



Marine Safety Information Bulletin

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Zika Virus Precautions

This Bulletin updates the maritime industry on risks associated with the Zika virus. Recently, the World Health Organization designated the Zika virus as a global public health emergency. This has prompted questions from the maritime industry regarding reporting requirements for any vessel crewmembers or passengers who may be exhibiting symptoms of the Zika virus. Vessel and facility representatives are reminded of the **following requirements to report hazardous conditions and illnesses**:

- Under 42 C.F.R. § 71.2, vessel representatives are reminded that they are required to report sick or deceased crew or passengers within the last 15 days to the Center for Disease Control (CDC).
- Also, under 33 C.F.R. § 160.215, the owner, agent, master, operator, or person in charge of a vessel is required to immediately notify the nearest Coast Guard Sector whenever there is a hazardous condition aboard the vessel. An ill person on board may constitute a hazardous condition that should be reported. The Captain of the Port should ensure that any parties making a report of this nature are informed of their obligation to notify the CDC.

Some key points to remember concerning Zika:

- Zika is a virus that is spread by mosquitoes; in rare cases, the virus may be spread via blood transfusions, sexual contact, and from mother to child in the womb. Most people who get Zika will not have any symptoms.
- Those who do get symptoms will generally have a fever, rash, joint pain, conjunctivitis (red eyes), and, occasionally, muscle pain and/or a headache. It is uncommon for people infected with the Zika virus to require hospitalization, and deaths are rare.
- There is no specific treatment or vaccine for Zika. Recommended supportive care is rest, hydration, and pain/fever management with acetaminophen (i.e., Tylenol).
- The CDC is investigating a possible link between birth defects and Zika infection during pregnancy. While this link has not yet been definitively established, the CDC recommends the following:
 - pregnant women consider postponing travel to any Zika-affected area;
 - women who are trying to become pregnant and are planning travel to a Zika-affected area talk to their healthcare provider about the risk of Zika infection; and
 - if a pregnant woman must travel to a Zika-affected area, she should strictly follow steps to prevent mosquito bites during her trip.
- Take preventive measures to avoid mosquito bites including avoiding/limiting outdoor activities one hour before and after dusk and dawn, when mosquitoes are most active; cover exposed skin; and use insect repellent. (Do not use insect repellent on babies younger than 2 months of age). CDC information on insect repellent and recommendations for preventing mosquito bites can be found at <http://wwwnc.cdc.gov/travel/page/avoid-bug-bites>.
- Use authoritative information sources to obtain the latest news about the Zika virus such as those with .gov or .mil websites including <http://www.cdc.gov/zika>. Cyber criminals often use high interest events to target unsuspecting individuals. To avoid cyber phishing scams, do not respond to or click on links in unsolicited email regarding the Zika virus.

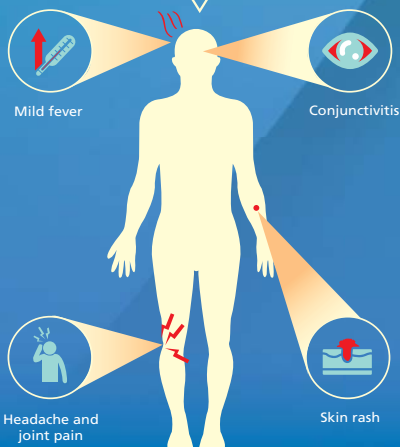
Questions regarding this MSIB should be forwarded to the Office of Port and Facility Compliance (CG-FAC) at (202) 372-1171/1107 or by email at CGFAC@uscg.mil.


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What is Zika?


Zika is a virus transmitted by the *Aedes* mosquito, which also transmits dengue and chikungunya.

Zika can cause:



 Onset is usually 2-7 days after the mosquito bite

 1 in 4 people with Zika infection develops symptoms

 A very small number of people can develop complications after becoming ill with the virus

How is Zika infection prevented?

To prevent mosquito bites that transmit Zika:



Cover skin with long-sleeve clothing, trousers and hats



Use insect repellent as recommended by health authorities



Sleep protected by mosquito nets



At least once a week, empty, clean, turn over, cover and/or dispose of containers that can hold water, such as tires, buckets and flower pots, both inside and outside of dwellings to eliminate mosquito breeding sites



Use screens or mosquito nets in windows and doors to reduce contact with mosquitoes

Controlling the breeding sites of *Aedes* mosquitoes reduces the likelihood of transmission of Zika, chikungunya, and dengue

Is there a treatment?

There is no vaccine or specific drug against this virus. Only pain and fever can be treated.

