

# Zika Virus Clinician Forum 2017

## *Infectious Disease Perspective*

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# Disclosures

- None to Declare

# Case Presentation

*March 2015*

- 19 y/o student presents with fevers and rash 3 days after returning from **São Paulo, Brazil** for Spring Break
- 10 day mission trip, working outside building a school
- Slept outside on a roof, numerous **mosquito bites**, saw **rats** on the roof
- Ate **local food**, **swam** in local river, 1 day trip to **Amazon River Basin**
- Vaccines up to date, including
  - hepatitis A, typhoid, HBV, influenza, MMR, meningococcus
- No malaria chemoprophylaxis

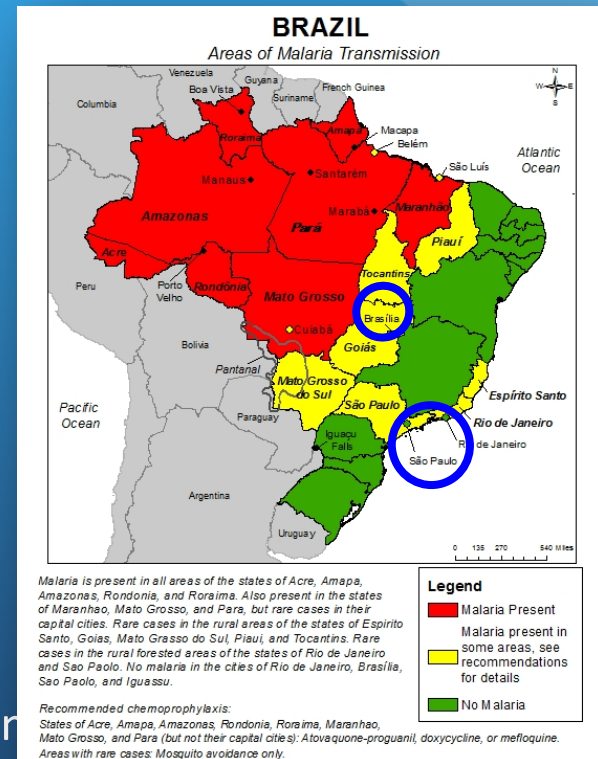
# Case Presentation

- Acute onset **fever** one day earlier, **Tm 103°F**
- **Pruritic rash** started on neck, **arthralgias**
- Additional sx: **myalgias**, retro-orbital **headache**
- No abdominal pain, nausea, vomiting, diarrhea, dysuria
- A few other students had similar, milder illness
- Exam: nontoxic, normal conjunctivae and oropharynx, supple neck, normal chest/abdomen, maculopapular rash most prominent over shoulders
- Labs: WBC 12.2 (78<sup>S</sup> 12<sup>L</sup> 9<sup>M</sup> 1<sup>E</sup>), HGB 14.1 mg/dL, PLT 189, Cr 0.8 mg/dL, normal LFTs, CXR NAD

# Case Presentation

## Differential Diagnoses

1. \*Chikungunya virus
2. \*Dengue virus<sup>¶</sup>
3. \*Malaria
4. Typhoid fever
5. Acute schistosomiasis
6. Leptospirosis
7. Hantavirus virus
8. Acute HIV
9. Tick borne illness (e.g. rickettsial infection)
10. Acute EBV (mononucleosis)



Malaria transmission in Brazil

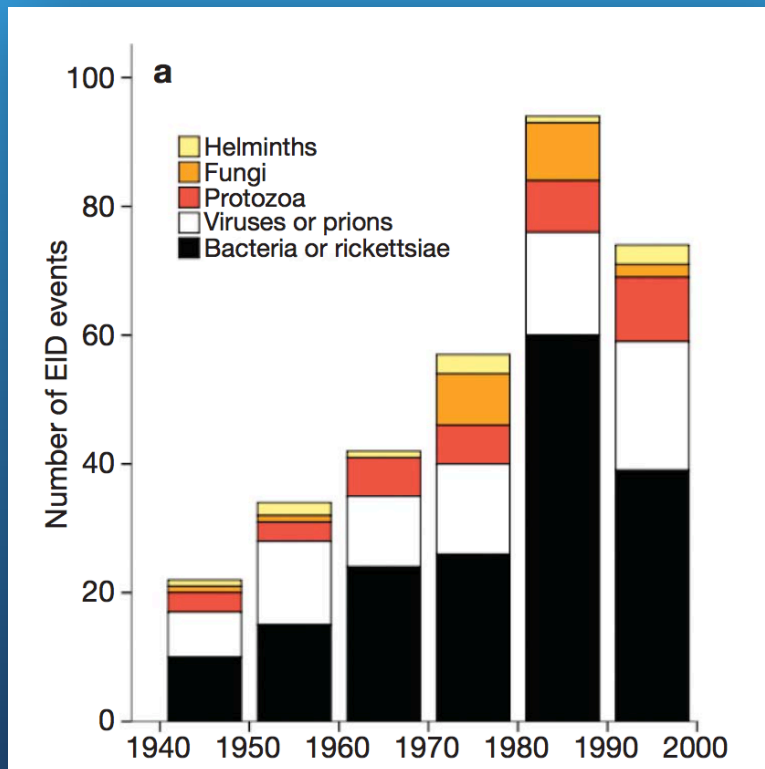
<sup>¶</sup> Recent reports of dengue outbreak in Brazil



