

This is an official **DHEC Health Update**

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10399-DHU-08-04-2017-Zika

Updated Zika Management and Testing Guidance for Clinicians

Summary

Zika virus (ZIKV) continues to circulate in many areas outside of the United States and pose a threat to persons traveling in these areas, particularly pregnant women and their fetuses. The potential risk of local ZIKV transmission also continues in certain areas of the U.S. as travelers return from areas with active ZIKV transmission.

Clinicians in South Carolina should continue to assess their patients for exposure to ZIKV and possible symptoms. In addition, CDC continues to evaluate and update guidance regarding ZIKV assessment and testing. Provided in this advisory is information related to updated guidance for clinicians caring for pregnant women and resources for both clinicians and patients.

Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure

In July 2017, CDC issued Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure – United States, July 2017
<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm>

This guidance provided information for testing of symptomatic and asymptomatic pregnant women; please see below for summary:

Updated Recommendations

- All pregnant women in the United States and U.S. territories should be asked about possible Zika virus exposure *before* and *during* the current pregnancy, at every prenatal care visit.
- Pregnant women with recent possible Zika virus exposure and symptoms of Zika virus disease (acute onset of fever, maculopapular rash, arthralgias or conjunctivitis) should be tested to diagnose the cause of their symptoms. The updated recommendations include concurrent Zika virus nucleic acid test (NAT) and serologic testing as soon as possible through 12 weeks after symptom onset. (See Web Resource 1 below).
- Asymptomatic pregnant women *with ongoing* possible Zika virus exposure should be offered Zika virus NAT testing three times during pregnancy. (See Web Resource 2 below).

- Asymptomatic pregnant women who have recent possible Zika virus exposure (i.e., through travel or sexual exposure) but *without ongoing* possible exposure are not routinely recommended to have Zika virus testing. (See Web Resource 3 below).
- Pregnant women who have recent possible Zika virus exposure and who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome should receive Zika virus testing to assist in establishing the etiology of the birth defects.
- The comprehensive approach to testing placental and fetal tissues has been updated as well.
- Zika virus IgM testing as part of preconception counseling to establish baseline IgM results for nonpregnant women *with ongoing* possible Zika virus exposure is not warranted.

Additional Recommendations and Resources

CDC has updated clinical management (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm>) and laboratory testing (<https://www.cdc.gov/zika/laboratories/lab-guidance.html>) recommendations in response to:

- Declining prevalence of Zika virus disease in the Region of the Americas. As the prevalence of Zika virus disease declines, the likelihood of false-positive test results increases, and
- Emerging evidence indicating prolonged detection of Zika virus immunoglobulin M (IgM) antibodies.

Testing for symptomatic men and non-pregnant women

- Testing is recommended for men and non-pregnant women who present with potential exposure to ZIKV and symptoms consistent with ZIKV disease.
- Currently testing (NAT, IgM) is recommended based on the interval since exposure.
- See <https://www.cdc.gov/zika/hc-providers/types-of-tests.html> for more details.

Testing of infants

- Newborns or infants should be tested if their mother has a known ZIKV infection or if they have certain congenital abnormalities and a maternal epidemiological link suggesting possible ZIKV infection.
- Further guidance is available at the CDC website, please go to: <https://www.cdc.gov/zika/hc-providers/infants-children/evaluation-testing.html>

CDC does not recommend Zika virus testing for asymptomatic:

- Men,
- Women who are not pregnant, or
- Children.

Testing Requests

- Testing is available through the Public Health Laboratory for all individuals who meet the following qualifying criteria:
 - All individuals with travel history to a Zika-affected area and onset of symptoms (1 or more of fever, arthralgia, rash, conjunctivitis) within 2 weeks of travel.
 - Asymptomatic pregnant women *with ongoing* possible Zika virus exposure should be offered Zika virus NAT testing three times during pregnancy.
 - Neonates whose mother traveled to or resided in a Zika-affected area during pregnancy or had sexual contact with a traveler who visited or resided in an area of ongoing Zika virus transmission along with evidence of one of the following: congenital microcephaly,

- brain calcification on ultrasound, central nervous system deficits not otherwise explained, or maternal laboratory evidence of Zika virus infection during pregnancy.
 - Asymptomatic, pregnant women with isolated ZIKV exposure can be considered for testing if provider’s clinical judgment and patient’s values align with a decision to test.
- Health care providers should contact their respective regional health department (see the list below for contact information) for all testing requests to facilitate specimen shipment and testing.
- Testing is also available from commercial laboratories.

New and Updated Web Resources

- 1) [Testing Algorithm for Symptomatic Pregnant Women with Possible Zika Exposure](#)
- 2) [Testing Algorithm for Asymptomatic Pregnant Women with Possible Zika Exposure](#)
- 3) [When to Test for Zika Virus](#)
- 4) [Zika Laboratory Testing Interpretation Table](#)
- 5) [Only Some People Need Zika Testing](#)
- 6) What You Should Know About Zika Virus Testing
 - a. [For asymptomatic pregnant women with ongoing exposure to Zika](#)
 - b. [For symptomatic pregnant women with exposure to Zika](#)
 - c. [For asymptomatic pregnant women with recent exposure to Zika](#)
- 7) For Healthcare Providers: Pretest Counseling Conversation Guides
 - a. [For asymptomatic pregnant women with ongoing exposure to Zika](#)
 - b. [For asymptomatic pregnant women without ongoing exposure to Zika](#)
 - c. [For pregnant women with symptoms of Zika](#)
- 8) Mosquito bite prevention (All)
 - a. https://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_us.pdf
 - b. <http://www.scdhec.gov/library/CR-011740.pdf>

DHEC contact information for reportable diseases and reporting requirements

Reporting of Zika virus disease is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2017 List of Reportable Conditions available at:

<http://www.scdhec.gov/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2017			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
Lowcountry 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	Midlands 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	Pee Dee 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859	Upstate 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091 Beaufort, Colleton, Hampton, Jasper Phone: (843) 322-2453 Nights/Weekends: (843) 441-1091 Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091	Midlands Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046 Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046 Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046	Pee Dee Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845 Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845 Georgetown, Horry, Williamsburg Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845	Upstate Anderson, Oconee Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Abbeville, Greenwood, McCormick Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Cherokee, Greenville, Laurens Pickens, Spartanburg, Union Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442
For information on reportable conditions, see http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/		DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.