



U.S. Immigration
and Customs
Enforcement

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

Infectious Disease Public Health Actions Guide: Zika Virus

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Table of Contents

I. Overview	4
A. Purpose	4
B. Responsibilities	4
C. Epidemiology of Zika Virus	5
D. Expanded Definitions	5
II. Procedures	6
A. Screening, Testing, and Clinical Care	6
B. Patient Education	8
C. Prevention and Control Measures	8
III. Surveillance and Reporting	9
A. Surveillance	9
B. Reporting	9
IV. Program Monitoring	9
V. Training	9
VI. Privacy and Recordkeeping	9
VII. References and Resources	10

Foreword

This *Infectious Disease Public Health Actions Guide: Zika Virus* supplements the following IHSC Directive:

- IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities and details procedures for public health actions for prevention of and screening for Zika virus.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

This Guide explains concepts, assigns responsibilities and details procedures for public health actions for prevention of and screening for Zika virus.

B. Responsibilities

Health Services Administrator (HSA), Field Healthcare Program Manager (FHPM), and Infection Prevention Officer (IPO)

- Responsible for ensuring implementation, accountability, and oversight of Public Health, Safety, and Preparedness (PHSP) activities in the medical and dental clinics, including public health actions for the prevention of and screening for Zika virus.
- Serves as a key liaison with PHSP Unit staff.
- Report Zika virus to the health department in accordance with applicable local and state laws.

Medical Providers

- Oversee and implement screening and testing of detainees with risk factors for Zika virus exposure and signs or symptoms of Zika.
- Report Zika to the health department in accordance with applicable local and state laws.

Health Staff

- Implement infection prevention and control measures for IHSC staff to prevent mosquito bites in accordance with applicable guidelines.
- Maintain knowledge about infection prevention and control measures applicable to work duties.

Public Health, Safety, and Preparedness Unit Staff

- Provide technical guidance on activities related to public health actions for Zika virus.

IHSC Infectious Disease Consultant

- Provide technical guidance related to clinical management and public health actions for Zika virus.

C. Epidemiology of Zika Virus

- Zika is spread mostly by the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*). These mosquitoes bite during the day and night.
- Zika can be passed through sexual intercourse from a person with Zika to his or her partners.
- Zika can be passed from a pregnant woman to her fetus. Infection during pregnancy can cause certain birth defects.
- There is no vaccine or medicine for Zika.
- Local mosquito-borne Zika virus transmission has been reported in multiple countries and territories, and in the continental United States.
- Health staff must maintain awareness of the most current listing of areas with active Zika virus transmission; see [Areas with Risk of Zika virus | CDC](#).
- See [Zika Virus | CDC](#) for the most current information.

D. Expanded Definitions

Exposure – The condition of being subjected to something (noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

Infection – Invasion and growth of an infectious microorganism, such as a bacterium or virus, in the body. Infection can also refer to the disease caused by the infectious microorganism.

Infection control – Institutional procedures and policies for monitoring and attempting to control the transmission of communicable diseases.

Infectious disease public health actions – a broad range of public health activities and interventions to promote and protect health, and prevent or mitigate infectious disease transmission.

Personal protective equipment (PPE) – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, and steel toe boots.

Standard precautions – Infection prevention practices, including hand hygiene, that apply to all patients regardless of infectious status. Standard precautions are a

combination and expansion of Universal Precautions and Body Substance Isolation, based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes contain transmissible infectious agents. Standard precautions include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g., wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

Surveillance – The timely, continuous, systematic collection, analysis and interpretation of health-related data for informing urgent and routine public health activities, including public health interventions; contact and outbreak investigations; evidence-based decision making; and planning, implementation, and evaluation of public health practices.

Transmission – Any mode or mechanism by which an infectious agent is spread to a susceptible host.

