

The Office of the National Coordinator for  
Health Information Technology



# Zika Virus Disease Update for EHR Vendors, other Health Information Technology Developers, Public Health, and Clinical Healthcare Partners

## Public Health - EHR Vendors Collaboration Initiative

*February 17, 2016*





Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

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A banner for the Zika Response page. On the left, there is a stylized globe showing the Americas and a mosquito. The text "ZIKA RESPONSE" is prominently displayed in large, teal, sans-serif font. Below it, in a smaller, dark grey font, is the subtitle "Information about the Virus & Current Updates".

# ZIKA RESPONSE

Information about the Virus & Current Updates

**ZIKA Alert – GoLive Wednesday, February 17th**

February 5<sup>th</sup>, 2016

Update Interim Guidance:  
Testing Algorithm,  
modification of existing  
Ebola workflow?

Pregnant woman with  
history of travel to an area  
with ongoing Zika virus  
transmission

Currently, all six travel  
locations are Level 2:  
Practice Enhanced  
Precautions (yellow)

Investigation of primary  
points of entry:

Inpatient: EC and FBC  
Outpatient: PCP, FM, IM,  
UMCPS, OB (8 locations),  
Combest (FQHC), SH

Pregnant woman with history of travel to an area  
with ongoing Zika virus transmission  
<http://wwwnc.cdc.gov/travel/notices/>

Test for Zika virus infection

Positive or inconclusive for Zika virus infection

Consider serial fetal ultrasounds  
Consider amniocentesis  
for Zika virus testing

Negative for Zika virus infection

Fetal ultrasound to detect microcephaly  
or intracranial calcifications

Microcephaly or intracranial  
calcifications present

Retest pregnant woman for Zika virus infection  
Consider amniocentesis for Zika virus testing

Microcephaly or intracranial  
calcifications *not* present

Routine prenatal care

New build assessment and modifications needed to existing Infectious Disease powerforms