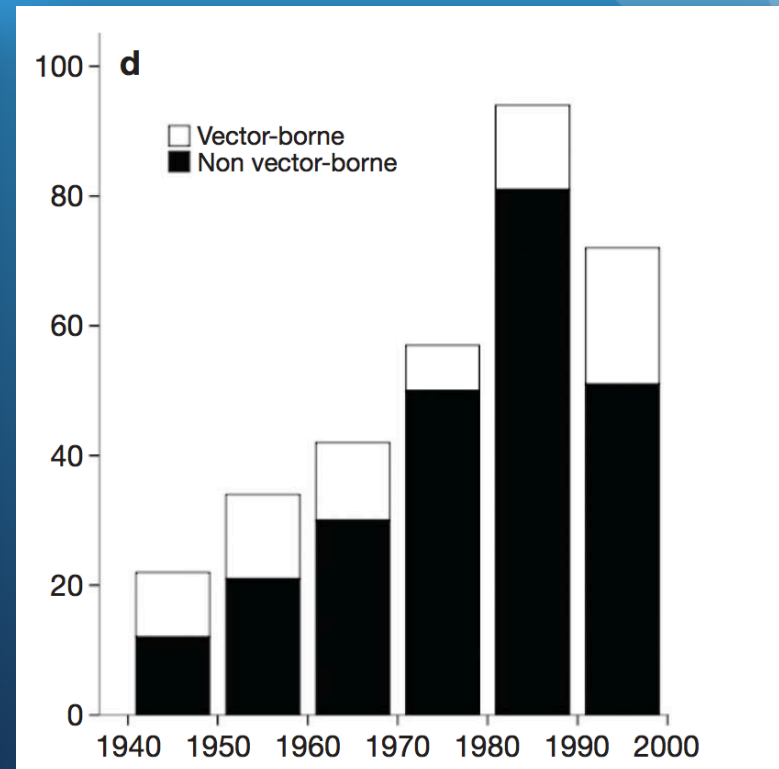
# Emerging infectious disease 1940-2004

~1/3 viruses, ~1/3 vector borne

## Pathogen class



## Vector vs non-vector





# A Connected World

The world is growing ever more connected

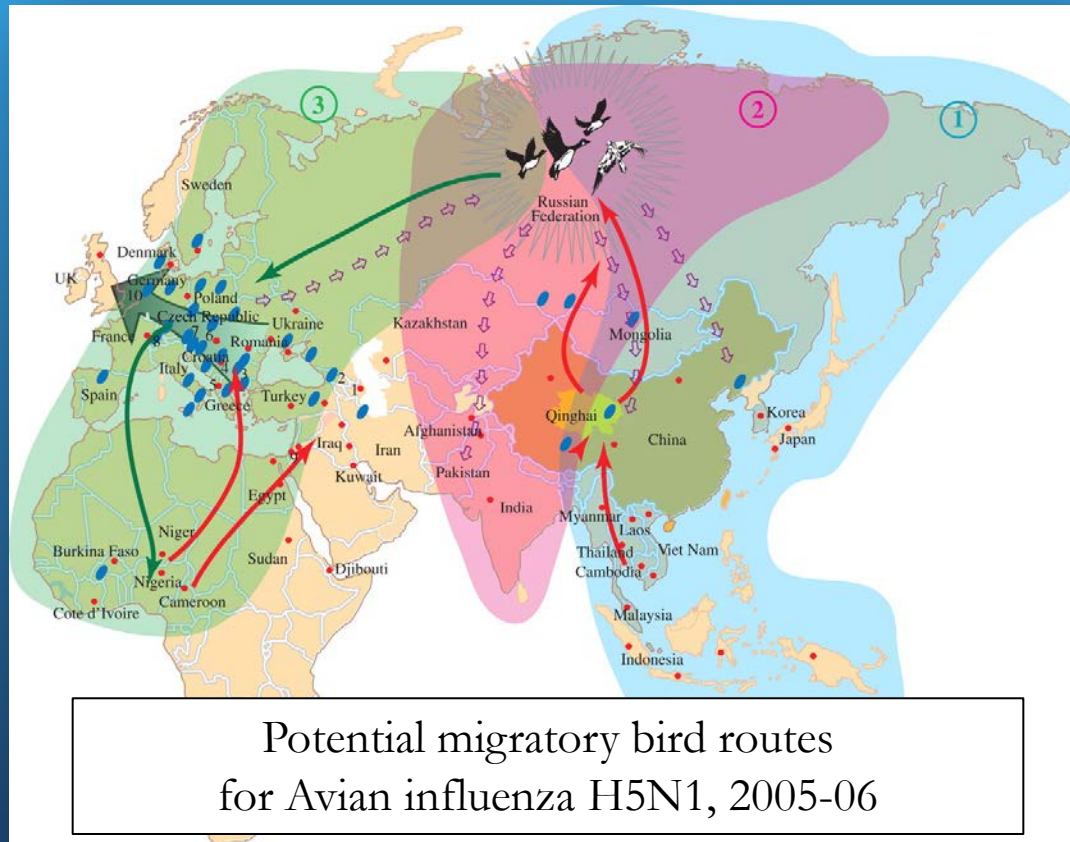


Daily Flight Paths



# A Connected World

The world is growing ever more connected



# Dengue and Chikungunya



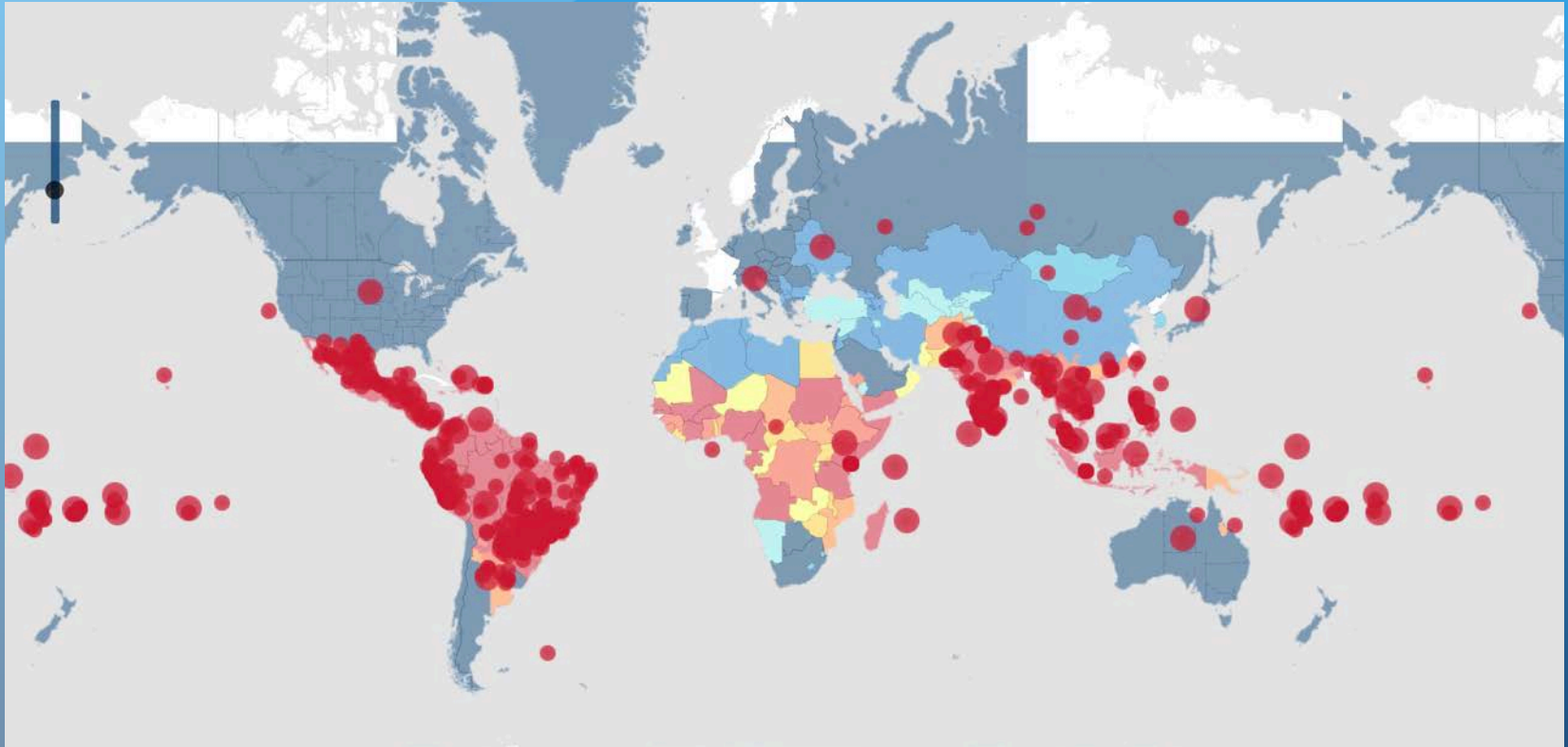
# Dengue

- Mosquito-borne flavivirus that causes fever, headache, arthralgia/myalgia, mild rash, mild to severe bleeding
- Explosive growth 1980-90s (>100 countries)
- Four serotypes (DENV-1 to DENV-4)
  - Long term homotypic immunity
  - Heterotypic immunity wanes, thought to lead to “immune enhancement” – up to 100-fold increased risk of dengue hemorrhagic fever and dengue shock syndrome
- 50-100 million cases and 22,000 deaths annually

# Chikungunya

- Mosquito-borne alphavirus that causes fever and severe polyarthralgia
