

# **ZIKA VIRUS**

**Federal Bureau of Prisons  
INTERIM Clinical Guidance**

**OCTOBER 2017**

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[https://www.bop.gov/resources/health\\_care\\_mngmt.jsp](https://www.bop.gov/resources/health_care_mngmt.jsp).

## WHAT'S NEW IN THIS DOCUMENT?

### What is new in the October 2017 version of this document?

Guidance regarding testing pregnant women has been revised, based on the CDC guidance updated July 2017, available at: [https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s\\_cid=mm6629e1\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s_cid=mm6629e1_w))

- **For asymptomatic pregnant women with recent possible exposures, but without ongoing exposure:** Testing is not routinely recommended, but should be considered.
  - **For asymptomatic pregnant women with ongoing possible Zika virus exposure:** Test three times during pregnancy, beginning at the initiation of prenatal care.
  - **For pregnant women reporting possible exposure during current pregnancy and symptoms of Zika virus disease:** Test as soon as possible, up until 12 weeks after symptom onset.
  - **For pregnant women who have recent possible Zika virus exposure and prenatal ultrasound findings consistent with congenital virus syndrome:** Test with nucleic acid test (NAT) (serum and urine) and IgM serology.
- For more complete information, see Section 4.B., Testing Pregnant Inmates with Zika Exposure Risk, starting on page [2](#) of this guidance.

### What was new in the December 2016 version of this document?

The Zika exposure risk questions in [Appendix 1](#) were changed to reflect updated guidance from Centers for Disease Control and Prevention.

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## 1. PURPOSE

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This BOP Clinical Guidance is provided to address diagnostic testing for Zika virus, management of pregnant inmates with Zika risk factors, and infection prevention and control considerations. The recommendations in this document are based upon guidance from the Centers for Disease Control and Prevention (CDC), which updates its recommendations periodically as new information becomes available.

- Consult the CDC Zika website for the most current recommendations:  
<http://www.cdc.gov/zika/index.html>

This guidance does not address general issues related to mosquito control and insect repellent, which are being communicated separately via BOP Medical Director Memoranda.

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## 2. OVERVIEW OF ZIKA

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Zika is a mosquito-borne virus transmitted to people primarily through the bite of an infected *Aedes* species mosquito—either *A. aegypti* or *A. albopictus*. These are the same mosquitos that spread dengue and chikungunya viruses. The virus can also be transmitted sexually from a person who has Zika infection to his or her partners and from an infected pregnant woman to her fetus. Zika has been shown to cause serious birth defects in babies of women who contract the virus during pregnancy. Current CDC research suggests that Guillain–Barré syndrome (GBS) is strongly associated with Zika; however, only a small proportion of people with recent Zika virus infection get GBS.

Most people (80%) infected with Zika virus do not become ill and may not realize they have been infected. If symptoms do occur, they most commonly:

- Include rash, fever, muscle or joint pain, headache, or conjunctivitis
- Are mild
- Appear 3–12 days after the mosquito bite
- Last a few days to a week

The primary public health concerns regarding Zika are related to the severe consequences of Zika infection for unborn children.

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## 3. ZIKA TESTING PREPARATION

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- All Zika testing in the BOP will be consistent with CDC and local and state public health department recommendations for testing, and will utilize public health labs to perform the tests.

**All BOP institutions should contact their local health department to:**

- Identify a contact person for Zika consultation
- Determine local health department Zika testing guidelines
- Determine local procedures for accessing Zika lab testing by public health labs

- Obtain instructions and necessary supplies for specimen collection and transport to the public health lab
- ➔ *General information about Zika testing can be obtained at the CDC website: [Collecting & Submitting Body Fluid Specimens for Zika Virus Testing at: http://www.cdc.gov/zika/laboratories/test-specimens-bodyfluids.html](http://www.cdc.gov/zika/laboratories/test-specimens-bodyfluids.html)*

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## 4. PREGNANT FEMALES

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### A. ASSESSMENT FOR ZIKA EXPOSURE RISK

