ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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MEMORANDUM

TO: Local Health Departments

FROM: Communicable Disease Control Section

DATE: September 13, 2016

SUBJECT: Updated IDPH Zika Virus Website; Changes and Additional Zika Virus Guidance on the Testing Algorithm; Testing & Management of Congenital Zika Virus Syndrome; Guidance on Follow-up with Negative Commercial Lab Testing; Guidance on Follow-up for Authorized Cases for which No Specimen has been Received by the IDPH Laboratory

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New in this guidance:

1. Notification of updated IDPH website to include a health care provider/LHD-specific Zika virus section
2. Change in number of Zika virus symptoms required for IDPH Laboratory testing of non-pregnant patients (now ≥1 symptoms, previously ≥2 symptoms)
3. Recommendations for maternal testing > 12 weeks after exposure and/or symptoms
4. New recommendations from August MMWR on testing and follow-up for possible congenital Zika virus syndrome
5. Guidance on follow up of negative rRT-PCR tests sent from commercial laboratories, when feasible (clarification to prior memo)
6. Guidance on follow-up of tests that were authorized but not received by the IDPH Laboratory

The updated IDPH Zika Virus website: IDPH is working on a number of initiatives to improve communication on Zika virus-related topics. Information on Zika virus-transmission areas, testing, surveillance and monitoring of pregnant women and infants is frequently changed. IDPH has updated the external website (www.dph.illinois.gov) with a "For Health Care Providers and LHDs" link that contains concise, updated information on who is eligible for testing at the IDPH Laboratory, which test should be ordered, and how to order testing. Algorithms for testing criteria and test selection, as well as required forms, can be found on the updated pages.

Symptom criteria for testing non-pregnant patients: The "Illinois Flowchart: Authorization of Specimens for Zika Virus Testing" (available on the website) includes changes to prior eligibility requirements for number of symptoms in non-pregnant individuals with travel to or sex with partners who have traveled to areas of active Zika virus transmission. These individuals are now eligible for testing if they have ≥1 Zika virus symptoms (previously ≥2 symptoms).

Testing pregnant women ≥ 12 weeks after Zika virus exposure: Current Zika virus testing sensitivity decreases with time from exposure. For pregnant women who come to care > 12 weeks out from exposure and/or symptom onset but prior to delivery, maternal serum IgM will be authorized for testing at the IDPH Laboratory. The risk of false negative test results in such patients should be communicated to the provider. Positive tests will be sent to the CDC for PRNT testing. Pregnancies should be followed based

on latest MMWR recommendations on fetal ultrasound monitoring and the testing and care of infants with possible Congenital Zika Syndrome. If the mother has already been tested between 12 weeks after possible Zika virus exposure and delivery, maternal retesting is not indicated. If a mother has not yet been tested at the time of delivery and has had possible Zika exposure, maternal testing should be performed.

Guidance on the testing and outpatient management of possible congenital Zika virus syndrome: Laboratory testing for congenital Zika virus infection is recommended for infants born to mothers with laboratory evidence of Zika virus infection (positive Zika rRT-PCR and/or positive Zika virus IgM with confirmatory PRNT) or for infants with findings suggestive of congenital Zika virus syndrome and a possible maternal exposure regardless of maternal testing results. Zika virus rRT-PCR testing should be performed on both infant serum and urine, and Zika virus IgM should be performed on infant serum within the first two days after birth. Cord blood testing is no longer recommended. For circumstances in which maternal testing was indicated but not performed prior to delivery, placental rRT-PCR testing, infant testing, and maternal testing should be performed at the time of delivery. If the timing of infection cannot be determined, infants should be managed as if they have congenital Zika virus infection

The care of infants with abnormalities consistent with congenital Zika virus syndrome requires a multidisciplinary team and an established medical home to facilitate care coordination. Comprehensive recommendations for laboratory testing, clinical evaluation (including postnatal head ultrasound), auditory brainstem response (ABR), ophthalmologic and neurological exam, specialty referral, and psychosocial support for families and caregivers can be viewed here. The CDC recommends that all women with Zika virus infection during pregnancy be encouraged to breastfeed their infants, regardless of infant Zika virus testing results.

Guidance on follow up of negative Zika virus rRT-PCR tests performed by commercial laboratories: IDPH currently receives positive and negative test results via electronic laboratory reporting (ELR) from the following commercial laboratories LabCorp, Quest and Mayo, and positive results from ACL (provisions for sending negative results is under development). These results are made available through the Illinois Electronic Disease Surveillance System (I-NEDSS). As resources are available, LHD staff should follow-up on negative rRT-PCR results performed through commercial laboratories to ensure that testing was ordered appropriately. If the specimen is linked to a pregnant patient or woman of reproductive age (15 to 49 years-old) and was inappropriately tested (ie only rRT-PCR > 2 weeks after exposure or symptoms), the commercial laboratory may forward the specimen to the IDPH Chicago Laboratory for Zika virus IgM serology testing. Please refer to the "Illinois Flowchart: Choosing Appropriate Zika Virus Test for Authorized Patients" for further guidance on Zika virus testing for pregnant women based on time since possible exposure.

Guidance on follow up of authorized tests not received by the IDPH Laboratory: As resources are available, LHD staff should follow-up on cases where Zika virus testing was authorized but no documentation of testing by the IDPH Laboratory has been received. Cases that are known to be pregnant or women of reproductive age (15 to 49 years-old) should be prioritized. Providers who requested testing should be contacted to determine if specimens were collected and submitted to IDPH Chicago Laboratory. For cases where an authorized maternal specimen was not submitted, collection of specimen(s) should be performed and sent to the IDPH Chicago Laboratory as soon as possible using the same authorization process (and same authorization number) that was initially assigned. IDPH will provide weekly email lists of open I-NEDDS cases with authorized tests not yet received by the IDPH laboratory including information on the ordering provider, pregnancy status, etc to local health departments to assist in this process. If the case is a male or non-pregnant female and 12 weeks have passed, testing is not indicated and the case should be closed in I-NEDSS with a status of 'Not a Case'.

Resources:

IDPH Website: Zika Virus for Health Care Providers and LHDs
http://www.dph.illinois.gov/topics-services/diseases-and-conditions/zikavirus/HCP-LHDs

CDC MMWR: Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016
http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_w

CDC MMWR: Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016
http://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm#F1_down