

What EMS Should Know About Zika

Alexander Garza MD, MPH

Current Assessment: The largest outbreak of the Zika virus is occurring in Central and South America with fear that the virus will become more widespread to other countries. There has been a rapid surge in Zika virus infections, particularly in Brazil. While the Zika virus usually causes no immediate harm to the patient, it is linked to microencephaly (small head and brain) in the developing fetus of pregnant women. The first US case of Zika induced microencephaly was detected in Hawaii the week of January 11th, 2016 with new infections found in Illinois and Florida. These pregnant women had all recently travelled to an infected area and there are no reports of Zika infection that originated in the US.

Background:

- Zika is a virus that is spread by mosquitoes that also transmit other diseases such as Dengue and Yellow Fever.
- The majority of people infected with the Zika virus will not have any symptoms
- Patients normally complain of fevers, headache, joint pain, and a rash
- There is no vaccine or treatment for Zika
- Diagnosis is made using sophisticated analytic laboratory tests available only at the CDC and certain state labs
- Pregnant women are at particular risk due to the effects on the developing fetus
- Women in any trimester are at risk of microencephaly in their fetus
- Zika can not be spread from person to person and there is no need for protection other than standard PPE (gloves)

What Does EMS Need to Know:

EMS Providers should be educated about what to look for in a Zika infected patient, though there are no immediate concerns and no isolation is required. Pregnant patients that are encountered should be asked about travel history in Zika infected areas during their pregnancy and any positive information should be relayed to the treating facility.

More information can be found at the [Centers for Disease Control and Prevention](http://www.cdc.gov)

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