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- ➔ *The **Pregnant Female Zika Exposure Risk Questionnaire** ([Appendix 1](#)) is designed to assist the clinician in performing this assessment.*
- **It is recommended that all pregnant inmates be assessed for possible Zika virus exposure risk within one week of pregnancy diagnosis.** This may be more feasible during a scheduled clinic visit rather than at intake. (See questions 1–3 in *SECTION 1* of the questionnaire.)
- If a pregnant female indicates “Yes” to any of the questions in *SECTION 1* of the questionnaire, proceed to *SECTIONS 2–3*. This information will be needed when communicating with the local or state health department.
- Document the results of the inmate’s Zika exposure risk assessment in BEMR. If *Appendix 1* is used to record responses, scan the completed document into the BEMR Document Manager.
- **Institutions located in areas with ongoing Zika transmission should assess pregnant inmates for possible Zika virus exposure at each prenatal visit.**

### B. TESTING PREGNANT INMATES WITH ZIKA EXPOSURE RISK

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- **Asymptomatic pregnant women with recent possible Zika virus exposure** (e.g., through travel or sexual exposure), but without ongoing exposure to possible Zika virus: Testing is not routinely recommended, but should be considered using a shared patient-provider decision-making model.
- **Asymptomatic pregnant women with ongoing possible Zika virus exposure** should be offered Zika virus NAT testing (serum and urine) three times during pregnancy, beginning at the initiation of prenatal care. *IgM serology testing is no longer routinely recommended because IgM can persist for months after infection; therefore, IgM results cannot reliably determine whether an infection occurred during the current pregnancy.*
- **Pregnant women reporting possible exposure during a current pregnancy and symptoms of Zika virus disease** should be tested as soon as possible with concurrent Zika virus NAT of serum and urine *and* IgM serology testing, up until 12 weeks after symptom onset.
- **Pregnant women who have recent possible Zika virus exposure and who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome** should receive Zika virus testing to assist in establishing the etiology of the birth defects. *Testing should include both serum and urine NAT and IgM serology tests.*

- If a pregnant inmate is found to have Zika risk factors and a history of Zika virus symptoms during the current pregnancy, health care staff should notify their Regional Quality Improvement Coordinator and Regional Medical Director, as well as the local or state public health department for facilitation of Zika testing and follow-up. The Regional Quality Improvement Coordinator will consult with the National Lab Administrator to assist with coordination with public health laboratories.
- If Zika virus infection is detected, the inmate should be coded with the appropriate Zika health problem code (A925). Follow-up will be determined on a case-by-case basis as recommended by the current CDC and health department guidance, as well as Regional and Central Office consultation.
- Health Services staff must ensure that pregnant inmates with Zika risk factors continue to receive standard prenatal care including ultrasonography, as clinically indicated, and that the relevant Zika risk factors are documented in the consultation/referral request for obstetrical care.

### **C. COUNSELING, EDUCATION, AND REFERRAL**

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- Institutions should provide pregnant women with education related to Zika (see [Resources](#)).
- Any pregnant inmate who tests positive for Zika will be considered for referral to a BOP Social Worker or other appropriate consultants with expertise in this area.
- If a pregnant woman is diagnosed with Zika and is transferred to another facility or a BOP Mother and Infants Together (MINT) program, the Zika diagnosis will be communicated via the inmate intrasystem transfer form (Exit Summary), utilizing the Zika health problem code (A925).
- The receiving facility will be provided with information regarding the recommended follow-up, in accordance with the *Release of Medical Information in Program Statement 6090.04: Health Information Management*.

### **D. MOSQUITO PROTECTION FOR PREGNANT FEMALES IN AREAS OF ONGOING ZIKA TRANSMISSION**

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Designations decisions for pregnant inmates will be made on an individual basis. In general, consideration will be given for designated pregnant inmates to be moved to facilities that are not located in areas with ongoing Zika transmission. If a pregnant female inmate is housed in a facility located in an area with ongoing Zika transmission, then institution staff will provide appropriate mosquito protection for her for the duration of her pregnancy—for medical trips, trips to court, and other potential mosquito exposure.

