STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary

March 27, 2017

Dear Colleague:

We are writing to notify you of updated information from the Centers for Disease Control and Prevention (CDC) that aligns with recently updated guidance from the World Health Organization (WHO) regarding Zika virus. We acknowledge that this is complicated information, but nonetheless we hope that you find it useful for evaluating and providing guidance to your patients.

Updated Zika Travel Guidance

CDC has broadened their travel guidance and now recommends that pregnant women **not** travel to any area where there is a risk of Zika virus infection, including:

- 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 that transmission has stopped; and
- 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.

Updated Zika Testing Guidance

WHO has created a new Zika country classification scheme, which assigns geographical areas of the world to four different categories based on Zika transmission characteristics. Zika testing is still only recommended for pregnant women **(regardless of whether they have symptoms of Zika virus infection or not)** and people who have symptom onset within 14 days of their most recent exposure. As outlined in the attached table, as of the date of this letter, the Maryland Department of Health and Mental Hygiene (DHMH) will continue to perform Zika testing for the following persons who have traveled to or who have had condomless sex with travelers to the countries listed in WHO Categories 1–3:

- Pregnant women, regardless of whether they have Zika symptoms or not
- Symptomatic non-pregnant women and men

DHMH will perform Zika testing for the following persons who have traveled to or who have had condomless sex with a traveler to WHO Category 4 countries:

- Pregnant women with symptoms of Zika virus infection
- Pregnant women without symptoms of Zika virus infection but with possible fetal abnormalities

All other persons for whom Zika virus testing is desired should be referred to commercial laboratories.

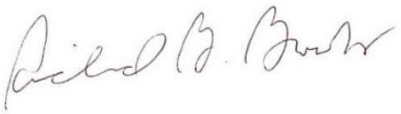
Please note that there is no CDC guidance advising against travel to some countries included in WHO Category 4. Countries may be reclassified among the different WHO Categories, so it would be best practice to routinely check the latest WHO situation report to verify the information you are using for each individual patient.

Yellow Fever Outbreak in Brazil

We also wanted to take this opportunity to make you aware of a travel notice issued by CDC due to an ongoing yellow fever outbreak in the Brazilian states of Minas Gerais, Espirito Santo, and Sao Paulo. In response to this outbreak, health authorities have recently expanded the list of areas in which yellow fever vaccination is recommended for travelers. Anyone 9 months or older who travels to these areas should be vaccinated against yellow fever. People who have never been vaccinated against yellow fever should not travel to areas with ongoing outbreaks. Detailed, updated recommendations regarding appropriate vaccination for yellow fever can be found at https://wwwnc.cdc.gov/travel/notices/alert/yellow-fever-brazil.

Please continue to contact your local health department or the Infectious Disease Epidemiology and Outbreak Response Bureau at (410) 767-6700 if you have questions or concerns.

Sincerely,



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Maryland Department of Health and Mental Hygiene

Attachment: 1) WHO Zika Virus Country Classification and Associated Testing Scheme

