



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
Update

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DEPT. OF HEALTH AND HUMAN SERVICES

TO: Hospitals, Labs, Primary Care Providers, OB/GYN, Infectious Disease, and Public Health

FROM: Thomas J. Safranek, M.D.
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RE: Updated Zika Lab Testing Guidelines

DATE: August 4, 2017

The CDC recently updated its testing guidelines for U.S. healthcare providers caring for pregnant women with possible Zika exposure. This is a result of declining numbers of Zika infection in the Americas, which may increase the likelihood of false-positive Zika lab results. Furthermore, emerging data show prolonged detection of Zika antibodies in some pregnant women, making it difficult to distinguish if Zika infection occurred before or during pregnancy. It is important to consider these limitations when counseling pregnant women about Zika testing. Therefore, the CDC strongly encourages a shared decision-making model between patient and provider when screening and testing for Zika virus.

Updated Laboratory Guidance

1) Symptomatic pregnant women with recent possible Zika virus exposure

* Recent is defined as possible exposure or infection during the current pregnancy or periconceptional period (8 weeks before conception or 6 weeks before the last menstrual period).

- Testing for Zika virus infection is still recommended for symptomatic pregnant women with recent possible exposure.
- Concurrent NAT/PCR (serum and urine) and IgM (serum) testing is recommended for pregnant women as soon as possible.
- Both NAT/PCR and IgM samples may be submitted to NPHL up to 12 weeks following symptom onset.

2) Asymptomatic pregnant women with ongoing possible Zika virus exposure

* Ongoing is defined as residence in or frequent travel (daily or weekly) to an area with risk for Zika virus transmission.

- For women without a prior laboratory-confirmed diagnosis of Zika virus, NAT/PCR testing should be offered at the first prenatal visit. If Zika virus RNA is not detected in the initial sample, two additional NAT/PCR samples should be offered at separate follow-up prenatal visits. All NAT/PCR samples should be forwarded to NPHL.
- For women with a prior laboratory-confirmed diagnosis of Zika virus any time before or during the current pregnancy, additional Zika virus testing is not recommended.

3) *Asymptomatic* pregnant women with recent possible Zika virus exposure but *without ongoing possible exposure*

- Routine testing for Zika virus infection is no longer recommended for this population.
- **Effective immediately**, NDHHS will not cover the cost of Zika virus testing for Nebraska residents in this cohort; however, commercial testing is still an option.
- If a pregnant female pursues commercial testing and receives a positive, equivocal or inconclusive Zika IgM result, she and her provider must decide whether or not to pursue PRNT testing at CDC. If so, the patient must schedule a follow-up lab draw at the provider's office or laboratory. The specimen, along with a Zika lab requisition form, must be sent to NPHL for processing and shipment to CDC. Shipment to CDC will be paid for by NDHHS.

Please refer to the recent CDC MMWR as well as the CDC webpage for additional information.

https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s_cid=mm6629e1_w

<https://www.cdc.gov/zika/index.html>

Keep in mind these new guidelines apply only to pregnant females with recent possible Zika exposure. Symptomatic males and females (non-pregnant) with recent Zika exposure will still be tested at no cost at NPHL.

Additional questions and concerns may be directed toward your local health department or Lisa Ludwig at NDHHS (402-471-1376; lisa.ludwig@nebraska.gov).