The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ADVISORY

Number of pages including cover: 6

Subject: Advisory - Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure-United States, 2016

Message ID: 2/8/2016 12:00:00 PM
Recipients: HAN Community Members.
From: TRI-COUNTY HEALTH DEPARTMENT
Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network Messages:
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; unlikely to require immediate action.
Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at http://www.tchd.org/259/Health-Alert-Network
HEALTH ADVISORY

**UPDATE** Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure—United States, 2016

February 5, 2016

****Health care providers: Please distribute widely in your office****

KEY POINTS:

This is a rapidly evolving situation. Recommendations will be updated as more information becomes available.

- Pregnant women or those planning to become pregnant should be counseled on postponing unnecessary travel to areas with active Zika transmission ([www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html)).

- **NEW Recommendation:** Pregnant women with a history of travel to an area with Zika virus transmission ([www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html)) that are asymptomatic should be offered serologic testing for Zika virus between 2-12 weeks after returning from travel.
  
  o **CDC Update:** Interim guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure—United States, 2016. *Morb Mortal Wkly Rep* 2016;65:1–6. At: [www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm).

- Pregnant women with a history of travel to an area with Zika virus transmission and who report two or more symptoms consistent with Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) during or within two weeks of travel, should be tested for Zika virus infection. Specimens should be collected within the first week of illness, as close to onset date as possible is best.

- **NEW Recommendation:** There is limited information available on the risk of sexual transmission of Zika virus. Men who have traveled to an area of active Zika virus transmission that have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex for the duration of pregnancy. **CDC Update:** *Morb Mortal Wkly Rep* 2016;65:1–2.

- Testing for Zika virus is not commercially available at this time. Please consult CDPHE for assistance with testing and interpretation of test results: 303-692-2700 (regular business hours) or 303-370-9395 (after hours, weekends and holidays).

- Patient specimens should be collected using normal phlebotomy resources. CDPHE does not provide patient specimen collection services.
BACKGROUND INFORMATION:

Zika virus is a mosquito-borne flavivirus transmitted primarily by *Aedes aegypti* mosquitoes. *Aedes albopictus* mosquitoes might also transmit the virus. Outbreaks of Zika virus disease have been reported previously in Africa, Asia and the islands in the Pacific.

In May 2015, the World Health Organization reported the first local transmission of Zika virus in the Western Hemisphere, with locally acquired cases identified in Brazil. Local transmission has been identified in many countries and territories in the Americas. For a current list of areas with active transmission please visit [http://www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html). Further spread to other countries in the region is likely.

There has been an increased incidence of microcephaly in Zika virus-affected areas that is suggestive of a possible relationship. Additional studies are warranted to confirm the association and to more fully characterize the phenotype.

Local transmission of Zika virus has not been documented in the continental United States. However, Zika virus infections have been reported in travelers returning to the United States. With the recent outbreaks in the Americas, the number of Zika virus disease cases among travelers visiting or returning to the United States likely will increase. Zika virus is not present in Colorado. The climate (temperature, precipitation and humidity) in Colorado is not ideal for the kind of mosquito that carries Zika. Because of this, outbreaks are unlikely to occur here.

RECOMMENDATIONS / GUIDANCE:

- Health care providers should ask all pregnant women (both sick and healthy) about recent and planned travel. Visit the PAHO website at [http://www.paho.org/hq/](http://www.paho.org/hq/) for the most up to date information on areas of risk.
- Pregnant women or those planning to become pregnant should be counseled on postponing unnecessary travel to areas with active Zika transmission and taking precautions to avoid being bitten by mosquitoes.
- Men who have traveled to an area of active Zika virus transmission that have a pregnant partner should abstain from sexual activity or consistently and correctly use condoms during sex for the duration of pregnancy.
- Pregnant women with a history of travel to an area with Zika virus transmission ([http://www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html)) that are asymptomatic should be offered serologic testing for Zika virus between 2-12 weeks after returning from travel.
- Pregnant women with a history of travel to an area with Zika virus transmission and who report two or more symptoms consistent with Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) should be tested for Zika virus infection. Specimens should be collected within the first week of illness, as close to onset date as possible is best.
- Patients with symptoms consistent with Zika virus disease and travel history should also be evaluated for dengue and chikungunya viruses.
• In pregnant women with laboratory evidence of Zika virus infection, serial fetal ultrasound examination
should be considered to monitor fetal growth and anatomy. Amniocentesis may be considered for Zika
virus testing.
• In pregnant women with a history of travel to areas with local Zika virus transmission who have no
laboratory evidence of Zika virus infection, fetal ultrasound to detect microcephaly or intracranial
calcifications should be considered.
• There are no commercially-available diagnostic assays or kits for Zika virus infection. Please consult
CDPHE for assistance with testing.