II. Procedures

A. Screening, Testing, and Clinical Care

- Health staff must follow usual protocols to screen for pregnancy among all females aged 10 to 56 years.
- Medical providers must screen pregnant women for travel from or through a country or area with Zika virus during their pregnancy as part of the Physical Exam-Complex (PE-C); see [Areas with Risk of Zika virus | CDC](#). If pertinent travel history is obtained, the provider must also screen them for symptoms consistent with Zika virus infection in the past two weeks or any time during the pregnancy (not currently ill, but had symptoms previously); see [Appendix A: Zika Virus Disease Screening Algorithm](#).
- Health staff must ensure that all pregnant women, including those from countries, territories, and areas with active Zika virus transmission, continue to receive standard prenatal care, including ultrasonography, during the time they are in custody. Health staff must document relevant travel risk in the consult request.
- The medical provider must utilize the eClinicalWorks (eCW) template with specific Zika questions in the PE-C for pregnant detainees/residents for the duration of this epidemic.

- The medical provider should promptly test for Zika virus in pregnant detainees/residents with symptoms consistent with Zika and travel from or through countries, territories, or areas with active Zika virus transmission at any time during her pregnancy. See Testing Guidance | Zika Virus | CDC.
- Medical providers should reference Pan American Health Organization (PAHO)/ World Health Organization (WHO) PAHO/WHO | Provisional considerations for the care of pregnant women in settings with high Zika virus circulation: document for health care professionals, including the following recommendations:
 - All pregnant women should have regular prenatal care and be asked about symptoms consistent with Zika at the initial physical exam (PE-C) and any subsequent visits.
 - Those with suspected current Zika virus infection should have doppler tones from 14 weeks on (or ask about fetal monitoring 20 weeks and on), an ultrasound to measure uterine size, amniotic fluid, fetal anatomy including head circumference as soon as “Zika virus infection is suspected,” which should trigger a referral to an obstetrician that occurs at the time of the PE-C.
 - Refer to an obstetrician for counseling and ultrasonography, preferably within 7 days of entering custody and Zika virus testing. If anatomically normal, or if negative, continue scheduling ultrasounds per routine schedules. If testing is positive, perform ultrasound at 18-20 weeks and 28-30 weeks; if there are any abnormalities found, the mother should be sent to complicated obstetrics for additional testing and counseling.
 - Those who are asymptomatic at the time of PE-C yet give a history of Zika-like illness at an earlier time during the pregnancy should be referred to Obstetrics for urgent ultrasonography (ideally within 7 days of PE-C). If anatomical abnormalities are found, a referral to Complicated Obstetrics should follow promptly.
 - Those without suspected Zika virus infection (i.e., no history of symptoms) should have a morphological ultrasound at 18–22 weeks; if normal, the next ultrasound should be scheduled at 28–30 weeks; if normal, follow national standards; if abnormalities are found, further guidance and testing as dictated by Complicated Obstetrics.
- A medical provider should consider submitting testing for Zika virus for non-pregnant detainees and residents (female or male) presenting with clinical illness consistent with Zika and history of relevant travel or possible sexual exposure with a partner who has a relevant travel history, including one or

more of the following signs or symptoms: acute onset of fever, rash, arthralgia, myalgia, headache, or conjunctivitis. Testing method and timing is dependent on symptom onset; see [Testing Guidance | Zika Virus | CDC](#).

- Medical providers should contact the Clinical Director, Regional Clinical Director, or National Infectious Disease Consultant for advice on further clinical evaluation to exclude other pertinent infections; see also [Testing Guidance | Zika Virus | CDC](#).

B. Patient Education

- A medical provider or nurse should educate all pregnant females on Zika virus and prevention methods; see available [Fact Sheets and Posters | Zika virus | CDC](#) and [WHO | Zika Virus Fact Sheets](#) in multiple languages.
- Prior to release from custody, health staff must provide pregnant women with contact information for obstetrical health care resources in the community she will be released to as potential options to facilitate ongoing prenatal care.
- In accordance with CDC Clinical Guidance ([Exposure, Testing & Risks | Zika and Pregnancy | CDC](#) and [Reproductive Planning | Zika and Pregnancy | CDC](#)).
- IHSC health care staff should educate women detained in areas at risk for Zika virus transmission or who will reside in such areas following release regarding the risks of Zika-affected pregnancy. The women will be advised that contraception may be initiated while detained to prevent an unintended pregnancy that may be affected by the Zika virus.

