

THE ZIKA VIRUS



Special Points of interest:

- The best form of prevention is protection against mosquito bites.

On Monday January 25th, The World Health Organization (WHO) declared that the rise in birth defects linked to the Zika virus outbreak a public health emergency. This paves the way for more money, greater attention and a coordinated global response to address the situation. WHO predicts that the Zika virus will spread to all but two countries in South Central and North America. Mosquitoes that spread the virus are NOT found in Canada and the continental Chile. The contiguous U.S. is not included in the list of outbreak countries.

KEY FACTS

- Zika virus disease is caused by a virus transmitted by Aedes mosquitoes
- People with Zika virus disease usually have a mild fever, skin rash and conjunctivitis which usually last for 2 – 7 days.
- There is NO specific treatment or vaccine currently available.
- The best form of prevention is protection against mosquito bites.
- The virus is known to circulate in Africa, the Americas, Asia and the Pacific.

DISCOVERY

The Zika virus is a mosquito-borne virus that was first identified in the Zika Forest in Uganda in 1947. It was first identified in rhesus monkeys that were being monitored for yellow fever. It was identified in humans in 1952 in Uganda and Tanzania. It was hard to quantify how much Zika virus there was since it was similar to other viruses carried by the Aedes mosquitoes, i.e. dengue fever and chikungunya (fever that usually lasts 2 – 7 days with accompanying joint pains and rash). All that changed in 2007 when the first large outbreak of Zika was reported on Yap Island in Micronesia. Chikungunya and West Nile followed similar courses. West Nile circulated for at least 62 years before it emerged in New York City in 1999. The common theme of all of these viruses is that they were not widely studied and they all emerged after a long period of time to cause severe illness. More troubling is that many scientists believe that the 2007 strain of Zika has mutated from the original virus found in Uganda with an increase in virulence. Subsequent years have seen the virus spread quickly through the Pacific islands before landing in South America and Brazil in 2015, where there is a suspected correlation to an increase in the birth defect microcephaly and other serious conditions.

TRANSMISSION

The Zika virus is transmitted primarily through the bite of an infected Aedes mosquito, primarily Aedes aegypti. The Aedes mosquitoes are visually distinctive because they have noticeable black and white markings on their body and legs. This is the same mosquito that transmits dengue, chikungunya and yellow fever. The Aedes mosquitoes usually bite during the morning and late afternoon/evening hours, i.e. which is pretty much all day long. Mosquitoes become infected when they bite a person already infected with the virus. The infected mosquitoes can spread the virus to other people through their bites. It can also be transmitted from a pregnant mother to her unborn child through the placenta. There have also been documented cases of the virus being transmitted through semen during sexual intercourse. Now the latest news is that there is the possibility of transmission through other body fluids like saliva, urine and sweat. Con't on Page 2

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So now everyone must consider all body fluids from an infected person to be potentially contagious. Health officials have warned pregnant women to think twice about the lips they kiss and called on men to use condoms with pregnant partners if they have visited countries where the virus is present. Women have been warned about sharing silverware, glasses and plates with people who have symptoms of the virus.

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SIGNS AND SYMPTOMS

About 1 in 5 people who get infected will get sick. For people who get sick, the illness is usually mild. For this reason as many as 80% of people might not realize that they have been infected. The incubation period, from time of exposure to symptoms, of the Zika virus disease is not clear but most scientists feel that it is likely to be a few days. The symptoms are similar to other arbovirus infections such as dengue, and include fever, skin rashes, conjunctivitis, muscle and joint pain, malaise and headache. These symptoms usually only last for 2-7 days.

LINK TO MICROCEPHALY

The WHO declared in December 2015 the rise in birth defects linked to the Zika virus a public health emergency. There has been a surge in neurological disorders like Guillain-Barre syndrome (GBS) and the birth defect microcephaly, in which infants are born with abnormally small heads and incomplete brain development. GBS is a disorder where a person's own immune system damages the nerve cells causing muscle weakness and sometimes paralysis. Most people fully recover but some may have permanent damage or even die.

DIAGNOSIS

Zika virus is diagnosed through PCR and virus isolation from blood samples. Diagnosis by serology can be difficult since the virus can cross-react with other flaviviruses such as dengue and West Nile.

VACCINE

There is currently NO vaccine or medicine for the Zika virus. Work has begun on one but it may take up to 2 years for one to be available for clinical trials. However, once a person has been infected, he or she is likely to be protected from future infections.

TREATMENT

The treatment is to treat the symptoms: get plenty of rest, drink plenty of fluids to prevent dehydration, take medicine such as acetaminophen to reduce fever and pain, do NOT take aspirin or other non-steroidal anti-inflammatory drugs. If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.

