



February 11, 2016

To All Healthcare Providers and Associates:

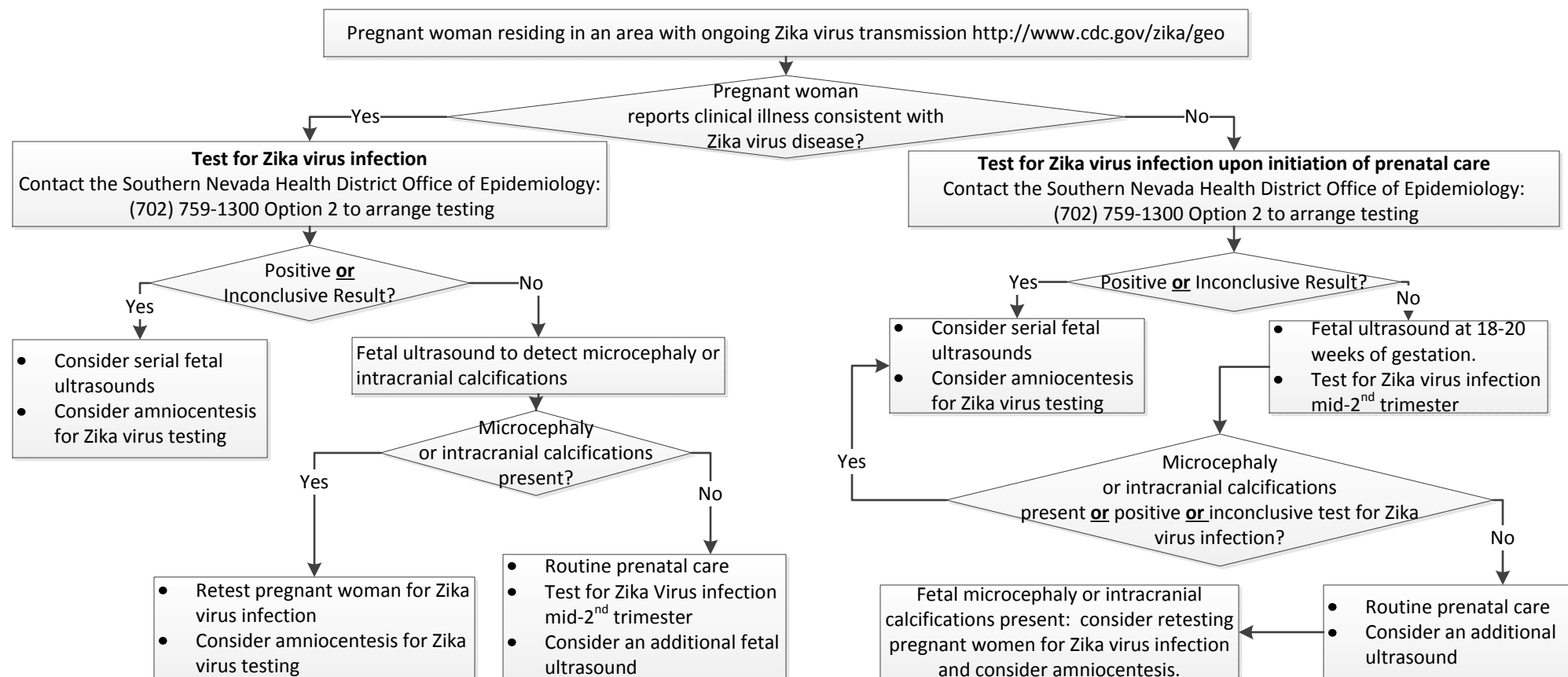
CDC has updated its interim guidelines for U.S. healthcare providers caring for pregnant women during a Zika virus outbreak. These guidelines include a new recommendation to offer serologic testing to asymptomatic pregnant women who have traveled to areas with ongoing Zika virus transmission. Testing can be offered 2-12 weeks after pregnant women return from travel. This update also expands guidance to women who reside in areas with ongoing Zika virus transmission, and includes recommendations for screening, testing and management of pregnant women and recommendations for counseling women of reproductive age (15-44 years).

