

**Center for Policy, Planning and Evaluation Administration  
Division of Epidemiology–Disease Surveillance and Investigation**

**April 18, 2018**

**Health Notice for District of Columbia Health Care Providers  
Updated Zika Virus Testing Recommendations and Utilization of DC Public Health Laboratory**

**SUMMARY**

To date, there have been 36 cases of laboratory-confirmed Zika virus disease (ZVD) in the District of Columbia (DC), all of which have been travel-associated or sexually transmitted. As of April 4, 2018, states have reported a total of 5,676 cases of ZVD to the Centers for Disease Control and Prevention (CDC) since January 1, 2015. Of these, 5,392 were travel-associated, 229 were locally acquired mosquito-borne cases, 52 were sexually transmitted, 2 were laboratory acquired, and 1 was person-to-person through an unknown route. Locally acquired mosquito-borne transmission in the United States has only been documented in Florida and Texas. **In DC, there have been no reported cases of ZVD spread by local mosquitoes or through blood or tissue products (e.g., blood transfusion, sperm donation).**

In this notice, we describe DC Health’s **newly updated recommendations for Zika testing**. Please share this notice with all appropriate staff at your facility.

**NEW GUIDELINES FOR ZIKA VIRUS TESTING (Effective May 1, 2018)**

**1) Recommendations for Zika Testing**

DC Health is now fully adopting the CDC guidelines as recommended in the publication [“Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States \(Including U.S. Territories\), July 2017”](#). The following individuals are now recommended for Zika virus testing:

- Any symptomatic person with an exposure to Zika (including pregnant women)
- Asymptomatic pregnant women with *ongoing* Zika exposure
  - Ongoing exposure is defined as residence in or frequent travel (e.g. daily or weekly) to an area with the risk of Zika
- Asymptomatic pregnant women with recent, *but not ongoing*, exposure to Zika are not routinely recommended for testing
  - Testing in this population can be considered using shared patient-provider decision making based on individual patient needs
- Pregnant women who were exposed to Zika and have ultrasound findings consistent with Congenital Zika Syndrome (CZS)
- Infants who are born with or develop clinical findings consistent with CZS regardless of maternal test results
- Infants without clinical findings consistent with CZS born to mothers with laboratory evidence of Zika infection (Zika positive or flavivirus unspecified)

Exposure to Zika is considered as travel to, residence in, or unprotected sexual contact with someone who has traveled to or resided in an area with risk of Zika transmission as determined by CDC and

published here: <https://wwwnc.cdc.gov/travel/page/world-map-areas-with-zika>. WHO country classification categories are no longer separately referenced by DC Health for Zika testing purposes as this information has informed the CDC risk determinations.

Other recommendations, including diagnostic testing recommendations for the currently recommended categories (see under “Review” below), and travel and sexual precautions for pregnant women, remain unchanged.

## 2) Updates to DC Public Health Laboratory (DC PHL) Zika Testing Eligibility

DC Health is recommending that **all Zika testing be performed in commercial laboratories**. Testing through DC PHL is now available in the following scenarios:

- Concern for **local transmission**, transfusion or laboratory exposure (i.e. any person highly suspected to have Zika but without a known exposure history)
- Any individual with **complicated illness** such as Guillian-Barre syndrome
- Any **infant** meeting the criteria for testing outlined below
- Any individual who meets testing criteria and is deemed by their healthcare provider to be **unable to pay** for testing.

Providers who wish to submit a test request for testing through DC Health and DC PHL should continue to use the Zika test request form found on our provider website: <https://dchealth.dc.gov/node/1189606>.

**Testing for all other individuals who meet testing criteria, including pregnant women, should be performed through commercial laboratories.** Positive results are still reportable to DC Health.

### REVIEW OF EXISTING TESTING PROCEDURES

- **Any Zika positive result, regardless of where the testing was performed, is reportable to DC Health within 24 hours using our case report form on our [provider website](#).**
- For all individuals, testing should be conducted less than 12 weeks after exposure or symptom onset
  - Pregnant women with a single discrete exposure should have Zika NAT and IgM testing conducted simultaneously
  - Non-pregnant individuals with a single discrete exposure should have Zika NAT testing 0-12 weeks post exposure and Zika IgM testing 2-12 weeks post exposure
  - Pregnant women with ongoing exposure should have Zika NAT testing conducted each trimester
  - Non-pregnant individuals with ongoing exposure should have Zika NAT
- Placental testing should only be considered for symptomatic pregnant women and infants born with birth defects consistent with CZS and requires pre-approval from DC DOH
- Testing of other specimens including CSF and amniotic fluid collected via amniocentesis is not routinely recommended but can be considered if specimens are collected for other purposes
- **Zika test requests and case reports should be submitted online via DC Reporting and Surveillance Center (DCRC) to DC Health found on our [provider website](#).**
- Facilities are required to complete the following two forms (available on our provider website) when ordering Zika testing from the DC Public Health Laboratory (DC PHL):
  - [PHL Test Requisition Form](#)
  - [PHL Chain of Custody Form](#)

- **Samples without these two forms will NOT be accepted by the courier**
- Final laboratory test results will be sent to your facility by secure fax **ONLY**. Please ensure your secure fax number is always included on paperwork submitted to DC PHL. Please allow three weeks for final results. If the sample needs additional testing at CDC, additional time will be required, however the DC PHL results will be reported to the provider.
- Sample collection instructions can be found on our [provider website](#).

**REVIEW OF ZVD SYMPTOMS AND SELECTED RECOMMENDATIONS**

- Clinical illness is consistent with ZVD if a patient has one or more of the following symptoms: **acute onset of fever, rash, arthralgia, or conjunctivitis**
- CDC recommends that pregnant women avoid travel to any area with risk for Zika transmission
- Pregnant women should use barrier contraception or abstain from sexual contact with sexual partners who have travelled to areas with the risk of Zika for the **duration of the pregnancy, regardless of test results**
- The CDC recommends that **women possibly exposed to Zika wait two months to conceive, and that possibly exposed men wait six months before trying to conceive**, regardless of their symptom status or Zika test results. This includes couples undergoing fertility treatments
- **Returning travelers** from an area with active Zika transmission should wear insect repellent and avoid mosquito bites for **three weeks** to prevent local transmission, even if they are not sick

**Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation at:**

**Phone: 202-442-8141 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)**

**Fax: 202-442-8060 | Email: [zika.registry@dc.gov](mailto:zika.registry@dc.gov)**