



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Zika Travel Guidance & Tips: Special Zika Newsletter—March 15, 2017

Having trouble viewing this email? [View it as a Web page.](#)

MARCH 15, 2017

CDC EMERGENCY PARTNERS

ZIKA VIRUS—SPECIAL EDITION

CDC's Emergency Partners newsletter provides updates, resources, and useful tips to subscribers interested in emergency preparedness and CDC's emergency responses.

Don't keep this great resource to yourself! Please share it with your colleagues and networks. If you would like more information on Emergency Preparedness and Response, visit [CDC's Emergency Preparedness & Response](#) website.

SUBSCRIBE NOW!

ZIKA RESOURCES

See below and visit [CDC's Zika website](#) for the most current updates and information about Zika virus.



- **Updated Case Count Maps for the United States:** [Zika Cases Reported in the United States](#)
- **Updated Travel Guidance:** [CDC adds 4 countries to interim travel guidance related to Zika virus](#)
- **Media Statement:** [CDC study estimates 20-fold increase in certain types of birth defects in pregnancies with possible Zika infection compared with pre-Zika years](#)
- **Emerging Infectious Diseases Journal:** [Use of Blood Donor Screening Data to Estimate Zika Virus Incidence, Puerto Rico, April–August 2016](#)
- **MMWR:** [Baseline Prevalence of Birth Defects Associated with Congenital Zika Virus Infection — Massachusetts, North Carolina, and Atlanta, Georgia, 2013–2014](#)

World Map of Areas with Risk of Zika



International areas

Zika Travel Recommendation: Low elevation High elevation
 No Known Zika:

Domestic areas

State reporting Zika:
 Zika Active Transmission Red Area:
 Zika Cautionary Area (Previously Red Area):
 Zika Cautionary Yellow Area:
 No known Zika:

CDC's Updated Travel Guidance for Pregnant Women

CDC has updated its Zika travel guidance and now recommends that pregnant women not travel to any area where there is a risk of Zika virus infection. This includes the following types of areas:

- Areas where the virus has been newly introduced or reintroduced and local mosquito-borne transmission is ongoing
- Areas where the virus was present before 2015 (endemic) and there is no evidence transmission has stopped
- Areas where the virus is likely to be circulating but has not been documented

To help pregnant women and others identify areas of Zika risk, CDC published a new interactive [World Map of Areas with Zika Risk](#) that allows people to search for location-specific Zika information and travel recommendations. CDC also published an interactive [Know Your Zika Risk](#) tool that offers tailored risk and prevention messages based on information provided by travelers. In addition, CDC's Zika testing recommendations for pregnant women have been aligned with the three risk categories depicted in [a new map for healthcare providers](#).

Click the image (above) or [here](#) to learn more about the interactive world map.

Baseline Prevalence of Birth Defects Associated with Congenital Zika Virus Infection



Birth Defects Surveillance

Zika virus infection during pregnancy can cause serious brain abnormalities; however, the birth defects observed are not unique to congenital Zika virus infection. The full range of effects of congenital Zika infection is not known.

CDC used data from population-based birth defects surveillance programs in Massachusetts, North Carolina, and Atlanta, Georgia. The researchers retrospectively assessed the prevalence of birth defects during 2013–2014 that met the surveillance case definition for birth defects potentially related to Zika virus infection, before the introduction of Zika virus into the United States.

Research showed that the proportion of infants and fetuses with birth defects born to mothers with lab evidence of possible Zika infection were approximately 20 times higher after the introduction of Zika virus to the United States than pre-Zika years. This lab evidence was reported by the US Zika Registry during January 15–September 22, 2016.

Data on birth defects in the pre-Zika years serve as benchmarks to direct rapid detection and reporting of birth defects potentially related to Zika virus infection. The higher proportion of birth defects among pregnancies with possible Zika infection supports the relationship between congenital Zika virus infection and birth defects.

Click the image (above) or [here](#) to learn more about the study.

Spring Break Travel Tips



Protect Yourself While Traveling

Many popular spring break destinations throughout the Caribbean, Central America, South America, Pacific Islands, and Mexico have a risk of Zika. CDC has issued Zika travel notices with recommendations for travelers to destinations with this risk.

Because Zika is primarily spread by mosquitoes, **CDC recommends that travelers visiting any area with Zika risk [protect themselves from mosquito bites](#).**

[Sexual transmission of Zika](#) is also possible, so you should use condoms every time you have sex, or not have sex during your trip.

CDC recommends that pregnant women not travel to areas with Zika risk. Zika virus infection in a pregnant woman can cause serious birth defects. Pregnant women who must travel to one of these areas should talk to their doctor before and after they travel and strictly follow steps to prevent mosquito bites and sexual transmission of Zika during the trip. Learn more about [Zika and Pregnancy](#).

After You Return From Your Trip

If you are not feeling well after your trip, see a doctor and mention that you traveled recently.

If you have traveled to an area with Zika risk, take steps to [prevent mosquito bites](#) for 3 weeks after your trip. Even if you don't feel sick upon returning, take precaution so that you don't spread Zika to uninfected mosquitoes that can spread the virus to other people.

Be sure to use condoms for at least 8 weeks (women) or 6 weeks (men) after travel to an area with Zika risk to protect your sex partners from transmission.

