

## Additional Zika Guidance for Regional Health Officers

This document to be used in conjunction with the "Interim Zika Virus Laboratory Testing Decision Tree".

### When Consulting with Healthcare Providers

If the patient is a **pregnant female**, the provider should:



- Assess the travel history of the patient and her sex partner throughout her pregnancy. If she (or her sex partner) traveled to an area<sup>i</sup> with Zika virus transmission at any point during her pregnancy, Zika virus testing is authorized.
- Serum and urine specimens sent to the state lab will be tested for Zika, dengue, and chikungunya viruses. Note; CDC now recommends PCR testing for asymptomatic pregnant women within 2 weeks of returning from the U.S. However, if negative repeat serology testing is recommended between 2 and 12 weeks of returning from the U.S.
- If the patient is symptomatic and Zika testing is done via commercial lab, also consider potential diagnoses of and additional commercial testing for dengue and chikungunya virus infection.
- Discuss mosquito avoidance and prevention of sexual transmission with patients.
- Public Health should share CDC's guidance with the provider by email or fax
  - [Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016.](#)

If the patient is a **symptomatic male or non-pregnant female**, the provider should:



- Assess travel history. If the patient traveled to an area<sup>i</sup> with Zika virus transmission and experienced symptoms within 2 weeks of returning to the U.S. and symptom onset was within the last 12 weeks, Zika virus testing is authorized.
- Urine and serum specimens sent to the state lab will be tested for Zika, dengue, and chikungunya viruses.
- If testing is done at commercial lab, also consider potential diagnoses of and additional commercial testing for dengue and chikungunya virus infection.
- Discuss mosquito avoidance and prevention of sexual transmission with patients.
- Public Health should share CDC's guidance with the provider by email or fax
  - [Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus for Persons with Possible Zika Virus Exposure — United States, September 2016.](#)

If the patient is an **infant < 2 week of age**, the provider should:



- Assess the mother's travel history two weeks before delivery. If she traveled to an area<sup>i</sup> with Zika virus transmission during two weeks before delivery and the infant was symptomatic in the first two weeks of life, Zika virus testing is authorized.
- Serum specimens sent to the state lab will be tested for Zika, dengue, and chikungunya viruses.
- Serum is required; submit cerebrospinal fluid if obtained for other studies.
- Share CDC's guidance with the provider by email or fax: [Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016](#)
- Discuss mosquito avoidance and prevention of sexual transmission with patients.

If the patient is an **infant with possible congenital Zika infection**, the provider should:



- Assess the mother's Zika testing history and travel history throughout their pregnancy. Zika virus testing would be authorized for the infant (and the mother if she had not previously been tested) at the state laboratory in the following circumstances
  - If the mother traveled to an area<sup>i</sup> with Zika virus transmission at any point during her pregnancy,
  - If the mother had unprotected sexual contact during her pregnancy with a partner who traveled to an area<sup>i</sup> with Zika virus transmission OR
  - If the mother has not traveled to an area<sup>i</sup> with Zika virus transmission during their pregnancy, but has documentation of a positive or inconclusive test for Zika virus infection
- Serum specimens will be sent to the state lab will be tested for Zika, dengue, and chikungunya viruses.
- For the infant, serum and urine collected within 2 days of birth is preferred. Submit cerebrospinal fluid if obtained for other studies.
- Collection and evaluation of placenta for evidence of maternal Zika virus infection must be coordinated with the TDH Central Office at 615-741-7247.
- Share CDC's guidance with the provider by email or fax: [Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016](#)
- Discuss mosquito avoidance and prevention of sexual transmission with patients.



If the patient or mother traveled with a group, the provider should encourage the patient to share mosquito avoidance and prevention of sexual transmission messages with their fellow travelers, and to advise any travelers who have symptoms of Zika within two weeks of return to visit their healthcare provider.



Lack of Zika Treatment & Risk of Exposure to Dengue and Chikungunya: No treatment is available for Zika virus disease. Supportive care can include rest, fluids, and use of analgesics and antipyretics. Because of similar geographic distribution and symptoms, patients with suspected Zika virus infections also should be evaluated and managed for possible dengue or chikungunya virus infection. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue can be ruled out to reduce the risk of hemorrhage.

**Contact TDH Central Office 615-741-7247 with any additional questions/concerns.**

<sup>i</sup> For a current list of countries and U.S. territories with ongoing Zika virus transmission, please see list here: <https://wwwnc.cdc.gov/travel/page/zika-information>. For information about Zika in the continental United States, click here: <http://www.cdc.gov/zika/geo/united-states.html>

### When contacted by a member of the public:

- Always emphasize that they should visit their healthcare provider with any concerns about their health.
- If they traveled to an area<sup>i</sup> with Zika virus transmission discuss mosquito avoidance and prevention of sexual transmission.
- If the caller traveled with a group, encourage them to share mosquito avoidance and prevention of sexual transmission messages with their fellow travelers, and to advise fellow travelers with symptoms of Zika to visit their healthcare provider.
- If an individual is not authorized for Zika virus testing, but has a clinically compatible illness, providers should consider utilizing private laboratories for chikungunya virus and dengue virus testing. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue can be ruled out to reduce the risk of hemorrhage.

