

CDC Guidelines for Development of State and Local Risk-based Zika Action Plans March 8, 2016

State Actions to Consider as Risks Increase for Locally Acquired Cases of Zika

****Does not include guidance specific to U.S. territories***

Purpose: This document is intended to guide state public health leaders regarding actions to consider in developing Zika action plans for their states. This document may serve as a support tool for states as they develop a phased response to Zika virus in their jurisdictions.

Guidelines for a Phased Response to Zika Virus

The objective of a phased, risk-based response using Zika virus surveillance data is to implement public health interventions appropriate to the level of Zika virus risk in a community, county, or state. An effective arboviral illness surveillance program and diagnostic testing algorithm that includes testing for Zika virus infection must be in place to recommend a phased response. Effective public health actions depend on interpreting the best available surveillance data and initiating prompt and aggressive intervention when necessary.

The table below organizes recommended response steps to Zika according to categories of risk: preparation, mosquito season, confirmed local transmission, widespread local transmission, and local transmission in multiple counties. Risk categories include recommended response activities in the following targeted areas.

- Communication
- Surveillance
- Laboratory Testing
- Vector Control
- Pregnant Woman Outreach
- Blood Safety

These steps are recommended by CDC subject matter experts to improve preparedness and response actions. These are recommendations only; specific actions should be based on jurisdictional risks and identified preparedness gaps.

Risk Category	Definition	CDC Recommended Activities and Responses	Jurisdictional Action Steps
Preparation	Vector Present or Possible in Jurisdiction	<p>Response Actions</p> <ul style="list-style-type: none"> • The governing officials should appoint a senior representative to coordinate Zika response efforts. • Pre-identify an incident manager. • Secure surveillance and control resources necessary to enable emergency response if needed. • Ensure coordination with state public health officials so vector control and human surveillance activities can be linked. • Review state and local mosquito control programs and assess capacity and capability. • Review (or develop as needed) the state vector-borne disease preparedness and response plan, and tailor as appropriate for Zika. • Review preparedness plans to ensure emergency rapid hiring and contracting processes are in place, e.g. vector control surveillance and response. 	

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		<ul style="list-style-type: none"> • Review plans with relevant response partners, identify gaps in preparedness, and develop a plan for improvement. <p><u>Communication</u></p> <ul style="list-style-type: none"> • Prepare a communication campaign for pregnant women, travelers, healthcare providers, and the public to raise awareness of Zika virus. Include messaging on the risk for sexual transmission, and steps persons can take to prevent it. • Update scripts for state call centers to include Zika messaging. <p><u>Surveillance</u></p> <ul style="list-style-type: none"> • Enhance surveillance for travel-associated Zika cases and possible sexual transmission from travel cases. • Reach out to clinicians in the state and provide guidance for management and testing of possible cases. <p><u>Laboratory Testing</u></p>	

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		<p>Review state and commercial laboratory capacity to rapidly test specimens for Zika virus.</p> <p><u>Vector Control</u></p> <ul style="list-style-type: none"> • Plan preparedness and mitigation activities to reduce the likelihood of transmission from mosquitoes, including: reduce habitat/potential breeding sites, initiate community clean-up efforts, initiate public information campaigns encouraging yard clean up, use of insecticides, encourage placement of window screens etc. • Review (and as necessary, conduct) mosquito surveillance activities to assess whether historic maps of <i>Aedes aegypti</i> and <i>Aedes albopictus</i> distribution are accurate. <p><u>Pregnant Women Outreach</u></p> <ul style="list-style-type: none"> • Plan enhanced surveillance for suspected Zika virus infections, including for pregnant women through OB/GYN clinics, etc.). • Identify resources that could be used for interventions for pregnant women (products to develop Zika prevention kits 	

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		<p>for pregnant women, resources for communications campaigns, etc.).</p> <ul style="list-style-type: none"> • Prepare a registry to collect information on Zika cases during pregnancy that could be used for future monitoring and follow-up of birth outcomes. This will be used to report cases to the National Zika Birth Registry. <p><u>Blood Safety</u> Reach out to local blood collection centers, and consult with them on blood safety contingency plans.</p>	
1	<p>Mosquito Season (<i>Aedes aegypti</i> or <i>Aedes albopictus</i> mosquito-biting activity)</p>	<p><i>Continue preparation activities in addition to the following steps.</i></p> <p>Response Actions Organize regular meetings between the pre-identified Incident Manager and state vector preparedness and response partners to discuss plans and progress.</p> <p><u>Communication</u></p> <ul style="list-style-type: none"> • Initiate a communications campaign, with primary messaging focusing on awareness, 	

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		<p>personal protection against mosquitoes, and residential source reduction.</p> <ul style="list-style-type: none"> • Deploy messages encouraging travelers returning from to areas with Zika transmission to take precautions upon return (actively take steps to prevent mosquito bites for at least three weeks) to reduce the risk of spread to local mosquito populations. <p><u>Surveillance</u></p> <ul style="list-style-type: none"> • Rapidly follow up suspected cases through laboratory testing. Take a complete patient history; establish lack of travel, no transfusion or tissue transplantation, no sexual exposure to a traveler. Assess patient’s geographic area of risk for exposure (i.e., Where were they likely exposed? Home? Other place?) • When travel-associated cases or cases among their sexual contacts are identified, counsel them to take precautions to avoid exposure to local mosquito populations (stay indoors in screened, air-conditioned rooms, use of personal repellents, consider 	