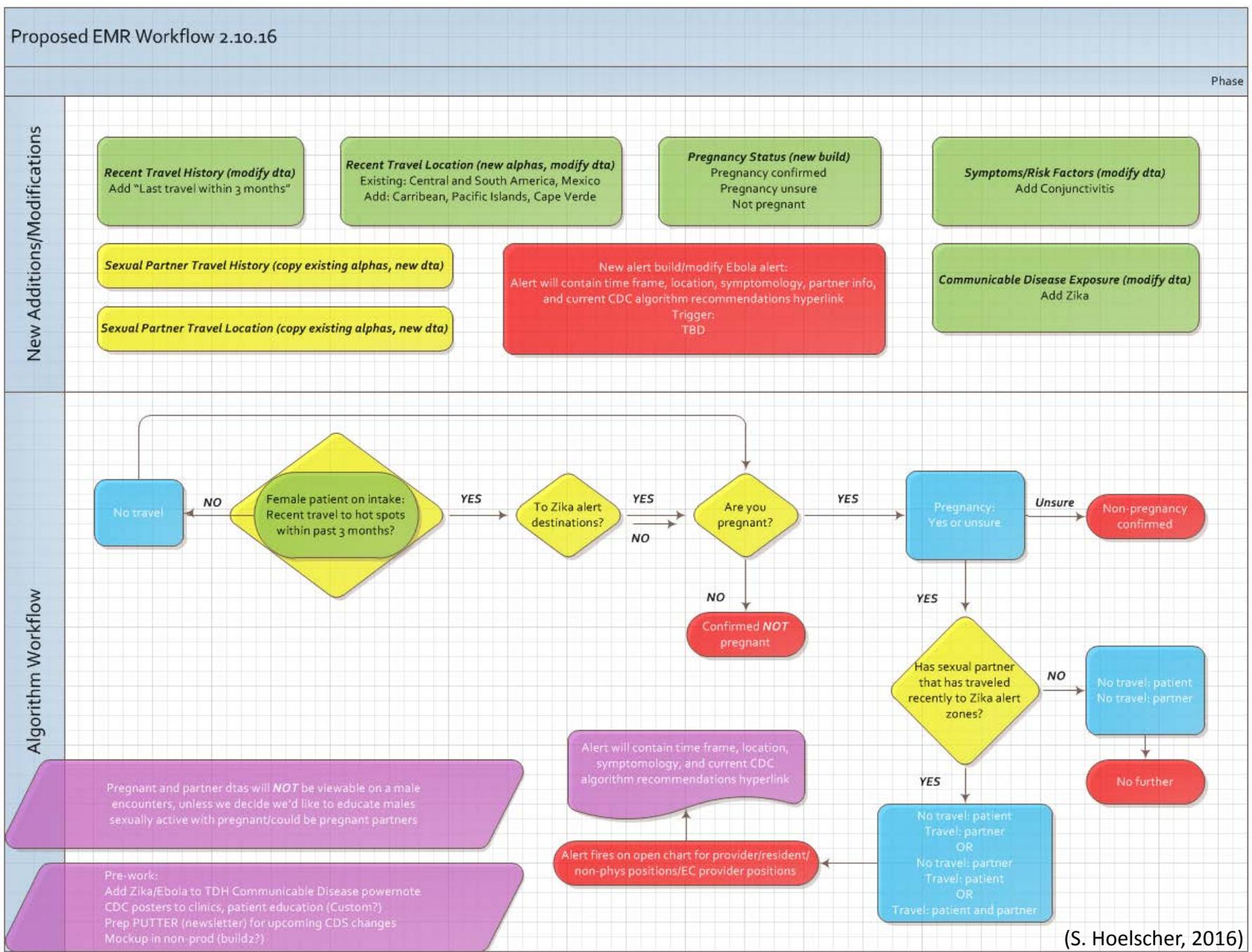
- \*Inpatient
- \*Ambulatory

Trigger for alert: Demo  
 Future considerations:  
 Lab results  
 C/R OB order set

Incorporated sexual partner information into alert

- Alert contents:
- \*on open chart
  - \*provider positions only
  - \*female patient only (7-70yrs)
  - \*current encounter
  - \*24hours with options

Included CDC hyperlink



PowerForm mockup –

**Build:**

- \*Pregnant data dithered on males patients and patients outside age reference range
- \*Will not fire alert on male/reference range pts
- \*Zika exposure selection will “kill” alert

**Approval needs:**

FYI to CDS	2.11.16
FYI to U&S	2.16.16
TTP Nurse Mgmt	2.12.16

**Education needs:**

- \*Inpatient and ambulatory nursing staff
- \*Providers: concierge and PUTTER
- \*Lab education
- \*Final demo (Lab, OB High Risk, UMCPS, ID, TTP IC, UMC IC, UMC Nurse Education, TTP Nurse Mgmt...) scheduled 2.16.16

Symptoms/Risk Factors/Infectious Disease Screen

**Recent Travel History**

 No recent travel  
 Last travel within 7 days  
 Last travel within 14 days  
 Last travel within 21 days  
 Last travel within 30 days  
 Last travel within 3 months

**Recent Travel Location**

<input type="checkbox"/> Africa	<input type="checkbox"/> Middle East
<input type="checkbox"/> Canada	<input checked="" type="checkbox"/> Pacific Islands
<input checked="" type="checkbox"/> Cape Verde	<input type="checkbox"/> Russia
<input checked="" type="checkbox"/> Caribbean	<input checked="" type="checkbox"/> South America
<input checked="" type="checkbox"/> Central America	<input type="checkbox"/> United States
<input type="checkbox"/> China	<input type="checkbox"/> Western Europe
<input type="checkbox"/> Indonesia	<input type="checkbox"/> West Africa
<input checked="" type="checkbox"/> Mexico	<input type="checkbox"/> Other:

**Exposure to Tuberculosis**

 Yes  
 No

For new or worsening cough, provide the patient with a mask. Please consider the need to consult with the Infectious Disease Practitioner for risk factors and symptoms of concern in the context of other history and assessment findings.