PREVENTION

Prevention and control relies on reducing mosquitoes through source reduction, i.e. removal and modification of breeding sites, and reducing contact between mosquitoes and people. The best way to prevent disease spread by mosquitoes is to avoid being bitten. Protect yourself and your family by wearing long sleeved shirts and long pants. Stay in places that have AC or that use window and door screens to keep mosquitoes outside. Use EPA registered insect repellents. Make sure that you follow the product label instructions and reapply insect repellent as directed. Do not spray repellent on the skin under clothing. If you are also using sunscreen, apply sunscreen before apply insect repellent. If you have a baby or a child, do not use insect repellent if they are younger than 2 months of age. Cover children in clothing that covers arms and legs or cover the crib, stroller or baby carrier with mosquito netting. Adults should spray insect repellent on their hands and then apply to a child's face. Treat clothing and gear with permethrin. Treated clothing remains protective through multiple washings. Do NOT use permethrin products directly on the skin. They are intended to treat clothing. Sleep under a mosquito bed net if you are overseas or outside.

The Zika Virus—Contued

ITS RESPONSE

WHO is supporting countries to control Zika through prioritizing research through partnerships, enhance surveillance of Zika, provide training on clinical management, diagnosis, and vector control; strengthen the capacity of laboratories to detect the virus, support implementation of vector control and help prepare recommendations for clinical care and follow up of people with Zika virus.

THE 2016 OLYMPICS AND ZIKA

There is concern for the athletes attending the Olympics in August and September and the potential for Zika infection. The venues will be inspected daily during the games. The organizing committee will follow virus prevention and control measures provided by authorities and provide guidance to all who attend the Games. Health officials believe that since the games take place in the winter months of August and September when the climate is drier and cooler, that the presence of mosquitoes will be significantly reduced.

References: https://en.wikipedia.org/wiki/Zika_virus Centers for Disease Control WHO/Zika virus

“Studies had indicated that more than 80% of healthcare workers use mobile or portable devices to access PHI and communicate with each other about their patients.”

HIPAA LAWS AND TEXTING

The Final Omnibus Rule of March 2013 introduced new HIPAA laws and texting practices to update the existing HIPAA 1996 and the HITECH Act 2009. These new HIPAA rules and texting practices apply to healthcare workers, health insurance providers and employers who provide health insurance for their employees covered by HIPAA and third party service providers to the health insurance industry (also known as “business associates”). The new legislation was introduced to reduce the risk of personal health information being compromised during the sending or receipt of patient data via text messages, or while PHI was stored on a mobile or portable device. Studies had indicated that more than 80% of healthcare workers use mobile or portable devices to access PHI and communicate with each other about their patients, while more research revealed that 66% of security breaches reported in the U.S. Dept. of HHS over the past two years were due to mobile devices being lost or stolen. The new HIPAA laws about texting “require appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic PHI” and the failure to comply with the new legislation could result in criminal and/or civil charges being brought.

- The new HIPAA laws about texting ban the selling or marketing of PHI without obtaining prior permission from the patient(s).
 - Patients now have the right to withhold details of any healthcare they have financed privately from the insurance company that covers their health insurance policy.
 - Patients (and in certain cases the Office of Civil Rights) must be told within sixty days if a breach of PHI is discovered which affects them.
 - Organizations have the responsibility to conduct periodic risk assessments to make sure that they comply with the HIPAA guidelines for texting.
 - Organizations and individuals with access to PHI also have to amend their texting policies and reporting procedures when a suspected security breach is discovered.
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ACA RECERTIFICATION PACKETS

If your ACA certification expires on June 30, 2016, you will receive a packet of information on how to recertify by mid-May. If you do not receive your packet, please contact the ACA office by phone or email. If you have moved since becoming certified, you must notify ACA of your new address or you may not receive your packet.

NOTE: You will not receive a recertification packet if your certification does not expire until June 30, 2017.

What to submit to ACA as proof of continuing education:

- certificates of attendance
- copies of transcripts that document class completion
(multiply each qtr. credit x 10 and each semester credit x 15 to get CE credits)
- CE printouts from employer
- Lists of CE activities verified by manager signature

The documentation must include the following:

- date(s) of attendance
- title of activity
- number of CE credit assigned or amount of time spent
(1 hour of time equals 1 CE credit)
- signature of person issuing or verifying the activity

NOTE: Any recertification postmarked between June 30, 2016 and August 31, 2016 must include a \$ 40.00 late fee.

After September 1, 2016, recertification is by re-examination.

ABP CONTINUING EDUCATION INFORMATION

A reminder that ABP, Inc. offers home study continuing education booklets to help you earn CE contact hours.

All About Bed Bugs	Atrial Fibrillation	Basics of HPV
Biological & Chemical Terrorism	Chronic Fatigue Syndrome	Communication Skills: Neonate-Geriatric
Hand Hygiene	HIPAA Security Rules	Intro to Tuberculosis
Basic Electrocardiography	Interpreting ECGs	MRSA Infections
Nutrition, Diet and Feeding Patients	OSHA Haz Com Standard (<i>New!</i>)	Patient Rights
Routine Venipuncture	Seasonal Flu	Summertime Hazard
Vitamin D (<i>New!</i>)	Workplace Violence	

Call ABP at (574)277-0691 to order or visit ABP's website at www.abpincorp.com to download an order form.