If you traveled to an area with Zika risk and have a pregnant partner, [use condoms](#) correctly every time you have sex or do not have sex for the entire pregnancy.

Click the image (above) or [here](#) to learn more about CDC's Zika travel notices.

ZIKA RESPONSE SPOTLIGHT

Mackenzie Zendt, Zika Responder Interview



What is your current role at CDC?

MZ: *"I currently work in the Joint Information Center, the CDC's communication hub during an emergency response."*

When, where, and how long did you deploy for the Zika response?

MZ: *"I deployed to CDC's Dengue Lab in San Juan, Puerto Rico, for 60 days in the fall of 2016. I arrived as part of a team of six as the epidemic was peaking in late August."*

What were your responsibilities during your deployment and what type of work did you support?

MZ: *"In Puerto Rico, I worked on the Epidemiology team to identify and track Zika cases across the island. Much of my work focused on entering patient*

information into a database that would match a person's name, address, and symptoms to a Zika laboratory test. The results of the test would be sent back to the medical provider, who would inform their patient if they had contracted Zika. This data was foundational for the Zika response—once we knew where Zika was spreading, the Joint Information Center was able to spread health promotion messages in that area, the Vector Control team was able to target that area for mosquito testing and traps, and the Pregnancy and Birth Defects team could communicate testing recommendations to local medical providers."

Describe your deployment experience.

MZ: *"At the time I was deployed, I was working as a CDC field assignee in a local health department in rural Kentucky. To go from the structure and rhythm of that position to the fast-paced, intensive work of an emergency response was a drastic shift in my perspective as a public health worker."*

What surprised you the most about deploying and working on the Zika response?

MZ: *"I didn't anticipate how quickly and casually our colleagues at the Puerto Rico Department of Health and the CDC Dengue Lab would welcome us into their jobs and lives. While powering through months of late nights and hard work, they made sure to introduce us to Puerto Rican coffee, invite us to the running club, and include us in an annual*

Halloween event. The deployment experience was so much richer because of the connections we made with our passionate, inclusive, and fun colleagues."

What was the most challenging part of your deployment?

MZ: *"One challenging aspect of my work was the need to function on both the micro and macro levels of public health. Working with Zika test results, we wanted to process as many cases as we could to capture the spread of disease and allow the other teams to push forward with their work. At the same time, it was imperative that we entered each case correctly so that patients—especially pregnant women—received accurate information about their Zika test. Both quantity and quality were extremely important in my daily work."*

What best practices or lessons learned did you gain from your deployment?

MZ: *"Multiple times, I witnessed how systems and resources that were in place prior to the Zika outbreak were effectively modified and used during the emergency. In Puerto Rico, a reporting system used for dengue and chikungunya viruses was adapted to include Zika virus, and used to connect medical providers and laboratories to the Puerto Rico Department of Health. Separately, CDC had procedures in place that allowed me to quickly deploy from Kentucky to Puerto Rico when there was a request for surge staff. Creating multi-faceted tools, adaptable systems, and teams of versatile responders is certainly a best practice that will promote health and safety at all times!"*

COMMUNICATION TIPS

Use CDC's CERC Corner tips to improve the clarity of your public health messages.



The Media's Role in a Crisis, Disaster, or Emergency

One of your most important communication partners during an emergency is the media. Don't be nervous to work with the media! The media serves as an emergency broadcast system to get vital information to the people who need it most. During the beginning of a crisis, reporters are less concerned with investigative journalism or making stories more dramatic. They, and their audience, are more interested in knowing what happened and how to stay safe.

Here are some ways to make the most out of your relationship with the media to effectively communicate in an emergency.

- Establish relationships with your local media agencies before a disaster.
- Provide all media outlets with the same information at the same time.
- Attempt to give reporters a reasonable timeframe to expect new information updates.

- Understand journalism deadlines and work to accommodate them. During a crisis, it is important to be available—if necessary, around the clock—to help reporters get the facts right before their deadline.

As communicators, you and the media share the same goal during an emergency: getting reliable, updated information out first and reaching the most people. The 24-hour news cycle is a great way to draw public attention to the issue and provide key safety messages in real-time. Like you, reporters have a job to do and have deadlines to meet. Meeting your deadlines can save lives and a strong relationship with media can help make that happen.

For more resources and information on CERC, please see [Crisis and Emergency Risk Communication, 2014 Edition](#) or [Crisis and Emergency Risk Communication Pandemic Influenza, 2007](#).

Have you used CERC in your work? To share your CERC stories, e-mail cercrequest@cdc.gov. Your stories may appear in future CERC Corners.

MOTHER TO BABY



MotherToBaby

Pregnant women or families who would like to speak to someone about a possible Zika virus infection or diagnosis during pregnancy and potential risks to the baby can contact [MotherToBaby](#), a service of the nonprofit Organization of Teratology Information Specialists (OTIS). MotherToBaby is not affiliated with CDC.

MotherToBaby experts are available during business hours to answer questions in English or Spanish by phone or talk about Zika:

- Call 1-866-626-6847
 - Chat live or send an email through <http://mothertobaby.org/>
-

CONTACT US



Email: EmergencyPartners@cdc.gov

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

Questions?

[Contact CDC-INFO](#)

800-CDC-INFO (800-232-4636) TTY: 888-232-6348