

Zika Virus: The Emerging Zika Pandemic

What the Hospitality Industry Needs to Know

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U.S. Federal health officials expect the number of Zika cases to rise given the magnitude of recent outbreaks and the number of people returning to the country from affected regions.

The mosquito-borne Zika virus first triggered a global health alert in early 2016. The virus has since been linked to a neurological birth disorder by the U.S. Centers for Disease Control (CDC), which is also investigating the connection between Zika and a rare nerve disorder that can lead to paralysis.¹ Following a rapid spread the CDC issued a warning against travel to affected regions, along with interim treatment guidelines for those with suspected exposure to the virus.²

Continued media reports of the outbreak come as millions of people typically prepare to vacation in areas where the Zika virus is present, from Mexico and Central America, throughout the Caribbean and south to Brazil - where the Summer Olympics will be held this year. According to the World Health Organization (WHO), as many as 4 million people from across the Americas will become infected with the virus within the next year. The CDC warns that the virus will continue to spread and that it is unclear where it may spread over time. This makes it crucial for hotel and resort owners to learn about the virus and, in turn, help to educate their staff and guests about the risks and how to reduce them. Currently, no vaccine exists and avoiding mosquito bites is the only preventive measure.

This Chubb advisory provides the latest information on the Zika virus and disease, as well as the modes of transmission. These resources are designed to help hotel and resort owners to recognize the steps they can take to combat mosquitoes and to educate their staff and guests on the measures that can help lessen the chances of becoming infected.

Zika History

Zika is similar in type to yellow fever, West Nile, chikungunya, and dengue viruses. Prior to 2015, disease outbreaks were sporadically reported in the Pacific Islands, tropical Africa and Southeast Asia, but were associated with only mild, flu-like symptoms. Between October 2015 and January 2016, Brazil reported a possible link between the virus and an alarming 3,500 cases of microcephaly - a potentially fatal congenital brain condition that causes an infant's head to be unusually small.³ The CDC later concluded that the virus causes microcephaly and other birth defects.⁴

As of May 4, 2016, more than 500 travel-related cases of Zika virus have been reported in the United States, with 44 involving pregnant women.⁵ No locally acquired vector-borne cases had been reported in the United States as of that date. One report of an infant born with microcephaly has been linked to the virus after the mother traveled to an infected region. In U.S. territories, more than 700 locally acquired cases have been reported, 96 percent of them in Puerto Rico. Five cases of the rare nerve disorder Guillain-Barré syndrome, which can lead to paralysis, had been reported by early May in U.S. territories and one case in the United States. This disorder is very likely triggered by Zika in a small portion of infections, and the CDC is investigating the link between Zika and Guillain-Barré syndrome. Federal health officials expect the number of Zika cases to rise given the magnitude of recent outbreaks and the number of people returning to the country from affected regions.

How the Virus Spreads

Knowing how the virus is transmitted can help property managers, hotels and resorts to reduce the risks to their staff and visitors.

Mosquito bites. The virus is primarily known to be transmitted to people through the bite of an infected *Aedes* species mosquito, known to be an aggressive biter that lives near water sources both indoors and outdoors. According to the WHO, only two countries - Canada and Chile - are unlikely to encounter the virus because neither is inhabited by the *Aedes* mosquito. However, according to the CDC, more than half of the U.S. is populated by at least one of the two *Aedes* species mosquitoes that can spread the Zika virus.

Pregnancy. A pregnant woman infected with Zika virus near the time of delivery can pass the virus to her newborn, although there is no evidence to suggest that pregnant women are more susceptible to virus infection or experience more severe disease during pregnancy. To date, there are no reports of infants contracting Zika virus through breastfeeding.

Sexual contact. While there are isolated cases of Zika virus being sexually transmitted from an infected man to his sex partners, mosquito bites appear to remain the primary mode of transmission. Important questions regarding sexual transmission have yet to be answered, such as whether a woman can pass the virus through sexual contact, and how long a person remains infectious - both before and after clinical symptoms of the disease appear.⁶ Health officials recommend that people who may have been exposed to Zika take precautions during sexual activity, particularly women who are or may be pregnant.



Symptoms. Zika virus disease symptoms are typical of mild influenza, including acute onset of fever, rash, headache, conjunctivitis, myalgia, and general malaise. About 1 in 5 infected people become symptomatic, with typical onset reported at two to seven days after transmission. Clinical symptoms generally last from several days to one week.

Treatment. At present, there is no approved vaccine for Zika virus, nor an effective antiviral treatment for those exposed to it. Care provisions are aimed at relieving symptoms through rest, fluids, and medications to reduce pain and fever. Severe disease requiring hospitalization is uncommon.

In the wake of reports linking Zika virus to neurologic birth disorders, the CDC has issued interim guidelines specifically addressing treatment of pregnant women potentially exposed to the Zika virus, as well as infants with possible congenital Zika virus infection. The CDC and the OSHA have jointly issued guidelines for employers to help prevent workers from becoming infected on the job.⁷

Prevention Strategies

While resorts and hotels can't eradicate mosquitoes in their areas, they can take steps consistent with good environmental practices to manage the problem. The recommendations for employers from the CDC and OSHA include training workers about the risks of exposure to the virus, and how to protect themselves, particularly for workers who are or may become pregnant or whose partners may become pregnant. With Zika remaining a top news story, hotel and resort guests will want reassurance that the property managers are taking a proactive attitude toward mosquito control, in particular, and pest control in general.

