Emergency Legal Preparedness Concerning the Zika Virus: A Primer

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James G. Hodge, Jr., J.D., L.L.M.
Professor of Public Health Law and Ethics
Director, Western Region Office, Network for Public Health Law
Sandra Day O’Connor College of Law
Arizona State University
Primer Contents

- Brief Overview of the 2015-16 Zika Virus Outbreak
- International Legal Response Efforts
  - Foreign Governments
  - World Health Organization
- U.S. Legal Preparedness/Response
- Additional Resources
Zika Virus - Quick Facts

Transmission:
- Primarily through Aedes species of mosquito bites
- From pregnant mother to baby
- Possibly through infected blood or sexual contact (although unproven)

Symptoms:
- Usually within 2-7 days, fever, rash, joint pain, conjunctivitis (red eyes), muscle pain, headache among 20-25% of infected persons

Treatment:
- No vaccine, cures, or accepted treatments
- Treat the symptoms (rest, ample fluids), avoid non-steroidal, anti-inflammatory drugs, prevent future mosquito bites
Suspected link to microcephaly birth defects and Guillain-Barré Syndrome (although direct correlation is unproven).

4,100+ reported cases of microcephaly in Brazil in 2015-2016 [<150 cases were reported in all of 2014]


Zika Virus Case Distribution

Countries and territories with confirmed cases of Zika virus (autochthonous transmission) in the Americas, 2015-2016.

Legend

- Countries with confirmed cases
- Country limits

Data Source:
Reported from the IHR National Focal Points and through the Ministry of Health websites.
Map Production:
PAHO-WHO AD CHA IR ARO
Zika Virus – Affected Jurisdictions

- Barbados
- Bolivia
- Brazil
- Cape Verde
- Colombia
- Costa Rica
- Curaçao
- Dominican Republic
- Ecuador
- El Salvador
- French Guiana
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Martinique
- Mexico
- Nicaragua
- Panama
- Paraguay
- Puerto Rico
- Samoa
- Saint Martin
- Suriname
- U.S. Virgin Islands
- Venezuela
11/11/15: Brazil declares national health emergency.

1/22/16: Mexico health authorities issue an epidemiologic health emergency.

1/29/16: Trinidad and Tobago declare public health emergency via the Ministry of Health.
1/19/16: Rio de Janeiro Governor signs Law No. 7213 to reduce taxes on the sale of mosquito repellent.

1/19/16: Rio de Janeiro Secretary of State creates a service protocol for pregnant women with Zika virus and babies with microcephaly providing key psychological and developmental services.

1/20/16: Colombia advises women to delay pregnancy for 6–8 months; similar warnings issued in Ecuador & Jamaica.


1/25/16: Brazil announces the single day deployment of 220,000 troops to spread awareness of Zika virus.

1/28/16: Venezuelan Minister of Health initiates fumigation campaigns and an increase of medical workers in light of 4,700 suspected cases.

1/28/16: Canadian Blood Services to refuse blood donations from travelers to countries where Zika virus is prevalent.
January 28, 2016: WHO announces a special session on February 1 to decide whether to declare Zika virus a public health emergency of international concern (PHEIC) via the International Health Regulations (IHR) based on:
1. Possible association of infection with birth malformations and neurological syndromes;
2. Potential for further international spread given the wide geographical distribution of the mosquito vector;
3. Lack of population immunity in newly affected areas; and
4. Absence of vaccines, specific treatments, and rapid diagnostic tests.

February 1, 2016: Zika virus declared a Public Health Emergency of International Concern (PHEIC)

“After a review of the evidence, the committee advised that the clusters of microcephaly and other neurological complications constitute an extraordinary event and public health threat to other parts of the world.”

Dr. Margaret Chan
WHO Director-General
Zika Virus in the U.S.

Confirmed Cases:
Arkansas
California
District of Columbia
Florida
Hawaii
Illinois
Maryland
Massachusetts
Minnesota
New Jersey
New York
Texas
Virginia

January 27, 2016: President Obama calls for the rapid development of tests, vaccines, and treatments to fight Zika virus, and directs health officials to step up public outreach through collaborations between Department of Defense (DOD) and Department of Health and Human Services (DHHS).

January 28, 2016: Food and Drug Administration announces protective measures to deter blood donations from those who have traveled to areas where Zika virus is prevalent.
January 15, 2015 - CDC issues Travel Alert Level 2 in following areas (with ongoing updates):

- Barbados
- Bolivia
- Brazil
- Cape Verde
- Colombia
- Dominican Republic
- Ecuador
- El Salvador
- French Guiana
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Martinique
- Mexico
- Panama
- Paraguay
- Puerto Rico
- Saint Martin
- Samoa
- Suriname
- Venezuela
- Virgin Islands

Source: http://wwwnc.cdc.gov/travel/notices
Interim Guidelines for Pregnant Women During a Zika Virus Outbreak

Pregnant women should postpone travel to areas of ongoing Zika virus transmission, or strictly follow steps to avoid mosquito bites:

- Wearing long-sleeved shirts and long pants, using EPA-registered insect repellants, using permethrin-treated clothing, and staying in screened-in or air-conditioned rooms.

Doctors should ask pregnant women about recent travel and test those who have traveled to areas with ongoing Zika virus transmission and either:

- Report 2 + symptoms consistent with Zika virus disease; or
- Have ultrasound findings of fetal microcephaly or intracranial calcifications.

Pregnant women who test positive for Zika virus should consider ultrasound to monitor fetal anatomy and referral to a maternal-fetal medicine or infectious disease specialist.
Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection — United States, 2016

Pediatricians should work closely with OB/GYNs to identify infants whose mothers were potentially infected with Zika virus during pregnancy.

Zika Virus testing is recommended for:

- Infants born with microcephaly or intracranial calcifications to mothers who travelled or resided in area with Zika virus transmission while pregnant
- Infants born to mothers with positive/inconclusive test results for Zika virus
- Additional clinical evaluation and follow-up recommended for infants with laboratory evidence of a possible congenital infection.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3.htm
Emerging Legal Issues - Topics

Topics

- Travel Restrictions/Closures
- Scope of Practice
- Privacy
- Liability
- Testing & Screening
- Treatment & Research
- Reproductive Health
- Mosquito Abatement
- Reproductive Health
1/28/16: Senate Homeland Security Committee leaders ask CDC and Department of Homeland Security to examine the threat the Zika virus poses to the U.S.


1/28/16: City officials in New York and other locales announce Zika virus prevention efforts.

1/29/16: States (e.g., South Dakota) issue international travel alerts to their citizens similar to CDC’s alert.

1/29/16: State officials ask Congress for new funding to combat Zika virus.

1/29/16: Hawaii’s state legislators introduced bill to seek more funds for its “Fight the Bite” mosquito vector control efforts via its department of health.

1/29/16: U.S. Senator Richard Blumenthal (D-CT) urges President Obama to authorize more research funds for Zika virus.

1/31/16: U.S. Senator Chuck Schumer (D-NY) presents 3 point plan to contain Zika virus, including increased funding abroad.
Network for Public Health Law - **Emergency Legal Preparedness Response**

WHO - **Zika Virus**

DHHS ASPR - **Technical Resources, Assistance Center, and Information Exchange (TRACIE)**

CDC - **ZIKA Virus**

AMA - **Zika Virus Resource Center**

ASTHO - **State Public Health Agencies Prep for Zika Virus**

NACCHO - **Emergency Legal Preparedness Training Kit**
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- james.hodge.1@asu.edu