

Virginia Department of Health Agency Report

1. Flu Vaccine recommendations for 2016-2017

- The American Academy of Pediatrics does not recommend the nasal spray vaccine this flu season, after studies show poor effectiveness
- Recommends all children ages 6 months and older receive a seasonal flu shot during the 2016-17 season, as vaccination remains the best available preventive measure against influenza.
- The policy statement, "[Recommendations for Prevention and Control of Influenza in Children, 2016–2017](#)," will be published online Sept. 6. The statement supports the recommendation by federal health officials not to use the live attenuated influenza vaccine (LAIV), administered by intranasal spray.
- The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention found that the nasal spray vaccine did not protect against certain strains of the flu virus that were most prominent the past three seasons. The nasal spray vaccine effectiveness among children 2 through 17 years was 3 percent in 2015-16, compared with 63 percent for the injected vaccine.
- Both trivalent and quadrivalent inactivated flu vaccines are available for the 2016-17 season, either of which may be used (no preference), according to the AAP. Both contain three of the same strains, and the quadrivalent formulation contains an additional fourth strain. Both vaccines are designed to be well-matched to circulating strains to provide optimal protection. Patients with an allergy to eggs do not need to receive any special consideration, as recommended in prior years. A 2012 review of published data found the amount of egg protein in the vaccine did not increase the risk of anaphylaxis among 4,172 egg-allergic patients.
- Health care providers are encouraged to begin offering flu vaccine no later than October; immunization early in the influenza season is expected to provide protection for the entire season. Because the flu season is unpredictable and outbreaks can occur late in the season, providers are encouraged to continue offering flu vaccine until June 30.
- Women who are pregnant or breastfeeding are encouraged to be vaccinated. Women can safely receive the influenza vaccine at any point during pregnancy
- A special effort also should be made to vaccinate children and adolescents with medical conditions that could increase the risk of complications from flu, as well as household contacts and out-of-home care providers of children with high-risk conditions. The Academy calls for vaccinating American/Indian Native children, and household contacts and out-of-home providers of children under age 5, especially those younger than 2 years.

2. Zika Virus Infection: Virginia

- People in Virginia can acquire this infection through the bite of an infected mosquito, in an area where the virus is circulating among mosquitoes. The infection is transmitted mostly by *Aedes aegyptii* mosquitoes, but *Aedes albopictus* can also transmit it. Both these types of mosquitoes circulate in Virginia, with *A. albopictus* being the most common nuisance mosquito here.
- The infection is transmitted via the bite of an infected mosquito as well as directly from person to person through prenatal transmission, sexual relations (vaginal and anal), and blood transfusions.
- Most (80%) Zika virus infections are asymptomatic. Those with symptoms experience generally mild symptoms that are similar to those seen with other arboviral infections. More classic Zika-related symptoms include acute onset of fever, maculopapular rash (which can be very itchy), arthralgia, and conjunctivitis.

- Zika virus infections have been confirmed in infants with microcephaly and in fetal losses in women infected during pregnancy. The extent of the association between Zika virus infection and other adverse pregnancy outcomes and conditions (such as Guillain-Barre syndrome) is being studied.
- Testing and further clinical evaluation is recommended for an infant who has microcephaly or intracranial calcifications and is born to a woman who traveled to or resides in an area where Zika virus transmission is ongoing or who is born to a mother with positive or inconclusive test results for Zika virus infection. For more information on the recommendations for evaluation and testing of infants, please go to: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3er.htm>
- Pregnant women who do not have symptoms, fetal loss, or a fetus/infant with microcephaly will not be offered public health testing for Zika virus. Serial ultrasounds every 3-4 weeks are recommended for those pregnant women who travel or reside in an affected area.
- Pregnant women are advised to consider postponing travel to Zika-affected areas. If such travel cannot be avoided, they should take precautions to minimize exposure to mosquitoes, including using insect repellents, wearing long sleeves, long pants, and socks, and sleeping in rooms with screened windows or air conditioning.

Other birth related problems

- A study in Brazil of 70 babies whose mothers had confirmed Zika infections found that nearly 6 percent of the infants had hearing loss, adding a new complication to the list of ills the virus can cause when women are infected during pregnancy.
- The Brazilian study, published on Tuesday in the U.S. Centers for Disease Control and Prevention's weekly report on death and disease, confirmed less rigorous reports of deafness among infants born to mothers with Zika infections.
- The finding is part of an effort to fully characterize the harm caused by the Zika virus during pregnancy. The virus is best known for causing the severe birth defect microcephaly. But other studies have shown that Zika can cause other brain abnormalities, vision problems and joint deformities.
- In the latest study, a team led by Dr. Marli Tenorio and Dr. Ernesto Marques of the Oswaldo Cruz Foundation in Pernambuco, Brazil, examined records from 70 infants with microcephaly whose mothers had laboratory-confirmed Zika infections during pregnancy.
- They found that nearly 6 percent had hearing loss without any other plausible cause.
- Several other viral infections during pregnancy can cause hearing loss, including rubella and cytomegalovirus, or CMV, infections. The current study adds Zika infection to that list.
- Scientists say Zika should now be considered a risk factor for hearing loss, and children who were exposed during pregnancy but have normal hearing at birth should be screened regularly for delayed or progressive hearing loss.
- The connection between Zika and microcephaly first came to light last fall in Brazil, which has since confirmed more than 1,800 cases of microcephaly.

