Zika virus transmission was detected in the Region of the Americas (Americas) in Brazil in May 2015, and as of March 21, 2016, local mosquito-borne transmission of Zika virus had been reported in 32 countries and territories in the Americas, including Puerto Rico and the U.S. Virgin Islands.* Most persons infected with Zika virus have a mild illness or are asymptomatic. However, increasing evidence supports a link between Zika virus infection during pregnancy and adverse pregnancy and birth outcomes (1), and a possible association between recent Zika virus infection and Guillain-Barré syndrome has been reported (2). Although Zika virus is primarily transmitted through the bite of Aedes species of mosquitoes, sexual transmission also has been documented (3). Zika virus RNA has been detected in a number of body fluids, including blood, urine, saliva, and amniotic fluid (3–5), and whereas transmission associated with occupational exposure to these body fluids is theoretically possible, it has not been documented. Although there are no reports of transmission of Zika virus from infected patients to health care personnel or other patients, minimizing exposures to body fluids is important to reduce the possibility of such transmission. CDC recommends Standard Precautions in all health care settings to protect both health care personnel and patients from infection with Zika virus as well as from blood-borne pathogens (e.g., human immunodeficiency virus [HIV] and hepatitis C virus [HCV]) (6). Because of the potential for exposure to large volumes of body fluids during the labor and delivery process and the sometimes unpredictable and fast-paced nature of obstetrical care, the use of Standard Precautions in these settings is essential to prevent possible transmission of Zika virus from patients to health care personnel.

Preventing Transmission of Zika Virus in Labor and Delivery Settings Through Implementation of Standard Precautions — United States, 2016

Christine K. Olson, MD1; Martha Iwamoto, MD2; Kiran M. Perkins, MD3; Kara N.D. Polen, MPH4; Jeffrey Hageman, MHS5; Dana Meaney-Delman, MD3; Irogue I. Igbinosa, MD6; Sumaiya Khan, MPH7; Margaret A. Honein, PhD4; Michael Bell, MD3; Sonja A. Rasmussen, MD8; Denise J. Jamieson, MD1

Use of Standard Precautions in Health Care Settings

Health care personnel should adhere to Standard Precautions in every health care setting. Standard Precautions are designed to protect health care personnel and to prevent them from spreading infections to patients. They are based on the premise that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes might contain transmissible infectious agents and include 1) hand hygiene, 2) use of personal protective equipment (PPE), 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment (6). Because patients with Zika virus infection might be asymptomatic, Standard Precautions should be in place at all times, regardless of whether the infection is suspected or confirmed. Health care personnel should assess the potential for exposure to potentially infectious material during health care delivery and protect themselves accordingly, based on the level of clinical interaction with the patient and the physical distance at which care is provided (6). In addition, health care providers should use soap and water or alcohol-based products (gels, rinses, foams), at a minimum, before and after a patient contact and after removing PPE, including gloves (6).

Use of Standard Precautions in Labor and Delivery Settings

Pregnant women lose an average of 500 mL of blood during uncomplicated vaginal deliveries, with higher losses during complicated vaginal deliveries and cesarean deliveries (7). Amniotic fluid volume at the time of full-term delivery typically exceeds 500 mL (8). Eye protection used during deliveries has been

Importance of Ongoing Education and Training

Standard Precautions represent the minimum infection prevention expectations for safe care across all health care settings. Ongoing education and training of all health care personnel in a facility, including those employed by outside entities, on the principles and rationale for use of Standard Precautions and use of specific PPE help ensure that infection control policies and procedures are understood and followed (6). These educational efforts should emphasize that infection prevention strategies enhance the quality of patient care and do not alter the relationship between provider and patient. Barriers (e.g., cost and lack of standardized protocols in facilities) to implementation of Standard Precautions and use of PPE should be addressed as soon as they are recognized. Facility, nursing, and
obstetric leadership is critical for instituting infection prevention policies and promoting routine use of and adherence to Standard Precautions (6). Infectious disease outbreaks, such as the current Zika virus disease outbreak, provide an opportunity to emphasize the importance of adherence to published infection prevention strategies to prevent transmission of infectious diseases in all health care settings, including labor and delivery units.

References


