



WISCONSIN ZIKA DATA BRIEF 2016

WHAT IS ZIKA?

Zika virus is spread to people primarily through the bite of an infected mosquito, but can also be transmitted through sexual contact or from mother to child during pregnancy. The mosquitoes that carry and spread Zika virus live in many parts of the world, including parts of the United States. In 2016, the Department of Health Services (DHS) and partners conducted surveillance for the species of mosquitoes that can transmit Zika virus, and none were detected, at that time.

HOW IS WISCONSIN RESPONDING TO ZIKA?

To date, all confirmed Zika virus cases in Wisconsin residents are travel-associated, occurring in people who traveled to locations with active Zika virus transmission, had sexual contact with someone who traveled to locations with active Zika virus transmission, or were born to a mother who had traveled to locations with active Zika virus transmission during pregnancy.

The state is working to ensure a coordinated response between the DHS, local health departments, health care providers, and other partners to best serve the people of Wisconsin.

Wisconsin Travel-Related Cases Zika Virus 2016

Confirmed Cases	63
Probable Cases*	0
Total Tested	1062

WHAT DATA ARE BEING COLLECTED?

DHS is conducting surveillance for Zika virus infections by tracking the physician or laboratory-reported cases of Zika virus and by offering fee-exempt testing for qualifying patients. Data for 2016 are shown to the left.

Information on country of travel, exposure history, illness onset, and pregnancy status are recorded at the time of testing approval for positive cases.

Wisconsin is also collecting data for the CDC Zika Pregnancy Registry. If a pregnant woman has laboratory evidence of Zika virus infection (regardless of whether she has symptoms), she is included in the registry. The purpose of the registry is to collect information about pregnant women and their infants to better understand the virus.

2016 DATA SUMMARY

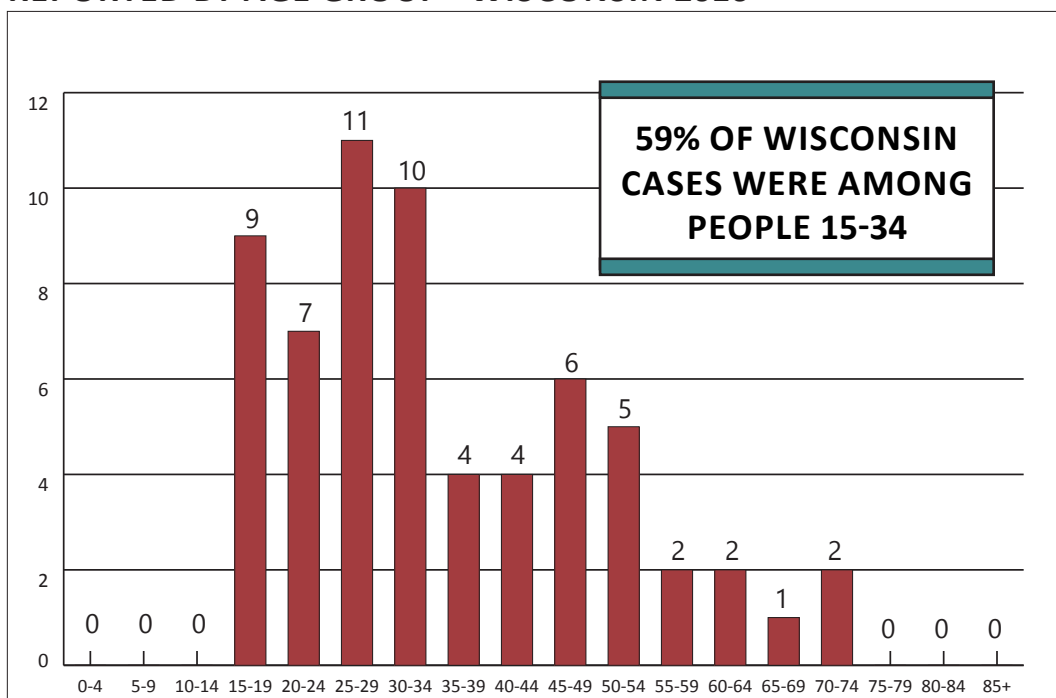
Zika virus infections can be found in both men and women.

During 2016, Wisconsin approved the testing of 1,062 individuals of whom 916 (86%) were female and 145 (14%) were male. Of the people tested for Zika virus in Wisconsin in 2016, 68% were pregnant women. Of the 63 total Zika cases confirmed in 2016, 41 (65%) were female and 22 (35%) were male. Wisconsin continues to approve testing for symptomatic men and women with possible Zika exposure, and for asymptomatic pregnant women with possible Zika exposure.

