

The Zika virus, spread by the Aedes mosquito, has been documented to cause human illness since 1952. However, a recent outbreak in the Americas has led to renewed focus. Previously considered to be a relatively harmless pathogen, Zika has now been linked to a rare but serious birth defect, microcephaly. Another rare complication of Zika infection is Guillain-Barré syndrome which can result in temporary paralysis. The link between Zika virus and these rare but serious complications has only recently been discovered. The World Health Organization is reviewing evidence to determine if the Zika virus can be linked to other neurological conditions as well.

SYMPTOMS

Most people who become infected with the Zika virus have no symptoms or symptoms so mild that they do not seek medical attention. The most common symptoms of Zika infection include:

- headache
- muscle/joint pain
- fever
- rash
- conjunctivitis

Symptoms typically last for up to 1 week. The incubation period is not known, but is estimated to be several days to approximately 1 week.

TRANSMISSION

Zika virus is primarily transmitted through mosquito bite. **The mosquito that carries the Zika virus does not live in the northeastern U.S.** It does exist, however, in the Caribbean (including Puerto Rico) and the southern and southwestern U.S. At this time there have been no cases of Zika transmission through mosquito bite in the continental U.S.

An infected person can infect another person through unprotected sex (without use of a condom). If a woman is pregnant when infected in this way, she can pass the virus on to the fetus, putting the fetus at risk of birth defects.

The Zika virus is also a bloodborne pathogen. People have become infected through blood transfusion, and

there have been documented cases of lab workers who have become infected through needlesticks.

All cases of Zika in the U.S. (other than Puerto Rico) so far have been travel related. The infected person either traveled to an area where Zika is prevalent and became infected, or had sex without use of a condom with an infected person who had traveled to an area where Zika is prevalent. The exception to this is a lab worker in PA who became infected through a needlestick while handling a specimen that contained Zika virus. The worker has since recovered.

OCCUPATIONAL EXPOSURE TO ZIKA

Healthcare workers do not have a high risk of exposure to Zika virus. However, since it can be transmitted through blood, it is important that universal and standard precautions be carefully followed when there is a risk of exposure to blood or other bodily fluids.

Healthcare facilities must take the following steps to protect employees from exposure to Zika:

- Put in place an early identification system to determine which patients may be at risk of Zika infection based on symptoms and travel history.
- Conduct a risk assessment to determine under what circumstances employees may be exposed to the Zika virus.
- Put in place controls to limit employee exposure to potentially infected patients including safety engineered sharps and PPE. Where there may be exposure to high levels of infected bodily fluids, fluid impermeable gowns, eye protection, booties and double gloves should be used. Where aerosolizing procedures are being conducted on an infected, or potentially infected, individual, respiratory protection (N95 or higher) should be used.
- Train employees on protocols and procedures put in place to treat infected patients and to protect workers.
- Consider temporarily re-assigning employees who are at high risk of complications, such as pregnant workers, to other positions where there is a lower risk of exposure.

More information can be found on the NYSNA website at www.nysna.org/blog/2016/06/28/information-update-zika