The attached algorithms have been developed to assist you with testing and are in accordance with the CDC MMWR Update: Interim Guidelines for Health Care Providers for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure – United States, 2016.

Thank you,

Southern Nevada Health District
Office of Epidemiology
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Interim CDC guidance: Zika virus exposure testing algorithm ^{*,†,§,¶,**} for a pregnant woman residing in an area with ongoing Zika virus transmission ^{††}, with or without clinical illness consistent with Zika virus disease. ^{§§} Updated February 5, 2016.



*Tests for pregnant women with clinical illness consistent with Zika virus disease include Zika virus reverse transcription-polymerase chain reaction (RT-PCR), and Zika virus immunoglobulin M (IgM) and neutralizing antibodies on serum specimens <http://www.cdc.gov/zika/pdfs/denvchikvzika-testing-algorithm.pdf>. Because of the overlap of symptoms and areas where other viral illnesses are endemic, evaluation for dengue or chikungunya virus infection is also recommended. If chikungunya or dengue virus RNA is detected, treat in accordance with existing guidelines. Timely recognition and supportive treatment for dengue virus infections can substantially lower the risk of medical complications and death. Repeat Zika virus testing during pregnancy is warranted if clinical illness consistent with Zika virus disease develops later in pregnancy.

†Testing can be offered to pregnant women without clinical illness consistent with Zika virus disease. If performed, testing should include Zika virus IgM, and if IgM test result is positive or indeterminate, neutralizing antibodies on serum specimens. Results from serologic testing are challenging to interpret in areas where residents have had previous exposure to other flaviviruses (e.g., dengue, yellow fever).

§Laboratory evidence of maternal Zika virus infection: 1) Zika virus RNA detected by RT-PCR in any clinical specimen; or 2) positive Zika virus IgM with confirmatory neutralizing antibody titers that are ≥4-fold higher than dengue virus neutralizing antibody titers in serum. Testing is considered inconclusive if Zika virus neutralizing antibody titers are <4-fold higher than dengue virus neutralizing antibody titers.

¶Amniocentesis is not recommended until after 15 weeks of gestation. Amniotic fluid should be tested for Zika virus RNA by RT-PCR. The sensitivity and specificity of RT-PCR testing on amniotic fluid are not known.

