

PENNSYLVANIA DEPARTMENT OF HEALTH
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Updated Guidance for the Evaluation and
Management of Pregnant Women and Infants with
Possible Zika Virus Exposure



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| DATE: | December 18, 2017 |
| TO: | Health Alert Network |
| FROM: | Rachel Levine, MD, Acting Secretary of Health |
| SUBJECT: | Updated Guidance for the Evaluation and Management of Pregnant Women and Infants with Possible Zika Virus Exposure |
| DISTRIBUTION: | Statewide |
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This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

Beginning January 1, 2018, the Pennsylvania Department of Health (DOH) **does NOT recommend** routine Zika virus testing for:

- **Asymptomatic pregnant women** with *recent** possible Zika virus exposure (i.e., through travel or sexual exposure) but *without ongoing*** possible exposure.
- **Infants without clinical findings** consistent with Congenital Zika Syndrome (<https://www.cdc.gov/zika/hc-providers/infants-children/zika-syndrome-birth-defects.html>) born to mothers with possible Zika virus exposure in pregnancy but *without laboratory evidence* of possible Zika virus infection.

Pregnant Women

On July 24, 2017, CDC released updated *Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure – United States and U.S. Territories* (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm>). These recommendations updated prior CDC guidance in response to two developments in the Zika outbreak. First, the number of people with Zika virus infection in the Americas continues to decrease. A lower incidence of disease may lead to a higher proportion of false-positive test results. Second, emerging data show that Zika virus IgM antibodies can persist for months in some pregnant women, making it difficult for healthcare providers to use Zika IgM test results to determine whether an infection occurred during or before the current pregnancy. Due to these developments, Zika virus testing is **no longer** routinely recommended for **asymptomatic** pregnant women with recent possible Zika virus exposure, but without ongoing exposure. Testing is still recommended for **symptomatic** pregnant women with possible Zika virus exposure.

*For the purposes of this guidance, **recent** possible Zika virus exposure is defined as a possible exposure during the current pregnancy or periconceptional period (i.e., 8 weeks before conception or 6 weeks before the last menstrual period).

Persons with **ongoing possible Zika virus exposure include those who reside in or frequently travel (e.g., *daily or weekly*) to an area with risk for Zika virus transmission. This may also include those who do not travel, but have a sex partner who lives in or travels frequently to an area with risk for Zika virus transmission.

Possible exposures include traveling to areas with local mosquito-borne transmission of Zika virus (<https://www.cdc.gov/zika/geo/index.html>) and sexual contact with a person infected with Zika virus. For testing to be useful, exposure to Zika virus should have occurred within the past 12 weeks from the testing date.

Infants

On October 20, 2017, CDC released updated *Interim Guidance for the Diagnosis, Evaluation, and Management of Infants with Possible Congenital Zika Virus Infection — United States, October 2017* (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6641a1.htm>).

- For infants *with* clinical findings consistent with congenital Zika syndrome regardless of maternal testing results, recommendations include:
 - Zika virus testing
 - Cranial ultrasound
 - Comprehensive ophthalmologic exam by age 1 month
 - Automated auditory brainstem response exam by age 1 month
 - Consider referrals to Early Intervention and additional multi-disciplinary specialists
- For infants *without* clinical findings consistent with congenital Zika syndrome who were born to mothers *with* laboratory evidence of possible Zika virus infection, recommendations include:
 - Zika virus testing
 - Cranial ultrasound
 - Comprehensive ophthalmologic exam by age 1 month
 - Automated auditory brainstem response exam by age 1 month
- For infants *without* clinical findings consistent with congenital Zika syndrome who were born to mothers *without* laboratory evidence of possible Zika virus infection:
 - Zika virus testing is **not** routinely recommended

Further guidance for the evaluation and management for infants with possible congenital Zika infection can be found here: <https://www.cdc.gov/zika/pdfs/pediatric-evaluation-follow-up-tool.pdf>

Zika virus testing is available through commercial laboratories and the DOH Bureau of Laboratories (the state public health laboratory). For assistance with testing and other Zika virus-related questions, contact your local health department or DOH at 1-877-PA-HEALTH. Reminder that submission of specimens for testing at DOH requires approval by your local health department.

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; unlikely to require immediate action.

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| This information is current as of December 18, 2017 but may be modified in the future. |
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