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		<p>mosquito reduction activities around home).</p> <ul style="list-style-type: none"> Encourage healthcare providers to immediately reports results for any positive or equivocal cases. <p><u>Laboratory Testing</u> Ensure public health laboratory is prepared for potential surge in testing and has engaged clinical laboratories, providing guidance on specimen collection, transport and reporting of results.</p> <p><u>Vector Control</u> Explore focused community interventions to disrupt breeding grounds, such as tire collections and waste removal in at-risk areas. Leverage partnerships with local governments and non-profits for support.</p>	
2	Confirmed Local Transmission (single case, or cases clustered in a single	<p><i>Continue category 1 activities, in addition to the following steps.</i></p> <p>Response Actions</p> <ul style="list-style-type: none"> Activate the state incident management structure. 	

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	household/community in a county or jurisdiction)	<ul style="list-style-type: none"> • Determine if there is a need for assistance from a CDC field team (e.g., Epi Aid or rapid response team) to provide on the ground technical, risk communication, vector control, and/or logistical support. <p><u>Communication</u></p> <ul style="list-style-type: none"> • As appropriate, issue press release/media statement and intensify visible activities in the county to increase attention to Zika virus transmission risk and personal protection measures (flyers, community leaders, and social media). • Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed. <p><u>Surveillance</u></p> <ul style="list-style-type: none"> • Intensify surveillance for human cases in a 150-yard radius (or other boundary, as deemed appropriate) around home or other likely sites of exposure). Consider conducting household and door-to-door surveillance for clinically compatible cases. 	

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		<ul style="list-style-type: none"> • Recommend cases stay in air-conditioned/screened accommodations and use personal precautions to reduce mosquito bites. • Enhance local surveillance for human cases (consider local clinician outreach, syndromic surveillance in nearby hospitals, etc.). <p><u>Vector Control</u></p> <ul style="list-style-type: none"> • If not previously done, conduct a rapid insecticide resistance study for local mosquito populations. • Conduct intensified larval and adult mosquito control in a 150-yard radius (or other boundary, as deemed appropriate) around case-patient home, including residential habitat reduction (trash cleanup, etc.) and outdoor space spraying. Although likely not needed in most areas, in areas where A/C and screens aren't widely available, consider offering homeowners indoor residual spraying (IRS). <p><u>Pregnant Women Outreach</u></p>	

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		<ul style="list-style-type: none"> • Deploy targeted communication, surveillance, and monitoring programs for pregnant women in the county/jurisdiction. • Deploy the registry of Zika cases during pregnancy for monitoring and follow-up of birth outcomes. <p><u>Blood Safety</u></p> <ul style="list-style-type: none"> • Notify local blood collection agencies for awareness. • Review CDC toolkit for investigation of transfusion-transmitted infection. 	
3	Widespread Local Transmission (multiple locations within a county/jurisdiction)	<p><i>Continue category 2 activities in addition to the following steps.</i></p> <p>Response Actions</p> <ul style="list-style-type: none"> • Determine the geographic boundaries that will be used for aggressive response efforts (county/jurisdiction, health department coverage area, zip code, etc.). • Designate county/jurisdiction as an area of “active Zika transmission”. • State should notify CDC (770-488-7100). 	

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		<ul style="list-style-type: none"> Incident Manager should provide regular situation updates to keep public and partners informed of evolving situation. <p><u>Communication</u> Intensify countywide (or jurisdictionwide) outreach (newspaper, radio, social media, call centers).</p> <p><u>Surveillance</u> Intensify countywide (or jurisdictionwide) surveillance for human cases (consider clinician outreach, syndromic surveillance in hospitals, etc.).</p> <p><u>Vector Control</u></p> <ul style="list-style-type: none"> Intensify and expand vector control efforts. Control plans should be tailored to local needs, but might include ground application, aerial spraying, or a combination of the two, and should include both adult and larval mosquito control methods, repeating applications as necessary to achieve adequate control. 	

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		<ul style="list-style-type: none"> • For areas where A/C and screens aren't widely available, consider adding indoor residual spraying (IRS) to vulnerable homes. • Monitor effectiveness of vector control efforts through mosquito trapping surveillance. <p><u>Pregnant Women Outreach</u></p> <ul style="list-style-type: none"> • Advise pregnant women to consider postponing travel to the county/jurisdiction. • Advise men in the county/jurisdiction to use condoms or abstain from sexual contact with pregnant women. • Implement intervention plans for high risk populations (pregnant women). Options to consider include mosquito-proofing homes through installation of screens and provision of air-conditioning if necessary, as well as household vector control, and distribution of Zika prevention kits (ZPKs). • Initiate testing of asymptomatic pregnant women. • Consider retrospective enhanced surveillance in health facilities to establish 	

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		<p>the earliest known date of local human infection for future counseling/testing of asymptomatic pregnant women.</p> <p><u>Blood Safety</u></p> <ul style="list-style-type: none"> • Blood centers with collections in county/jurisdiction should follow FDA guidance for an area of active transmission, including outsourcing blood if laboratory screening or pathogen reduction is unavailable. • Blood centers in other areas and states should follow FDA guidance for deferring blood donations for people who have a recent travel history to this county/jurisdiction. 	
4	Local Transmission in Multiple Counties	<p><i>Continue category 3 activities, in addition to the following step.</i></p> <p>Expand response activities regionally or state-wide.</p>	