

February 10, 2016

Dear Health Care Provider:

Re: Zika Virus Update

The Public Health Agency of Canada (PHAC) has recently confirmed cases of Zika virus in Canada related to travel to Central and South America.

Zika virus has been reported in Africa and parts of Asia since the 1950s and in the southwestern Pacific Ocean in 2007. In 2015 Zika virus appeared in Central and South America and is now also in many Caribbean countries. Zika virus infection is spread through bites from the *Aedes aegypti* mosquito. This type of mosquito can be active during the day and night, with biting activity often peaking in the morning and later in the afternoon.

Only one in five people infected with Zika virus are believed to develop symptoms, the most common of which include fever, headache, conjunctivitis, rash and muscle and joint pain. These symptoms are also seen in two other diseases transmitted by the *Aedes aegypti* mosquito, dengue fever and Chikungunya, as well as malaria. Symptoms are usually mild and last for a few days. The incubation period for Zika ranges from 3-12 days.

Zika virus has been linked to congenital birth defects and microcephaly in Brazil over the past year. Guillain-Barré syndrome also has been reported in patients following suspected Zika virus infection. Urgent research is being conducted to determine causation in both areas.

Current recommendations on the prevention, diagnosis and management of Zika virus are outlined below. These may change as the situation evolves and further knowledge is gained.

Prevention

The risk of Zika virus occurring in Canada is very low as the mosquito vector is not suited to our climate.

Travelers to the affected regions should protect themselves during both day and night from mosquito bites by using appropriate insect repellent, wearing protective clothing and using mosquito nets and screened doors/windows.

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PHAC is recommending that those who are pregnant or considering pregnancy discuss their travel plans with their health care provider to assess their risk and consider postponing travel to areas where the Zika virus is circulating in the Americas. If travel cannot be postponed, strict mosquito bite prevention measures should be followed to protect themselves against bites. There is no vaccine at present for Zika virus.

There is some evidence that Zika virus can be transmitted sexually and therefore as a precaution:

- men who have travelled to an area with widespread Zika virus transmission should, for two months after their return, use condoms with any partner who is or could become pregnant
- those wishing to become pregnant should wait at least two months after their return from a Zika affected area before trying to conceive

To mitigate the risk of Zika virus entering our blood supply, Canadian Blood Services has implemented a 21 day deferral period for donors who have recently travelled outside of Canada, continental USA and Europe. Information relevant to organ and tissue donation has been sent to clinical leads for those programs.

Testing

Given the uncertain benefit of testing and limitations in testing methods, testing of non-pregnant females and all male returning travelers is not routinely recommended, including for those who have concerns regarding possible sexual transmission. If testing is felt to be necessary that should be discussed with an Infectious Diseases specialist (QE II locating 902-473-2222/0).

Treatment

There is no specific antiviral treatment for Zika virus.

Pregnancy

Any pregnant woman with a history of travel to an area with active Zika virus transmission should be referred for triage to the Fetal Assessment & Treatment Centre (FATC) at the IWK. Timing and location of ultrasound evaluation and potentially other investigations will be determined based on the information provided in the referral, including travel history in the context of gestational age, presence or absence of symptoms consistent with Zika virus, and serology (serology is only recommended for pregnant women if they have symptoms or ultrasound abnormalities). Women should be aware that the timing of the first ultrasound will be variable, depending on the woman's individual circumstances. The FATC referral form can be found at: http://www.iwk.nshealth.ca/sites/default/files/IWK_MAFE.pdf or on the IWK website under the tab, 'For Health Professionals' and the option 'Referral Forms for External Physicians'.

A new form must be printed for each referral (due to the barcode) and the form must be faxed to FATC at 902- 470-7987.

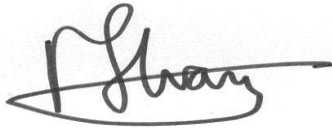
The Society of Obstetricians and Gynecologists of Canada has more detailed information, including links to all current national and international recommendations for pregnant women with regard to Zika virus exposure. http://sogc.org/news_items/zika-virus-and-pregnant-women/

The PHAC website has additional information and updated information on affected countries. http://www.phac-aspc.gc.ca/phn-asp/2016/zika-eng.php?id=zika_virus_16_hcdns

Detailed recommendations on the prevention and treatment of Zika virus from the Committee to Advise on Tropical Medicine and Travel are at: <http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/committee-statement-treatment-prevention-zika-declaration-comite-traitement-prevention/index-eng.php>

Further information for health providers in Nova Scotia will be communicated as needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Strang', with a long horizontal flourish extending to the right.

Robert Strang MD, MHSc., FRCPC
Chief Medical Officer of Health