



Zika Virus

Public Information Update/phone script

Date: March 15, 2017

Time: 9:00 am

**** 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 countries and territories are reporting ongoing transmission?

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 Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/zika/geo or the Pan American Health Organization at www.paho.org. As of **March 13, 2017** the countries and territories have reported ongoing transmission of Zika include: American Samoa (Oceania/Pacific Islands), **Angola (Africa)**, 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, **Guinea-Bissau (Africa)**, Guyana, Haiti, Honduras, Jamaica, Kosrae, Federated States of Micronesia (Oceania/Pacific Islands), **Maldives (Asia)**, Marshall Islands (Oceania/Pacific Islands), Martinique, Mexico, Montserrat, New Caledonia (Oceania/Pacific Islands), Nicaragua, Palau (Oceania/Pacific Islands), 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), **Solomon Islands (Oceania/Pacific**

Islands), St. Kitts and Nevis, Suriname, Tonga (Oceania/Pacific Islands), Trinidad and Tobago, Turks and Caicos, U.S. Virgin Islands, and Venezuela.

Where are other areas with Zika risk?

Zika virus has been present in areas of Southeast Asia and Africa for many years, and several countries have reported occasional cases or small outbreaks of Zika virus infections. In Africa, these countries include Benin, Burkina-Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Congo-Brazzaville), Côte d'Ivoire, Democratic Republic of the Congo (Congo-Kinshasa), Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Tanzania, Togo and Uganda. In Asia, these countries include Bangladesh, Burma (Myanmar), Cambodia, India, Indonesia, Laos, Malaysia, Philippines, Thailand and Vietnam. Currently, travel notices have not been issued because Zika has likely been present in these areas for years. However, a travel notice would be considered if the number of cases rises to the level of an outbreak. Since Zika infection in a pregnant woman can cause severe birth defects, the CDC recommends pregnant women should not travel to these areas. All travelers to these areas should strictly follow steps to prevent mosquito bites and prevent sexual transmission during and after the trip.

Are there any areas with local transmission of Zika in the US?

CDC continues to designate the areas of Miami-Dade County, Florida and Brownsville, Cameron County, Texas as Zika cautionary areas (yellow areas). A Zika cautionary area (yellow area) is a geographic area where local spread of Zika virus has been identified, but there is no current evidence of widespread, sustained local spread. Although the specific level of risk in Zika cautionary areas is unknown, there is still a risk to pregnant women. Pregnant women who live in other areas should consider postponing travel to Zika cautionary areas. Pregnant women, women trying to get pregnant, and their partners who live in or travel to Zika cautionary areas should be aware of local Zika virus transmission and should strictly follow steps to prevent mosquito bites. Pregnant women and their partners who live in or travel to Zika cautionary areas should use condoms every time they have sex or not have sex during the pregnancy. For more information, maps and advice for people living in or traveling to these areas, please visit: www.cdc.gov/zika/intheus/florida-update.html and <https://www.cdc.gov/zika/intheus/texas-update.html>.

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. For the number of travel-related Zika cases in NJ visit: www.nj.gov/health/cd/zika/case_count.shtml.

Why was there an initial spike in the number of travel-related Zika 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. The highest risk period for Zika-associated microcephaly is likely to be in the first half of pregnancy, particularly the first trimester and early in the second trimester. CDC recommends that women take steps to protect themselves during the entire pregnancy. 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: www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm.

Patients who meet any of the following criteria are eligible for testing at the New Jersey Public Health and Environmental Laboratories (PHEL):

1. Anyone who has, or has recently experienced, at least one Zika compatible symptom and who meets exposure criteria (below). Zika compatible symptoms include fever, rash, joint pain, and conjunctivitis.

2. Pregnant women who meet exposure criteria, whether or not they have Zika symptoms.
3. Infants born to mothers with laboratory evidence of Zika virus infection, or for whom a Zika virus exposure is suspected but there are no laboratory results.
4. Persons who may have been exposed to Zika virus through other less common routes, such as blood transfusion, organ transplant, laboratory or healthcare setting exposures, or suspected local transmission.

Exposure Criteria (must be within 12 weeks of specimen collection date):

1. Travel to an area with active Zika virus transmission; countries and areas with Zika virus transmission are posted online at www.cdc.gov/zika/geo.
2. Sexual exposure (i.e. unprotected vaginal, anal, or oral sex, or sharing of sex toys) with a partner who traveled to or resides in a Zika-affected area, or who was confirmed to be infected with Zika virus.
3. Suspected congenital transmission.
4. Laboratory or healthcare setting exposure.
5. Blood transfusion or organ transplant recipient.
6. Suspected local transmission.
7. Other novel route of exposure.

Common Zika-compatible symptoms include fever, rash, arthralgia, and conjunctivitis. Other symptoms include headache, myalgia, and retro-orbital pain. Rarely, neurological symptoms have also been reported.

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 healthcare 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 areas with endemic Zika be tested for Zika?