- 1st locally-acquired cases in the Caribbean, Dec 2013
- Explosive growth in the Americas: 56,000 cases in the first 6 months ( $R_0$  5.2)
- >1.7 million cases worldwide

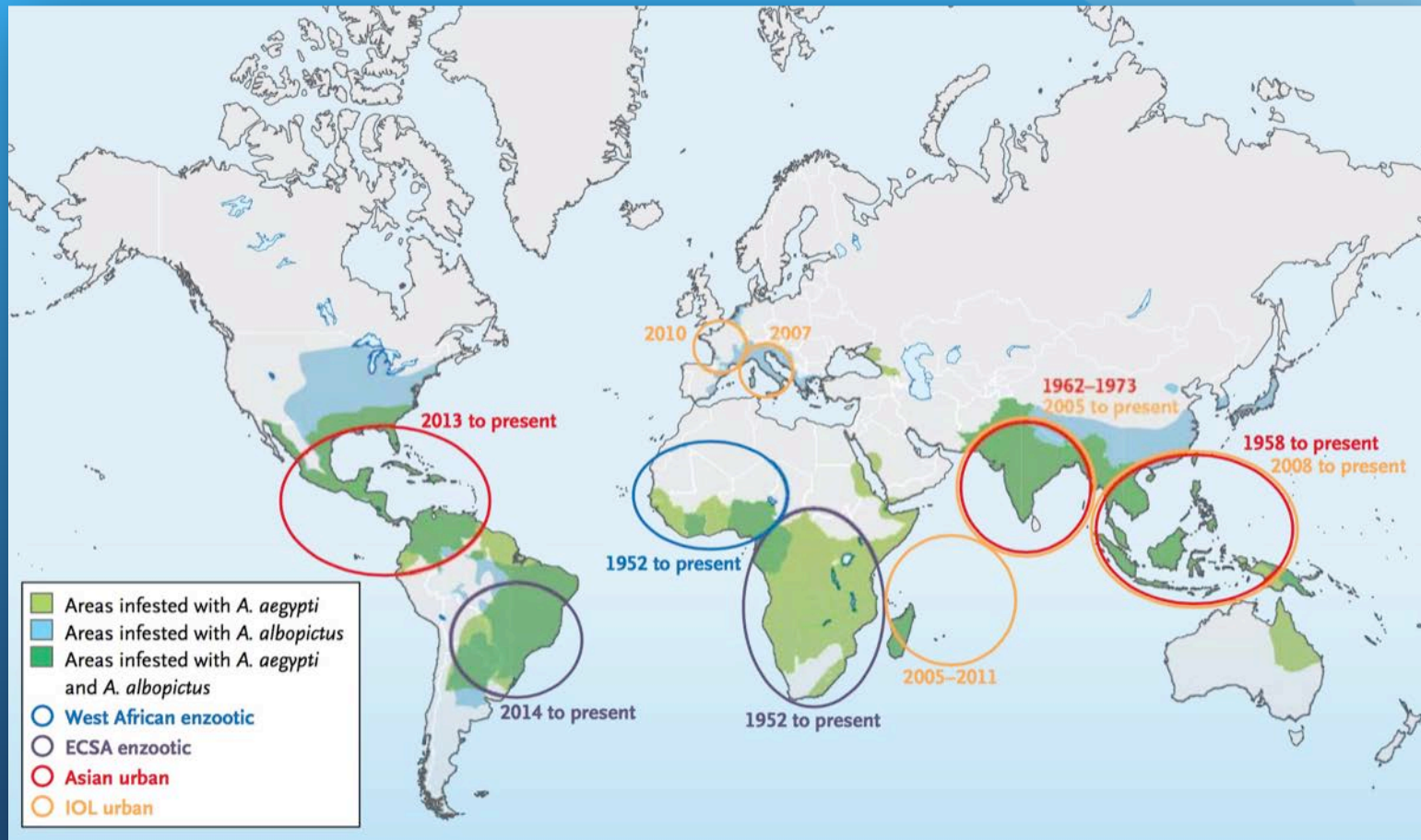
# Dengue



Dengue alerts for the last 30 days



# Chikungunya



# Chikungunya vs. Dengue

- Broad clinical overlap, shared vectors, co-circulation, occasional co-infection
- Treatment approaches differ, distinguishing is important
- Diagnostic evaluation through Public Health (serology, PCR, culture)

	Chikungunya	Dengue
Mosquito	<i>A. aegypti</i> <i>A. albopictus</i>	<i>A. aegypti</i> <i>A. albopictus</i>
Median incubation period	3-4 days	4-7 days
Fever (>39°C)	+++	+
Arthralgia	+++	+/-
Arthritis	+	-
Myalgia	+	++
Rash	Maculopapular	Petechial (& maculopapular)
WBC	Lymphopenia	Neutropenia
Thrombocytopenia	+	+++
Hemoconcentration	-	++
Hemorrhage	+/-	++
Shock	-	+

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# *Aedes* Mosquito Geographic Distribution - Global



