

## **CSTE Proposal for Blood Bank Notification of Zika Virus Transmission Areas May 5, 2016**

The following are consensus recommendations for notification of blood collection organizations and blood banks of local transmission of Zika virus.

### Assumptions:

- This proposal will apply to the contiguous United States.
- Mosquito-borne Zika virus transmission may occur in the contiguous United States, with *Aedes aegypti* the most likely vector, *A. albopictus* as a potential vector, and potentially other mosquitoes.
- State and local health departments will be performing surveillance for human Zika virus infection to identify cases associated with travel and cases potentially due to local transmission by mosquitoes.
- It is likely that transmission risk in the contiguous United States will be relatively localized due to the behavior of potential vectors and a level of human mosquito exposure that reduces the likelihood of widespread amplification of virus in the human reservoir.
- The potential for sexual transmission to contribute to local transmission has not been established.
- Blood collection agencies need to know about local transmission in order to:
- Defer donors potentially exposed in areas of transmission, as defined by public health authorities.
- Have the capacity to ask travel questions in other parts of the country relevant to exposure risk to local vector-borne transmission, as defined by public health authorities.
- While direct communication of state and local health departments with their local blood collection organizations and blood banks is most straightforward, a centralized communication system is necessary to inform blood collection agencies and blood banks nationwide of areas of transmission for purposes of compiling donor travel screening questions.
- In order to assure blood safety but also adequate blood supply, the definition of areas of risk for transmission should be as localized as possible, but is at the discretion of the jurisdiction involved.
- The FDA has designated the CDC web site (<http://www.cdc.gov/zika/geo/>) as a mechanism for central communication about Zika virus transmission for the blood collection community.



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### Proposed Process:

1. State and local health departments identify Zika virus infection in two or more residents due to local vectorborne transmission (e.g., no travel history, no common sexual exposure) and epidemiologically unrelated to each other (e.g., not same household) occurring within two weeks in an area under their jurisdiction.
2. Identification of active vectorborne transmission activates the blood safety intervention, with requirement for blood collection organizations to follow current FDA guidance.
3. The state or local health department, in the course of notifying CDC of autochthonous vectorborne transmission, identifies an area that they judge to be at risk for mosquito-borne transmission in the form of multiple ZIP codes or by geographic delineation translatable to a group of ZIP codes. This geographic delineation will take into consideration relevant epidemiology, geography and privacy concerns. This communication may be through the CDC EOC or by some other mechanism to be determined by CDC and CSTE.
4. CDC will post areas of transmission risk in the form of aggregate ZIP codes (or, if appropriate, by county, state or other geographic delineation) on the CDC public web site to be available to blood collection organizations and blood banks. This is a recommendation of current FDA guidance.
5. Blood collection organizations will defer donors who report residing, visiting or working in those delineated areas of risk and will determine how to pose the geographic questions for donor travel screening, in accordance with current FDA guidance.
6. Criteria for determining that an area is no longer at risk for transmission have not yet been developed.

