travel to a country where Zika virus transmission is ongoing. The patient has fully recovered and is not pregnant.
- To date, 55 samples from residents across New Hampshire have been sent for testing for the Zika virus. Of the tests that have been completed, this is the first positive in the State.
- To review current information and recommendations about risks of sexual transmission of Zika, DHHS recommends reviewing the Centers for Disease Control and Prevention (CDC) MMWR:  
[http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s\\_cid=mm6505e2er.htm\\_w](http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er.htm_w)
- To review testing and prevention recommendations for pregnant and non-pregnant women, we recommend reviewing New Hampshire Division of Public Health Services (NH DPHS) HAN:  
[http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/zika\\_update1.pdf](http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/zika_update1.pdf)
- To review recently updated guidance for testing and monitoring infants and children with possible Zika virus infection, we recommend reviewing the CDC MMWR:  
[http://www.cdc.gov/mmwr/volumes/65/wr/mm6507e1er.htm?s\\_cid=mm6507e1er\\_e](http://www.cdc.gov/mmwr/volumes/65/wr/mm6507e1er.htm?s_cid=mm6507e1er_e)
- Healthcare providers should call the NH DPHS to request testing for Zika virus infection, or with questions. For efficiency and to facilitate appropriate counseling, please do not direct your patients to call NH DPHS directly. NH DPHS's number is 603-271-4496 (after hours 1-800-852-3345 ext.5300).

### Zika Transmission & Prevention:

Zika virus is mainly transmitted through the bite of an infected *Aedes* mosquito (most commonly *Aedes aegypti*). These mosquito vectors are not present in New Hampshire, but individuals traveling to countries in South America, Central America, and the Caribbean where Zika virus is spreading are at risk and should take strict precautions to avoid mosquito bites as outlined by the CDC: <http://www.cdc.gov/zika/prevention/index.html>.

Zika virus can also transmit sexually from a man to a woman. Preliminary studies suggest that the virus persists in semen longer than in blood, but duration is not known. It is not known whether men who are asymptotically infected have virus in their semen or can transmit Zika virus through sexual activity. There have been no reports of sexual transmission from an infected woman to a male partner. Any person who had condomless sex (i.e., vaginal, anal, or oral intercourse) with a male partner who traveled to an area of ongoing Zika virus transmission,

and who has had symptoms of Zika virus disease during travel or within 2 weeks of return, is potentially exposed.

Because of the accumulating evidence of an association between maternal Zika virus infection and adverse fetal outcomes, including congenital microcephaly, healthcare providers should counsel pregnant and non-pregnant women to take precautions as outlined below:

Healthcare providers should counsel **pregnant** women:

- To postpone travel to a Zika affected area, if possible.
- To follow strict precautions to avoid mosquito bites if they must travel to a Zika affected area.
- To abstain from sexual activity or consistently and correctly use condoms during sex (vaginal, anal, or oral intercourse) for the duration of pregnancy if a male sexual partner recently traveled to a Zika affected area.

Healthcare providers should counsel **non-pregnant** women who are:

- **Not intending pregnancy** and either traveled OR have a male sexual partner that traveled to a Zika affected area
  - Take steps to prevent unintended pregnancy.
- **Intending pregnancy** and **traveled** to a Zika affected area
  - Postpone pregnancy for one month after returning from travel.
- **Intending pregnancy** and did not travel but have a **male sex partner that traveled** to a Zika affected area
  - Discuss the risks with their healthcare provider and consider postponing pregnancy until more is known about the risk of sexual transmission by abstaining from sexual activity or consistently and correctly using condoms.

This is an evolving situation and guidance around sexual transmission of Zika virus is likely to change as more is learned about the virus and risk of sexual transmission.