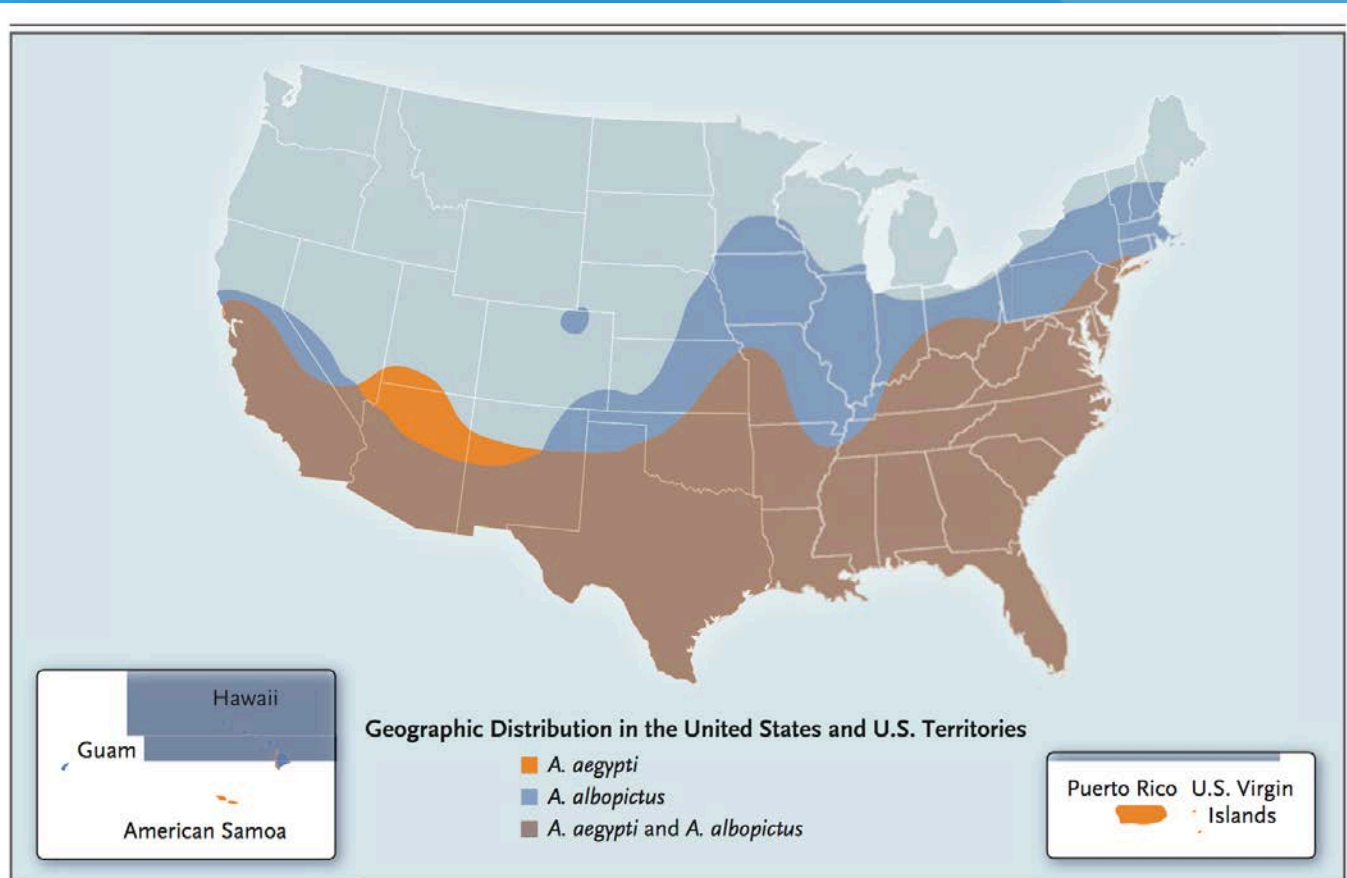
*Aedes aegypti*  
Yellow fever mosquito



*Aedes albopictus*  
Asian tiger mosquito



# Aedes Mosquito Geographic Distribution - U.S.



**Figure 3.** Approximate Ranges of *A. aegypti* and *A. albopictus* in the United States (as of March 2016).

These mosquitoes may not be present in all areas, and vector density may vary considerably within these ranges.

# Case Presentation

19 y/o student with fever, rash, and arthralgia after 10 day trip to São Paulo, Brazil in March 2015

Diagnosis	Test
Chikungunya	Negative acute anti-CHIKV IgM/IgG Negative convalescent anti-CHIKV IgM/IgG
Dengue	Negative acute anti-DENV IgM/IgG Negative convalescent anti-DENG IgM/IgG
Malaria	Negative BinaxNOW, Negative thick/thin Giemsa smears

# Case Presentation

19 y/o student with fever, rash, and arthralgia after 10 day trip to São Paulo, Brazil in March 2015

Diagnosis	Test
Schistosomiasis	Negative anti-MAMA Ab
Leptospirosis	Negative Leptospira Ab
Hantavirus	Negative IgM/IgG serology
Acute HIV	Negative ELISA, negative p24, Negative HIV NAT
Influenza	Negative influenza nasopharyngeal PCR
EBV	Negative monospot
Tick borne illness	doxycycline x 7d
Typhoid fever (bacterial infection)	ceftriaxone x 2d

“Brazil had more than  
224,000 cases of dengue by March”



The screenshot shows the R7 Notícias website interface. At the top, there is a navigation bar with the R7 logo and links for R7 TV, NOTÍCIAS, ENTRETENIMENTO, ESPORTES, RECORD TV, and SERVIÇOS. Below this is a large banner with the R7 NOTÍCIAS logo. Under the banner, there are several topic tags: FEBRE AMARELA, DOENÇAS DO AEDES AEGYPTI, FALA SAÚDE, DIABETES, and AVANÇOS DA MEDICINA. The main article is dated 12/3/2015 às 15h11 and has the headline "Brasil teve mais de 224 mil casos de dengue até março". Below the headline are social media sharing buttons for Facebook, Twitter, Google+, and R7 PÁGINA INICIAL, along with contrast settings (ALTO CONTRASTE, -A, +A). The article text begins with the EFE logo, which is circled in red, followed by the text: "Brasília, 12 mar (EFE).- O número de casos de dengue no Brasil entre 1º de janeiro e 7 de março foi de 224.100, o que representa um aumento de 162,4% em comparação com o mesmo período no ano passado, quando foi de 85.401, informou nesta quinta-feira o Ministério da Saúde. 'Nós temos um número de casos

“The first case [of Zika] in São Paulo was detected on May 19, 2015 ... It is possible that Zika has been circulating for a few months.”

