



Zika Fever: Information for Clinicians

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DOH: www.flhealth.gov/zika
CDC: www.cdc.gov/zika/

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

Zika fever, a dengue-like illness caused by a mosquito-borne flavivirus, has been identified in numerous countries in Central and South America, Mexico and the Caribbean including Puerto Rico. **Zika virus infection during pregnancy can cause certain birth defects including microcephaly.** Fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities. Possible links to Zika virus infection and Guillain-Barre syndrome (GBS) are also suspected.

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

Incubation period is approximately 2 to 14 days.

Clinical Presentation: Only about 1 in 5 people infected with Zika virus are symptomatic. Zika fever is a mild illness with symptoms similar to those of mild dengue fever. Severe disease requiring hospitalization is uncommon. Treatment is symptomatic and illness typically resolves within a week. Co-infections with dengue or chikungunya are possible and should be considered. Aspirin and other non-steroidal anti-inflammatory drugs are not advised in case of co-infection with dengue. Pregnant women with fever should be treated with acetaminophen. Signs/symptoms of Zika fever may include:

- Acute fever (often low grade)
- Maculopapular rash
- Arthralgia
- Conjunctivitis
- Myalgia
- Headache
- Retro-orbital pain
- Vomiting

Laboratory testing: Polymerase chain reaction (PCR) can be used to detect viral RNA in serum and urine during the first week of illness and in urine alone for samples collected one to three weeks after illness onset. Serum antibody tests are recommended for samples collected ≥ 4 days after illness onset. However, cross-reaction with related flaviviruses (e.g. dengue) is common and results may be difficult to interpret. Dengue IgM antibody testing should be run on samples from patients with positive Zika IgM antibody tests due to cross-reactivity. Zika virus PCR testing of serum and urine is currently commercially available. Zika virus PCR testing for samples other than serum and urine, as well as Zika IgM antibody testing, is available at Florida Department of Health for patients who meet the following testing criteria.

Please contact your county health department to discuss Zika virus testing for patients meeting the following criteria:

- All persons, including pregnant women, with two or more of the following signs/symptoms: fever, maculopapular rash, arthralgia or conjunctivitis (GBS could follow) **and** a history of travel to an area reporting Zika virus activity in the two weeks prior to illness onset **or** is a suspect local case should be immediately reported and tested.
- OR
- Mother of an infant or fetus with microcephaly or intracranial calcifications or poor fetal outcome diagnosed after the first trimester **and** with history of travel to an area with Zika virus activity during pregnancy should be immediately reported. Testing of both mother and infant is recommended.
- OR
- Pregnant women who, while pregnant, **traveled to an area reporting Zika virus activity** regardless of the length of time since the travel/illness occurred, but ideally within 2-12 weeks of travel may also be tested.