

May 30, 2017

Reduced Availability of Zika Virus Testing through the Washington State Public Health Laboratories (PHL)

Actions Requested

- Be aware that as of June 1, 2017, Zika virus testing at PHL will be limited to: (1) infants with possible congenital exposure and (2) patients for whom cost is a barrier to testing. Prior approval is required. Call us to discuss any requests for testing at PHL *prior* to submitting specimens.
- Familiarize yourself with ordering appropriate Zika virus testing through commercial laboratories.
 - Many commercial laboratories, including LabCorp, ARUP, Quest, and Mayo, offer testing. *See attached.*
 - Public health approval is not required for testing at commercial laboratories.
- Counsel women who are pregnant or planning to become pregnant to avoid travel to areas with Zika virus transmission risk and to avoid unprotected sex with partners who have traveled to areas with CDC Zika travel notices.
- Assess all pregnant women for possible Zika virus exposure at each prenatal care visit. Record travel history and sexual partner travel history at every visit and counsel pregnant women about the risk of Zika virus infection
- Counsel women with possible Zika virus exposure to wait at least 8 weeks before trying to conceive, or at least 6 months if their male partner also had possible exposure to Zika virus.
- Test individuals that meet criteria for Zika virus testing according to the CDC algorithms referenced below.
- Report all suspected Zika virus cases to our Communicable Disease staff.

For questions, please contact our Communicable Disease staff at 360-728-2235

Background

Beginning June 1st, specimens from individuals with health insurance should be tested using the normal mechanism for obtaining clinical commercial laboratory testing and following the Centers for Disease Control and Prevention (CDC) testing algorithms. All infant testing should continue to be performed by PHL, in order to facilitate testing at birth (placenta and umbilical cord to CDC if mother not already confirmed). PHL will also continue to offer testing when cost is a barrier to the patient if the patient otherwise meets DOH test criteria.

Zika virus is transmitted to humans primarily through the bite of an infected *Aedes* species mosquito. Many people infected with Zika virus are asymptomatic. Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis. Other commonly reported symptoms include myalgia and headache. Clinical illness is usually mild with symptoms lasting for several days to a week. Severe disease requiring hospitalization is uncommon and case fatality is low. Recently, CDC concluded that Zika virus infection during pregnancy is a cause of microcephaly and other severe fetal brain defects. Due to concerns of microcephaly caused by maternal Zika virus infection, fetuses and infants of women infected with Zika virus during pregnancy should be evaluated for possible congenital infection and neurologic abnormalities.

Resources

- Washington State Department of Health webpage on Zika virus for healthcare providers: <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/ZikaVirus/healthcareprovidersClinicallabs>
- CDC Zika webpage: <http://www.cdc.gov/zika/hc-providers/index.html>
- CDC testing algorithms:
 - <https://www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals.pdf>
 - <https://www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals-chart-2.pdf>
 - <https://www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals-chart-3.pdf>

Attachment

Washington State Department of Health and Kitsap Public Health District's "Zika Virus Test Ordering Guidance"

Zika Virus Test Ordering Guidance

If in doubt about whether testing is indicated, or which tests to order, contact our KPHD Communicable Disease staff at (360) 728-2235.

Testing should only be ordered for persons with symptoms consistent with Zika virus disease and possible exposure, or for pregnant women with possible Zika virus exposure and their infants. Testing should not be used to rule out infection for pre-conception planning.

If a patient meets CDC testing criteria:

- In general, order both an RT-PCR or NAA (on serum and urine) and an IgM ELISA (on serum).
- As the length of time since last travel or sexual exposure or disease onset increases past 14 days, viral RNA in serum and urine declines and RT-PCR or NAA will be less useful. For patients seen >2 weeks after disease onset or last exposure, IgM ELISA should be ordered.
- For pregnant women who test negative in the first two weeks after last travel or sexual exposure, collect a second serum specimen for IgM ELISA between 2-12 weeks after last exposure.
- For patients with symptoms consistent with mosquito-borne disease, dengue and chikungunya testing should also be ordered.
- A negative RT-PCR or NAA test never rules out Zika virus infection; order IgM ELISA on serum.
- A positive IgM ELISA is preliminary evidence of Zika virus infection that should be confirmed by PRNT testing at CDC.
 - Laboratories will automatically send IgM positive, equivocal, or inconclusive specimens to CDC for PRNT testing.
 - Decisions about clinical management of IgM positive patients should wait for PRNT results.
- If all or part of an exposure period occurred more than 12 weeks prior to specimen collection, infection in asymptomatic pregnant women cannot be ruled out. Contact KPDH to discuss testing at birth.
- For infant testing or testing at the time of delivery, contact KPHD.