**Pesquisa FAPESP**

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SCIENCE

 Print

**Zika: The virus that took Brazil by surprise**

About 30 laboratories in São Paulo have joined together to investigate the infectious agent that is threatening Brazil with an epidemic of microcephaly

RICARDO ZORZETTO | ED. 239 | JANUARY 2016

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Issue #246 | August 2015

**Pesquisa FAPESP**

PESQUISA APLICADA E BÁSICA



# Zika Virus



# Return to the past

*... the last time an infectious pathogen (rubella virus) caused an epidemic of congenital defects was more than 50 years ago ...*

Lyle Petersen, MD MPH & colleagues  
Director, Vector Borne Diseases  
NCEZID, CDC  
*New Engl J Med* - May 16, 2016



# First time in history



*Never before in history  
has there been a  
situation where a bite  
from a mosquito could  
result in a devastating  
malformation.*

Tom Frieden, MD MPH

Director, CDC

*Fortune* - April 13, 2016

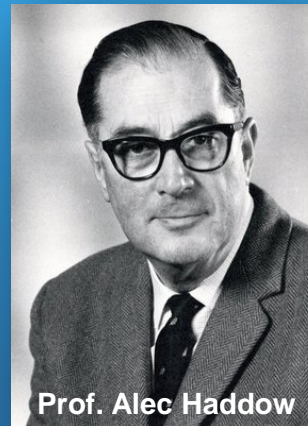
# What is Zika Virus

- Single-stranded RNA virus (**flavivirus**)
- Several dozen mosquito-borne flaviruses including **dengue**, **yellow fever**, **Japanese encephalitis**, and **West Nile viruses**
- Primarily transmitted by two type of *Aedes* mosquitoes
  - *Aedes aegypti* (primary) and *Aedes albopictus* (secondary)
- Additional modes of transmission
  - Intrauterine and perinatal transmission (mother to fetus)
  - Sexual transmission (M>F, M>M, F>M)
  - Laboratory exposure
  - Blood transfusion



# Zika Virus

- 1947: first isolated from a macaque, Zika Forest
- 1952-2006: only 14 sporadic human disease cases reported from Africa and SE Asia



# Zika Virus

- 2007: First outbreak, Yap, Federated States of Micronesia (population 7391)
  - Attack rate 73%
  - Only 20% symptomatic
  - Asian genotype
- 2013-14: >30,000 suspected cases reported from French Polynesia and other Pacific Islands

THE NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Zika Virus Outbreak on Yap Island, Federated States of Micronesia

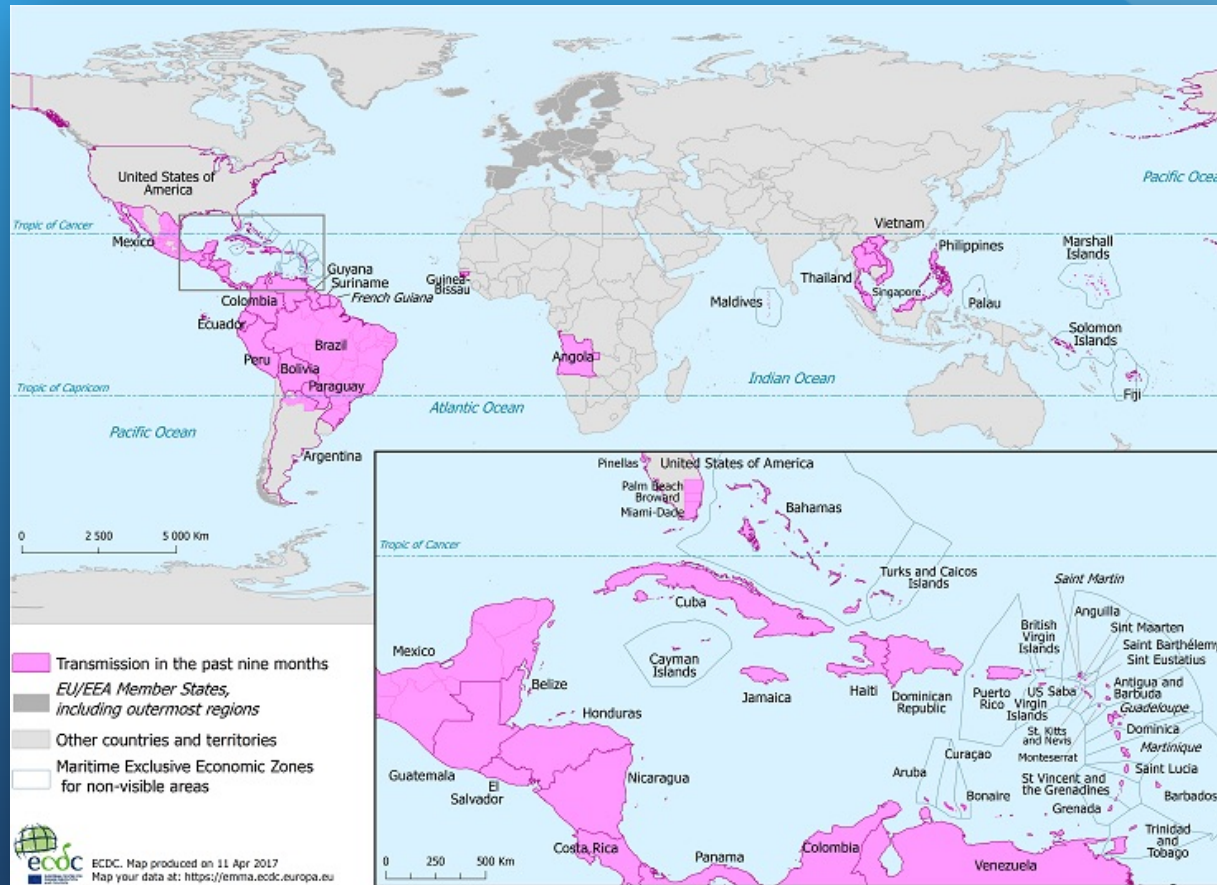
Mark R. Duffy, D.V.M., M.P.H., Tai-Ho Chen, M.D.,  
W. Thane Hancock, M.D., M.P.H., Ann M. Powers, Ph.D.,  
Jacob L. Kool, M.D., Ph.D., Robert S. Lanciotti, Ph.D., Moses Pretrick, B.S.,  
Maria Marfel, B.S., Stacey Holzbauer, D.V.M., M.P.H.,  
Christine Dubray, M.D., M.P.H., Laurent Guillaumot, M.S., Anne Griggs, M.P.H.,  
Martin Bel, M.D., Amy J. Lambert, M.S., Janeen Laven, B.S., Olga Kosoy, M.S.,  
Amanda Panella, M.P.H., Brad J. Biggerstaff, Ph.D., Marc Fischer, M.D., M.P.H.,  
and Edward B. Hayes, M.D.

