

May 3, 2016

New commercially available PCR testing for Zika virus; antibody testing still via CDC/Local Health

Actions Requested

- **Be aware that some commercial labs may start offering RT-PCR testing for Zika virus as early as this week.**
 - Antibody testing is still limited to CDC and certain public health labs (see below).
- **Understand the timeframes and patients for which RT-PCR versus antibody testing is appropriate, as well as the interpretation of negative results and need for further testing:**
 - RT-PCR should only be ordered if a patient is exhibiting clinical signs/symptoms consistent with Zika virus infection, and the specimen was collected within 7 days of illness onset.
 - Positive RT-PCR results are indicative of current infection.
 - Negative RT-PCR result on a specimen collected ≥ 4 days after illness onset *does not rule out* infection. A specimen should be obtained for ELISA IgM testing at CDC (with approval).
 - RT-PCR testing is not indicated for asymptomatic individuals, including asymptomatic pregnant women.
 - Negative RT-PCR result on an asymptomatic person *does not rule out* infection.
 - ELISA IgM testing should be performed for patients whose illness onset was > 7 days prior to specimen collection and for asymptomatic pregnant women.
 - Approval for antibody testing at CDC is still required prior to submission. (See below).
- **Use attached screening form to help identify if Zika testing is warranted.**
- **Consider ordering additional testing for dengue and chikungunya simultaneously** if the patient is exhibiting clinical signs/symptoms consistent with Zika or other arboviral infections, given the clinical similarity and cross-reactivity. Both of these tests are available via commercial labs.
- **Report any suspect Zika virus cases and request antibody testing by calling us.** Prior to collecting specimens, please call our office. Have travel/exposure history and clinical information details ready to discuss.

For questions, please contact our Communicable Disease staff at 360-337-5235.

Background

On April 28, the Food and Drug Administration (FDA) granted an Emergency Use Authorization to Focus/Quest Diagnostics for the use of a Zika virus RNA Qualitative Real-Time reverse transcriptase polymerase chain reaction (RT-PCR) test. Quest Diagnostics announced that it will begin offering testing as early as this week. This is the first Zika virus test to be offered by a commercial laboratory. At this point, RT-PCR is the only test that will be offered commercially; antibody testing by ELISA IgM is still only available at CDC and certain public health labs.

Resources

- (1) CDC Zika virus website for healthcare providers: www.cdc.gov/zika/hc-providers/index.html
- (2) Previous Zika virus health alerts: www.kitsappublichealth.org/healthcare
- (3) FDA announcement of EUA for Zika virus RT-PCR test: www.fda.gov/downloads/medicaldevices/safety/emergencysituations/ucm498274.pdf

Attachments: (1) KPHD screening checklist and request form for Zika virus testing at CDC

Criteria for testing: person must meet any one of the following criteria:

* Check the CDC web site for current risk areas: (<http://www.cdc.gov/zika/geo/>)

#	Criteria	Yes	No
1	<p>Any person (male or female) with illness consistent with Zika virus disease, including at least two of: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, occurring</p> <p>EITHER:</p> <ul style="list-style-type: none"> a) during or within 2 weeks of last travel date to a risk area*; OR b) during or within 2 weeks of unprotected sex with a man who has tested positive for Zika virus <i>or</i> who traveled to a risk area* and had symptoms of Zika virus disease during his travel or within 2 weeks of his return <p>→ Ideally obtain serum within the first week of illness (if possible)</p>		
2	<p>Symptomatic pregnant women with at least 1 symptom (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) after unprotected sex with a man with possible Zika virus exposure.</p>		
3	<p>Asymptomatic pregnant women who EITHER:</p> <ul style="list-style-type: none"> a) traveled while pregnant to a risk area*; OR b) had unprotected sex with a man who has tested positive for Zika virus or who traveled to a risk area* and showed Zika symptoms during travel or within 2 weeks of his return; OR c) had possible exposure (sexual[^] or travel) in the 8 weeks before conception (6 wks before LMP) <p>→ Collect serum 2-12 weeks after return/exposure</p> <p>[^]Testing is not currently recommended if both partners are asymptomatic. NOTE: If fetal ultrasounds detect microcephaly or intracranial calcifications, pregnant women who originally tested negative for Zika virus infection or who were not tested following travel should be retested.</p>		
4	<p>Woman experiencing fetal loss with travel to a risk area during pregnancy if not previously tested.</p>		
5	<p>Infants born to women with travel to risk area during pregnancy with EITHER:</p> <ul style="list-style-type: none"> a) maternal positive or inconclusive test result for Zika virus; OR b) infant microcephaly[‡] or intracranial calcifications; OR c) acute symptoms of Zika disease (see #1 above) in the infant within 2 weeks of birth and mother traveled to a risk area* within 2 weeks of delivery <p>[‡] For possible congenital Zika, microcephaly is defined as occipitofrontal circumference <3rd percentile, based on standard charts for sex, age, and gestational age at birth. If circumference is ≥3rd percentile but notably disproportionate to body length, or if CNS deficits exist, further evaluation for Zika infection might be considered.</p>		

NOTE: Our Communicable Disease staff at Kitsap Public Health District are available for consultation as needed. Call us at (360)-337-5235.

