



February 26, 2016

Health Update

Zika Virus Testing and Surveillance Updates

This health update addresses the following topics:

- Increased surveillance for Zika virus infections
- Testing infants and children for evidence of Zika virus infection
- Updates on sexual transmission of Zika virus, and
- The availability of RT-PCR testing at the North Dakota Department of Health

The North Dakota Department of Health (NDDoH) is asking providers to report cases of fetal/infant microcephaly or intracranial calcifications diagnosed either in utero or at birth to help increase the ability to detect possible Zika virus infections. For surveillance purposes, microcephaly is defined as occipitofrontal circumference less than the third percentile for gestational age and sex not explained by other etiologies.

On February 19, the Centers for Disease Control and Prevention (CDC) released updated guidance for the testing of infants and children less than 18 years. Testing is indicated for children who have traveled to or resided in a Zika-affected area within two weeks of an onset of illness that included two or more of the following manifestations:

- Fever
- Rash
- Conjunctivitis
- Arthralgia
- Myalgia
- Headache

Furthermore, testing would be indicated for an infant if, during the first two weeks of life, two or more of the manifestations listed above are observed and whose mother had not been tested but had resided or traveled to a Zika-affected area within two weeks of delivery. Infants without microcephaly or intracranial calcifications whose mothers have negative Zika virus test results or who were not tested should receive routine care.

Further guidance for testing of infants and children can be found at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6507e1er.pdf.

The CDC continues to investigate cases of probable sexual transmission of Zika virus from an infected male to a female. As of February 23, 16 such cases are under investigation in the United States. It is important for providers caring for pregnant women to reinforce safer sexual practices if their patients have male partners that have recently returned from a Zika-affected area. The duration of virus detection in semen is unknown and therefore, women who are pregnant should abstain from sex with at risk partners or use condoms correctly for every act of genital to genital, genital to anal or genital to oral sex throughout pregnancy. Further information can be found at www.ndhealth.gov/disease/zika.

The NDDoH, Division of Laboratory Services is now offering RT-PCR testing for the detection of Zika virus RNA. This testing is available for people who develop two or more manifestations of Zika virus infection, as listed previously, and have returned from a Zika-affected area within two weeks of symptoms onset. Serum should be collected within four days of symptom onset. Serum collected 5-7 days after symptom onset will also be tested by RT-PCR at the NDDoH, however, if viral RNA is not detected, the serum will be sent to the CDC for IgM antibody testing. Pregnant women who are asymptomatic but have resided or traveled to a Zika-affected area while pregnant can be tested for IgM antibodies. Serum should be collected two to 12 weeks after leaving a Zika-affected area. All testing must be coordinated through the North Dakota Department of Health by calling either 701.328.2378 or 701.328.6272.

Categories of Health Alert Network messages:

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| Health Alert: | Requires immediate action or attention; highest level of importance. |
| Health Advisory: | May not require action; provides important information for a specific incident or situation. |
| Health Update: | Unlikely to require immediate action; provide updated information regarding an incident or situation. |
| HAN Info Service: | Does not require immediate action; provides general public health information. |