

SEPTEMBER 8, 2017

**HEALTH UPDATE****CDC Updated Interim Guidance for U.S. Healthcare Providers Caring for Pregnant Women with Possible Zika Virus Exposure**

This Health Update outlines the revised Centers for Disease Control and Prevention (CDC) recommendations for pregnant women with possible Zika virus exposure. Possible Zika virus exposure includes travel to or residence in an area with risk of mosquito-borne Zika virus transmission, or sex without a condom with a partner who has traveled to or resides in an area with risk of mosquito-borne Zika virus transmission.

On May 5, 2017, a Health Advisory issued by CDC provided information on prolonged IgM antibody response in people infected with Zika virus and the implications for interpreting serology results for pregnant women. Zika virus IgM antibodies can persist beyond 12 weeks after infection. This can make it difficult to determine the timing of infection. IgM test results cannot always reliably distinguish between an infection that occurred during the current pregnancy and one that occurred before the current pregnancy.<sup>1</sup> More information on prolonged detection of Zika virus IgM is available at <https://emergency.cdc.gov/han/han00402.asp>.

The updated guidance emphasizes shared decision-making between patients and their providers for testing and screening pregnant women. Decisions can be made based on patient preferences and values, clinical judgment, and an assessment of risks and expected outcomes.<sup>1</sup>

**CDC key recommendations include the following:**

- 1) Asymptomatic pregnant women who have recent possible Zika virus exposure (i.e., through travel or sexual exposure) but *without ongoing* possible exposure are not routinely recommended to have Zika virus testing.** Testing should be considered using a shared patient-provider decision-making model, one in which patients and providers work together to make decisions about testing and care plans based on patient preferences and values, clinical judgment, a balanced assessment of risks and expected outcomes, and the jurisdiction's recommendations. Based on the epidemiology of Zika virus transmission and other epidemiologic considerations (e.g., seasonality), jurisdictions might recommend testing of asymptomatic pregnant women, either for clinical care or as part of Zika virus surveillance. With the decline in the prevalence of Zika virus disease, the updated recommendations for the evaluation and testing of pregnant women with recent possible Zika virus exposure but *without ongoing* possible exposure are now the same for all areas with any risk for Zika virus transmission.

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- 2) **All pregnant women in the United States and U.S. territories should be asked about possible Zika virus exposure *before and during the current pregnancy, at every prenatal care visit.*** CDC recommends that pregnant women not travel to any area with risk of Zika virus transmission. It is also recommended that pregnant women with a sex partner who has traveled to or lives in an area with risk for Zika virus transmission use condoms or abstain from sex for the duration of the pregnancy.
- 3) **Pregnant women with possible Zika virus exposure and symptoms of Zika virus disease should be tested to diagnose the cause of their symptoms.** The updated recommendations include concurrent Zika virus nucleic acid test (NAT) and serologic testing as soon as possible through 12 weeks after symptom onset.
- 4) **Asymptomatic pregnant women *with ongoing possible Zika virus exposure* should be offered Zika virus NAT testing three times during pregnancy.** IgM antibody testing is no longer routinely recommended because IgM can persist for months after infection; therefore, IgM results cannot reliably determine whether an infection occurred during the current pregnancy. The optimal timing and frequency of testing of asymptomatic pregnant women with NAT alone is unknown. For pregnant women who have received a diagnosis of ***laboratory-confirmed*** Zika virus infection (by either NAT or serology [positive/equivocal Zika virus or dengue virus IgM and Zika virus plaque reduction neutralization test (PRNT)  $\geq 10$  and dengue virus PRNT  $< 10$  results]) any time before or during the current pregnancy, additional Zika virus testing is not recommended. For pregnant women without a prior laboratory-confirmed diagnosis of Zika virus, NAT testing should be offered at the initiation of prenatal care, and if Zika virus RNA is not detected in clinical specimens, two additional tests should be offered during the pregnancy coinciding with prenatal visits.
- 5) **Pregnant women who have recent possible Zika virus exposure and who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome should receive Zika virus testing to assist in establishing the etiology of the birth defects.** Testing should include both NAT and IgM tests.
- 6) **The comprehensive approach to testing placental and fetal tissues has been updated.** Testing placental and fetal tissue specimens can be performed for diagnostic purposes in certain scenarios (e.g., women without a diagnosis of laboratory-confirmed Zika virus infection and who have a fetus or infant with possible Zika virus-associated birth defects). However, testing of placental tissues for Zika virus infection is not routinely recommended for asymptomatic pregnant women who have recent possible Zika virus exposure but *without ongoing possible exposure* and who have a live born infant without evidence of possible Zika virus-associated birth defects.
- 7) **Zika virus IgM testing as part of preconception counseling to establish baseline IgM results for nonpregnant women *with ongoing possible Zika virus exposure* is not warranted** because Zika virus IgM testing is no longer routinely recommended for asymptomatic pregnant women *with ongoing possible Zika virus exposure*.<sup>1</sup>