WHO Zika Virus Country Classifications and Associated Testing Category				
WHO ZIKV classification	**WHO Regional Office**	**Country/territory/subnational area**	**DHMH testing available for**	**Commercial lab testing available for**
Category 1: Area with new introduction or re-introduction with ongoing transmission	AFRO	Angola; Cabo Verde; Guinea-Bissau	1. Pregnant women, regardless of whether they have Zika symptoms 2. Symptomatic non-pregnant women and men	Anyone else for whom Zika testing is desired
	AMRO/PAHO	Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Bonaire, Sint Eustatius and Saba; Brazil; British Virgin Islands; Cayman Islands; Colombia; Costa Rica; Cuba; Curaçao; Dominica; Dominican Republic; Ecuador; El Salvador; French Guiana; Grenada; Guadeloupe; Guatemala; Guyana; Honduras; Jamaica; Martinique; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Puerto Rico; Saint Barthélemy; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands; United States of America; United States Virgin Islands; Venezuela (Bolivarian Republic of)		
	SEARO	Maldives		
	WPRO	American Samoa; Fiji; Marshall Islands; Micronesia (Federated States of); Palau; Papua New Guinea; Samoa; Singapore; Solomon Islands; Tonga		
Category 2: Area either with evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption	AFRO	Burkina Faso; Burundi; Cameroon; Central African Republic; Côte d'Ivoire; Gabon; Nigeria; Senegal; Uganda		
	AMRO/PAHO	Haiti		
	SEARO	Indonesia; Thailand; Bangladesh		
	WPRO	Cambodia; Lao People's Democratic Republic; Malaysia; Philippines; Viet Nam		
Category 3: Area with interrupted transmission and with potential for future transmission	AMRO/PAHO	ISLA DE PASCUA – Chile		
	WPRO	Cook Islands; French Polynesia; New Caledonia; Vanuatu		
Category 4: Area with established competent vector but no known documented past or current transmission	AFRO	Benin; Botswana; Chad; Comoros; Congo; Democratic Republic of the Congo; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Ghana; Guinea; Kenya; Liberia; Madagascar; Malawi; Mali; Mauritius; Mayotte; Mozambique; Namibia; Niger; Réunion; Rwanda; Sao Tome and Principe; Seychelles; Sierra Leone; South Africa; South Sudan; Togo; United Republic of Tanzania; Zambia; Zimbabwe	1. Symptomatic pregnant women 2. Pregnant women without Zika symptoms but with suspected fetal abnormalities	1. Pregnant women without Zika symptoms and with **no** suspected fetal abnormalities 2. Symptomatic non-pregnant women and men 3. Anyone else for whom Zika testing is desired
	AMRO/PAHO	Uruguay		
	EMRO	Djibouti; Egypt; Oman; Pakistan; Saudi Arabia; Somalia; Sudan; Yemen		
	EURO	Georgia; Região Autónoma da Madeira – Portugal; Russian Federation; Turkey		
	SEARO	Bhutan; India; Myanmar; Nepal; Sri Lanka; Timor-Leste		
	WPRO	Australia; Brunei Darussalam; China; Christmas Island; Guam; Kiribati; Nauru; Niue; Northern Mariana Islands (Commonwealth of the); Tokelau; Tuvalu; Wallis and Futuna		

1. Areas are classified according to country, territory, or subnational area.
2. Autochthonous infection is considered to be an infection acquired in-country, i.e. among patients with no history of travel during the incubation period or who have travelled exclusively to non-affected areas during the incubation period.

Classification Definitions

Category 1: Area with new introduction or re-introduction with ongoing transmission

a. A laboratory-confirmed autochthonous,2 vector-borne case of ZIKV infection in a country /territory/subnational area where there is no evidence of virus circulation before 2015, whether it is detected and reported by the country /territory/subnational area where infection occurred, or by another country by diagnosis of a returning traveler; or

b. A laboratory-confirmed autochthonous, vector-borne case of ZIKV infection in a country/territory/subnational area where transmission has been previously interrupted, whether it is detected and reported by the country where infection occurred, or by another country by diagnosis of a returning traveler.

Category 2: Area either with evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption This category takes into account those countries with known historical laboratory evidence of ZIKV circulation prior to 2015, based on the literature as well as all ZIKV surveillance data whether detected and reported by the country where infection occurred or by another country reporting a confirmed case in a returning traveler. Countries in this category may have seasonal variations in transmission. These countries may also experience outbreaks of ZIKV disease. Laboratory criteria to ascertain the presence of ZIKV in past studies are:

a. Detection of the virus in humans, mosquitoes or animals; and/or

b. Serologic confirmation of ZIKV infection with tests conducted after 1980, and considered as confirmed infection on expert review based on testing for all appropriate cross-reactive flaviviruses and utilization of comprehensive testing methodologies. Because of testing and interpretation limitations with serological data antedating 1980, they were not used for classification purposes.

Category 3: Area with interrupted transmission and with potential for future transmission The minimum timeline for determining transition to an interrupted state is 12 months after the last confirmed case, and no cases identified in travelers. For countries with a high capacity for diagnostic testing, consistent timely reporting of diagnostic results, a comprehensive arboviral surveillance system and/or a temperate climate or island setting, the interruption of vector-borne transmission is defined as the absence of ZIKV infection 3 months after the last confirmed case. Countries where interruption is epidemiologically likely to have occurred should provide surveillance data to WHO to support the assessment by expert review.

Category 4: Area with established competent vector but no known documented past or current transmission All countries/territories/subnational areas where the main competent vector (A. aegypti) is established, but which have not had a documented, autochthonous, vector-borne case of ZIKV infection. This category also includes a subgroup of countries/territories/subnational areas where ZIKV transmission may occur because of a shared border with a neighboring Category 2 country, by belonging to the same ecological zone and having evidence of dengue virus transmission. In this subgroup, a first laboratory confirmed, autochthonous vector-borne case of ZIKV infection may not necessarily indicate new introduction (Category 1), but rather previously unknown and undetected transmission (Category 2), and these countries/territories/subnational areas will be reclassified accordingly.