



Government of the District of Columbia
Department of Health



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

November 17, 2017

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

SUMMARY

To date, there have been 36 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 November 2, 2017, states had reported a total of 5,559 cases of ZVD to the Centers for Disease Control and Prevention (CDC). Of these, 5,284 were travel-associated, 225 were locally acquired mosquito-borne cases, 48 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 and Texas. **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.**

CDC recently updated guidance on testing and follow-up of infants with possible Zika virus exposure to incorporate information from the recently published testing [guidelines for pregnant women](#), address uncertainty regarding laboratory testing for congenital Zika virus infection, and convey additional clinical findings associated with congenital Zika virus infection. In this notice, we describe the DC Department of Health's (DC DOH) updated approach for testing and follow-up of infants with possible Zika virus exposure in response to [new recommendations](#) from CDC.

UPDATES ON ZIKA TESTING AND FOLLOW-UP FOR INFANTS

Zika virus infection during pregnancy can result in fetal anomalies that can be characterized as [congenital Zika syndrome](#) (CZS) if occurring in a certain pattern. Findings from recent studies provide more information on postnatal clinical findings, including no evidence for delayed-onset hearing loss, but evidence for postnatal-onset microcephaly and eye abnormalities in infants with normal head circumference at birth, delayed-onset hydrocephalus in infants born with microcephaly, diaphragmatic paralysis in infants with microcephaly and arthrogryposis, and abnormalities in sleep electroencephalogram (EEG) in infants with microcephaly and no recognized seizures. Healthcare providers should be aware of the updated guidelines for testing and follow-up of infants possibly exposed to Zika virus in utero, and should remain alert for abnormal findings even in the absence of apparent abnormalities at birth.

Recommendations for infants with possible Zika virus exposure (including maternal travel-associated and sexual exposure) are based on **three clinical scenarios** described below. A diagram describing these recommendations can be found on the [CDC website](#).

- All infants born with possible Zika virus exposure during pregnancy should receive a standard evaluation and hearing screen at birth, which includes a comprehensive physical examination including growth parameters, and age-appropriate vision and developmental monitoring and screening
- Testing for infants can be performed through the DC Public Health Laboratory
- Please complete as much testing as possible before the infant is discharged from the hospital to facilitate timely and accurate diagnosis and care provisions
- **Neonatal Assessment and Infant Follow-up forms should now be submitted online.** Faxed follow-up forms are no longer preferred. Providers will receive an email from DC DOH with a link to the online version of this form

RECOMMENDATIONS ON ZIKA TESTING AND FOLLOW-UP FOR INFANTS

1) **Infants with clinical findings consistent with CZS (regardless of maternal results)**

At Birth (within the first 48 hours of life before discharge):

- Standard evaluation
- Zika NAT (serum and urine) and IgM testing (serum) in the first 48 hours
- Consideration of CSF specimens for Zika NAT and IgM
- Head ultrasound*
- Automated ABR*
- Comprehensive ophthalmologic examination*

Follow-up:

- Referrals to additional specialists (ie neurology, endocrinology) or early intervention programs
- Family support services as needed

*Can be performed in first month of life but recommended before hospital discharge

2) **Infants without clinical findings consistent with CZS born to mothers with laboratory evidence of Zika virus infection (Zika positive or flavivirus unspecified)**

At Birth (within the first 48 hours of life before discharge):

- Standard evaluation
- Zika NAT (serum and urine) and IgM testing (serum) in the first 48 hours
- Head ultrasound*
- Automated ABR*
- Comprehensive ophthalmologic exam*

Follow up:

- If initial evaluation is abnormal or there is laboratory evidence of Zika in the infant, follow recommendations for infants with CZS
- If no laboratory evidence of Zika in the infant, continue routine pediatric care

*Can be performed in first month of life but recommended before hospital discharge

3) **Infants potentially exposed to Zika but born without clinical findings consistent with CZS born to mothers without laboratory evidence of Zika virus infection**

- This group includes infants born to *untested exposed mothers* and *those with negative test results*
- Testing and clinical evaluation beyond a standard evaluation is not routinely recommended
- If findings suggestive of CZS are identified at any time, follow recommendations for infants with CZS

UPDATES ON PRENATAL DIAGNOSIS OF CONGENITAL ZIKA SYNDROME:

- Due to the limitations of screening modalities and lack of treatment for CZS, the risk to benefit ratio of additional prenatal screening and interventions should be carefully considered for each patient
- The efficacy of ultrasound for detecting abnormalities associated with congenital Zika virus infection is unknown. There is no data to support optimal timing or screening intervals, and timing of screening ultrasounds should be based upon clinical judgement and patient preferences
- Amniocentesis is not recommended solely for Zika testing as its efficacy to determine Zika infection is unknown. If amniotic fluid is collected for other purposes, Zika NAT testing can be considered

Please notify the DC Department of Health at zika.registry@dc.gov or 202-442-9370 to report any infant with possible exposure to Zika virus and concerning clinical findings.

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](#)
- Patients with potential Zika exposure who are not eligible for testing through DC PHL can be tested at a commercial laboratory if indicated
- **Any Zika positive test result, regardless of where the testing was performed, is reportable to DC DOH.**
- Facilities are required to complete the following two forms (available on the website) when ordering Zika testing from the PHL
 - [PHL Test Requisition Form](#)
 - [PHL Chain of Custody Form](#)
 - **Samples without these two forms will NOT be accepted by the courier.**
- 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](#)

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**
- Please see the Health Notices from August 25th and June 30th for updates on guidelines for testing in pregnant women and classification of areas with Zika risk, respectively
- CDC recommends that pregnant women avoid travel to any area with risk for Zika virus transmission.
- 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 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 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) | 844-493-2652 (after-hours calls)

Fax: 202-442-8060 |Email: zika.registry@dc.gov