

HEALTH ADVISORY



Public Health
Prevent. Promote. Protect.

REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH

Clark County Public Health, (360) 397-8412

Sarah D. Present MD, MPH

Skamania County Community Health, (509) 427-3850

Wahkiakum County Health & Human Services, (360) 795-6207

Jennifer Vines, MD, MPH

Cowlitz County Health & Human Services, (360) 414-5599

Alert categories:

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; no immediate action necessary.

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Action Requested

☐ Know where Zika virus is circulating.

Areas with active Zika virus transmission are emerging. Advise pregnant patients to avoid non-essential travel to all areas with active transmission. As of August 31, active Zika transmission has been reported in two areas of Miami-Dade County, FL and also in Singapore, and Malaysia.

- CDC Active Zika Virus Transmission Map: <http://www.cdc.gov/zika/geo/active-countries.html>
- CDC Florida Info Page: <http://www.cdc.gov/zika/intheus/florida-update.html>

☐ Assess all pregnant patients for possible Zika virus exposure during each prenatal care visit and determine if testing is indicated.

Possible exposures include: travel to an area with active Zika virus transmission; or unprotected sex with a partner (male or female) who has traveled to or resides in an area with active Zika virus transmission, regardless of partner's symptoms. Pregnant women with a partner who has traveled to an area with active transmission should abstain from sexual activity or consistently and correctly use barrier methods during sex for the duration of pregnancy.

☐ Women with Zika virus infection should wait at least eight weeks after symptom onset to attempt conception, and men with Zika virus infection should wait at least six months after symptom onset.

☐ Be alert to the symptoms of Zika in patients with relevant exposure.

Only about 20 percent of patients with Zika infection will have symptoms. Symptoms may include: acute onset of fever, maculopapular rash, arthralgia and conjunctivitis. Zika may be associated with Guillain-Barré syndrome in some cases and also with microcephaly and other poor pregnancy outcomes in infants of women who were infected while pregnant.

☐ Be aware of updated CDC guidance for evaluation and management of infants with possible congenital Zika virus infection.

- Test infants born to mothers with laboratory evidence of Zika virus infection during pregnancy and infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika syndrome (microcephaly, intracranial calcifications or other brain anomalies, or eye anomalies, among others) and a maternal epidemiologic link suggesting possible transmission, regardless of maternal Zika virus test results.
- Collect serum and urine from infants in the first 2 days of life, if possible, for PCR and IgM testing; testing of cord blood is no longer recommended. A positive infant serum or urine rRT-PCR test result confirms congenital Zika virus infection. Positive Zika virus IgM testing, with a negative rRT-PCR result, indicates probable congenital Zika virus infection.
- CDC MMWR, Infants with possible congenital Zika virus:
http://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm?s_cid=mm6533e2_w

☐ All symptomatic patients where Zika is suspected with travel related exposure should be tested commercially for dengue and chikungunya.

Criteria for Zika Testing

1. Determine if patient has a POSSIBLE EXPOSURE =

- travel to an area with known Zika virus transmission; OR
- unprotected sex with a person who traveled to or resides in an area with Zika virus transmission, regardless of partner's symptoms. Male partner's exposure should have occurred in the past 6 months, and female partner's exposure should have occurred in the past 8 weeks.

2. Test patients with POSSIBLE EXPOSURE if they meet any of the below criteria:

- Any non-pregnant person with illness consistent with Zika virus disease, and with at least 2 of the following symptoms during or within 2 weeks of possible exposure to Zika virus: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis.
- All pregnant women with possible exposure during pregnancy (at any trimester of pregnancy), including any possible exposure during the 8 weeks before conception (6 weeks before last menstrual period). Note that testing >12 weeks after symptom onset or possible exposure may not be definitive (e.g. a negative IgM does not rule out infection) and additional testing at the time of delivery might be indicated.
- Woman experiencing fetal loss with possible exposure to Zika during pregnancy if not previously tested.
- Pregnant women with fetal abnormalities identified on ultrasound who originally tested negative or who were not tested for Zika virus infection following possible exposure should be tested/retested.
- Infants born to women with possible exposure to Zika during pregnancy with EITHER:
 - a) maternal positive or inconclusive test result for Zika virus; OR
 - b) infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika virus syndrome, regardless of maternal testing; OR
 - c) acute symptoms of Zika disease (fever, rash, arthralgia, or conjunctivitis) in the infant within 2 weeks of birth and maternal exposure occurred within 2 weeks of delivery

If a patient traveled to an area where mosquito-borne transmission is possible*, and is exhibiting two or more symptoms of Zika virus disease with no alternative diagnosis after laboratory testing for more common etiologies, Zika testing is recommended.

*Estimated range of *A. albopictus* and *A. aegypti* in the US: <http://www.cdc.gov/zika/vector/range.html>

Know your Zika healthcare provider resources:

- **Washington Department of Health** created a webpage geared towards healthcare providers with Zika specific resources including: updated criteria for testing through a public health lab, laboratory testing guidance, specimen collection instructions and submission form.
<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/ZikaVirus/healthcareprovidersClinicallabs>
- **Zika Intake Form (New)**
All providers requesting Zika testing through a public health lab need to complete this form and submit to their local LHJ for approval prior to specimen submission.
<http://www.doh.wa.gov/Portals/1/Documents/5410/ZikaVirusIntakeForm.pdf>

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- **CDC Zika resources for healthcare providers:**
<http://www.cdc.gov/zika/hc-providers/index.html>

To arrange for Zika Testing

Call your LHJ to determine if a patient meets the criteria to be tested through a public health lab prior to specimen submission. Before calling, fax the completed Zika Intake form including patient's symptom and travel or sexual exposure history with location and dates of travel.

LHJ	Phone	Fax
Clark County Public Health:	(360) 397-8182	(360) 397-8080
Cowlitz County Health Department:	(360) 414-5599	(360) 425-7531
Skamania County Community Health:	(509) 427-3850	(509) 427-0188
Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143

Thank you for your partnership.