### Testing:

Healthcare providers should consult with NH DHHS DPHS if a patient meets criteria for testing based on the algorithm outlined in the previous HAN dated February 5, 2016. Please see the previous HAN for more details:

[http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/zika\\_update1.pdf](http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/zika_update1.pdf)

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Thom Flynn at 603-271-7499 or email [tdflynn@dhhs.state.nh.us](mailto:tdflynn@dhhs.state.nh.us)

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Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

**Attachments:** CDCHAN-00388

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# This is an official **CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
February 23, 2016, 14:15 EST (2:15 PM EST)  
CDCHAN-00388

## **Update: Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016**

**Summary:** The Centers for Disease Control and Prevention (CDC) recently published recommendations for protecting people against sexual transmission of Zika virus (1). As stated in that report, information about possible sexual transmission of Zika virus was based on one published report of transmission from a man to a woman, one published report in which Zika virus was detected in semen of a man with hematospermia, and one case of possible sexual transmission then under investigation in Texas. An additional case of Zika virus detected in semen in a man was reported after the CDC recommendations were published (2). As of February 23, 2016, CDC and state public health departments are investigating 14 additional reports of possible sexual transmission of the virus, including several involving pregnant women. While additional investigations are being completed, CDC is issuing this HAN Advisory as a strong reminder to state, local, and US territorial public health departments, clinicians, and the public to be aware of and adhere to current recommendations for preventing sexual transmission of Zika virus, particularly for men with pregnant partners. These recommendations may change as more information becomes available.

### **Background**

CDC is working with state, local, and US territorial public health departments, US Government agencies, and international partners in response to outbreaks of Zika virus disease (Zika) in multiple territories and countries in the Americas. Accumulating evidence links maternal Zika virus infection with congenital microcephaly, miscarriages, and other adverse fetal outcomes (3). In addition, there are reports of a possible association with Guillain-Barré syndrome (4). No vaccine or specific antiviral drug is currently available to prevent or treat Zika.

Zika virus is spread primarily by the bite of infected *Aedes* species mosquitoes (most commonly, *Aedes aegypti*). In areas where Zika virus transmission is ongoing, people should follow precautions to prevent mosquito bites (<http://www.cdc.gov/zika/prevention/>). Sexual transmission of Zika virus also can occur and is of particular concern during pregnancy. In early February 2016, the Dallas County Department of Health and Human Services announced an occurrence of sexually transmitted Zika infection (5). On February 5, 2016, following the confirmation of this Texas sexual transmission event, CDC published interim guidelines for preventing sexual transmission of Zika virus (1).

As of February 23, 2016, CDC and state public health departments are investigating 14 additional reports of possible sexual transmission of the virus, including several events involving possible transmission to pregnant women. In two of these new suspected sexual transmission events that have been investigated to date, Zika virus infection has been confirmed in women whose only known risk factor was sexual contact with an ill male partner who had recently travelled to an area with local Zika virus transmission; testing for the male partners is pending. For four additional suspected sexual transmission events, preliminary laboratory evidence (IgM antibody test) is available for the women, but confirmatory testing is still pending. For eight suspected events, the investigation is ongoing. In all events for which information is available, travelers reported symptom onset within 2 weeks prior to their non-traveling female partner's symptom onset.

Because these reports suggest sexual transmission may be a more likely means of transmission for Zika virus than previously considered, CDC is issuing this HAN Advisory to underscore the importance of adhering to the interim guidance published on February 5 and outlined below. The recommendations, which apply to men who reside in or have traveled to areas with active Zika virus transmission (<http://wwwnc.cdc.gov/travel/notices/>) and their sex partners, will be revised as more information becomes available.

### **Recommendations for men and their pregnant partners**

Men who reside in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy. Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness (<http://www.cdc.gov/zika/symptoms>) with their health care provider; providers can consult CDC's guidelines for evaluation and testing of pregnant women (6).

### **Recommendations for men and their nonpregnant sex partners**

Men who reside in or have traveled to an area of active Zika virus transmission who are concerned about sexual transmission of Zika virus might consider abstaining from sexual activity or using condoms consistently and correctly during sex. Couples considering this personal decision should take several factors into account. Most infections are asymptomatic, and when illness does occur, it is usually mild with symptoms lasting from several days to a week; severe disease requiring hospitalization is uncommon. The risk for acquiring vector-borne Zika virus in areas of active transmission depends on the duration and extent of exposure to infected mosquitoes and the steps taken to prevent mosquito bites (<http://www.cdc.gov/zika/prevention>). After infection, Zika virus might persist in semen when it is no longer detectable in blood; studies to determine the duration of persistence in semen are not yet completed.

