

Notification to the Medical Services Division of Zika & Related Outcomes

To: All UN System Medical Staff

The following Zika-related disease or conditions occurring among UN personnel and/or their dependents should be reported immediately to UN Medical Services Division (MSD) at msdpublichealth@un.org. Case definitions of the above disease/conditions can be found on next pages.

1. All probable and confirmed cases of **Zika**¹ (including in pregnant and non-pregnant UN personnel)
2. All suspected and confirmed cases of **Guillain Barre Syndrome (GBS)**² in individuals who resided in or visited a Zika-affected area within 2 weeks prior to symptom onset.
3. All suspected and confirmed cases of **neurological syndromes (e.g. meningitis, meningoencephalitis and myelitis)** in individuals who resided in or visited a Zika-affected area within 2 weeks prior to symptom onset.
4. All cases of **microcephaly**³ or **intracranial calcifications** diagnosed prenatally or at birth for an infant or fetus whose mother resided in / visited a Zika-affected area while pregnant.

For each notification, please complete the MSD Zika Case Report Form available [here](#) and email it to msdpublichealth@un.org.

For an up-to-date list of Zika-affected areas, please consult <https://hr.un.org/page/zika-virus>

Please feel free to contact MSD's Public Health Unit at +1-917-353-5387 or msdpublichealth@un.org for any questions.

¹ For more information on the case definition of **probable and confirmed Zika cases**, please consult: <http://www.who.int/csr/disease/zika/case-definition/en/>

² For more information on the case definition of **GBS**, please consult: <http://www.who.int/csr/resources/publications/zika/guillain-barre-syndrome/en/>

³ For more information on **microcephaly**, please consult: http://www.who.int/maternal_child_adolescent/topics/newborn/microcephaly/en/

Case definitions for MSD's Zika-related reporting requirements

Zika Cases

Source: WHO - <http://www.who.int/csr/disease/zika/case-definition/en/>

Probable Case

A person presenting with rash and/or fever and **at least one** of the following signs or symptoms: arthralgia; **OR** arthritis; **OR** conjunctivitis (non-purulent/hyperaemic).

AND who has presence of IgM antibody against Zika virus, with no evidence of infection with other flaviviruses;

AND an epidemiological link, which is contact with a confirmed case, or a history of residing in or travelling to an area with local transmission of Zika virus within two weeks prior to onset of symptoms.

Confirmed Case

A person with laboratory confirmation of recent Zika virus infection, which is:

- ◆ presence of Zika virus RNA or antigen in serum or other samples (e.g. saliva, tissues, urine, whole blood); **OR**
- ◆ IgM antibody against Zika virus positive and PRNT90 for Zika virus with titre ≥ 20 and Zika virus PRNT90 titre ratio ≥ 4 compared to other flaviviruses; and exclusion of other flaviviruses

Microcephaly

Resource: WHO - <http://www.who.int/mediacentre/factsheets/microcephaly/en/>

Head circumference of 2 standard deviations (SD) below the mean for age and sex or about less than the third percentile. There are no absolute values to define microcephaly given that it varies by sex and gestational age.

For this reason, the WHO child growth standards tables on head circumference-for-age, with percentiles, and expanded tables for constructing national health tables are provided. These tables provided resources to assess the head circumference in full-term newborns and are available at: http://www.who.int/childgrowth/standards/hc_for_age/en/. (To assess the head circumferences of preterm newborns, other references such as Fenton are recommended.)

Guillain Barre Syndrome

Source: WHO - <http://www.who.int/csr/resources/publications/zika/guillain-barre-syndrome/en/>

The Brighton Criteria should be used for the case definition of GBS. These are based on presenting clinical findings and ancillary testing including neurophysiology and lumbar puncture findings. Patients are categorized as level 1 (the highest level of diagnostic certainty) to level 3 (the lowest level of diagnostic certainty).

Table 1. Brighton criteria for case definition of Guillain-Barré syndrome

Level 1 of diagnostic certainty	Level 2 of diagnostic certainty	Level 3 of diagnostic certainty
<ul style="list-style-type: none"> • Bilateral and flaccid weakness of the limbs; AND • Decreased or absent deep tendon reflexes in weak limbs; AND • Monophasic illness pattern; and interval between onset and nadir of weakness between 12h and 28 days; and subsequent clinical plateau; AND • Absence of identified alternative diagnosis for weakness; AND • Cytoalbuminologic dissociation (i.e. elevation of CSF* protein level above laboratory normal value and CSF total white cell count <50 cells/µl); AND • Electrophysiologic findings consistent with GBS 	<ul style="list-style-type: none"> • Bilateral and flaccid weakness of the limbs; AND • Decreased or absent deep tendon reflexes in weak limbs; AND • Monophasic illness pattern; and interval between onset and nadir of weakness between 12h and 28 days; and subsequent clinical plateau; AND • Absence of identified alternative diagnosis for weakness; AND • CSF total white cell count <50 cells/µl (with or without CSF protein elevation above laboratory normal value); OR electrophysiologic studies consistent with GBS if CSF not collected or results not available. 	<ul style="list-style-type: none"> • Bilateral and flaccid weakness of the limbs; AND • Decreased or absent deep tendon reflexes in weak limbs; AND • Monophasic illness pattern; and interval between onset and nadir of weakness between 12h and 28 days; and subsequent clinical plateau; AND • Absence of identified alternative diagnosis for weakness

* Cerebrospinal fluid (CSF)