Prevention. To prevent mosquitoes from breeding, the CDC recommends that standing water be eliminated around a property. That includes making sure to empty, turn over, scrub or discard items that can hold standing water. For resorts, areas of concern include ponds, planters, flower pots, buckets, cans, bottles, and trash containers as well as low-lying areas and ground near water features where water may pool. Resort employees should routinely identify and empty standing water containers.



It crucial for hotel and resort owners to learn about the Zika virus and educate their staff and guests about the risks and how to reduce them.

Integrated Pest Management (IPM).

The U.S. Environmental Protection Agency and the CDC recommend an integrated pest management approach as most effective in combating mosquito populations. Resorts should use a qualified professional pest control service whose expertise includes mosquito control. Pesticides should only be used by professional pest control services. Because of the potential health risks, regular maintenance staff and resort workers should not be tasked with applying insecticides or with performing pest control duties best handled by professionals.

Protect against mosquito bites.

People who are planning to travel to a region where Zika is present should be encouraged to strictly adhere to mosquito

protection measures. These include wearing loose-fitting long-sleeved shirts and pants to cover exposed skin, applying an EPA-registered insect repellent (considered safe to use in pregnant women), and sleeping in screened or air-conditioned rooms. People traveling with children should be especially careful to follow instructions when applying insect repellent to children. Travelers staying in rooms that are not well screened should sleep under an insecticide-treated mosquito bed net.

Protect workers. The CDC and the U.S. Occupational Safety and Health Administration (OSHA) recommend that employers provide workers with insect repellents, along with guidance on their proper use, and also provide workers with clothing that covers the hands, arms, legs and other areas of exposed skin. Employers should consider providing workers with hats with mosquito netting to protect the face and neck. Federal health authorities also recommend that if a worker requests it, employers consider reassigning those workers who indicate that they are, or may become pregnant, or whose partners may become pregnant, to indoor tasks to reduce the risk of mosquito bites.

Stay informed. The Zika virus crisis remains a central issue in the news media as the virus continues its global spread. For the hospitality industry, the threat of the disease poses a significant challenge as guests may rethink their travel plans in light of the spread of the virus. This makes it crucial for hotels and resorts to keep up with developments and help to educate their staff and guests on preventive measures. As always, Chubb stands ready to aid insureds in their risk management and emergency preparedness efforts. For an individual consultation with an insurance professional, please contact your Chubb Risk Engineering resource.

Resources

Centers for Disease Control and Prevention, Zika Virus Website, <http://www.cdc.gov/zika/index.html>

Pan American Health Organization, Zika Virus Infection, http://www.paho.org/hq/index.php?option=com_\

U.S. Department of Health and Human Services, Zika Virus Health Information Resources, <https://disasterinfo.nlm.nih.gov/dimrc/zikavirus.html>

World Health Organization, Zika Virus Fact Sheet, <http://www.who.int/mediacentre/factsheets/zika/en/>

Joint Statement on Mosquito Control in the United States, U.S. Environmental Protection Agency, CDC, at <https://www.epa.gov/mosquitocontrol/joint-statement-mosquito-control-united-states>

Interim Guidance for Protecting Workers from Occupational Exposure to Zika Virus, CDC, Occupational Safety and Health Administration, National Institute for Occupational Safety and Health, http://www.cdc.gov/niosh/topics/outdoor/mosquito-borne/pdfs/osha-niosh_fs-3855_zika_virus_04-2016.pdf

Mosquito Bite Prevention for Travelers, CDC, at http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf

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Endnotes

1. National Zika Summit focused on coordinated U.S. Response, U.S. Centers for Disease Control, press release, April 1, 2016, at <http://www.cdc.gov/media/releases/2016/p0401-zika-summit.html>
2. Tavernise, S. "Zika Virus 'Spreading Explosively' in Americas, W.H.O. Says." The New York Times, January 28, 2016 U.S. warns pregnant women to avoid Zika virus, Scientific American, Jan. 15, 2016, at <http://www.scientificamerican.com/article/u-s-says-pregnant-women-should-stay-clear-of-zika/> .
3. About Zika Virus Disease, CDC, April 15, 2016, at <http://www.cdc.gov/zika/about/index.html>
4. Zika virus disease in the United States, 2015-2016, CDC, May 4, 2016, at <http://www.cdc.gov/zika/geo/united-states.html>
5. Zika and Sexual Transmission, CDC, at <http://www.cdc.gov/zika/transmission/sexual-transmission.html>
6. Interim Guidance for Protecting Workers from Occupational Exposure to Zika Virus, CDC, OSHA, at http://www.cdc.gov/niosh/topics/outdoor/mosquito-borne/pdfs/osha-niosh_fs-3855_zika_virus_04-2016.pdf
7. Mosquito Misting Systems, U.S. Environmental Protection Agency, Nov. 30, 2015, at <https://www.epa.gov/mosquitocontrol/mosquito-misting-systems>

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