The full updated guidance is available at [www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s\\_cid=mm6629e1\\_e](http://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s_cid=mm6629e1_e).

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North Dakota Department of Health Laboratory Information

<b>PATIENTS MEETING CDC'S TESTING CRITERIA<sup>§</sup> FOR ZIKA VIRUS ASSESSMENT PANEL</b>			
<b>Sample Types</b>	<b>Serum- 1.5 mL Urine- 1 mL</b>		
<b>Tests included</b>	<b>Charge</b>	<b>CPT Code</b>	<b>Turnaround Time</b>
Triplex Real-time RT-PCR (serum, urine, CSF and amniotic fluid)	No Charge at this time	87800	7 days
Zika Virus IgM Serology (serum only)	No Charge at this time	86790	7 days
Zika Virus PRNT Testing (if needed)	No Charge at this time	86382	3-4 weeks
<b>Total Charge for the Panel</b>	<b>No Charge</b>		

<b>PATIENTS <u>NOT</u> MEETING CDC'S TESTING CRITERIA FOR ZIKA VIRUS ASSESSMENT PANEL</b>			
<b>Sample Types</b>	<b>Serum- 1.5 mL Urine- 1 mL</b>		
<b>Tests included</b>	<b>Charge</b>	<b>CPT Code</b>	<b>Turnaround Time</b>
LDT Zika Virus Real-time RT-PCR (serum and urine samples)	\$51*	87800	7 days
Zika Virus IgM Serology (serum only)	\$100	86790	7 days
Zika Virus PRNT Testing (if needed)	No Charge at this time	86382	3-4 weeks
<b>Total Charge for the Panel</b>	<b>\$151</b>		

<sup>§</sup>Patients meeting CDC's testing criteria include the following:

- Anyone with possible Zika virus exposure who has or recently experienced symptoms of Zika
- Symptomatic pregnant women with possible Zika virus exposure
- Asymptomatic pregnant women with ongoing possible Zika virus exposure
- Pregnant women with possible Zika virus exposure who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection

\*This charge is for up to two samples. Please submit both serum and urine specimens.

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### **Packaging and Shipping Information:**

- Keep samples refrigerated or freeze at -70°C.
  - For refrigerated samples, ship immediately *overnight* on frozen ice packs.
  - For frozen samples, ship immediately *overnight* on dry ice.
- Do NOT ship samples on Friday for Saturday delivery as our laboratory is not open on the weekend and degradation of sample integrity may result in samples being untested.
- Ship samples as Category B shipments.

Zika is a reportable condition in North Dakota, and all cases must be reported to the North Dakota Department of Health (NDDoH). Call the NDDoH at 800.472.2180 or 701.328.2378 to report a case. Contact the NDDoH Division of Laboratory Services – Microbiology for further information about Zika testing at 701.328.6272.

### **Reference**

1. Titilpe O, Kara P, Henry W, et al. Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure – United States (including U.S. Territories), July 2017. MMWR Morb Mortal Wkly Rep 2017;66:1-2. [https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s\\_cid=mm6629e1\\_e](https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s_cid=mm6629e1_e).

#### *Categories of Health Alert messages:*

- *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.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

*This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, North Dakota EMS Association and hospital public information officers.*