# Zika virus arrives in the Americas

- Mar 2015. Brazil report mild febrile rash illness (7000 cases) to WHO from NE Brazil; 13% Dengue positive
  - Negative Chikungunya, enterovirus, parvovirus B19, measles
- Apr 2015. First cases of Zika virus infection identified in NE Brazil
- May 2015. First confirmed case of Zika virus infection in São Paulo, Brazil
- Oct 2015. Brazil HD informs WHO of increased number of infants with microcephaly in NE Brazil
- Feb 2016. Increased microcephaly noted found after retrospective review in French Polynesia

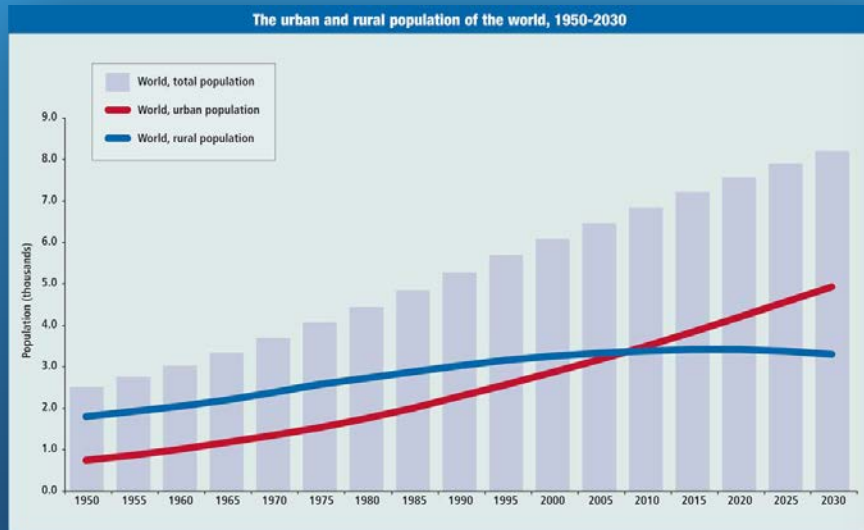


# Countries & territories with active Zika virus transmission

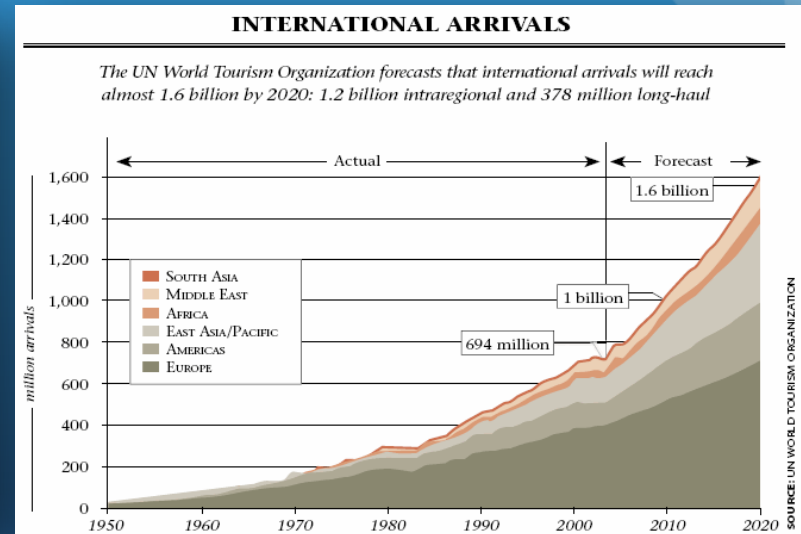


# Why is Zika spreading now?

## Urban vs Rural Population Growth

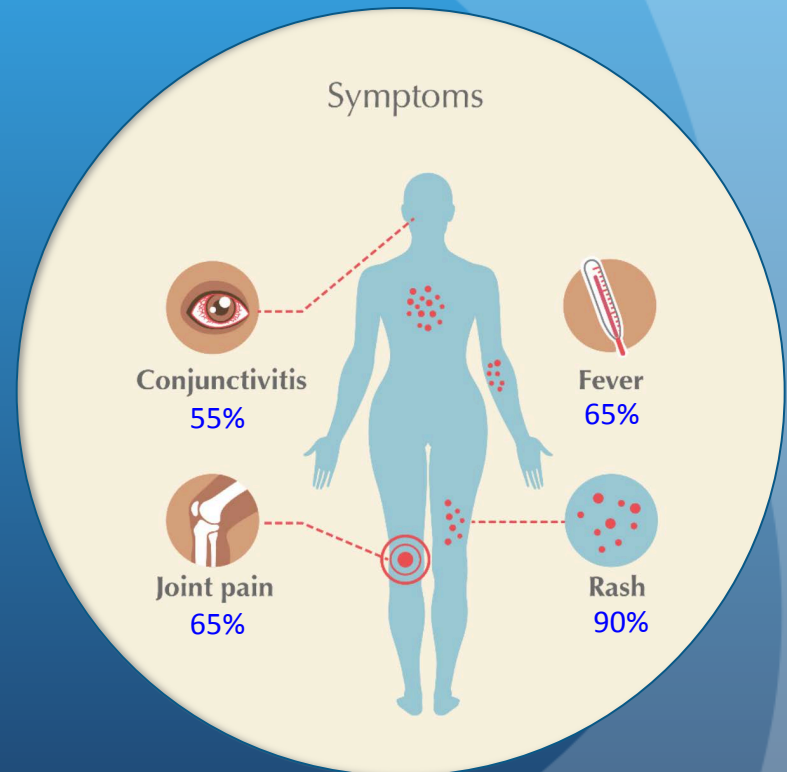


## International Travel



# Zika clinical presentation

- Only 20% symptomatic
  - typically mild illness
- Incubation period ~6 days
  - (range 3-12 days)
- Blood, urine, semen, vaginal fluids, saliva
- Illness lasts ~5-7 days
- Severe disease is uncommon, death is rare
- Likely lifelong immunity after recovery



