



Government of the District of Columbia  
Department of Health



Center for Policy, Planning and Evaluation Administration  
Division of Epidemiology–Disease Surveillance and Investigation

January 24, 2017

**Health Notice for District of Columbia Health Care Providers**

**Updates on Zika Virus Disease and Testing**

**Summary**

As of January 4, 2017 there have been 32 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 December 28, 2016, states had reported a total of 4,592 travel-associated ZVD cases and 216 locally acquired mosquito-borne cases to the Centers for Disease Control and Prevention (CDC). Of these, 38 were sexually transmitted, 13 had Guillain-Barré syndrome (GBS), and 1 was laboratory acquired. 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.**

For the most updated forms and recommendations, please visit our website for healthcare providers: <http://doh.dc.gov/page/providers-information-zika-virus-testing-district-columbia>.

**Updates on ZVD outbreak, testing indications and sample collection:**

**1) Local Transmission**

- On December 9, the Texas Department of State Health Services reported 5 locally transmitted, mosquito-borne Zika virus infections in Brownsville.
- As of December 9, all areas in Florida with local transmission (Wynwood, North Miami Beach, South Miami Beach, and Little River) had passed 3 mosquito incubation periods (45 days) without any locally transmitted cases.

**2) Testing and Guidance Recommendations**

- CDC designates areas of transmission in the US as yellow “cautionary” areas and red “active transmission” areas. In active transmission areas, there is evidence that the intensity of Zika virus transmission presents a significant risk to pregnant women. In cautionary areas, the transmission has been identified, but evidence is lacking that the intensity of transmission is comparable to that in red areas.
- Currently, areas in Florida and Texas that have experienced local transmission have been designated cautionary areas.
  - Pregnant women should consider postponing travel to cautionary areas.
  - Current recommendations regarding sexual transmission should be followed.
- Zika testing is recommended for all pregnant women who lived in, traveled to, or had sex without a condom with a person who lived in or traveled to the identified area as follows:
  - After October 29, 2016 – Brownsville, TX
  - After August 1 – Little River, FL
  - After July 14, 2016 – North Miami Beach or South Miami Beach, FL
  - After June 15, 2016 – Wynwood area, FL

- Testing for pregnant women travelling to other areas in Florida and Texas will be considered on a case-by-case basis.

#### **Important health messages during the holiday season:**

- Active Zika virus transmission is still ongoing in areas in South and Central America, the Caribbean, Asia, and the Pacific Islands. Please remember to counsel your patients about ZVD, especially pregnant women and couples of childbearing age. Pregnant women (and women trying to become pregnant) should avoid unnecessary travel to affected areas, and all travelers should take steps to protect themselves from mosquito bites and sexual transmission.

#### **Update on Congenital Zika Virus infection:**

- A study of suspected cases of ZVD in Columbia preliminarily shows an increase in the prevalence of microcephaly during the study period when compared to the previous year, and suggests that the greatest risk period during pregnancy is likely the first trimester or early second trimester ([https://www.cdc.gov/mmwr/volumes/65/wr/mm6549e1.htm?s\\_cid=mm6549e1\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6549e1.htm?s_cid=mm6549e1_w)).
- A retrospective study of 13 infants in Brazil with prenatal exposure to Zika virus born with normal head circumference (HC) showed a decreased rate of HC growth and neurologic sequelae in the first year of life, demonstrating the importance of follow-up of prenatally exposed infants ([https://www.cdc.gov/mmwr/volumes/65/wr/mm6547e2.htm?s\\_cid=mm6547e2\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6547e2.htm?s_cid=mm6547e2_w)).

#### **Review of testing procedures:**

- 1) **Zika test requests should now be submitted online via DC REDCap (DCRC) to DOH.**
  - The form can be found by clicking here: [Zika Test Request and Case Report](#).
  - The link to the online system is also available on our provider website: <http://doh.dc.gov/page/providers-information-zika-virus-testing-district-columbia>.
  - Faxed case report forms and Zika test requests are no longer preferred (use previous link to access the most current form).
- 2) Facilities will be required to complete the following two forms (available on the website) when ordering Zika testing from the DC Public Health Laboratory (PHL):
  - PHL Test Requisition Form
    - Select “Zika Virus Panel” for samples collected  $\leq$  6 weeks from exposure.
    - Select “Zika Virus Serology” for samples collected  $>$  6 weeks from exposure.
  - PHL Chain of Custody Form

• **Samples without these two forms will NOT be accepted by the courier.**
- 3) **Testing procedures**
  - PCR testing will be performed on samples from patients identified within 6 weeks of exposure.
  - Please submit **serum and urine samples for ALL patients** being tested **within 6 weeks of symptom onset, and ALL pregnant 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 PHL results will be reported to the provider.
  - Sample collection instructions can be found on our provider website: <http://doh.dc.gov/page/providers-information-zika-virus-testing-district-columbia>.

**Review of ZVD symptoms and 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 is recommended for any person with a positive travel history or has had sex without a condom with someone with a positive travel history and who develops one or more of the symptoms consistent with ZVD within 2 weeks of travel or sexual exposure.
  - Areas will be considered as having active Zika virus transmission based upon CDC recommendations: <https://www.cdc.gov/zika/geo/>.
- All asymptomatic pregnant women who have had possible Zika virus exposure while pregnant or during the eight weeks before conception will be tested.
- 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**.
- Samples from the following groups **will not be tested**: 1) men, children, and women who are not pregnant who have a positive travel history but are asymptomatic, and 2) men, children, and women who are not pregnant whose travel to areas with active Zika virus transmission was more than 12 weeks ago (exceptions will be made if appropriate).
- 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.

**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](mailto:doh.epi@dc.gov)**