

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Governor

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Vision: To be the **Healthiest State** in the Nation

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Summary

Zika virus continues to circulate in the Americas and poses a risk for pregnant women and their partners who travel to Zika-active areas (see <https://www.cdc.gov/zika/geo/index.html> for current active areas). Transmission can occur through the bite of an infected mosquito, as well as through sexual contact. Zika infection during pregnancy can result in severe birth defects to the fetus. Pregnant women are recommended to not travel to areas with documented or likely Zika virus transmission. If a pregnant woman does elect to travel to a Zika active area, or has potential exposure through sexual contact with a potentially exposed partner, testing for Zika virus is recommended. Testing of infants born to women potentially exposed to Zika virus during pregnancy is also recommended, as well as a comprehensive physical exam, neurologic assessment, neuroimaging, and hearing assessment.

Zika virus testing recommendations for pregnant women and their infants continue to evolve. For example, there is new evidence that Zika virus IgM can persist beyond 12 weeks in a subset of infected people, which has implications for clinical management of pregnant women. This advisory serves to remind providers of current testing protocols recommended by the Centers for Disease Control and Prevention (CDC). Complete guidelines are included in the current CDC guidance section available at www.cdc.gov/zika/hc-providers/index.html. The CDC Zika Morbidity and Mortality Weekly Report (MMWR) web page also provides Zika related recommendations in chronologic order and is available at www.cdc.gov/mmwr/zika_reports.html. Additionally, the Florida Department of Health recently provided a webinar on the clinical management of pregnant women and infants born to pregnant women infected with Zika. A recording of the webinar is available at <https://attendee.gotowebinar.com/recording/693020362721681923>. Additional resources are available at: <http://www.floridahealth.gov/diseases-and-conditions/zika-virus/index.html>

Pregnant Women and Women Planning for Pregnancy:

- For **asymptomatic pregnant women with ongoing risk of Zika virus exposure** (i.e., currently living in or frequently traveling to areas with Zika virus transmission such as Puerto Rico):
 - IgM testing is recommended in the 1st and 2nd trimesters and is recommended in the third trimester if previous testing has not been conducted or at the clinician's discretion.
 - Consider concurrent Zika virus nucleic acid test (NAT) testing at least once per trimester to provide additional clinical information to determine whether a positive IgM test results indicate a recent infection.
 - IgM and PCR testing is recommended immediately if Zika-like illness occurs and exposure risk is present.
- For non-pregnant women **who want to conceive in the near future and who have an ongoing risk of Zika virus exposure** (i.e., currently living in or frequently traveling to areas with Zika virus transmission):
 - Healthcare professionals can consider testing for Zika IgM antibodies pre-conception. Testing before pregnancy can provide information that will help interpret test results in the future if a woman is exposed to Zika in a subsequent pregnancy. For example, if a

- woman has a negative IgM result before pregnancy and a subsequent positive IgM result during pregnancy, it is likely that this woman experienced a recent infection.
- Antibody test results before pregnancy should **not** be used to determine if it is safe for a woman to become pregnant because flavivirus antibodies can cross react in diagnostic tests. We also cannot yet say with absolute certainty that a previous infection with Zika will always protect patients from a reinfection. In addition, test results represent a single point in time. Women who live in or frequently travel to areas with a CDC Zika travel notice and who have never been infected with Zika virus are at continued risk of getting Zika.

Infants:

- All infants born to mothers who have laboratory evidence of Zika virus infection during pregnancy should receive a comprehensive physical exam, neurologic assessment, neuroimaging, hearing assessment, and Zika virus testing.
- Testing is recommended for infants born to mothers who have laboratory evidence of Zika virus infection during pregnancy.
- Testing is also recommended for infants who have abnormal clinical findings suggestive of congenital Zika syndrome and a maternal epidemiologic link suggesting possible exposure during pregnancy, regardless of maternal test results.
- A Zika virus RNA NAT test should be performed on both infant serum and urine, and Zika virus IgM antibody should be performed on infant serum.
- Specimens should ideally be collected within 2 days after birth; however, testing specimens collected within the first few weeks to months after birth may still be useful, especially among infants born in areas without risk of Zika.

Current Guidance:

Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure - United States, July 2016. MMWR Morb Mortal Wkly Rep. 2016 Jul 25;65(29):739-44.
<https://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm>

Guidance for U.S. Laboratories Testing for Zika Virus Infection.
<https://www.cdc.gov/zika/laboratories/labguidance.html>

CDC. Clinical guidance for healthcare providers caring for infants & children. Atlanta, GA: US Department of Health and Human Services, CDC; 2016.
<https://www.cdc.gov/zika/hc-providers/infants-children.html>

Prolonged IgM Antibody Response in People Infected with Zika Virus: Implications for Interpreting Serologic Testing Results for Pregnant Women. CDC HAN. May 5, 2017.
<https://emergency.cdc.gov/han/han00402.asp>

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. MMWR Morb Mortal Wkly Rep. 2016 Oct 7;65(39):1077-1081.
https://www.cdc.gov/mmwr/volumes/65/wr/mm6539e1.htm?s_cid=mm6539e1_w