FOR MORE INFORMATION:

• Travel notices related to Zika virus: http://wwwnc.cdc.gov/travel/notices
• Information about Zika virus for travelers and travel health providers:
• Pan American Health Organization (PAHO):
• Information on microcephaly: http://www.cdc.gov/ncbddd/birthdefects/microcephaly.html
• For consultation on Zika, chikungunya, and dengue viruses, the Colorado Department of Public Health
  and Environment (CDPHE) can be contacted at 303-692-2700 (regular business hours) or 303-370-9395
  (after hours, weekends and holidays). The Virology Laboratory can be reached at 303-692-3485.
Q & As for the collection of Zika virus specimens for diagnostic testing

Who can be tested for Zika virus?
Patients (men and women) have two or more of the following symptoms (acute onset of fever, maculopapular rash, arthralgia, conjunctivitis) within two weeks of travel to area with local Zika virus transmission may be tested for Zika virus. Patients should have specimens be collected within 7 days (sooner is better) of symptom onset.

Asymptomatic pregnant women with a history of travel to an area with local Zika virus transmission in the previous 12 weeks may also be tested. Specimens should be collected between 2-12 weeks after returning from travel.

Where can patients go to get tested?
Patients should request testing from their health care provider. The state health department is unable to collect specimen directly from patients. Health care providers can submit patient’s specimens for testing to the state health laboratory for referral to CDC.

What specimens can be tested for Zika virus?
Serum is the most common specimen. CSF, amniotic fluid and some other specimens can also be submitted.

How much serum, CSF, or amniotic fluid needs to be collected for testing?
One red top, tiger top or serum separator tube is recommended for serum. CDC requires a minimum of 0.25 mL of serum or CSF for testing.

What types of vials need to be sent for testing?
Red top tube, tiger top tube or serum separator tubes (SST).

Where do I spend specimen to for testing?
All specimens need to be sent to CDPHE’s lab for CDC send out. CDC will ultimately conduct the test.

Besides the specimen, what else needs to be submitted to the CDPHE lab for testing?
All submitters MUST submit the CDPHE Request for Analytical Services #270/271 form and the CDC specimen submission form. The CDPHE form, 270/271, can be requested by calling the CDPHE Serology laboratory at 303-692-3485 or CDPHE at 303-692-2700. The CDC form, 50-34, can be found online, and on the CDC website, or CDPHE can fax the form to you. In order to get the 50-34 form from CDPHE, call 303-692-2700. The form must be filled out in its entirety (including symptoms, date of onset, travel & vaccination history, pregnancy status) or else the specimen will not be tested or testing will be delayed. On the top left corner on side 1 of the form, the submitter can simply put “Zika.”
I’ve never sent a specimen to the CDPHE lab before, what should I do?
Make sure to fill out and submit the CDPHE 270/271 along with the CDC 50-34 form and the specimen. The CDPHE lab can use the 270/271 form to set up an account for you. Call the CDPHE lab at 303-692-3090 with any questions.

How do I get the specimen from my clinic to the CDPHE lab?
Specimen can be dropped off for CDPHE routine courier pick up at your local public health department or sent to the CDPHE Laboratory Services Division by the courier of your choice or via FedEx.

CDPHE Laboratory Services Division
8100 Lowry Blvd
Denver, CO 80230

Are there special packaging instructions?
Specimen should be kept refrigerated at 4°C and transported on cold packs. Frozen specimen should be kept frozen and shipped on dry ice to avoid freeze-thaw cycles.

What is the cost for Zika virus testing?
Currently the cost is $45, but there could be additional costs in the future.

What is the turnaround time for the Zika test?
It is expected to take two weeks or more for CDC to complete the test.

Who will be notified of the results once they are completed?
CDC will notify the state health department. CDPHE laboratory will notify the submitter via the secure fax number provided by the submitter on their specimen requisition form.

Who should I contact if I have specific questions about Zika virus testing or submitting specimens to the CDPHE lab?
Contact the Communicable Disease branch at 303-692-2700 or the CDPHE lab at 303-692-3090.