March 15, 2017

Health Notice for District of Columbia Health Care Providers

Updates on Zika Virus Disease and Testing

Summary
As of March 15, 2017, there have been 34 cases of laboratory confirmed Zika virus disease (ZVD) in the District of Columbia (DC), all of which have been travel-related or sexually transmitted. As of March 8, 2017, states had reported a total of 5,109 ZVD to the Centers for Disease Control and Prevention (CDC). Of these, 4,813 were travel-associated, 221 were locally acquired mosquito-borne cases (215 in Florida and 6 in Texas), 45 were sexually transmitted, 28 were congenital infections, 1 was laboratory acquired, and 1 was person-to-person through an unknown route. Local transmission has now been documented in Florida and Texas in the United States. To date in DC, ZVD has not been spread by local mosquitoes or via blood transfusion.

In this notice, we are sharing new guidelines for Zika testing that will be approved through the DC Department of Health (DOH). For the most updated forms and recommendations, please visit our provider website.

NEW GUIDELINES ON ZIKA TESTING THROUGH DC DOH
To more specifically address cases of public health importance, many states have prioritized testing through their state public health laboratories for certain populations.

- Similarly, starting March 27, 2017, DC DOH will now only approve Zika testing for the following patients:
  - Any woman that was pregnant during their last potential Zika exposure (travel or sexual), or who became pregnant within 8 weeks of their last potential exposure;
  - Any pregnant woman who has had a miscarriage or fetal demise with a potential Zika exposure while pregnant or in the 8 weeks prior to their pregnancy;
  - During the first month of life, any infant with a potential Zika exposure during pregnancy or around the time of birth, with or without birth defects;
  - Any person with concern for Zika virus infection and complicated illness (Guillian-Barre Syndrome, neurologic manifestations, fetal anomaly);
  - Any person where it is highly suspected they are infected with Zika virus but have no known exposure history (i.e., concern for local transmission, transfusion or laboratory exposure).

- Patients with potential Zika exposure who are not pregnant or who have uncomplicated clinical illness with symptom onset with 2 weeks of exposure should be tested at a commercial laboratory.

- Any Zika positive (or flavivirus unspecified) result, regardless of where the testing was performed, is reportable to DC DOH.

- Testing for travelers to countries where Zika is endemic will only be approved for symptomatic pregnant women.

- The remaining guidance on when testing may be indicated remains the same.

STATEMENT ON DC PUBLIC HEALTH LABORATORY (DC PHL) TESTING ISSUES
DC DOH is working closely with the DC PHL to monitor patients with a change in result status. The DC PHL is communicating all re-test results to the requesting healthcare provider and DC DOH.
• For patients with a result change from negative to either positive for Zika or previous infection with a flavivirus, DC DOH will contact the healthcare provider to arrange the necessary follow-up after they have been notified by the DC PHL.
• If you have a patient with a change in test result and have not been contacted by DC DOH, please contact our Zika Pregnancy Registry coordinator, Shreya Khuntia at 202-442-9370.

REVIEW OF TESTING PROCEDURES
• Zika test requests should now be submitted online via DC Reporting and Surveillance Center (DCRC) to DOH found on our provider website.
• Faxed case report forms and Zika test requests are no longer preferred. However, if faxing is necessary, the most current form can be found on our provider website.
• Facilities are required to complete the following two forms (available on the website) when ordering Zika testing from the DC Public Health Laboratory (DC PHL):
  o PHL Test Requisition Form
    ▪ Select “Zika Virus Panel” for samples collected ≤ 6 weeks from exposure.
    ▪ Select “Zika Virus Serology” for samples collected > 6 weeks from exposure.
  o PHL Chain of Custody Form
  o Samples without these two forms will NOT be accepted by the courier.
• PCR testing will be performed on samples from patients identified within 6 weeks of exposure. Please submit serum and urine samples for these patients.
• Asymptomatic pregnant women tested within 2 weeks of exposure and a subsequent negative rRT-PCR result should return for IgM testing 2-12 weeks after the last possible exposure.
• Final laboratory test results will be sent to your facility by secure fax ONLY. Please ensure your secure fax number is always included on paperwork submitted to DC PHL. Please allow 3 weeks for final results. If the sample needs additional testing at CDC, additional time will be required, however the DC PHL results will be reported to the provider.
• Sample collection instructions can be found on our provider website.

REVIEW OF ZVD SYMPTOMS AND SELECTED RECOMMENDATIONS
• Clinical illness is consistent with ZVD if a patient has one or more of the following symptoms: acute onset of fever, rash, arthralgia, or conjunctivitis.
• Testing through the DC PHL can be considered in any pregnant women who has a history of Zika virus exposure (travel, sexual, or other), regardless of symptom status.
  o Areas will be considered as having active Zika virus transmission based upon CDC recommendations: https://www.cdc.gov/zika/geo/.
• Pregnant women should use barriers or abstain from sexual contact with sexual partners who have travelled to areas with ongoing ZVD transmission for the duration of the pregnancy, regardless of test results.
• The CDC recommends that women possibly exposed to Zika virus wait 8 weeks to conceive, and that possibly exposed men wait 6 months before trying to conceive, regardless of their symptom status or Zika test results. This includes couples undergoing fertility treatments.
• Returning travelers from an area with active Zika virus transmission should wear insect repellent and avoid mosquito bites for three weeks to prevent local transmission, even if they are not sick.

Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation at:
Phone: 202-442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls)
Fax: 202-442-8060 | Email: doh.epi@dc.gov