In summary

- You can acquire this infection through travel to an area where the virus is circulating among mosquitoes.
- Most people experience no or only mild symptoms. If symptoms occur, they might include fever, rash, joint pain, and redness around the eyeball.
- Zika virus infection has been identified in several infants born with microcephaly (including deaths) and in early fetal losses. Studies are underway to determine the extent to which Zika virus is associated with these outcomes.
- The Virginia Department of Health has sent guidance about Zika virus to doctors and other health care providers statewide. Talk with your doctor about Zika virus if you are ill and traveled recently to Central or South America. This is especially important if you were pregnant during the time of your travels.
- If a doctor has a patient with symptoms of Zika virus infection who traveled to an area of the world affected by Zika virus, the doctor should call the local health department to discuss testing. Public health will facilitate testing for pregnant women who traveled to an affected area and who have symptoms of infection or experience a fetal loss or who have an ultrasound finding of microcephaly in a fetus or an infant born with microcephaly. Testing for Zika virus has to be done at CDC.
- A pregnant woman who does not have symptoms, fetal loss, or a fetus/infant with microcephaly will not be offered public health testing for Zika virus. Serial ultrasounds every 3-4 weeks are recommended for a healthy pregnant woman who traveled to an affected area.
- The Virginia Department of Health will continue to monitor the Zika situation closely and will provide additional information to clinicians and the public in Virginia, as new information arises.

Precautions

- Anyone in areas with known Zika exposure should take precautions to minimize exposure to mosquitoes, including using insect repellents, wearing long sleeves, long pants, and socks, and sleeping in rooms with screened windows or air conditioning.

Protect yourself and your family from mosquito bites



Use Insect Repellent

Use [Environmental Protection Agency \(EPA\)-registered insect repellents](#) with one of the active ingredients below. When used as directed, EPA-registered insect repellents are proven safe and effective, even for pregnant and breastfeeding women.

Active ingredient	Some brand name examples*
Higher percentages of active ingredient provide longer protection	
DEET	Off!, Cutter, Sawyer, Ultrathon
Picaridin , also known as KBR 3023 , Bayrepel , and icaridin	Cutter Advanced, Skin So Soft Bug Guard Plus, Autan (outside the United States)
Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)	Repel
IR3535	Skin So Soft Bug Guard Plus Expedition, SkinSmart

* Insect repellent brand names are provided for your information only. The Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services cannot recommend or endorse any name brand products.

Tips for Everyone

- Always follow the product label instructions.
- Reapply insect repellent as directed.
 - Do not spray repellent on the skin under clothing.
 - If you are also using sunscreen, apply sunscreen first and insect repellent second.

Tips for Babies & Children



- Always follow instructions when applying insect repellent to children.
- Do not use insect repellent on babies younger than 2 months old.
- Do not apply insect repellent onto a child's hands, eyes, mouth, and cut or irritated skin.
 - Adults: Spray insect repellent onto your hands and then apply to a child's face.
- Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under 3 years old.

Natural insect repellents (repellents not registered with EPA)

- We do not know the effectiveness of non-EPA registered insect repellents, including some natural repellents.
- To protect yourself against diseases like chikungunya, dengue, and Zika, CDC and EPA recommend using an EPA-registered insect repellent.
- Choosing an EPA-registered repellent ensures the EPA has evaluated the product for effectiveness.
- [Visit the EPA website to learn more.](#)



Protect your baby or child

- Dress your child in clothing that covers arms and legs.
- Cover crib, stroller, and baby carrier with mosquito netting.



Wear long-sleeved shirts and long pants

- Treat items, such as boots, pants, socks, and tents, with permethrin or buy permethrin-treated clothing and gear.
 - Permethrin-treated clothing will protect you after multiple washings. See product information to find out how long the protection will last.
 - If treating items yourself, follow the product instructions.
 - Do not use permethrin products directly on skin.



Take steps to control mosquitoes inside and outside your home

- Use screens on windows and doors. Repair holes in screens to keep mosquitoes outside.
- Use air conditioning when available.
 - Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.
- Once a week, empty and scrub, turn over, cover, or throw out items that hold water, such as tires, buckets, planters, toys, pools, birdbaths, flowerpots, or trash containers. Check inside and outside your home. Mosquitoes lay eggs near water.

<http://www.cdc.gov/zika/prevention/prevent-mosquito-bites.html>