



Government of the District of Columbia
Department of Health



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

June 30, 2017

Health Notice for District of Columbia Health Care Providers
Updates on Zika Virus Disease and Testing

Summary

To date, there have been 35 cases of laboratory-confirmed Zika virus disease (ZVD) in the District of Columbia (DC), all of which have been travel- associated or sexually transmitted. As of June 28, 2017, states had reported a total of 5,359 cases of ZVD to the Centers for Disease Control and Prevention (CDC). Of these, 5,087 were travel-associated, 224 were locally acquired mosquito-borne cases, 46 were sexually transmitted, 1 was laboratory acquired, and 1 was person-to-person through an unknown route. Locally acquired mosquito-borne transmission in the United States has only been documented in Florida (n=218) and Texas (n=6). **In DC, ZVD spread by local mosquitoes or through the use of blood or tissue products (e.g., blood transfusion, sperm donation) has not been reported.**

In this notice, we describe the DC Department of Health’s (DC DOH) **new eligibility criteria** for ZVD testing conducted by the DC Public Health Laboratory (PHL). Please share this notice with all appropriate staff at your facility.

NEW GUIDELINES ON ZIKA VIRUS TESTING THROUGH DC DOH

1) Updates on testing eligibility based on travel-associated exposures

The risk of travel-associated Zika virus exposure, which includes both travel and sexual exposure with someone who has traveled, continues to evolve. DC DOH has updated criteria for Zika virus testing to reflect both CDC travel advisories and World Health Organization (WHO) country classifications for risk of local Zika virus transmission. For a detailed explanation about WHO’s Zika risk classifications, please refer to their [Zika Virus Country Classifications Scheme](#) and latest [Zika Virus \(ZIKV\) Classification Table](#) (last updated June 29, 2017).

- **DC DOH continues to approve Zika virus testing for the following patients:**
 - Any pregnant woman with a potential Zika virus exposure, as defined below;
 - Any pregnant woman who has had a miscarriage or fetal demise with a potential Zika virus exposure while pregnant or in the 8 weeks prior to their pregnancy;
 - Any person with concern for Zika virus infection and complicated illness (Guillain-Barré 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).
- Effective immediately, DC DOH will review an area’s transmission risk category as classified by both the CDC and WHO to determine approval for Zika virus testing.
- **DC DOH will approve Zika virus testing based on travel-associated exposure risk as follows:**
 - Travel to an area of *new or ongoing transmission* (listed under WHO Category 1 or CDC’s areas of active Zika virus transmission):
 - Any pregnant woman;
 - Any woman who becomes pregnant within 8 weeks of exposure;
 - 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.
 - **NOTE:** Although the United States (US) is classified as WHO Category 1, testing will only be approved for travel to an area under CDC’s areas of **active** Zika virus transmission.

- Travel to an area reported as having *evidence of prior Zika circulation or interrupted transmission* (listed under WHO Category 2 or 3 or under CDC's other areas with Zika risk):
 - Any **symptomatic** pregnant woman;
 - Any pregnant woman with a suspected fetal anomaly or other complication consistent with Zika virus infection;
 - During the first month of life, any infant born to a **mother who was symptomatic** at any point during the pregnancy.
- Travel to an area reported as *having the established competent vector but no known documented past or current transmission* (listed under WHO Category 4 or CDC's other areas with Zika risk):
 - Approvals will be made on a **case-by-case basis** for
 - Any **symptomatic** pregnant woman;
 - Any pregnant woman with a suspected fetal anomaly or other complication consistent with Zika virus infection;
 - During the first month of life, any infant born to a **mother who was symptomatic** at any point during the pregnancy.

2) Updated Guidance for Zika virus testing for patients who traveled to or lived in South Florida

On June 2, 2017, the CDC lifted the Zika cautionary (yellow) area designation for all of Miami-Dade County, Florida. The yellow area designation was removed because no new cases of local mosquito-borne Zika virus transmission have been reported in this area for 45 consecutive days (three mosquito incubation periods). Based on this change, the CDC released updated guidance related to travel to or living in South Florida (<https://www.cdc.gov/zika/intheus/florida-update.html>).

- **Effective immediately, DC DOH will approve Zika virus testing for the following patients:**
 - Any woman who traveled to or lived in Miami-Dade County and became pregnant up to 8 weeks after June 2, 2017 (July 28, 2017);
 - Any pregnant woman who traveled to or lived in Miami-Dade County between August 1, 2016 and 8 weeks after June 2, 2017 (July 28, 2017);
 - Any pregnant woman who had unprotected sex with a partner who traveled to or lived in Miami-Dade County between August 1, 2016 and June 2, 2017, or conceived within 6 months of June 2, 2017 (December 2, 2017).

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.**
- Patients with potential Zika virus exposure who are not pregnant or who have uncomplicated clinical illness with symptom onset with 2 weeks of exposure can have testing performed by a commercial laboratory.
- **Any Zika positive result, regardless of where the testing was performed, is reportable to DC DOH.**
- The remaining guidance on when testing may be indicated remains the same.
- Pregnant women should use protection or abstain from sexual contact with partners who have traveled to areas with ongoing ZVD transmission for the **duration of the pregnancy, regardless of test results.**
- The CDC recommends that **women potentially exposed to Zika virus wait 8 weeks to conceive, and that men who were potentially exposed wait 6 months before trying to conceive**, regardless of their symptom status or Zika test results. This includes couples undergoing fertility treatments.
 - This recommendation applies to men and women who traveled to Miami-Dade County, Florida between August 1, 2016 and June 2, 2017;
 - Male and female partners in a couple who traveled together to Miami-Dade County, Florida between August 1, 2016 and June 2, 2017 should wait at least 6 months after last potential exposure to this area before trying to conceive.

- **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.

REVIEW OF TESTING PROCEDURES

- **Zika test requests should 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 PHL:
 - 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.
 - PHL Chain of Custody Form
 - **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** with a negative PCR result should **return for serology (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 PHL. Please allow 3 weeks for final results. If the sample needs additional testing at CDC, additional time will be required. Results will be reported as they are received. If you have a question about pending Zika virus test results, please contact the PHL at zikalab@dc.gov.
- Sample collection instructions can be found on our [provider website](#).

Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation at:

Phone: 202-442-8141 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)

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