Mosquito protection efforts include providing repellent, as well as counseling the inmate on correct application per manufacturer's instructions if she will be going outside and potentially being exposed to mosquitos, or if mosquitos are noted in areas where the inmate resides.

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## 5. OTHER INMATES WITH ZIKA SYMPTOMS AND ZIKA RISK FACTORS

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In accordance with CDC guidelines, Zika testing should be considered for male and non-pregnant female inmates who present *with Zika symptoms* and have a history of potential Zika exposure (either history of being in an area with ongoing mosquito-borne Zika transmission or history of sexual contact without barrier protection with a partner who has a history of being in an area with ongoing Zika transmission).

- ➔ *Zika virus testing is not recommended for non-pregnant, asymptomatic individuals with possible Zika virus exposure.*

Consult with the public health department to determine if testing is indicated and to arrange for testing. Prior to testing, contact the Regional MAST Quality Improvement Coordinator. If a male or non-pregnant female is tested and diagnosed with Zika, they will be coded with the proper health problem code (**A925**).

- ➔ *Refer to the CDC website for specific testing recommendations:*  
<https://www.cdc.gov/zika/hc-providers/testing-guidance.html>

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## 6. INFECTION CONTROL

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Healthcare workers should utilize standard precautions when working with inmates who are potentially infected with the Zika virus. Standard precautions include, but are not limited to, hand hygiene and the use of personal protective equipment (PPE) to avoid direct contact with blood and other potentially infectious materials, including laboratory specimens/samples. PPE may include gloves, gowns, masks, and eye protection (*PS 6190.04, Infectious Disease Management*).

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## 7. SHIPPING ZIKA SPECIMENS

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Specimens collected from individuals for Zika virus studies may be transferred within the U.S. as Category B Biological substances in accordance with Department of Transportation Hazardous Materials Regulations (49 CFR Part 171-180). Category B is the same category that is utilized to ship specimens to BOP reference laboratories. Institutions should contact their local and/or state public health laboratory for specific instructions and shipping materials for Zika specimens.

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## RESOURCES

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### ZIKA BASICS

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**Zika: The Basics of the Virus and How to Protect Against It:**

<http://www.cdc.gov/zika/pdfs/fs-zika-basics.pdf>

### MOSQUITO CONTROL

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**Help Control Mosquitoes that Spread Dengue, Chikungunya, and Zika Viruses:**

[http://www.cdc.gov/zika/pdfs/control\\_mosquitoes\\_chikv\\_denv\\_zika.pdf](http://www.cdc.gov/zika/pdfs/control_mosquitoes_chikv_denv_zika.pdf)

### PREGNANT WOMEN

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**Pregnant, Protect Yourself from Mosquito Bites:** <http://www.cdc.gov/zika/pdfs/zika-pregnancy.pdf>

Spanish version: <http://www.cdc.gov/zika/pdfs/zika-pregnancy-sp.pdf>

**Pregnant and Living in an Area with Zika?:** [http://www.cdc.gov/zika/pdfs/preg\\_areaswithzika.pdf](http://www.cdc.gov/zika/pdfs/preg_areaswithzika.pdf)

Spanish version: [http://espanol.cdc.gov/img/cdc/ES\\_47649.pdf](http://espanol.cdc.gov/img/cdc/ES_47649.pdf)

**For Pregnant Women: A Zika Virus Test—What Does it Mean for Me?:**

<http://www.cdc.gov/zika/pdfs/zika-positive-test.pdf>

**Zika Virus Testing for Any Pregnant Woman Not Living in an Area with Zika:**

<http://www.cdc.gov/zika/pdfs/pregnanttestnotinarea.pdf>

**US Zika Pregnancy Registry—What Pregnant Women Need to Know:**

<http://www.cdc.gov/zika/pdfs/zika-pregnancy-registry-what-pregnant-women-need.pdf>