The distribution of Zika infections in Wisconsin in 2016 is skewed toward females—65% of cases. This pattern is likely a reflection of the larger number of females tested due to a focus on testing pregnant women. Additionally, when symptoms are present, Zika virus infections often cause only a mild illness. As males would not have pregnancy-related concerns, they may not seek testing at the same rate as females.

When travelers to Zika-affected areas return to Wisconsin, both men and women should be aware of possible symptoms of Zika virus (fever, rash, joint pain, or conjunctivitis) and visit a health care provider if symptoms develop within two weeks of returning. Regardless of whether they develop symptoms, travelers should also take precautions to avoid mosquito bites for three weeks after symptoms begin or after last possible Zika exposure and to avoid unprotected sex for eight weeks for women, and for six months for men after symptoms begin or after last possible Zika exposure.

CONFIRMED TRAVEL-RELATED ZIKA VIRUS CASES (N=62) REPORTED BY AGE GROUP - WISCONSIN 2016



WISCONSIN QUICK FACTS

1,062 PEOPLE IN WISCONSIN
TESTED FOR ZIKA

63 CONFIRMED CASES

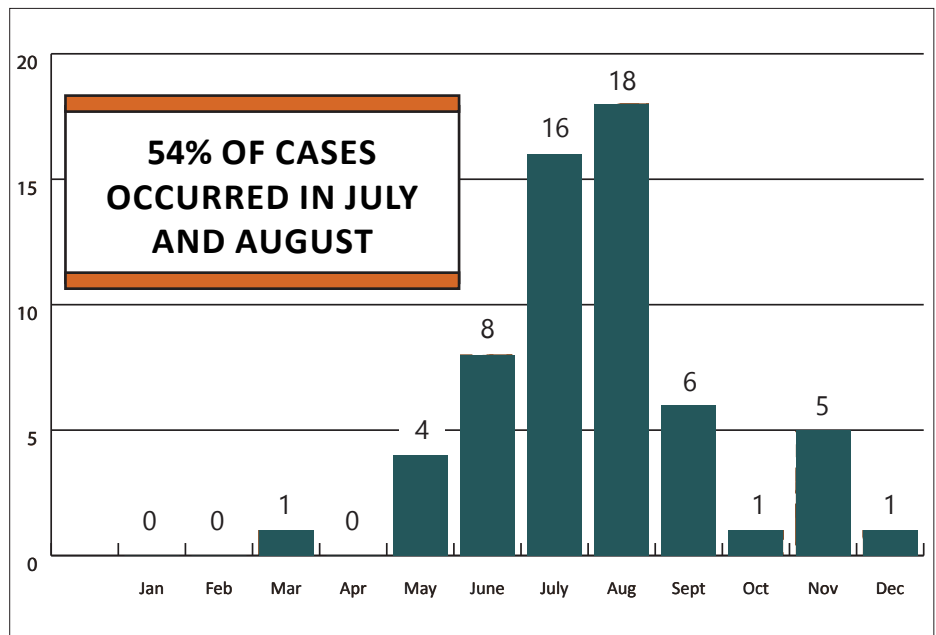
41 FEMALE AND **22** MALE

Overall, 59% of all Wisconsin cases were confirmed among people ages 15-34. However, people of all ages can become infected with Zika virus.

