

Zika Virus

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What is the zika virus?

Zika virus is a single-stranded RNA virus of the *Flaviviridae* family, genus *Flavivirus*. Zika virus is transmitted to humans primarily through the bite of an infected *Aedes* species mosquito. Spread of the virus through blood transfusion and sexual contact has been reported. The American Red Cross has asked potential blood donors who have traveled to areas where Zika virus infection is active to wait 28 days before giving blood.

The virus was first isolated from a sample taken from a monkey in the Zika forest of Uganda in 1947. The Zika virus is related to dengue, yellow fever, Japanese encephalitis and West Nile viruses.

The most common symptoms of Zika virus infection are:

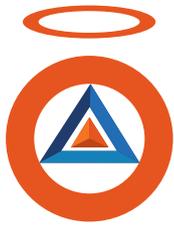
- fever
- rash
- joint pain
- conjunctivitis
- muscle pain
- headache

The incubation period (the time from exposure to symptoms) for Zika virus disease is not known, but is likely to be a few days to a week. The illness is usually mild with symptoms lasting for several days to a week. Zika virus usually remains in the blood of an infected person for a few days but it can be found longer in some people. Severe disease requiring hospitalization is uncommon. Deaths are rare.

Currently there is no vaccination available to prevent Zika virus although a number of companies are currently working on vaccine development.

Zika in the United States and its territories

According to the Centers for Disease Control (CDC) no locally transmitted Zika cases have been reported in the continental United States to this time, but cases have been reported in returning travelers. Locally transmitted Zika virus has been reported in the Commonwealth of Puerto Rico. With the recent outbreaks, the number of Zika cases among travelers visiting or returning to the United States will likely increase. These imported cases could result in local spread of the virus in some areas of the United States.



Coding Zika virus

Coding the Zika virus for the general population:

When coding the Zika virus within the general population while using an encoder it is relatively easy; main term “Zika” will lead the coder to A92.8, Other specified mosquito-borne viral fevers.

However, for the coder who is using the ICD-10-CM codebook it is a bit more difficult.

There is no listing in the Index of “Zika” as a main term. There is no listing in the Index of “Zika” under the main term “Virus.” There is no listing in the Index of “Zika” under main term “Infection”, sub-term “virus.” Still, if we look under main term “Fever” we find the following:

Fever
mosquito-borne (viral) A92.9
hemorrhagic **A92.8**

When verifying the code in the Tabular we find code A92.8 falls under section A90-A99, Arthropod-borne viral fevers and viral hemorrhagic fevers, and the code reads -

A92.8 Other specified mosquito-borne viral fevers.

The CDC confirmed on February 5, that A92.8 is the correct code to use for Zika virus.

Coding Zika virus for the pregnant female:

When using the ICD-10-CM codebook to code a viral illness in a pregnant patient the Index shows:

Pregnancy
complicated by (care of) (management affected by)
viral diseases (conditions in A80-B09, B25-B34) **O98.51-**

When verifying in the tabular we would note the following instruction, “Use additional code (Chapter 1), to identify specific infectious or parasitic disease.” Therefore, A92.8 would be used in addition to a code selected from the following:

O98.511 Other viral diseases complicating pregnancy, **first trimester**
O98.512 Other viral diseases complicating pregnancy, **second trimester**
O98.513 Other viral diseases complicating pregnancy, **third trimester**
O98.519 Other viral diseases complicating pregnancy, **unspecified trimester**
O98.52 Other viral diseases complicating **childbirth**
O98.53 Other viral diseases complicating **the puerperium**



To make the correct code selection the coder will need to know: The trimester; or if the code is being applied during childbirth; or post-delivery.

Coding Zika virus, newborn with complications

Currently there is no definitive scientific link between the Zika virus and congenital problems for newborns, but there is observational linkage. The time frame and geographic location of reports of infants with microcephaly coincides with the outbreak of Zika virus infections in Brazil.

To code microcephaly we would find it first in the Index:

Microcephalus, microcephalic, microcephaly Q02

- due to toxoplasmosis (congenital) P37.1

Then confirm in the Tabular:

Q02 Microcephaly

Includes: hydromicrocephaly
micrencephalon

Excludes1: Meckel-Gruber syndrome (Q61.9)

Final thoughts

Information is changing daily.

Please use the CDC website for current information

<http://www.cdc.gov/zika/>

Please use the WHO website for current information

<http://www.who.int/mediacentre/factsheets/zika/en/>

The coder must be guided by documentation in the medical record of each individual case to make the correct code selections.