



Subject: CDC Zika Virus Guidelines

From the WA Department of Health

Dear Colleagues,

Many countries in the Americas are experiencing ongoing outbreaks of multiple arboviruses that can cause febrile illness with rash, myalgia, or arthralgia including dengue, chikungunya, and Zika. Therefore, laboratory testing has become even more important to confirm the etiology of these diseases. Because of the similar geographic distribution and clinical presentation of Zika, dengue, and chikungunya virus infection, patients with symptoms consistent with Zika virus disease should also be evaluated for dengue and chikungunya virus infection. However, no commercial assay is currently available for detecting Zika virus, and serologic cross-reactivity is strong between Zika, dengue, and other flaviviruses. While the Washington State PHL does not currently offer testing for dengue, chikungunya, or Zika viruses, commercial tests can be ordered for dengue or chikungunya, and testing for all three can be facilitated through CDC.

Zika virus has been associated with increasing prevalence of microcephaly in Brazil; however, the association is not completely understood and studies are still underway to investigate the full spectrum of outcomes that might be associated with Zika virus infections during pregnancy. Because of this potential link to adverse pregnancy events, [CDC has recommended enhanced precautions for pregnant women](#), including a recommendation to postpone travel to areas where Zika virus transmission is ongoing, or if travel must occur, strict mosquito bite prevention (view at cdc.gov/travel/notices). Requests for testing among pregnant women with travel histories have increased. Because capacity for testing at CDC is limited and specimens cannot be triaged through commercial assays, CDC has developed interim guidance regarding testing among pregnant women with potential exposure to Zika virus (attached document).

At this time, CDC will only test specimens for Zika virus in the following circumstances:

- Anyone, including pregnant woman, with history of travel to an area with Zika virus transmission reporting two or more symptoms (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) during or within 2 weeks of travel
- Pregnant woman with history of travel to an area with Zika virus transmission who have ultrasound finding of fetal microcephaly or intracranial calcifications

-Pregnancies resulting in a fetal loss in a woman with history of travel to an area with Zika virus transmission during pregnancy AND with symptoms consistent with Zika virus disease during or within 2 weeks of travel OR findings of fetal microcephaly

-Babies born to mothers with history of travel to an area with Zika virus transmission during pregnancy, with evidence of maternal or fetal infection

*Note: testing of asymptomatic pregnant women is not recommended in the absence of fetal microcephaly or intracranial calcifications.

In pregnant women with laboratory evidence of Zika virus infection, serial ultrasound examination should be considered to monitor fetal growth and anatomy and referral to a maternal-fetal medicine or infectious disease specialist with expertise in pregnancy management is recommended.

For more information: <http://www.cdc.gov/zika/hc-providers/index.html>

If you have further questions on this guidance, please contact Hanna Oltean, DOH subject matter expert on zoonotic diseases, or Dr. Tom Locke, Jefferson County Public Health.

Best,

Hanna

Hanna Oltean, MPH
Zoonotic Disease Epidemiologist
Office of Communicable Disease Epidemiology
Washington State Department of Health
Phone: 206.418.5428
Fax: 206.418.5515
hanna.oltean@doh.wa.gov

Tom Locke, MD, MPH
Health Officer
Jefferson County Public Health
360-385-9448
tlocke@co.jefferson.wa.us

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