# Zika clinical presentation



**Figure 1.** Conjunctival injection.

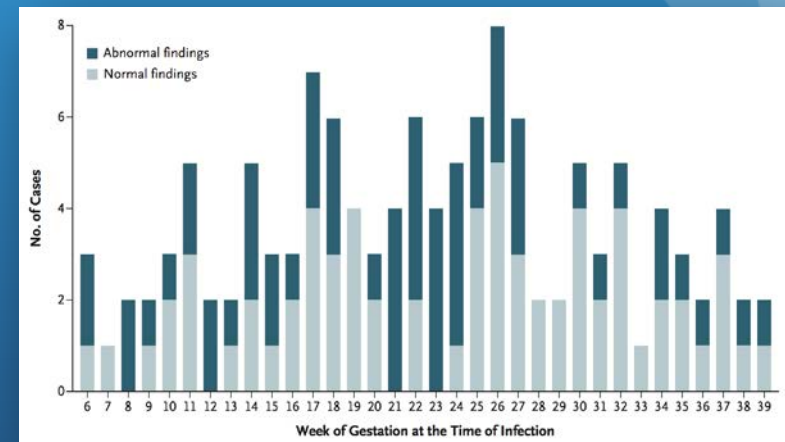


**Figure 2.** Rash on torso.

# Zika virus and pregnancy

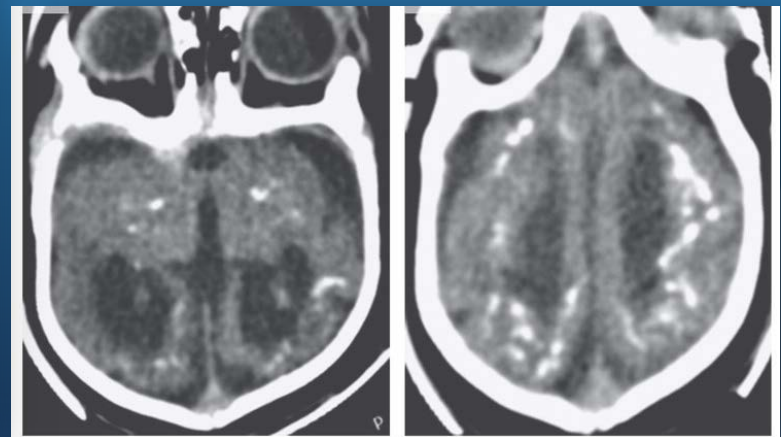
- Pregnant women can be infected
  - Through the bite of an infected mosquito
  - Through sex without a condom with an infected partner
- Zika can be passed to the fetus during pregnancy or around the time of birth
- Infection can occur in any trimester
  - The clinical course is similar to that in non-pregnant people
- Transmission rate ~6%
  - ~11% in the first trimester

Week of gestation at time of infection and risk of ultrasound abnormalities

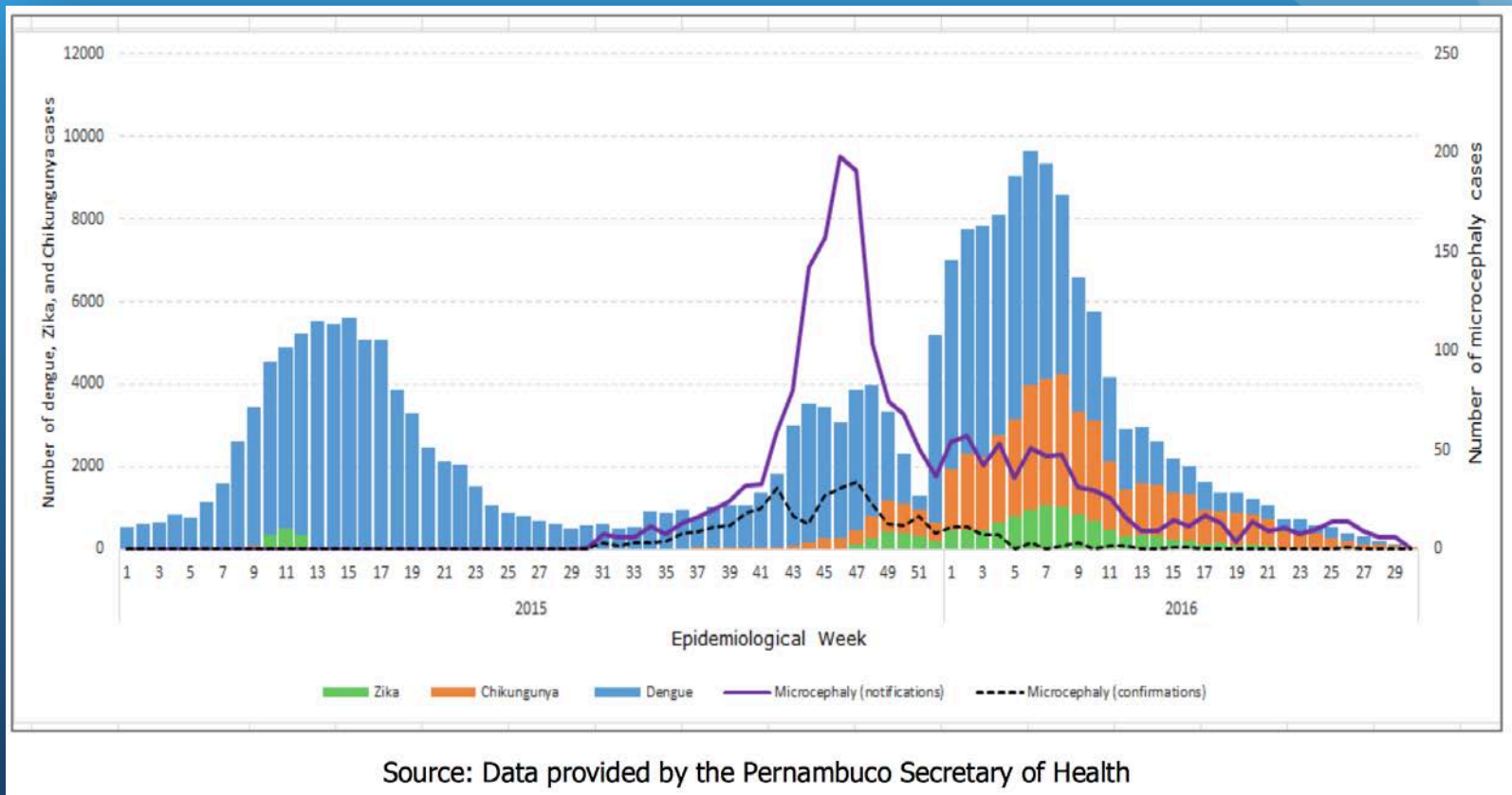




# Zika virus congenital syndrome



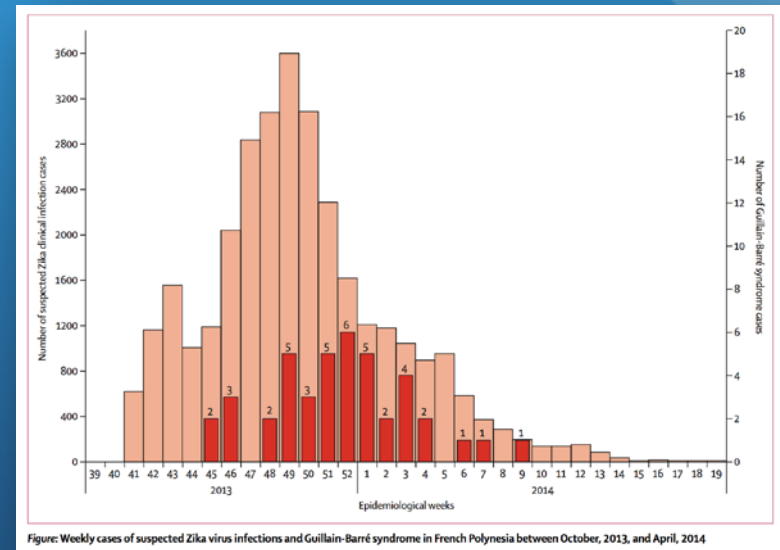
# Chikungunya, dengue, Zika and microcephaly cases in the state of Pernambuco, Brazil





