



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

---

June 7, 2017

Dear Colleague:

A new mosquito season is upon us in Maryland, and we are writing to provide you with updated information about Zika virus, including a summary of Maryland Zika epidemiology, useful new clinical tools recently released by the Centers for Disease Control and Prevention (CDC), and updated travel guidance.

With the arrival of mosquito season, please remember to counsel your patients returning from travel to Zika endemic areas to be particularly vigilant in protecting themselves from mosquito bites for at least three weeks after they return to reduce their risk of infecting local mosquitoes. Effective measures include wearing long sleeves and pants, applying EPA-registered insect repellants according to the package directions, and staying in air-conditioned or screened environments when mosquitoes are most active. Additionally, please remind patients to eliminate mosquito breeding areas from around their homes by regularly emptying or disposing of any items that might collect even very small amounts of rainwater.

### **Maryland Zika Epidemiology**

Maryland has identified 199 cases of Zika virus disease and infection since the end of 2015. To date, we have not had any locally acquired mosquito-borne Zika cases. The 199 cases have all been travel-associated and include a few sexually transmitted cases from travelers to Zika-affected areas and a few congenitally transmitted cases from mothers who traveled from Zika-affected areas. Women account for 76% of Maryland's cases, and just under 40% of cases are pregnant women. The average age of cases is 35 years (range 0–84 years).

Maryland DHMH has enrolled 91 pregnant women into the United States Zika Pregnancy Registry (USZPR) due to laboratory evidence of possible Zika exposure during pregnancy. Maryland has also reported infants with birth defects and instances of fetal demise or miscarriage associated with possible Zika virus infection.

Nearly 60% of cases are from the National Capital region of Maryland, about 30% of the cases are from the Baltimore metro region, 6% of the cases are from the Eastern Shore, and the remaining 4% are split evenly between Southern and Western Maryland.

The most common regions visited by Maryland cases were: the Caribbean (53%), Central America (including Mexico, 50%), North America (Florida, 5%), South America (5%), and Southeast Asia and Pacific Islands (2%). Note that individual travelers may have visited multiple destinations; thus, percentages sum to >100%.

The most common destinations visited include El Salvador (20%), Dominican Republic (13%), Guatemala (11%), Puerto Rico (10%), Mexico (9%), Honduras (6%), Jamaica (6%), Trinidad and Tobago (5%), and Florida (5%). Other destinations, each accounting for  $\leq 3\%$  of travel-associated cases, include: Barbados, Nicaragua, Costa Rica, Haiti, British Virgin Islands, St. Vincent and the Grenadines, US Virgin Islands, Martinique, Philippines, St. Martin, Venezuela, Virgin Islands, Brazil, Cuba, Guyana, St. Lucia, Aruba, Colombia, Ecuador, and Grenada.

### **New Zika Clinical Tools**

The CDC has released several tools that help clinicians navigate the overwhelming amount of management and counseling guidance regarding Zika virus for their patients:

- 1) [Road map for parents of babies infected with Zika before birth who appear healthy](#) – This tool provides a step-by-step guide to help parents plan, understand, and organize the various clinical evaluations and diagnostic tests currently recommended during the first year of life for children infected with Zika virus before birth but who appear healthy.
- 2) [Road map for parents of children with congenital Zika syndrome](#) – This tool provides a step-by-step plan to help parents plan, understand, and organize the various clinical evaluations and diagnostic tests currently recommended during the first year of life for children with congenital Zika syndrome.
- 3) [Infant neuroimaging and infant and placental Zika virus testing](#) – This tool helps providers determine what testing infants born to mothers possibly exposed to Zika virus during pregnancy need at birth — including neuroimaging, serum and urine testing, and/or placental testing — based on the mother’s exposure window and testing results and the clinical evaluation of the infant at birth.
- 4) [Travel counseling](#) – This guide describes recommendations to providers for counseling women and men of reproductive age who are considering travel to areas with risk of Zika, including recommendations from CDC’s interim guidance and talking points to cover while discussing recommendations.
- 5) [Travel guidance resources](#) – This website gathers together all of CDC’s resources for assessing risk for acquiring Zika based on a patient’s location of travel in one place, including a link to an interactive [world map](#).

### **Updated Zika-related Travel Guidance**

Florida Department of Health and CDC announced on June 2, 2017 that the Zika cautionary (yellow) area designation in Miami-Dade county has been lifted due to more than three mosquito incubation periods (45 days) having passed with no additional confirmed local transmission cases and no suspected local transmission cases under investigation with enhanced surveillance in place. Lifting the yellow area designation means that there are no longer any travel recommendations related to Zika virus for Miami-Dade County.

Although we do not know the level of risk of Zika virus transmission after a Zika cautionary (yellow) area designation is lifted, it is likely to be low. However, sporadic cases may still occur. As mosquito season progresses, if new locally-acquired infections are identified, new travel recommendations will

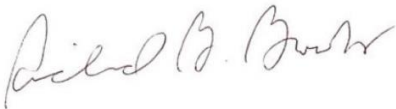
likely be issued. Because of the severe effects of Zika virus infection during pregnancy, we recommend that people traveling to Miami-Dade County continue to protect themselves from mosquito-borne illnesses, including Zika virus.

Because of this change, **Maryland DHMH will no longer *routinely* consider travel to southern Florida on or after June 2, 2017 as a risk factor for Zika virus infection and will refer Zika test requests for such persons to commercial laboratories.** If new travel recommendations are issued due to the identification of new locally-acquired cases in Florida, we will provide updated testing guidance. However, as always, we ask clinical providers to use their best judgement in ordering Zika virus tests, and we strongly encourage providers to contact their local health department or DHMH to discuss any particularly concerning cases.

Please also be aware that India recently notified the World Health Organization (WHO) of its first cases of locally-acquired cases of Zika virus infections. As such, providers should advise pregnant women not to travel to India and should apply previously released DHMH and CDC guidance for countries with ongoing Zika transmission to India, including requesting testing in appropriate persons who have recently returned from traveling there.

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. This letter and all previous communications to the Maryland healthcare community, as well as the most recent case counts and other important information regarding Zika in Maryland, can be found on the DHMH Zika webpage: <https://phpa.health.maryland.gov/Pages/Zika.aspx>.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard B. Brooks".

Richard B. Brooks, MD, MPH  
Epidemic Intelligence Service Officer, Centers for Disease Control and Prevention  
Maryland Department of Health and Mental Hygiene