C. Prevention and Control Measures

- IHSC staff must maintain attentiveness to practicing standard precautions with all detainees/residents, including frequent hand hygiene. No additional personal protective equipment (PPE) or transmission-based precautions are required when examining detainees/residents with suspected Zika.
- For spaces occupied during intake screening medical evaluations, IHSC staff must ensure routine cleaning and disinfection protocols are implemented.
- Health staff must maintain awareness of measures to prevent occupational exposure to Zika virus, including minimizing unprotected outdoor exposure in areas experiencing mosquito-borne Zika virus transmission, using [Environmental Protection Agency \(EPA\)-registered insect repellents](#), and adhering with occupational health and safety protocols to prevent bloodborne pathogen exposures and sharps injuries; see also [PHSP Unit SharePoint | Occupational Health | Official Guidance](#) and [PHSP Unit SharePoint | Safety](#)

& Security | Official Guidance. IHSC authorizes procurement of Environmental Protection Agency (EPA)-registered insect repellents for IHSC staff occupational use during the Zika virus epidemic.

III. Surveillance and Reporting

A. Surveillance

The Public Health, Safety, and Preparedness (PHSP) Unit staff monitor the number of detainees diagnosed with Zika at IHSC-staffed medical clinics using the electronic health record reporting tools. To ensure the accuracy of information, it is important that medical providers use the appropriate ICD codes. For more information refer to 05-06-G-03 *Infectious Disease Public Health Actions Guide: Surveillance and Reporting* located in the IHSC policy library.

B. Reporting

All medical providers must maintain awareness of the most current Zika Virus Disease and Zika Virus, Congenital Infection | 2016 Case Definition for reporting and documentation.

A medical provider or designated health staff must report verified cases of Zika to the local health department in accordance with health department-established protocols. For more information refer to 05-06-G-03 *Infectious Disease Public Health Actions Guide: Surveillance and Reporting*.

IV. Program Monitoring

PHSP Unit staff monitor Zika virus information using the electronic health record reporting tools. PHSP Unit staff periodically request information from health staff to monitor public health actions for the management of Zika virus at IHSC-staffed medical clinics.

V. Training

The HSA or designee should ensure that orientation and annual training that includes infection prevention and control in accordance with *01-04 Medical Education and Development* located in the IHSC policy library.

VI. Privacy and Recordkeeping

Please refer to 05-06, *Infectious Disease Public Health Actions* for guidance on complying with privacy and recordkeeping procedures.