# Zika and Guillain-Barré syndrome

- Guillain-Barré syndrome
  - Frequency 1:5000 infections
  - Short interval from acute illness to GBS
  - Rapid progression
- Other syndromes
  - ADEM, encephalitis, anterior myelitis

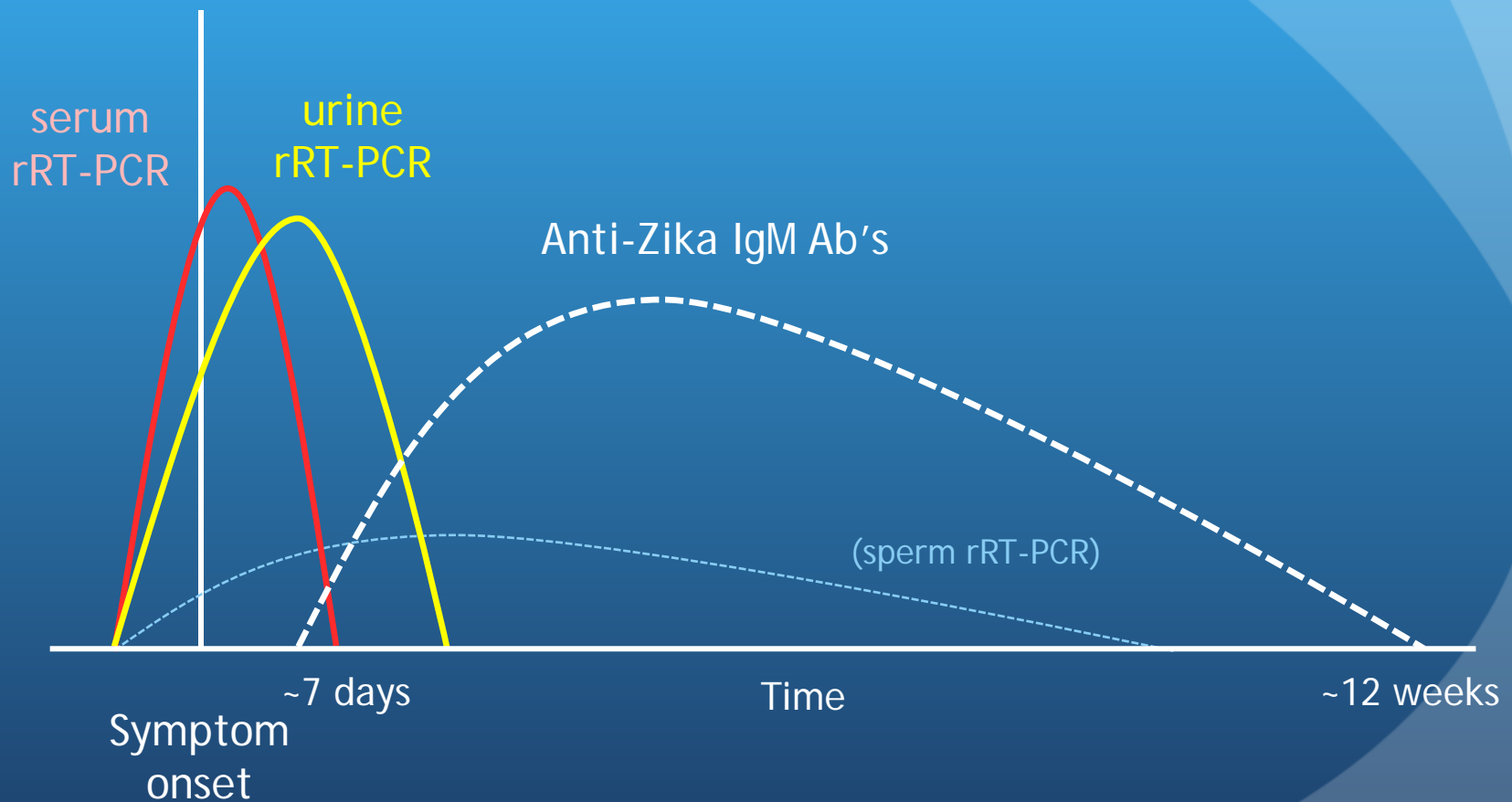


# Zika diagnostic testing

- Molecular rRT-PCR
  - Trioplex rRT-PCR (ZIKV, DENV, CHIKV)
  - Serum: typically up to 7 days, longest time 13 days non-pregnant, 62 days pregnant)
  - urine: typically up to 14 days
- Serology (up to 3 months)
  - Zika IgM enzyme-linked immunosorbent assay (MAC ELISA)
  - Plaque reduction neutralization test (PRNT) to detect neutralizing antibodies (only available through CDC)
- Immunohistochemistry

# Zika diagnostic testing

*Testing approach depends on indication and timing*



# Sexual transmission of Zika virus

- Viral RNA in semen persists in most men up to 60 days
  - 5 men have had detectable RNA in semen 60-188 days
- High viral loads compared to serum
- Replication competent virus for up to 69 days (usually less than 24 days)
- Transmission has been within the first 20 days of travel thus far

# Guidance for pregnant women

- Use condoms consistently or abstain from sex for the duration of the pregnancy

# Guidance for couples trying to conceive

- Women
  - Wait at least 8 weeks after symptom onset or after the last possible exposure
- Men
  - Wait at 6 months after symptom onset or after the last possible exposure
- Both
  - avoid nonessential travel to areas with Zika virus transmission
  - use of mosquito bite prevention strategies while attempting pregnancy and during pregnancy if travel to areas with Zika virus transmission is unavoidable



# Case conclusion

- Checked Zika IgM more than 12 months after his acute illness
  - Negative
  - No stored serum
- No commercial available Zika IgG test
  - Cross reactive with other flaviviruses
- The student made a complete recovery

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