Testing of people without symptoms of Zika virus who have traveled to areas with endemic Zika virus transmission (for example, select countries in Southeast Asia and Africa) is not

recommended, **but can be done on a case-by-case basis**. This is because similar and more common viruses spread widely in these areas and may cause false positive results in blood tests. Pregnant women should talk with their healthcare provider and consider postponing nonessential travel to **areas with endemic Zika**. For more information, visit: <https://wwwnc.cdc.gov/travel/page/zika-travel-information> and <http://www.cdc.gov/zika/hc-providers/pregnant-woman.html>.

Should symptomatic persons (pregnant or not) with travel to **areas with endemic Zika be tested for Zika?**

Zika virus testing should be offered to people with symptoms of Zika virus disease, including pregnant women and others who develop symptoms during or following travel.

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.

Why shouldn't asymptomatic couples interested in conceiving be tested for Zika virus?

Zika virus testing is not recommended for asymptomatic couples interested in attempting conception in which one or both partners have had possible exposure to Zika virus for the following reasons:

- A negative blood test or antibody test could be falsely encouraging. This can happen when:
 - The blood test is performed after the virus is no longer in the blood but could still be present in other bodily fluids (e.g., semen).
 - The antibody test is performed too early after infection when the antibody levels are not yet high enough to be detected or too late after infection when the antibody levels have fallen and are too low to be detected.
- No test is 100% accurate; a test result can sometimes be negative even where there is a true infection.
- We currently have limited understanding of the way Zika virus functions in genital secretions or of how to interpret the results of tests of semen or vaginal fluids. Zika virus in these fluids may not be constant, meaning a person could test negative at one point but still carry the virus and transmit it again in the future.

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/fghc>.

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 serious birth defects if a pregnant woman becomes infected. The highest risk period for Zika-associated microcephaly is likely to be in the first half of pregnancy, particularly the first trimester and early in the second trimester. CDC recommends that women take steps to protect themselves during the entire pregnancy.

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.

What is congenital Zika syndrome?

A distinct pattern of birth defects, called congenital Zika syndrome, has appeared in fetuses and infants of women infected with Zika during pregnancy. In addition to cognitive, sensory, and motor disabilities that are shared with other birth defects, congenital Zika syndrome is associated with five types of birth defects that are either not seen or occur rarely with other infections during pregnancy:

- Severe microcephaly (small head size) resulting in a partially collapsed skull
- Decreased brain tissue with brain damage (as indicated by a specific pattern of calcium deposits)
- Damage to the back of the eye with a specific pattern of scarring and increased pigment
- Limited range of joint motion, such as clubfoot
- Too much muscle tone restricting body movement soon after birth

Microcephaly at birth is not a necessary feature of congenital Zika syndrome. Infants with a head circumference at birth in the normal range can still have brain abnormalities consistent with congenital Zika syndrome. Microcephaly from congenital infection can also develop after birth.

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 and healthcare personnel are reminded to use Standard Precautions when they might come in contact with high volumes of body fluids. 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.

What infection control measures should be taken by healthcare personnel?

- Healthcare Standard Precautions to minimize contact with body fluids are important to reduce the possibility of spreading infectious diseases such as Zika and are based on the fact that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes might contain contagious infectious agents.
- Occupational exposure that requires evaluation includes percutaneous exposure or exposure of non-intact skin or mucous membranes to any of the following: blood, body fluids, secretions, and excretions.
- Healthcare personnel working in labor and delivery units should assess the likelihood of the presence of body fluids or other infectious material based on the condition of the patient, the type of anticipated contact, and the nature of the procedure or activity that is being performed, and apply practices and personal protective equipment to prevent exposure as indicated.
- Healthcare personnel who think an occupational exposure has occurred should report the exposure immediately to their supervisor and follow their employer's procedures that usually involve contacting the occupational health office for an assessment of the exposure with consideration of all relevant pathogens including Zika, HIV, and hepatitis.
- In the absence of an occupational exposure, healthcare personnel with potential Zika exposure should be evaluated for testing following the same guidance as for the general public.

What is the incubation period for Zika?

Symptoms usually begin 3-14 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 an 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 and/or other birth defects?

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 becomes 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?

Most people infected with Zika do not show any symptoms and blood donors may not know they have been infected. Blood collection centers in the U.S. screen all donated blood and blood components for Zika virus. Blood donations that test positive for Zika virus are removed from the blood supply and the donor is notified of the positive result. To date, there have not been any confirmed cases of blood transfusion transmission in the U.S. For more information, visit: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518218.htm> and <https://www.cdc.gov/zika/transmission/blood-transfusion.html>.

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 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 notify NJDOH Family Health Services at 609-292-5616. As per 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, contact NJDOH Family Health Services at 609-292-5616.

What if I am a provider and have questions about the registry?

For reporting fetal abnormalities or questions about Zika positive pregnant women, contact Reproductive and Perinatal Health Services at 609-292-5616. Reporting or questions regarding birth defects consistent with Zika, contact Special Child Health and Early Intervention Services at 609-292-5676.

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.

Remember, 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.

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>

The web address for the directory of local health departments in NJ is:

<https://www.state.nj.us/health/lh/documents/lhdirectory.pdf>