Patients with symptoms of Zika infection should:



Get plenty of bed rest



Drink plenty of liquids



Take medicine to relieve fever and pain



Use mosquito nets when napping



Wear clothing that covers arms and legs



If symptoms worsen or complications develop, see a doctor immediately



REGIONAL OFFICE FOR THE AMERICAS

#zika
#FightAedes
#ZikaVirus

www.paho.org/zikavirus



Home » Zika virus infection and Zika fever: Frequently asked questions

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Updated: 6 January 2016

ZIKA

What is Zika virus infection?

Zika virus infection is caused by the bite of an infected *Aedes* mosquito, usually causing mild fever, rash, conjunctivitis, and muscle pain.

The virus was isolated for the first time in 1947 in the Zika forest in Uganda. Since then, it has remained mainly in Africa, with small and sporadic outbreaks in Asia. In 2007, a major epidemic was reported on the island of Yap (Micronesia), where nearly 75% of the population was infected.

On 3 March 2014, Chile notified PAHO/WHO that it had confirmed a case of indigenous transmission of Zika virus on Easter Island, where the virus continued to be detected until June 2014.

In May 2015, the public health authorities of Brazil confirmed the transmission of Zika virus in the northeast of the country. Since October 2015, other countries and territories of the Americas have reported the presence of the virus. See updated list at: www.paho.org/zikavirus.

What are the symptoms?

The most common symptoms of Zika virus infection are mild fever and exanthema (skin rash), usually accompanied by conjunctivitis, muscle or joint pain, and general malaise that begins 2-7 days after the bite of an infected mosquito.

One out of four infected people develops symptoms of the disease. Among those who do, the disease is usually mild and can last 2-7 days. Symptoms are similar to those of dengue or chikungunya, which are transmitted by the same type of mosquito. Neurological and autoimmune complications are infrequent, but have been described in the outbreaks in Polynesia and, more recently, in Brazil. As the virus spreads in the Americas, giving us more experience with its symptoms and complications, it will be possible to characterize the disease better.

How is Zika virus transmitted?

Zika virus is transmitted to people through the bite of an infected *Aedes* mosquito. This is the same mosquito that transmits dengue and chikungunya.

Can it be transmitted through blood or sexual contact?

In general, the Zika virus needs a vector (a means of transportation) to infect people. That vector is the mosquito. However, the virus has been isolated in semen and person-to-person sexual transmission has been documented. The public health impact has not yet been evaluated, and available evidence would indicate that this is an infrequent mechanism for spreading the disease.

Zika can be transmitted through blood, but this also an infrequent mechanism. The usual recommendations for safe transfusions should be followed (e.g., healthy volunteer donors).

Can it be transmitted from mother to child?

There is little information on transmission from mother to baby during pregnancy or childbirth. Perinatal transmission has been reported with other vector-borne viruses, such as dengue and chikungunya. Studies are now being conducted on possible mother-to-child transmission of the virus and its possible effects on the baby. [More information](#).

What treatment is there?

Treatment consists of relieving pain, fever, and any other symptom that inconveniences the patient. To prevent dehydration, it is recommended to control the fever, rest, and drink plenty of water. There is no vaccine or specific drug for this virus.

Can it cause death?

In this Region, it is a new virus that up until now has had a very limited geographical and demographic distribution, and there is no evidence that it can cause death. However, sporadic cases have been reported of more serious manifestations and complications in patients with preexisting diseases or conditions, causing death.

Who is at risk of Zika infection?

Anyone not previously exposed to the virus and who lives in an area where the mosquito is present, and where imported or local cases have been reported, may be infected. Since the *Aedes* mosquito is found throughout the Region (except in continental Chile and Canada), it is likely that outbreaks will occur in other countries that have not yet reported any cases.

How is Zika diagnosed?

In most people, diagnosis is based on clinical symptoms and epidemiological circumstances (such as Zika outbreak in the patient's area or trips to areas where the virus is circulating).

Blood tests can help to confirm the diagnosis. Some (virological PCR tests) are useful in the first 3-5 days after the onset of symptoms, while others (serological tests) detect the presence of antibodies but are useful only after five days.

Once it has been demonstrated that the virus is present in a given area or territory, confirmation of all cases is not necessary, and laboratory testing will be adjusted to routine virological surveillance of the disease.

Which is the difference between Zika, dengue, and chikungunya?

All these diseases present similar symptoms, but certain symptoms suggest one disease or another:

Dengue usually presents with higher fever and more severe muscle pain. There can be complications when the fever breaks: attention should be paid to warning signs such as bleeding.

Chikungunya presents with higher fever and more intense joint pain, affecting the hands, feet, knees, and back. It can disable people, bending them over so that they cannot walk or perform simple actions such as opening a water bottle.

Zika does not have clearly characteristic features, but most patients have skin rashes and some have conjunctivitis.

Is there a relationship between Guillain-Barré syndrome and Zika virus?

An increase in Guillain-Barré syndrome (GBS) has been observed in areas where a Zika virus epidemic has been documented (e.g., in French Polynesia and Brazil).