Accumulating evidence of sexual transmission suggests that exposure to Zika virus includes unprotected sexual contact with a symptomatic male partner who resides in or has traveled to an area of active Zika virus transmission. Zika virus testing is currently recommended to establish a diagnosis of infection in exposed persons with signs or symptoms consistent with Zika virus disease, and may be offered to asymptomatic pregnant women with possible exposure to Zika virus (6). However, interpretation of results is complex, and health care providers should contact their state, local, or territorial health department for assistance with arranging testing and interpreting results. At this time, testing of exposed, asymptomatic men for the purpose of assessing risk for sexual transmission is not recommended. Sexual transmission of Zika virus from infected women to their sex partners has not been documented, nor has transmission from persons who are asymptotically infected. Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms.

As we learn more about the incidence and duration of seminal shedding from infected men and the utility and availability of testing in this context, recommendations to prevent sexual transmission of Zika virus will be updated.

### **References**

1. Oster AM, Brooks JT, Stryker JE, et al. Interim Guidelines for prevention of sexual transmission of Zika virus — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2016;65:120–121. <http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1.htm>
2. Atkinson B, Hearn P, Afrough B, et al. Detection of Zika virus in semen [letter]. *Emerg Infect Dis*. 2016 May [cited February 22, 2016]. <http://dx.doi.org/10.3201/eid2205.160107>
3. Martines RB, Bhatnagar J, Keating MK, et al. Evidence of Zika virus infection in brain and placental tissues from two congenitally infected newborns and two fetal losses — Brazil, 2015. *MMWR Morb Mortal Wkly Rep*. 2016;65 (Early Release)(06):1-2. [http://www.cdc.gov/mmwr/volumes/65/wr/mm6506e1.htm?s\\_cid=mm6506e1\\_e](http://www.cdc.gov/mmwr/volumes/65/wr/mm6506e1.htm?s_cid=mm6506e1_e). Published February 19, 2016.
4. European Centre for Disease Prevention and Control. Rapid risk assessment: Zika virus epidemic in the Americas: potential association with microcephaly and Guillain-Barré syndrome – 10 December

2015. <http://ecdc.europa.eu/en/publications/Publications/zika-virus-america-association-with-microcephaly-rapid-risk-assessment.pdf>. Published 2015. Accessed Feb 1, 2016.

5. Dallas County Health and Human Services. DCHHS reports first Zika virus case in Dallas County acquired through sexual transmission. February 2, 2016.  
<http://www.dallascounty.org/department/hhs/press/documents/PR2-2-16DCHHSReportsFirstCaseofZikaVirusThroughSexualTransmission.pdf>
6. Oduyebo T, Petersen EE, Rasmussen SA, et al. Update: interim guidelines for health care providers caring for pregnant women and women of reproductive age with possible Zika virus exposure—United States, 2016. MMWR Morb Mortal Wkly Rep 2016;65.  
[http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm?s\\_cid=mm6505e2\\_e](http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm?s_cid=mm6505e2_e)

#### For More Information

- General information about Zika virus and disease: <http://www.cdc.gov/zika/>
  - Zika virus information for clinicians: <http://www.cdc.gov/zika/hc-providers/index.html>
  - Protection against mosquitoes: <http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods>
  - Travel notices related to Zika virus: <http://wwwnc.cdc.gov/travel/notices>
  - Information about Zika virus for travelers and travel health providers: <http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/zika>
  - HAN Advisory: Recognizing, managing, and reporting Zika virus infections in travelers returning from Central America, South America, the Caribbean, and Mexico. January 15, 2016.  
<http://emergency.cdc.gov/han/han00385.asp>
  - Pan American Health Organization (PAHO):  
[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=11585&Itemid=41688&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=11585&Itemid=41688&lang=en)
- Approximate distribution of *Aedes aegypti* and *Ae. albopictus* mosquitoes in the United States:  
<http://www.cdc.gov/chikungunya/resources/vector-control.html>

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##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##