**Communicable Disease Exposure**

	Yes	No
Chickenpox		
Chlamydia		
CMV		
Ebola		
Gonorrhea		
Group B Strep		
HIV		
Hepatitis A		
Hepatitis B		
Hepatitis C		
Herpes Simplex		
Measles		
Mumps		
Syphilis		
Zika		
Other		

**Symptoms/Risk Factors**

	Yes	No
Abdominal Pain		
Chills		
<input checked="" type="checkbox"/> Conjunctivitis		
Diarrhea		
<input checked="" type="checkbox"/> Fever		
Headache		
History of Seizures		
<input checked="" type="checkbox"/> Illness With Generalized Rash		
<input checked="" type="checkbox"/> Muscle Pain		
New or Worsening Cough		
Rash/Viral Illness Since Last Menstrual Period		
Recent Exposure to Communicable Disease		
Runny or Stuffy Nose		
Shortness of Breath		
Sore Throat		
Unexplained Hemorrhage		
Vomiting		

Patients suspected of Zika exposure do NOT require extra isolation

Zika symptoms are assessed as being with 2 WEEKS after return from affected travel location

Select YES for "ZIKA" in the Communicable Disease Exposure field ONLY if the patient is pregnant and already receiving testing and treatment for Zika

**Pregnancy Status**

 Pregnant  
 Patient denies  
 Unsure  
 N/A

**Sexual Partner Travel History**

 No recent travel  
 Last travel within 7 days  
 Last travel within 14 days  
 Last travel within 21 days  
 Last travel within 30 days  
 Last travel within 3 months

**Sexual Partner Travel Location**

<input type="checkbox"/> Africa	<input type="checkbox"/> Indonesia	<input type="checkbox"/> United States
<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/> Western Europe
<input type="checkbox"/> Cape Verde	<input type="checkbox"/> Middle East	<input type="checkbox"/> West Africa
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Pacific Islands	
<input type="checkbox"/> Central America	<input type="checkbox"/> Russia	
<input type="checkbox"/> China	<input type="checkbox"/> South America	



## Zika Alert

This alert has fired because your patient may be pregnant, and either the patient or their sexual partner has recently traveled to a location at risk for exposure to the Zika virus.

Your patient reports her pregnancy status as **Pregnant**.

Patient reports Last travel within **7 days**.

Patient reports travel to **Cape Verde**.

The patient reported having the following symptoms: **Conjunctivitis**

CDC recommendations suggest starting with Zika serum testing and follow up with OB for possible ultrasound studies when potential exposure of a pregnant patient has been identified.

Please click "Guidelines" button below to access the CDC Zika Pregnancy website for current recommendations.

Guidelines

OK

## Alert Design

Notification to provider positions that their patient has somehow qualified for the alert to fire.

Alert informs provider HOW the patient qualified.

Alert fires on "open chart", same encounter as intake for 24 hours

Nursing will not see alert, but will use modified intake form

Gentle assistance with CDC current recommendations

Hyperlink to current CDC Zika Pregnancy Guidelines



# Zika Virus Disease Case Investigation Form

Arboviral Diseases Branch

Lab – Microbiology

Proposed workflow as of 2.5.16

## FOR ARBOVIRAL DISEASE BRANCH USE ONLY

CDC R-number \_\_\_\_\_

ZIKVID: \_\_\_\_\_

Manual order form  
Tiger top delivered to lab (Virology)

## Reporting Jurisdiction

Person completing form: \_\_\_\_\_ Phone number: \_\_\_\_\_ State: \_\_\_\_\_

Lab will send to state, who will divide sample to state and CDC

## Demographic Information

State ID number \_\_\_\_\_

Age: \_\_\_\_\_  Years  Months

Sex:  Male  Female

Patient Initials: \_\_\_\_\_

Pregnant:  Yes  No

If yes, gestational week at illness onset: \_\_\_\_\_

Results will be received electronically in provider inbox and under “Misc Send out”

## Travel History

Dates of travel: \_\_\_\_\_

Country(s) visited: \_\_\_\_\_

## Vaccination History