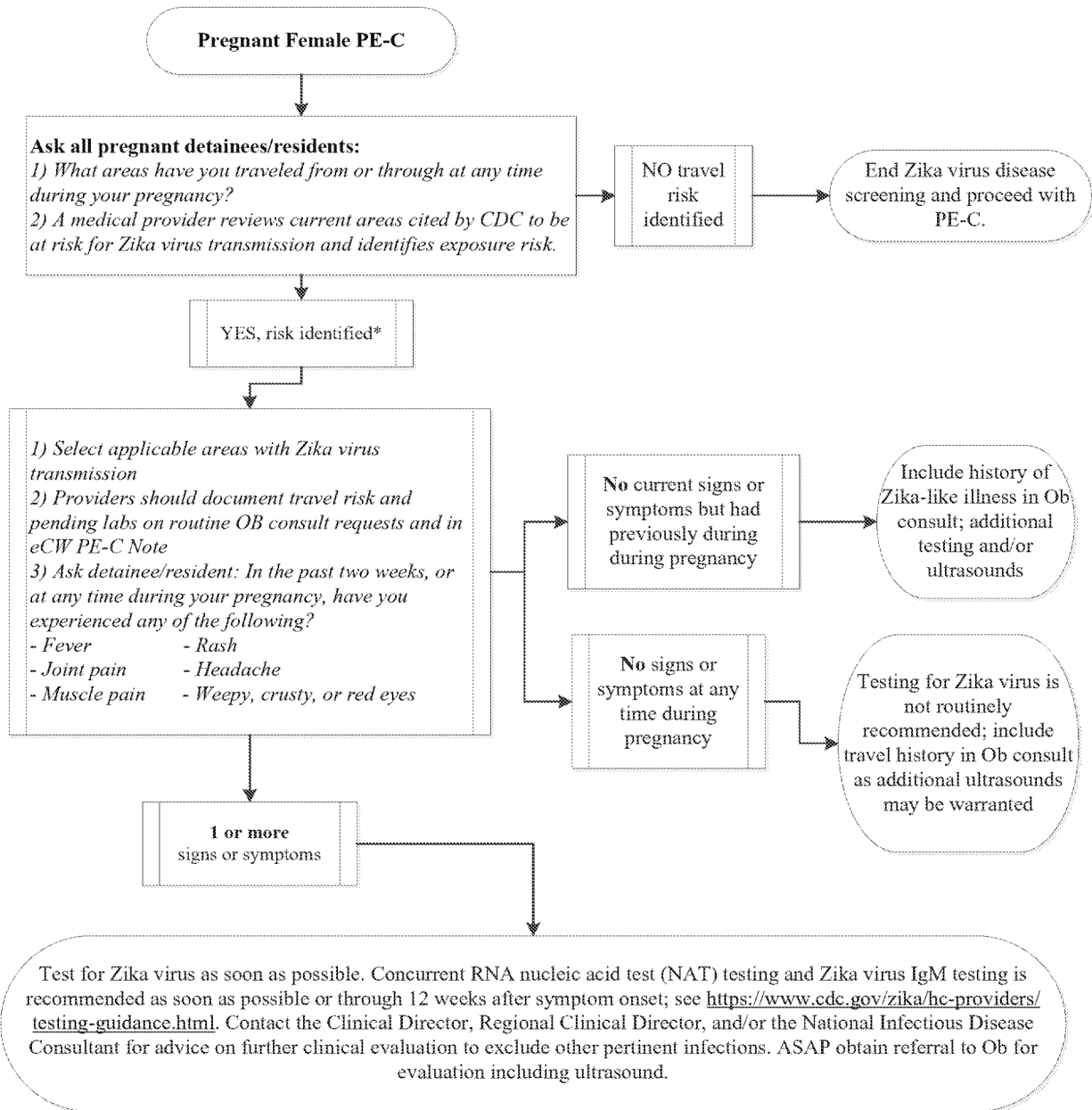
VII. References and Resources

1. [Areas with Risk of Zika virus | CDC](#)
2. [PAHO/WHO | Provisional considerations for the care of pregnant women in settings with high Zika virus circulation: document for health care professionals](#)
3. [For Health Care Providers | Zika virus | CDC](#)
4. [Resources & Publications | Zika virus | CDC](#)
5. [CDC MMWR | Zika Reports](#)
6. [Zika Travel Information | Travelers' Health | CDC](#)
7. [IHSC Zika Virus Tools and Resources](#)
8. [Clinical Guidance for Healthcare Providers Caring for Pregnant Women | CDC](#)
9. [Reproductive Planning | Zika and Pregnancy | CDC](#)
10. [Zika Virus Disease and Zika Virus, Congenital Infection | 2016 Case Definition](#)
11. [Exposure, Testing & Risks | Zika and Pregnancy | CDC](#)
12. [Patient Counseling | Couples Trying to Conceive | Zika and Pregnancy | NCBDDD | CDC](#)
13. [PHSP Unit SharePoint | Occupational Health | Official Guidance](#)
14. [PHSP Unit SharePoint | Safety & Security | Official Guidance](#)
15. [Insect Repellents: Reducing Insect Bites | US EPA](#)
16. [Prevent Mosquito Bites | Zika virus | CDC](#)
17. [WHO | Zika](#)

Appendix A: IHSC Zika Virus Disease Screening Algorithm

IHSC Zika Virus Disease Screening Algorithm

Health staff must ensure that all pregnant women, including those traveling from or through areas with active Zika virus transmission, receive standard prenatal care including ultrasonography, during the time they are in custody. Health staff must provide contact information for appropriate local obstetrical services for all pregnant detainees/residents released with instructions to schedule an appointment with a provider in the next 2 weeks.



*Provide educational information on Zika virus infection and effects on pregnancy (in detainee/resident native language, if materials are available)

Updated December 20, 2017

