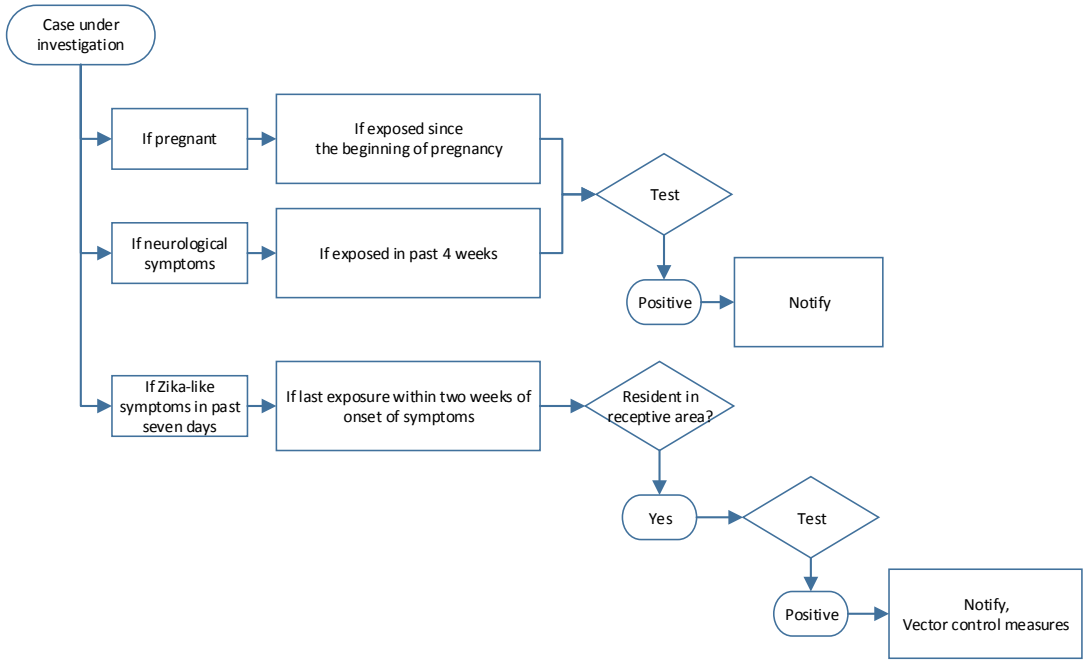
Technical Document

Zika virus disease epidemic
Interim guidance for healthcare providers

15 February 2016

Algorithm for public health management of cases under investigation for Zika virus infection

The aim of this algorithm is to determine when a person who has been exposed to Zika virus, which cases should be notified, and when vector control measures should be initiated around a case. The algorithm is **not** intended for clinical management of patients with suspected Zika virus infection.



Definitions

Exposure: travel in a Zika affected area, as per the list of affected countries published on the ECDC website or unprotected sexual contact with a traveller returning from a Zika affected area.

Neurological symptoms: symptoms consistent with Guillain-Barré Syndrome (GBS) or other neurological syndromes such as acute flaccid paralysis, myelitis, meningitis, and meningoencephalitis.

Zika-like symptoms: any rash and/or fever and at least one of the following: arthralgia, arthritis or conjunctivitis (non-purulent/hyperemia).

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Positive test: laboratory confirmation by PCR, or by serology in a reference laboratory and confirmation by neutralization test.

Notify: notification to the public health authority.

Receptive area: a geographical area with presence of active *Aedes albopictus* or *Aedes Aegypti* mosquitoes.

Vector control measures: measures aiming at interrupting possible vectorborne transmission of Zika virus in the vicinity of an imported case of Zika virus infection, as per national protocols.

Information to healthcare providers

Healthcare providers should ensure that Zika virus-infected patients in areas with active *Aedes albopictus* or *Aedes Aegypti* mosquitoes avoid getting bitten during the first week of illness. The measures include: insecticide treated bed nets, screened doors and windows, as recommended by PAHO/WHO).

Healthcare providers who provide prenatal care should be made aware of the association between Zika virus infection during pregnancy and microcephaly so that they can provide prenatal care in accordance with the mother's exposure to the virus.

In addition, due to the unprecedented size of Zika virus epidemic, health services and practitioners should be alert about the possible occurrence of neurological syndromes (GBS and other neurological syndromes such acute flaccid paralysis, myelitis, meningitis, and meningoencephalitis) and other potential complications of Zika virus infections that have not yet been described in the scientific literature, as well as atypical clinical presentation among specific populations (i.e. children, elderly, immunocompromised patients and people with sickle cell disease).