### Laboratory Testing Guidance

- Ensure that providers understand that their clinical management of the patient will not change based on Zika test results and that results may not be available for several weeks. Specimens submitted to the state laboratory for Zika virus testing will also be tested for chikungunya virus and dengue virus.
- **Required Forms**
  - Send the [PH-4182](#)<sup>1</sup> form (*Tennessee Department of Health Division of Laboratory Services Clinical Submission Requisition* form) to the provider.
    - Required fields are marked with an asterisk
    - Under the “TEST REQUESTED” section, check “Other” and write in “Zika virus”
  - Health Departments that create a lab order online through PTBMIS, please indicate on Decision Tree and do not include PH-4182.
  - Send completed Zika Decision Tree (both pages) information to [vbd.health@tn.gov](mailto:vbd.health@tn.gov) and the vector-borne epidemiologist will forward information to lab.
- **Specimen Collection and Shipping**
  - Refer to decision tree to determine which specimens should be collected for each patient.
  - **Serum** - Collect 2.0 mL of serum or plasma. Tube should be centrifuged and serum/plasma decanted prior to shipment to avoid hemolysis. Ship serum/plasma specimen in a sterile plastic tube with a tightly-sealing screw cap. If a sterile plastic tube with a tightly-sealing screw cap is not available, a red-top vacutainer can be used.
  - **Urine** - Collect 10.0 mL of urine.
  - **CSF** - Collect 1.0 - 2.0 mL of cerebrospinal fluid (CSF). CSF will only be tested when submitted alongside a patient-matched serum specimen. Store and ship cold at 2-8° C. Ship CSF in a sterile plastic tube with a tightly-sealing screw cap. If a sterile plastic tube with a tightly-sealing screw cap is not available, a red-top vacutainer can be used.
  - Specimens should be placed in an insulated container with blue ice packs. Additional blue ice packs should be used during hot weather to ensure specimen integrity.
  - Ship specimens along with the [PH-4182](#) form to the public health laboratory:

<b>Nashville Laboratory</b>	<b>Knoxville Laboratory</b>	<b>Memphis Laboratory</b>
<b>FedEx or UPS or hand delivery:</b>	<b>FedEx or UPS or hand delivery:</b>	<b>FedEx or UPS or hand delivery:</b>
State Laboratory Services	Knoxville Regional Laboratory	Shelby County Health Department
630 Hart Lane	2102 Medical Center Way	814 Jefferson Avenue Room 258
Nashville, TN 37216	Knoxville, TN 37920	Memphis, TN 38105
615-262-6300	865-549-5201	901-222-9477 phone
<b>USPS:</b>	<b>USPS:</b>	
State Laboratory Services	Knoxville Regional Laboratory	
P.O. Box 305130	P.O. Box 59019	
Nashville, TN 37230-5130	Knoxville, TN 37950	
  - PCR testing is performed on all specimens submitted to a state laboratory. If a specimen is PCR positive, no further testing is performed. If a specimen is negative by PCR, IgM testing is performed. If IgM negative, testing is complete. If specimen is IgM presumptive positive, the sample is forwarded to the CDC for confirmatory testing (Zika PRNT and/or Dengue or Chikungunya IgM).

### Mosquito Avoidance

- Symptomatic individuals who have traveled to an area<sup>i</sup> with Zika virus transmission should avoid mosquitoes for at least seven days following symptom onset.
- Asymptomatic individuals who have traveled to an area<sup>i</sup> with Zika virus transmission should avoid mosquitoes following their departure from that area.
- CDC Fact Sheets and Posters (in both English and Spanish) can be found here <http://www.cdc.gov/zika/fs-posters/index.html>.

### Prevention of Sexual Transmission

- Male-to-female, male-to-male, and female-to-male sexual transmission of Zika virus has been documented.
- **For couples in which the female is pregnant:**
  - Sexual transmission of Zika is of particular concern during pregnancy. Couples in which a woman is pregnant (and her partner has traveled to an area<sup>i</sup> with Zika virus transmission) should use condoms consistently and correctly or abstain from sex for the duration of the pregnancy.
  - For more information: [Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016](#).
- **For non-pregnant couples**
  - **Men with possible Zika virus exposure** are recommended to **use condoms or abstain from sex for at least 6 months** after symptom onset (if symptomatic) or last possible Zika virus exposure (if asymptomatic).
  - **Women with possible Zika virus exposure** are recommended to **use condoms or abstain from sex until at least 8 weeks** after symptom onset (if symptomatic) or last possible Zika virus exposure (if asymptomatic).
  - For more information: [Update: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus for Persons with Possible Zika Virus Exposure — United States, September 2016](#)

<sup>i</sup> For a current list of countries and U.S. territories with ongoing Zika virus transmission, please see list here: <https://wwwnc.cdc.gov/travel/page/zika-information>. For information about Zika in the continental United States, click here: <http://www.cdc.gov/zika/geo/united-states.html>