

FOR IMMEDIATE RELEASE 5/12/2016

TO: Grant County Healthcare Providers

FOR INFORMATION CONTACT

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Updated Guidelines on Zika Virus Prevention and Testing

Includes recommendations on preconception counseling, preventing sexual transmission, updated testing criteria and the US Zika Pregnancy Registry.

GRANT COUNTY, WA – Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to the Grant County healthcare provider community: *CDC and Washington State Department of Health (DOH) have updated the guidelines for treating patients who are pregnant, or considering getting pregnant, with possible Zika virus exposure and have updated the criteria for testing patients with possible Zika virus exposure. CDC has also developed a pregnancy registry for those who may have been exposed to Zika virus.*

Preconception Counseling Recommendations:

Because of the continued risk of adverse pregnancy outcomes associated with Zika virus infection and the possibility of sexual transmission of Zika virus, **Healthcare providers should provide counseling to all women and men with exposure to Zika virus who are planning a pregnancy.**

- Women and men with *possible exposure to Zika virus without clinical illness consistent with Zika virus disease should wait at least 8 weeks after exposure to attempt conception.
***Possible exposure to Zika virus is defined as travel to or residence in an area of active Zika virus transmission (www.cdc.gov/zika/geo/active-countries.html), or sex without a condom with a man who traveled to or resided in an area of active transmission.**
- Women who have Zika virus disease should wait at least 8 weeks from symptom onset to attempt conception.
- Men who have Zika virus disease should wait at least 6 months from symptom onset to attempt conception.

Preventing Sexual Transmission:

Because Zika virus can be sexually transmitted from a man to his sex partners CDC has issued the following recommendations for preventing sexual transmission of Zika virus:

- **Men who have traveled to an area with active Zika virus transmission** and their pregnant sex partners should consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) or abstain from sex for the duration of the pregnancy.
- **Pregnant women** should discuss their male sex partner's history of travel to areas with active Zika virus transmission and history of illness consistent with Zika virus disease with their health care provider.



Testing Criteria:

Zika virus testing is available for patients meeting any of the following criteria:

1. **All persons** (men or women, regardless of pregnancy status) reporting two or more of the following symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel to an area with known Zika virus transmission OR within 2 weeks of unprotected sex with a man who has tested positive for Zika virus or who traveled to an area with Zika and has shown symptoms of the virus during travel or within 2 weeks of his return.
2. **Pregnant women** (at any trimester of pregnancy)
 - **With clinical illness consistent with Zika virus (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) who traveled to an area with known Zika virus transmission.**
 - **With at least one sign or symptom of Zika virus disease** within 2 weeks after unprotected sex with a male partner with possible Zika virus exposure, and male partner's possible Zika virus exposure occurred in the past 6 months
 - **Asymptomatic^a** –testing can be offered 2-12 weeks after pregnant* for women with travel to an area of known Zika virus transmission OR after unprotected sex with a man who has tested positive for Zika virus or who traveled to an area with Zika and has shown symptoms of the virus during travel or within 2 weeks of his return and male partner's possible Zika virus exposure occurred in the past 6 months.
Note^a that the interpretation of results in asymptomatic persons is complex. Because of cross-reactivity among flaviviruses (including West Nile virus, endemic in some parts of WA), a positive IgM result can be difficult to interpret. While a negative IgM result obtained 2-12 weeks after travel would suggest that a recent infection did not occur, it does not definitively rule out Zika virus infection.
 - If fetal ultrasounds detect microcephaly or intracranial calcifications, pregnant women who originally tested negative for Zika virus infection following travel should be retested for Zika virus infection. Also consider amniocentesis for Zika virus testing.
***Including any exposure during the 8 weeks before conception (6 weeks before LMP)**
3. **Women experiencing fetal loss** with exposure to Zika virus during pregnancy if not previously tested
4. **Babies** born to women with a history of exposure during pregnancy to Zika virus, with evidence of maternal infection (mothers with positive or inconclusive test results for Zika virus infection) or fetal infection (infants with microcephaly, intracranial calcifications, or other brain or eye abnormalities consistent with congenital Zika virus infection OR the infant develops fever, rash, arthralgia, or conjunctivitis within 2 weeks of delivery and maternal exposure occurred within 2 weeks of delivery)

At this time, there is no recommendation for testing asymptomatic male travelers or pregnant asymptomatic females who have had unprotected sex with an asymptomatic male partner.

Laboratory Testing:

There is now a commercial testing option for Zika virus. Last month, the FDA granted an Emergency Use Authorization (EUA) to Focus/Quest Diagnostics for the use of a Zika virus RNA Qualitative Real-Time RT-PCR testing of serum: www.fda.gov/downloads/medicaldevices/safety/emergencysituations/ucm498274.pdf. Quest Diagnostics announced that it will begin offering testing as early as next week.

RT-PCR should only be ordered if a patient is exhibiting clinical signs and symptoms consistent with Zika virus infection, AND the specimen was collected within 6 days of illness onset. During the first 13 days of illness, viral RNA can often be identified in urine; testing of urine by RT-PCR should be performed in conjunction with serum testing if using specimens collected <7 days after symptom onset.

RT-PCR testing of serum is available from commercial laboratories; RT-PCR testing of urine is currently only available at CDC. ELISA IgM testing is still only available at CDC. [Contact the Grant County Health District to help facilitate the testing at CDC.](#) Additionally, because Zika virus has similar geographic distribution and clinical presentation as Dengue Fever and Chikungunya virus infections, patients with symptoms consistent with Zika virus should also be evaluated for Dengue and Chikungunya, in accordance with existing guidelines.

Zika Virus Testing Resources:

DOH has several resources available for healthcare providers on evaluation of patients for Zika virus and testing. These documents are attached for your convenience.

US Zika Pregnancy Registry:

Many questions remain about the risks of Zika virus infection during pregnancy. To understand more about Zika virus infection, CDC established the US Zika Pregnancy Registry and is collaborating with state, tribal, local, and territorial health departments to collect information about pregnancy and infant outcomes following Zika virus infection during pregnancy. The data collected through this registry will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy.

For more information about the registry, go to the CDC website: www.cdc.gov/zika/hc-providers/registry.html and for questions about the registry please email: ZikaPregnancy@cdc.gov or call 770-488-7100.

Clinical Consultation

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Attachments

- Zika Healthcare Provider Testing Infographic
- Zika Testing Algorithm
- Zika Guidance for Healthcare Providers
- Zika Assessment Quick-Sheet for Healthcare Providers

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