→ See page 2 for Laboratory Testing guidance

Laboratory Testing for Zika Virus

- Patients with Zika virus disease symptoms should generally also be evaluated for dengue and/or chikungunya because of strong cross-reactivity and clinical similarity. Consider ordering these tests simultaneously via commercial lab. If dengue infection is possible, advise the patient to avoid aspirin and NSAIDs.
- **Limited Zika virus testing (RT-PCR) is now being offered commercially, with more extensive testing at CDC.**
- **Timeframes and patients for which RT-PCR versus IgM antibody testing is appropriate:**

Patient Symptomatic	Specimen Collection Timing	Test	Comments	Pre-Approval Required
Yes	Within 7 days of illness onset	RT-PCR	<ul style="list-style-type: none"> • <u>Positive</u> RT-PCR results are indicative of current infection. • <u>Negative</u> RT-PCR result on a specimen collected ≥ 4 days after illness onset <i>does not rule out</i> infection. A specimen should be obtained for ELISA IgM testing at CDC (<i>with approval</i>). • <u>Not</u> indicated for asymptomatic individuals. Negative result on an asymptomatic person <i>does not rule out</i> infection. 	No; commercially available
Yes	>7 days after illness onset	IgM ELISA		Yes; offered at CDC
No	Ideally 2-12 weeks after exposure	IgM ELISA	Interpretation is complex in asymptomatic persons. While a negative IgM obtained 2-12 weeks after exposure would suggest a recent infection did not occur, it does not definitively rule out infection.	Yes; offered at CDC

- **For CDC testing: Submissions must still be pre-approved.**
 - In Kitsap County, please call the Kitsap Public Health District (KPHD) at (360)-337-5235 to request testing prior to collecting specimens.
 - Serum (0.25 mL minimum, 2 mL preferred) spun down in a red or tiger top (serum separator) tube and frozen to -70°C (unless for a perinatal case – see below).
 - For perinatal cases collect maternal serum **and** as many of the following as applicable and available: amniotic fluid, fixed placenta and umbilical cord tissue, frozen placental tissue and umbilical cord tissue, umbilical cord serum or infant serum (0.25 mL) within 2 days of birth. For still births, contact KPHD.
 - All specimens require two patient identifiers, both on the specimen label and the submission form
 - **Specimen submission form:** www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf
 - Ship appropriate specimen(s) with completed submission form to WA PHL (address on form).
 - **The following intake form (page 3) MUST be completed and submitted to KPHD for approval prior to specimen submission.** Be sure to complete all fields. Missing details will result in specimen rejection. Fax completed form to our Communicable Disease confidential fax at (360) 337-5241.

Date: _____

Zika Virus Intake Form

PATIENT	Last name: _____ First name: _____ DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female County: _____ Patient Address: _____ Phone Number: _____									
SUBMIT BY	Physician / Hospital / Lab / Clinic name: _____ Contact name: _____ Phone: _____									
SPECIMEN	Date of Specimen Collection (<i>if asymptomatic pregnant woman, must be 2-12 weeks after travel</i>): _____ Shipping date: _____ Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Fixed tissue <input type="checkbox"/> Frozen tissue <input type="checkbox"/> Other: _____									
EPIDEMIOLOGY	Date of Symptom Onset: _____ OR <input type="checkbox"/> Asymptomatic and pregnant Symptoms (<i>check all</i>) if patient is not pregnant, must have 2: <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Arthralgia <input type="checkbox"/> Guillain-Barré Syndrome <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Other: _____ Patient pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes, # weeks gestation currently: _____ OR estimated delivery date: _____ Fetal/infant anomalies: <input type="checkbox"/> None <input type="checkbox"/> Unk <input type="checkbox"/> Microcephaly <input type="checkbox"/> Intracranial calcifications <input type="checkbox"/> Other: _____									
	Flavivirus Vaccination					Past Arboviral Infection				
		N	Unk	If Yes/date			N	Unk	If Yes/Date	
	Yellow Fever					Yellow fever				
	Japanese Enceph.					Japanese encephalitis				
	Tick-borne Enceph.					Tick-borne enceph.				
	Commercial Labs Ordered					St. Louis encephalitis				
		N	Unk	If Yes/DOC	Lab	Results	West Nile virus			
	CHIK PCR						Dengue			
	CHIK IgM/IgG						Chikungunya			
Deng PCR										
Deng IgM/IgG										
TRAVEL HISTORY	Patient traveled to an area with Zika transmission within 14 days prior to symptom onset or within 12 weeks if asymptomatic? <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes, countries/cities and dates of travel: _____									
	Infant with maternal history of travel to an area with Zika transmission? <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes, countries/cities and dates of travel: _____									
	Patient's sexual partner has history of Zika-like illness within 2 weeks of travel to an area with Zika transmission? <input type="checkbox"/> N/A <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes, date of symptom onset: _____ AND countries /cities and dates of travel: _____									
NOTES	Notes: _____									

CALL KITSAP PUBLIC HEALTH AT (360) 337-5235. FAX COMPLETED FORM TO (360) 337-5241.