However, a direct causal relationship has not been established between Zika virus infection and GBS. Prior infection with dengue or genetic factors could contribute to or increase cases of GBS. Several studies are underway to better establish the relationship between Zika and GBS.

GBS occurs when a person's immune system attacks itself, in particular affecting the cells of the nervous system. This process can be initiated by infection with various viruses or bacteria. The main symptoms include muscular weakness and tingling (paresthesia) in the arms and legs, and severe complications can occur if the respiratory muscles are affected. The most seriously ill patients need attention in intensive care units.

CIRCULATION OF ZIKA VIRUS

Which countries have reported cases of Zika in the Americas?

On 3 March 2014, Chile notified PAHO/WHO that it had confirmed a case of indigenous transmission of Zika virus on Easter Island, where the virus continued to be detected until June 2014.

In May 2015, the public health authorities of Brazil confirmed the transmission of Zika virus in the northeast of the country. Since October 2015, other countries and territories of the Americas have reported the presence of the virus. (See updated list at: www.paho.org/zikavirus.)

What causes rapid transmission in an area?

There are two factors for rapid transmission (documented in other countries): (1) Since this is a new virus to the Americas, the entire population is susceptible, lacking defenses to Zika virus; and (2) The Aedes mosquito is widespread in the Region, given the climatic conditions, temperature, and humidity in tropical countries.

Is it advisable to travel to countries where Zika virus is circulating?

PAHO/WHO does not recommend any travel or international trade restrictions related to Zika virus outbreaks. Travelers are advised to take the suggested precautions to prevent mosquito bites.

How many Zika cases have been reported in the Region of the Americas?

Countries begin reporting when they detect the circulation of the virus in their territories. However, maintaining a case count is difficult because symptoms of the disease tend to be mild and not everyone affected is seen by health services. What is most important is to detect the circulation of the virus, strengthen the response of health services, and step up surveillance of serious cases and complications.

PREVENTION

What measures should be taken to prevent Zika virus infection?

Prevention involves reducing mosquito populations and avoiding bites, which occur mainly during the day. Eliminating and controlling Aedes aegypti mosquito breeding sites reduces the chances that Zika, chikungunya, and dengue will be transmitted. An integrated response is required, involving action in several areas, including health, education, and the environment.

To eliminate and control the mosquito, it is recommended to:

- Avoid allowing standing water in outdoor containers (flower pots, bottles, and containers that collect water) so that they do not become mosquito breeding sites.
- Cover domestic water tanks so that mosquitoes cannot get in.
- Avoid accumulating garbage: Put it in closed plastic bags and keep it in closed containers.
- Unblock drains that could accumulate standing water.
- Use screens and mosquito nets in windows and doors to reduce contact between mosquitoes and people.

To prevent mosquito bites, it is recommended that people who live in areas where there are cases of the disease, as well as travelers and, especially, pregnant women should:

- Cover exposed skin with long-sleeved shirts, trousers, and hats
- Use repellents recommended by the health authorities (and apply them as indicated on the label)
- Sleep under mosquito nets.

People with symptoms of Zika, dengue, or chikungunya should visit a health center.

What is PAHO/WHO's response in the Americas?

PAHO/WHO is working actively with the countries of the Americas to develop or maintain their ability to detect and confirm cases of Zika virus infection, treat people affected by the disease, and implement effective strategies to reduce the presence of the mosquito and minimize the likelihood of an outbreak. PAHO/WHO's support involves:

- Building the capacity of laboratories to detect the virus in a timely fashion (together with other collaborating centers and strategic partners).
- Advising on risk communication to respond to the introduction of the virus in the country.
- Controlling the vector by working actively with the populace to eliminate mosquito populations.
- Preparing recommendations for the clinical care and monitoring of persons with Zika virus infection, in collaboration with professional associations and experts from the countries.
- Monitoring the geographic expansion of the virus and the emergence of complications and serious cases through surveillance of events and country reporting through the International Health Regulations channel.
- Supporting health ministry initiatives aimed at learning more about the characteristics of the virus, its impact on health, and the possible consequences of infection.

Countries and territories with confirmed cases of Zika virus (autochthonous transmission) in the Americas, 2015-2016.



Updated as of
Epidemiological Week 2
(Jan 16-18, 2016)



Legend

Countries with confirmed cases of Zika virus

Countries with confirmed cases

Country limits

Caribbean



Map prepared by: OPS, PAHO, GEBCO, NOAA, IHO, and other data sources. Sources: OPS, GEBCO, NOAA, National Oceanic and Atmospheric Administration, Geonames.org, and other contributors.

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Data Source:

Reported from the WHO National Focal Points and through the Ministry of Health websites.

Map Production:

PAHO/WHO/OPS (WHO/OPS)