Spanish version: [http://espanol.cdc.gov/img/cdc/ES\\_47796.pdf](http://espanol.cdc.gov/img/cdc/ES_47796.pdf)

### MEN

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**For Men: A Positive Zika Virus Test—What Does it Mean for Me?:**

<http://www.cdc.gov/zika/pdfs/testresults-men-fs.pdf>

Spanish version: [http://espanol.cdc.gov/img/cdc/ES\\_49767.pdf](http://espanol.cdc.gov/img/cdc/ES_49767.pdf)



## APPENDIX 1. PREGNANT FEMALE ZIKA EXPOSURE RISK QUESTIONNAIRE

SECTION 1. ZIKA EXPOSURE RISK QUESTIONS			
YES	No	?	Ask all newly identified pregnant females the following questions:
			1. Do you live in or do you frequently travel (daily or weekly) to an area with active Zika transmission? For areas of active transmission see: <a href="http://wwwnc.cdc.gov/travel/page/zika-travel-information">http://wwwnc.cdc.gov/travel/page/zika-travel-information</a> or <a href="http://www.paho.org/hq/index.php?option=com_content&amp;view=article&amp;id=11603&amp;Itemid=41696&amp;lang=en">http://www.paho.org/hq/index.php?option=com_content&amp;view=article&amp;id=11603&amp;Itemid=41696&amp;lang=en</a> If YES, where? _____ When did you leave? _____
			2. Have you traveled to an area with active Zika virus transmission during pregnancy or just before you became pregnant (8 weeks before conception)? If YES, where? _____ When did you leave? _____
			3. Have you had unprotected vaginal, rectal or oral sex or shared sex toys with someone (with or without Zika symptoms) who traveled or lived in an area of active Zika transmission? If YES, when? _____
<p>→ If answers to all 3 questions are No: <b>STOP</b>, <b>Sign</b> below, and <b>SCAN</b> the document into the BEMR Document Manager.</p> <p>→ If the answer to any question above is <b>Yes</b> or <b>UNKNOWN (?)</b>: Continue to <b>SECTION 2</b> and <b>SECTION 3</b> below. Once all sections are complete, sign and scan the document into the BEMR Document Manager. Contact the local or state health department and Regional Quality Improvement Coordinator to report the information on this document and seek direction regarding accessing Zika testing.</p>			
SECTION 2. ZIKA SYMPTOMS			
<p>4. Have you had any of the following symptoms while pregnant?</p> <p><input type="checkbox"/> Rash   <input type="checkbox"/> Fever   <input type="checkbox"/> Muscle or joint pain   <input type="checkbox"/> Conjunctivitis   <input type="checkbox"/> None of these symptoms</p> <p>Date symptoms began? _____</p> <p>How long did the symptoms last? _____</p> <p>Did you see a health care provider for these symptoms?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>			
SECTION 3: Based on answers to questions 1-4 above, check appropriate boxes indicating Zika exposure risk history.			
<input type="checkbox"/> <b>No Zika symptoms</b> while pregnant & <b>lived in</b> an area with active Zika virus transmission during her pregnancy.			
<input type="checkbox"/> <b>No Zika symptoms</b> while pregnant & <b>did not live in</b> an area with active Zika transmission & had <b>potential Zika exposure</b> via travel or unprotected sex with someone who lived in or traveled to Zika transmission area.			
<input type="checkbox"/> <b>She has experienced Zika symptoms</b> while pregnant and: <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms started within the last 12 weeks.</li> <li><input type="checkbox"/> Symptoms started greater than 12 weeks ago.</li> </ul>			
<p>Estimated Delivery Date: ___/___/___      Gestational age (in weeks): _____</p>			
<p>Provider Name (Print): _____</p> <p>Provider Signature: _____      Date: ___/___/___</p>			
<p><i>Inmate Name:</i> _____</p> <p><i>Registration #:</i> _____</p> <p><i>DOB:</i> ___/___/___      <i>Institution:</i> _____</p>			