



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) 795-8630

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.



UPDATE: Revised CDC criteria for testing persons with possible exposure to Zika virus



Testing criteria for persons with travel to areas with Zika virus transmission

This criteria replaces that sent in the Feb. 3rd Provider Advisory.

- Be familiar with the criteria for Zika virus testing at CDC:
 - 1. All persons with travel to an area with known Zika virus transmission (regardless of pregnancy status) reporting two or more of the following symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel. Obtain specimens during the first week of illness if possible.
 - 2. Pregnant women with travel to an area with known Zika virus transmission (at any trimester).
 - With clinical illness consistent with Zika virus disease testing recommended during the first week of illness if possible.
 - Asymptomatic^a testing can be offered 2-12 weeks after pregnant women return from travel.
 - Infants born to women with a history of travel during pregnancy to an area with known Zika virus transmission, with evidence of maternal infection (mothers with positive or inconclusive test results for Zika virus infection) or fetal infection (infants with microcephaly^b or intracranial calcifications diagnosed prenatally or at birth)

If fetal ultrasounds detect microcephaly or intracranial calcifications, pregnant women who originally tested negative for Zika virus infection following travel should be retested for Zika virus infection. Also consider amniocentesis for Zika virus testing.

Women experiencing fetal loss regardless of whether symptoms are reported, testing recommended 2-12 weeks after return from travel during pregnancy

- ^a Note that the interpretation of results in asymptomatic persons is complex. Because of crossreactivity among flaviviruses (including West Nile virus, endemic in some parts of WA), a positive IgM result can be difficult to interpret. While a negative IgM result obtained 2-12 weeks after travel would suggest that a recent infection did not occur, it does not definitively rule out Zika virus infection.
- ^b For the purpose of evaluating an infant for possible congenital Zika virus infection, microcephaly is defined as occipitofrontal circumference less than the third percentile, based on standard growth charts for sex, age, and gestational age at birth. If an infant's occipitofrontal circumference is ≥3rd percentile but is notably disproportionate to the length of

the infant, or if the infant has deficits that are related to the central nervous system (including visual or hearing deficits), additional evaluation for Zika virus infection might be considered.

- Call your local health department if you want to arrange Zika testing. Testing is currently available only at CDC, and *must* be approved by the local health department:
 - 1. Before calling the LHD, obtain travel history, including dates of travel, from the patient.
 - 2. If Zika testing is approved, collect 2 mL serum (0.25 mL minimum), separate, refrigerate and transport cold to the Washington Public Health Laboratories.
 - 3. Be sure to also collect serum for commercial dengue and chikungunya testing, if indicated.

For questions or to request testing, please contact:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207

Actions Requested

- Be aware that Zika virus is circulating in many parts of the world. For an up-to-date list of areas with active Zika transmission, see http://www.cdc.gov/zika/geo/index.html.
- Know how to appropriately manage potentially exposed patients.
- **Be familiar with CDC Zika health care resources.** See http://www.cdc.gov/zika/hc-providers/index.html
- Be alert to the symptoms of Zika in patients with relevant travel history. Only about 20 percent of patients with Zika infection will have symptoms. If present, symptoms 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.
- Obtain travel history from all pregnant women. Remind pregnant women that CDC advises pregnant women to avoid travel to areas with active Zika transmission, and advises women considering becoming pregnant to consult with their healthcare provider regarding travel.
- Be aware of CDC recommendations that men with travel to an area with Zika transmission avoid sexual contact with pregnant partners, or correctly and consistently use condoms.
- Consider dengue and chikungunya in symptomatic travelers. Dengue and chikungunya circulate in the same areas as Zika, and should be tested for commercially if Zika is suspected. If dengue is a possibility, patients should avoid aspirin and NSAID until dengue has been ruled out.

Resources:

