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WHAT HEALTHCARE WORKERS NEED TO KNOW ABOUT ZIKA

7ika data as of 6/20/16

WHAT IS ZIKA?

Zika is caused by the Zika virus. This virus is transmitted to people mainly through the bite of Aedes mosquitoes.

The virus was first discovered in 1947. Outbreaks have been reported in Africa, Southeast Asia and the Pacific Islands. In 2015, the first confirmed Zika virus infection was documented in Brazil. Local transmission has been reported in many other countries and territories, and the Zika virus will likely continue to spread to new areas. Zika cases have been reported in the U.S. and Puerto Rico.

HOW IS ZIKA TRANSMITTED?

Zika virus can be spread by:

 Mosquitoes. Aedes aegypti mosquitoes (commonly known as yellow fever mosquitoes) are typically concentrated in the southern U.S. as well as parts of the Southwest. Aedes albopictus mosquitoes (commonly known as Asian Tiger mosquitoes) are found in much of the southern and eastern part of the U.S. and Puerto Rico.

These mosquitoes lay eggs in and near standing water in buckets, bowls, animal dishes, flower pots and vases. The mosquito feeds from an infected person, carries the virus, and then spreads the infection to other people. These same mosquitoes also spread other diseases, such as dengue fever and chikungunya.

- 2) Mother to child. While this is rare, transmission can occur during pregnancy and through the birthing process; at the present time there are no reports of transmission through breastfeeding.
- 3) Sexual contact. An infected man can spread the virus to sex partners; in most cases, but not all, the infected man had symptoms.

- 4) Bloodborne exposure. Zika can be spread from bloodborne and other infectious body fluids exposures, like needlesticks or splashes.
- **5) Blood transfusion.** While there are no confirmed cases in the US, some have been reported in Brazil.

WHO IS AT RISK OF INFECTION FOR ZIKA?

People who live in, or travel to, an area where the Zika virus is found, and they were not already infected, are at risk. For information on Zika-infected areas, go to 1.usa.gov/1teQiNo. You can also check the CDC map at 1.usa.gov/25K83SB for information on U.S. areas and territories.

WHAT ARE THE SYMPTOMS OF ZIKA INFECTION?

Most people who get infected with Zika don't get sick, so they don't know they have the disease. The time from infection to illness (called the incubation period), is not known, but is believed to be a few days to a week. The Zika virus remains in the blood for about a week, but it can be longer for some people. The virus is present in semen longer than in blood.

The most common symptoms are fever, rash, joint pain, and conjunctivitis (red eyes); other symptoms may include muscle pain and headache. These symptoms are usually mild and last for several days to a week.

People usually don't go to the hospital with Zika, and they very rarely die. Once a person has been infected, they are likely to be protected from future Zika infections.

COMPLICATIONS ASSOCIATED WITH ZIKA

A small number of Guillain-Barré Syndrome (GBS) cases have been associated with Zika. Guillain-Barré is a rare disorder in which the body's immune system attacks the nerves.



Zika virus can also be spread from a pregnant woman to her fetus, and has been linked to a serious birth defect of the brain called microcephaly in babies of mothers who are infected with the Zika virus while pregnant. CDC recommends special precautions for women who are or may become pregnant. Click on 1.usa.gov/1X8RCNR for more information on Zika and pregnancy. See your doctor or other healthcare provider if you are pregnant and develop a fever, rash, joint pain, or red eyes within two weeks after traveling to a place where Zika has been reported.

Healthcare workers who are exposed to large volumes of body fluids of Zika-infected women during labor and delivery are at risk and must adhere to all standard and universal precautions during these procedures.

DIAGNOSIS AND TREATMENT

If you live in or travel to a Zika-infected area, and you have symptoms, see a doctor; blood tests will confirm if you have been infected.

At present, there is NO vaccine, or specific medicine to treat Zika.

To recover from Zika infection, get rest, drink plenty of fluids, take acetominophen to relieve fever and pain but don't take aspirin or non-steroid antiinflammatories. If you are taking other medications, talk to your physician.

To help prevent others from getting sick, avoid mosquito bites during the first week of infection by covering your skin and wearing insect repellent. And to help prevent transmission to partners via sexual contact, abstain from sexual activity or use condoms during sexual activity during and following infection. For specific recommendations to prevent sexual transmission, please visit the CDC Zika and Sexual Transmission page at 1.usa.gov/1tePQiq.