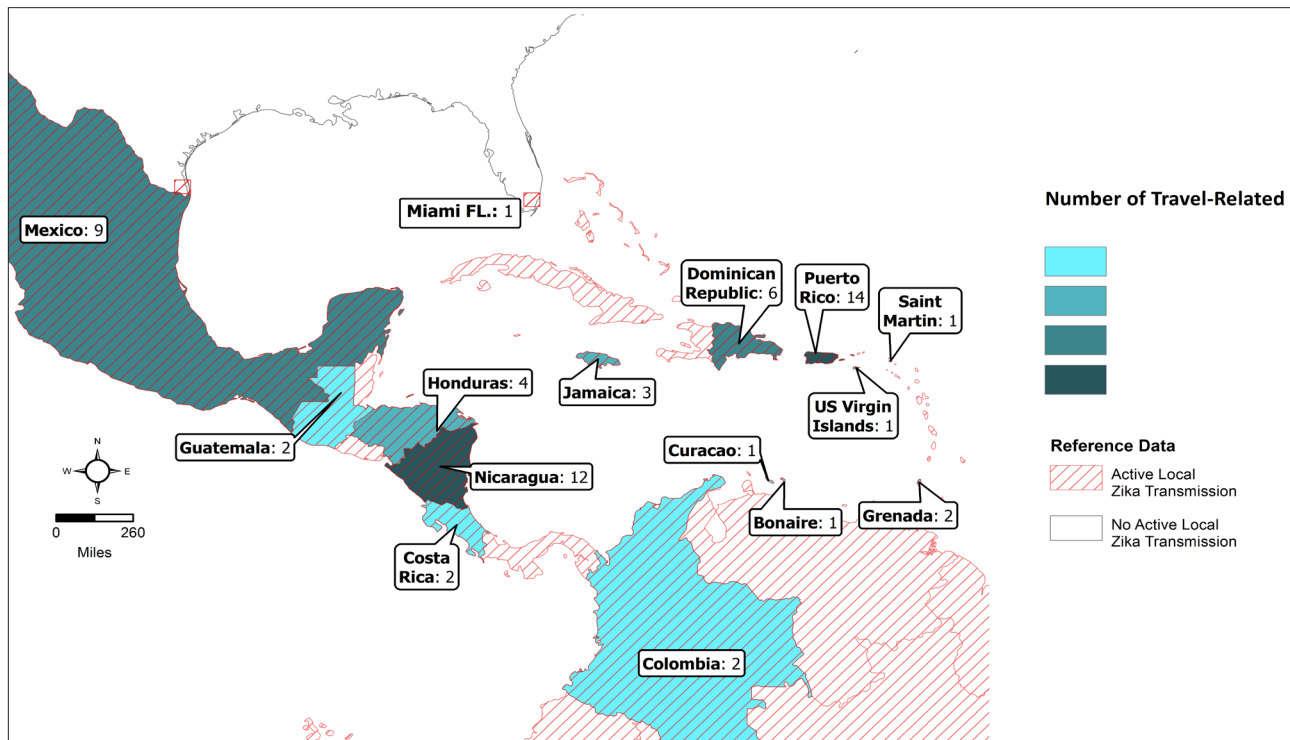
The age distribution of Wisconsin Zika cases likely reflects the demographics of the population tested for Zika virus. Since Zika virus infection during pregnancy can cause serious birth defects, proper diagnosis of Zika virus among residents who are currently pregnant or who are of childbearing age is a priority.

TRAVEL-RELATED ZIKA VIRUS CASES (N=60) REPORTED BY MONTH OF ILLNESS ONSET - WISCONSIN 2016

Among confirmed Zika virus cases in Wisconsin in 2016, 54% occurred during July and August. Many Caribbean, Central American, and South American countries experience high levels of mosquito activity throughout these months and were reporting ongoing local Zika transmission during this time period in 2016. Summer in Wisconsin is also a popular time for travel with most schools and universities not in session, and many honeymoon trips following the summer wedding season.



CONFIRMED TRAVEL-RELATED ZIKA VIRUS CASES (N=61) REPORTED BY TRAVEL LOCATION - WISCONSIN 2016



Based on reported exposures, Wisconsin travelers presumably acquired Zika virus from 14 different countries outside of the United States and one additional traveler from Miami, Florida. Some of the Zika virus cases in 2016 reported both travel to a Zika-affected area and sexual contact with a traveler to a Zika-affected area within a similar time period, and thus, the mode of transmission cannot be definitively determined.

One case reported travel to multiple international locations with Zika transmission and is not represented on the map. Another case reported no travel, only sexual contact with a traveler, and thus presumably acquired Zika through sexual transmission. This sexually transmitted case is also not represented on the map.

The number of cases per country reflects travel patterns among Wisconsin residents, and is not necessarily indicative of the level of risk associated with active Zika virus transmission in that country.

CONSIDERATIONS

The 2016 summary data from Wisconsin travel-associated Zika virus cases do not necessarily reflect the characteristics of the disease observed nationally. However, in looking more closely at our Wisconsin cases, we may be able to identify geographic, temporal, or other epidemiological trends specific to travel-related exposures in Wisconsin residents. This information could be of use in discussions with patients or in designing and implementing outreach and prevention activities.

Due to the nature of Zika virus infections, with about 80% of people infected experiencing no symptoms, the 2016 case count is likely an underrepresentation of the true number of infections among Wisconsin residents.



For more information on Zika virus and Wisconsin's response, please visit our website:

www.dhs.wisconsin.gov/zika