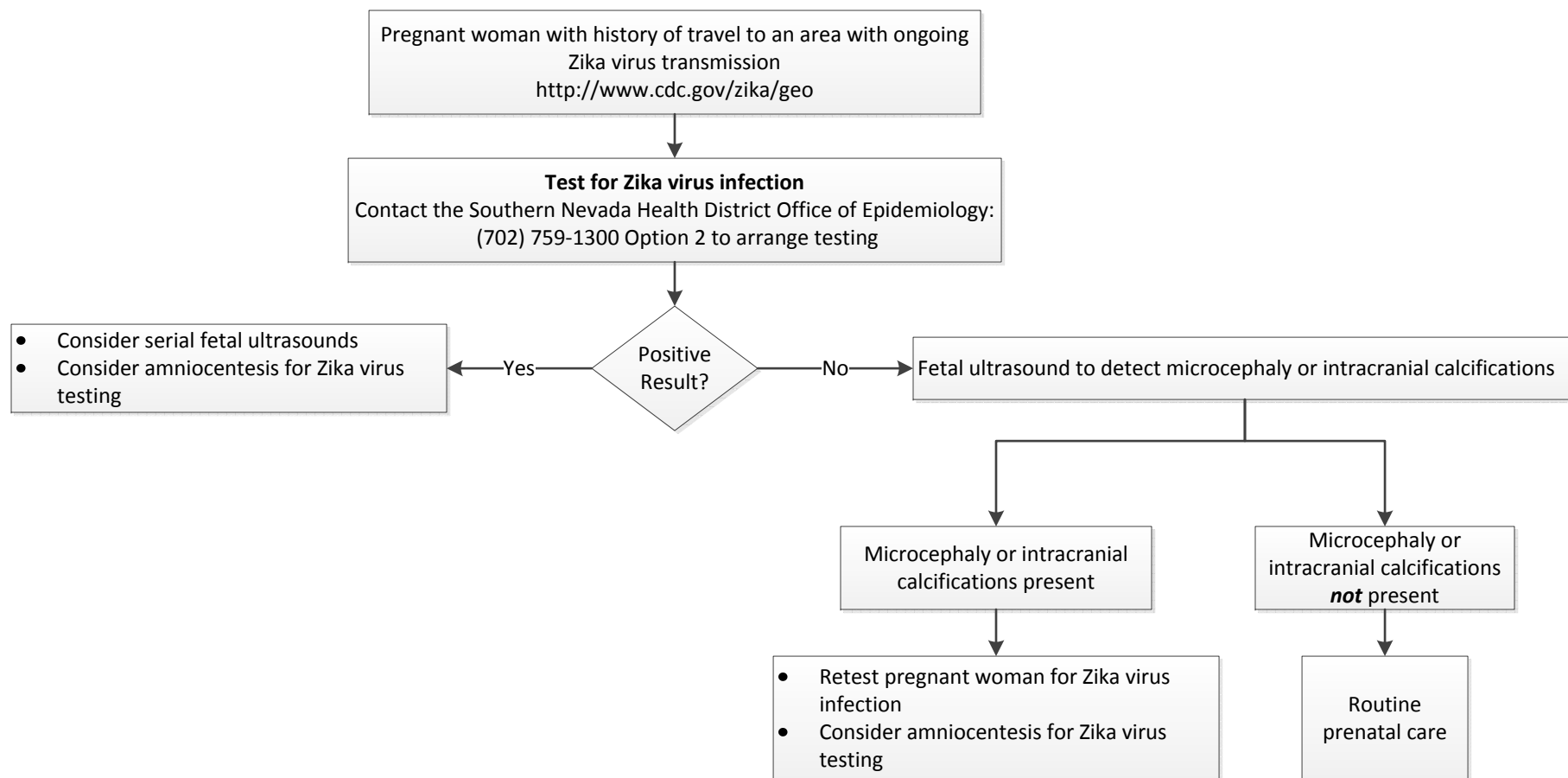
**Fetal ultrasounds might not detect microcephaly or intracranial calcifications until the late second or early third trimester of pregnancy.

††Local health officials should determine when to implement testing of asymptomatic pregnant women based on information about levels of Zika virus transmission and laboratory capacity.

§§Clinical illness consistent with Zika virus disease is defined as two or more of the following signs or symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis



Interim CDC guidance: Zika virus exposure testing algorithm ^{*,†,§,¶,**} for a pregnant woman with history of travel to an area with ongoing Zika virus transmission. Updated February 5, 2016.



*Testing is recommended for pregnant women with clinical illness consistent with Zika virus disease, which includes two or more of the following signs or symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis during or within 2 weeks of travel. Testing includes Zika virus reverse transcription-polymerase chain reaction (RT-PCR), and Zika virus immunoglobulin M (IgM) and neutralizing antibodies on serum specimens <http://www.cdc.gov/zika/pdfs/denvchikvzika-testing-algorithm.pdf>.

†Testing can be offered to pregnant women without clinical illness consistent with Zika virus disease. If performed, testing should include Zika virus IgM, and if IgM test result is positive or indeterminate, neutralizing antibodies on serum specimens. Testing should be performed 2-12 weeks after travel.

§Laboratory evidence of maternal Zika virus infection: 1) Zika virus RNA detected by RT-PCR in any clinical specimen; or 2) positive Zika virus IgM with confirmatory neutralizing antibody titers that are ≥ 4 -fold higher than dengue virus neutralizing antibody titers in serum. Testing is considered inconclusive if Zika virus neutralizing antibody titers are < 4 -fold higher than dengue virus neutralizing antibody titers.

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