

Utah Zika Preparedness and Response LHD and Tribal Template

	Phase 0 – Preparation (vector present or possible in the jurisdiction)	Phase 1 – Mosquito Season (Introduced travel cases. Aedes biting activity)	Phase 2 - Confirmed Local Transmission (Single, locally acquired case, or cases clustered in a single household and occurring <2 weeks apart)
Preparedness	<ul style="list-style-type: none"> *Appoint a senior representative to coordinate Zika response efforts *Pre-identify an incident manager and response team members *Identify existing surveillance, response, and vector control resources in jurisdiction to enable emergency response if needed *Awareness of medical infrastructure, including specialists, diagnostic, and treatment capacity *Awareness of support capacity for families of a child born with microcephaly or other birth defects *Review existing vector response plans and adopt/adapt portions as needed for Zika (using this document’s topic areas as guidance) *Consider including in written plans preparedness activities, travel case response, limited local transmission , CDC response team coordination, and management without external support *Ensure administrative preparedness for rapid hiring, contracting, requisitioning and interjurisdictional assistance *Define legal authorities to support public health actions if needed (spraying, accessing private property, isolation, quarantine) * Participate in tabletop or other exercises related to response to the first local transmission and multiperson transmission, and adjusting the response plan as appropriate. 	<ul style="list-style-type: none"> *Organize regular meetings between the incident manager, response team, and vector preparedness and response partners to discuss plans and progress *Activate and define roles and responsibilities for local response/incident command team 	<ul style="list-style-type: none"> *Activate incident management structure *In collaboration with UDOH, determine if a request for CDC field response team is warranted.

Communications

<p>*Assess existing vector messages and educational tactics to modify or create new disease specific messages</p> <p>* Develop plan for how education about Zika virus, mosquito control, and mosquito bite prevention will intensify if local transmission occurs.</p> <p>*Initiate campaigns to target – Pregnant Women Travelers General Public Sexually Active Persons</p> <p>*Identify methods and develop campaigns to target Obstetric providers serving pregnant women (prevention, screening, testing protocols, US Pregnancy Registry, etc.)</p> <p>Providers to infants, children, and vulnerable populations (asymptomatic cases, unreported exposure, US Pregnancy Registry, access to consultation, etc.)</p> <p>*Update Tribal/LHD Call in line scripts if applicable</p>	<p>*Initiate a communications campaign, with primary, messaging focusing on awareness, personal protection against mosquitos, and residential source reduction.</p> <p>*Deploy messages encouraging local travelers returning from 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> <p>*Prepare for possible communications needs in the event the patient is positive (e.g., determine who will be the spokesperson, talking points to alert the general public, identify and prepare local spokespeople).</p>	<p>*As appropriate, issue press release/media statement and intensify visible activities in the district to increase attention to Zika virus transmission risk and personal protection measures (flyers, community leaders, and social media).</p> <p>*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> <p>* Assist with development and dissemination of information for the news and social media, the public, and clinicians with a focus on protecting pregnant women, women of childbearing age, sex partners of pregnant women, and other vulnerable populations.</p>
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Epi/ Surveillance

*Surveillance plan for travel cases and sexual transmission from travel cases

*Procedures for collection and reporting of data, both from clinicians to Tribe/LHD and Tribe/LHD to State of Utah

*Coordination plan between vector control and human surveillance

*Non-pharmaceutical interventions plan, including home isolation, active monitoring, sexual transmission prevention

*Monitoring of latest case definitions from CSTE.

*Coordination plan for
A potential infection in a pregnant woman

- Virus-associated reproductive and congenital outcomes, including microcephaly and other central nervous system abnormalities in developing fetuses and newborns
- Virus-associated Guillain-Barre syndrome or other neurologic illnesses
- Virus-associated blood transfusions
- Potential sexual transmission of the virus

*Ensure adequate number of investigators for prioritizing

*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 mosquito reduction activities around home).

*Encourage laboratories and healthcare providers to immediately report results for any positive or equivocal cases.

*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.

*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.).

*Determine if cases are likely to represent a single transmission chain or separate occurrences.

<p>Lab</p>	<ul style="list-style-type: none"> *Coordination plan for sample eligibility, referral, and testing. *Establish point of contact for healthcare providers who have questions about testing *Communicate with providers about eligibility, process, specimen collection and submission, and notifications. 	<ul style="list-style-type: none"> *Awareness of surge capacity of state lab and private lab partners. *Awareness of current guidance on specimen collection, transportation, and reporting of results. * Streamline procedures and confirmatory testing of suspect cases. 	
<p>Vector Control</p>	<ul style="list-style-type: none"> *Protocol for rapid relay of positive cases to relevant mosquito control unit. *Protocol for rapid relay of mosquito control unit trapping activity to public health *Protocol for habitat/breeding reduction activity – community clean up, public information campaigns, yard clean up, etc. *Catalog vector control resources in jurisdiction *Assess, revise, and report any changes to historic Aedes mapping and insecticide resistance data. 	<ul style="list-style-type: none"> *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. 	<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). *Ensure accurate information flow between epidemiologist, laboratory and local mosquito control units. *Communication campaign with mosquito prevention advice increased.

Pregnant Women Outreach	<p>*Catalog resources that could be used to support interventions (Zika Prevention Kits) and distribution plan.</p> <p>*Protocol to coordinate data submission to Zika Birth Registry</p> <p>*Plan for enhanced surveillance for suspected infections</p> <p>* Ensure training and educational materials have reached pregnant women, women of reproductive age, and their healthcare providers.</p> <ul style="list-style-type: none"> • Educate about modes of transmission (sexual and mother/infant), the symptoms of Zika virus infection, the possible association with adverse pregnancy outcomes and that Zika virus causes microcephaly and other serious brain defects. • Reduce mosquito exposure and how to prevent sexual transmission of Zika virus during pregnancy. 	<p>*Develop a plan to provide window screening kits to the homes of pregnant women without air conditioning or window screens.</p> <p>* Provide materials to inform pregnant women and women of reproductive age of the presence of Zika virus in the local area and what precautions they should take to prevent being bitten/infected. Materials will also be available for their sexual partners.</p>	<p>*Deploy targeted communication, surveillance, and monitoring programs for pregnant women in the county/jurisdiction.</p> <p>*Deploy the registry of Zika cases during pregnancy for monitoring and follow-up of birth outcomes.</p>
Blood Safety	<p>*Awareness of existing plans for blood centers regarding deferral of donations for recent travelers, following of FDA guidance, and other blood supply protective measures.</p>		<p>*Notify local blood collection agencies for awareness.</p> <p>*Review CDC toolkit for investigation of transfusion-transmitted infection.</p>