



Department for Public Health Statewide Healthcare Conference Call Summary February 19, 2016

PURPOSE

The purpose of this communication is to summarize the topics from Friday's call which focused on Zika situation update, Seasonal Influenza update, Avian Influenza Planning/Coordination and Ebola Update.

Topics of Call

Zika Situation Update:

There are currently no known cases of Zika Virus in the Kentucky.

- Zika is a mosquito-borne virus that is spread primarily through the bite of an infected mosquito.
 - Clinical symptoms include fever, rash, joint pain, or conjunctivitis
 - In January 2016 Zika virus was added to the Nationally Notifiable list for surveillance, but to this date there is no formal case definition.
 - On February 1, WHO declared that a recent cluster of microcephaly cases and other neurological disorders reported in Brazil to constitute a public health emergency of international concern (PHEIC). As of now, there has not been enough science to demonstrate a direct causal relationship between Zika and microcephaly but the evidence for this association and for Guillain-Barre' syndrome are strongly suggestive. CDC has issued a statement that the evidence seems to be growing stronger, but there is still not enough evidence at this time to support a causal link.
 - Currently there are 32 countries with known active Zika transmission, to receive a real time list of countries with active Zika transmission visit the following link: <http://www.cdc.gov/zika/geo/active-countries.html>
 - Transmission of the Zika virus may occur in several ways:
 - By the bite of an infected mosquito (primary transmission)
 - Sexual transmission from an infected male to companion
 - Maternal-fetal (intrauterine and perinatal)
 - Lab exposure
 - Theoretical transmission: Organ or tissue transplantation or breast milk
 - Prevention and education for the Zika virus:
 - Create a barrier between human and mosquito by use of mosquito repellents, long sleeves and pants, permethrin-treated clothing, screen doors and windows



- Control mosquito breeding grounds by emptying containers that hold standing water such as old tires, bird baths, flower pots etc.
 - Wear latex condoms upon return from a Zika affected area; if partner is pregnant wear latex condoms throughout the duration of the pregnancy.
 - Pregnant women should delay travel to any area with active transmission of Zika.
- For interim guidance for health care providers caring for pregnant women and women of reproduction age it is encouraged to review MMWR 12 FEB <http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2.htm>
 - Currently no commercial laboratories have been approved to provide Zika testing at this time due to the complexities involved, all testing is performed at the CDC
 - CDC has placed a priority on testing pregnant women
 - All those tested for Zika virus will also be tested for Dengue and Chikungunya.
 - Contact KDPH for Zika testing approval: Shelley Wood 502-564-3261x 4242 (CDC will not perform testing without approval from state health departments.
 - Criteria for Zika testing is as follows:
 - 2 of the 4 clinical symptoms (fever, rash, joint pain or conjunctivitis)
 - Symptoms the occur within 12 days of recent travel to a Zika-affected country
 - Pregnant women with recent travel to a Zika-affected country within the past 12 weeks

Zika Virus Vectors, Protection and Planning:

- *Aedes aegypti* is the main vector driving transmission in South and Central America.
 - This species is very rare in Kentucky, estimated to be 1 in 5000 mosquitos.
- *Aedes albopictus*, or the Asian tiger mosquito is very common in Kentucky.
 - This species has been shown to transmit Zika virus in other countries.
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 - We will know more when mosquito season in the Southeast US begins to pick up in April
- Personal protection and prevention
 - *Aedes* species are container breeders and do not travel far in a lifetime
 - Keeping property clear of standing water effectively reduces population
 - Clean birth baths, gutters, flower pots, and any other source of standing water.



- Encourage and help neighbors to do the same.
- Entire community buy in greatly reduces mosquito populations
- General mosquito prevention
 - Wear long sleeves and long pants
 - Wear insect repellent according to label instructions
 - Treat clothes with permethrin according to label instructions
 - Take extra care to wear repellent and long sleeves or avoid outdoor exposure from dawn to dusk
- State level planning
 - Department for Public Health (DHPH) is hoping to collaborate with Agriculture to offer training for local environmentalists to increase the capacity for public health pesticide application if necessary.
 - Agriculture maintains contracts with chemical companies for materials and also has a contract for aerial spraying if it were to become necessary.
 - State plans to ramp up efforts to increase surveillance capacity to add some targeted trapping and surveillance capacity as resources allow.
 - There will be a big push to increase communications on the subject of personal protection and prevention.

Zika Laboratory Testing: Division of Laboratory Services is not currently testing for Zika virus, all samples are to be routed through DLS to the CDC for testing. The CDC is working closely with the FDA on a regulatory pathway to manufacture and distribute assays to public health laboratories for Zika testing.

- Patients who are approved for Zika testing will also be tested for 2 other Arboviruses; Chikungunya and Dengue.
- DLS is testing for Chikungunya before sending the sample on to CDC for Zika and Dengue testing.
- Specific lab instructions include the following:
 - Collect 2 tubes of blood in SSTs (tiger-top tubes)
 - Spin tubes down and place in a refrigerator until mailed on ice packs to DLS
 - A lab submission form (CDC FORM 50.34) should accompany the specimen <http://www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf>

Seasonal Influenza Update: Flu season is from October to May and flu season usually tends to peak in December and January. Although there was a slow start in Kentucky, flu surged in late February and is currently considered widespread.



- There have been 2 outbreaks in long-term care facilities this season
- More than half of the regions in Kentucky are experiencing and increase in influenza-like illness
- A large percentage of confirmed cases are patients who are unvaccinated for seasonal influenza
- DPH is urging all healthcare providers to continue advocating flu vaccination for those 6 months of age and older due to the increase of influenza-like illness (ILI) activity.

Avian Influenza Update:

- Avian influenza A subgroups H5 or H7 or H9 are passed readily between turkeys and chickens when closely housed in commercial poultry houses spread.
- Human influenza A subgroups H1, H2, or H3 have historically caused human seasonal influenza and are not considered avian influenzas <http://www.cdc.gov/flu/avianflu/virus-transmission.htm>
- Avian influenzas H5, H7, or H9 are occupational risks for poultry workers who contact affected birds in commercial settings
- 10-day poultry worker self-monitoring period is prescribed for people exposed to affected flocks
- Human testing at KY DPH Div. of Lab. Services for influenza A H7 subtype would be indicated with poultry workers with ILI within 10 days of working with sick poultry <http://www.cdc.gov/flu/avianflu/healthprofessionals.htm>
- There are currently no avian influenzas circulating in domestic commercial flocks in the US

Ebola Virus Disease Update:

During the Ebola epidemic in West Africa, Kentucky monitored a total of 114 people.

- 1500 contact days total
- Covered 21 Kentucky counties

Ebola Assessment Hospital Update:

DPH is urging healthcare providers to continue asking travel questions when seeing patients. Currently DPH is working on creating new travel risk messaging.