



**Provider Health and Safety Alert  
Zika Virus  
February 5, 2016**

With the report of the first imported case of Zika Virus by the Austin/Travis County Health and Human Services Department (ATCHHSD), and the possibility of several more, the Office of the Medical Director wants to present some basic information to Providers regarding clinical and personal protection considerations regarding Zika.

As of February 3, 2016, there has been 35 travel related cases of Zika Virus reported in the United States. With continuing winter travel there is certainly an opportunity for further cases to be identified within the US.

Zika is primarily transmitted through the bite of infected *Aedes* mosquitoes, the same mosquitoes that spread Chikungunya and dengue. These diseases are commonly referred to as mosquito vector-borne diseases. Symptoms typically begin 2 to 7 days after being bitten by an infected mosquito.

The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. **The expectation is there will be very limited EMS interaction with individuals suffering from the common symptoms.**

There are no medications to treat or vaccines to prevent Zika infections.

These mosquitoes are aggressive daytime biters and they can also bite at night. Mosquitoes become infected when they bite a person already infected with the virus. The ATCHHSD believes that widespread community acquired disease is unlikely given our improved living conditions such as air conditioning and the use of screening on windows, doors, and patios. These structural and living accommodations should diminish the opportunity for those with imported cases to infected mosquitoes that would then spread the virus to other people through bites.

Upcoming Spring Break activities can be expected to include persons traveling to Zika infested areas. **Obtaining a comprehensive travel history becomes extremely important. Symptomology coupled with a pertinent travel history of two weeks prior to symptom onset from the lower Americas and Caribbean** will be paramount to assisting the ultimate caregiver in adding Zika Virus Infection to the differential assessment of the patient.

With cases associated with sexual and blood transfusion transmission, this disease sequela demonstrates that it circulates in the blood, hence provides for potential occupational exposure that is on par with the other prevalent blood borne pathogens. **This re-enforces the need for strict adherence to Standard Precautions to ensure there is no inadvertent contact with blood or other bodily fluids that may contain Zika Virus.** Given how the disease manifests, it is reasonable to assume patients will

have a higher viral load during the early presentation of the disease which will wane as the disease runs its course.

Prevention should focus on both controlling the mosquito population and on reducing the risk for bites.

Providers should adhere to the following modified **4 D's**:

**Dress** - Wear long pants and long sleeved shirts when outdoors particularly.

**DEET based repellent or equivalent** - Use an approved insect repellent every time you go outside and follow the instructions on the label. Approved repellents are those that contain DEET, picaridin or oil of lemon eucalyptus.

**Drain** - Regularly drain standing water, including water collects in empty cans or buckets. Mosquitoes breed in stagnant water.

**Doors** – Keep all un-screened and apparatus doors closed so as to prevent the entry and harborage of mosquitoes.

The nature of our work activities can result in many providers participating in active emergency responses as well as physical and continuing education training during the hours that mosquitos are most active.

Agencies should review the activities that may increase the risk for mosquito interaction and ensure all have access to the appropriate repellent. This includes wildland mitigation, inspection, and public education activities. Particular attention should be paid to those individuals who undertake physical training and thus have a tendency to dress less and hence have more exposed surface area.

Agencies should make every effort to be proactive in educating and increasing awareness of providers to all vector-borne diseases and ensure they have access to the appropriate barriers to prevent infections.

Links to additional information are listed below.

<http://www.cdc.gov/zika/geo/index.html> Zika Activity Map

<http://www.cdc.gov/zika/index.html> Zika Home page

[Choosing an Insect Repellent](#) from the Centers for Disease Control and Prevention (CDC)

Should you have any questions or require additional information, please do not hesitate to contact me.

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Issued February 5, 2016

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