Workers who are exposed to the blood or other body fluids of persons infected with Zika are at risk for Zika infection.

HOW TO PREPARE FOR ZIKA IN **HEALTHCARE FACILITIES: KEY ELEMENTS**

Management commitment and worker involvement are essential to implement effective infection control programs. Designated personnel must review, update

and act on all guidance, including standard operating procedures and exposure control plans, and must communicate those policies and practices to all staff. Early identification procedures/signage can help to quickly identify suspect cases.

Healthcare workers must receive training and education on Zika identification and control. In addition to awareness training, personnel who are at risk should receive training on how properly don and doff their personal protective equipment.

Workers must comply with Universal AND Standard Precautions, including the use of appropriate personal protective equipment (PPE) and hand hygiene. The precautions must be followed when providing care to all patients and handling laboratory specimens and samples.

UNIVERSAL PRECAUTIONS treat all human blood and other potentially infectious materials (OPIM) as if they were known to be infectious for bloodborne pathogens. Standard precautions are a set of infection control practices used to prevention transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes.

Wash hands with soap and water or use alcohol-based hand rubs containing at least 60 percent alcohol. Soap and water are best for hands that are visibly soiled. Perform hand hygiene before and after any contact with a patient, after any contact with potentially infectious material, and before putting on and upon removing PPE, including gloves.

Personal protective equipment should include gloves; double (nitrile) gloves are recommended for high-risk activities (exposure to large amounts of body fluids). In addition, impermeable gowns, shoe coverings, and/or disposable aprons protect exposed skin and clothing.

Goggles and face shields provide protection for the eyes and face from splashing.

For any aerosol-generating procedure, use a respirator, as a surgical mask does not protect against aerosolized



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particles. The minimum should be a properly-fitted N-95 respirator.

For **decontamination**, use appropriate disinfectants on all environmental surfaces and equipment, and handle laundry and soiled patient care equipment in a manner that prevents transfer of organisms to others and to the environment.

Practice sharps safety by using sharps with engineered sharps injury protection (SESIP) to prevent sharprelated injuries. Do NOT bend, recap, or remove contaminated needles or other contaminated sharps. Properly dispose of these items in closable, punctureresistant, leak-proof, and labeled or color-coded containers.

Laboratory safety practices must meet the appropriate Biosafety Level (BSL) for the type of work being conducted, including the specific biological agents - in this case, Zika virus, in the laboratory. Laboratories should handle Zika virus at BSL-2, including limiting access to laboratories and other affected work areas. Some work may require BSL-3 precautions, including additional respiratory protection, based on the risk assessment of the proposed work.

Comply with all post-exposure procedures by reporting all needlesticks, lacerations, and other exposure incidents to supervisors immediately. Procedures include immediate medical care for those who experience an exposure incident, as well as counseling. See OSHA's Bloodborne Pathogen Standard, 29 CFR 1910.1030(f) for all post-exposure requirements.

All workers are protected from retaliation. Paragraph 11(c) of the OSH Act, 29 USC 660(c), prohibits

employers from retaliating against workers for raising concerns about safety and health conditions. OSHA encourages workers who suffer such discrimination to submit a complaint to OSHA. Workers have 30 days from an alleged reprisal to file their complaints.

If someone is infected with Zika at work, file a claim for workers' compensation to recover any lost pay and personal sick days, and to cover all medical expenses, both short and long-term, relating to your illness.

EMPLOYERS MUST comply with applicable requirements in the BBP (29 CFR 1910.1030), PPE (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards, among other OSHA requirements.

REFERENCES

U.S. Centers for Disease Control. Zika Virus. 1.usa. gov/1Zv7N61

OSHA/NIOSH Interim Guidance for Protecting Workers from Occupational Exposure to Zika Virus. 1.usa. gov/1XB04pY

Preventing Transmission of Zika Virus in Labor and Delivery Settings Through Implementation of Standard Precautions - United Sates, 2016, MMWR/March 25, 2016/Vol. 65/No. 11

NIOSH Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganism in Blood and Body Fluids:

1.usa.gov/28IJ2AM

American Federation of Teachers Health, Safety & Well Being Department