To: Local health departments and health care providers  
From: Shereen Semple, MS  
Vectorborne Disease & Ebola Team Lead  
New Jersey Department of Health (NJDOH)  
Infectious & Zoonotic Disease Program  
Date: Feb 5, 2016  
Subject: Zika Virus Update: Updated Information and Testing Guidelines

The NJDOH is sending this message to local health departments (LHDs) and health care providers to provide updated information about Zika virus disease (Zika) and Zika testing guidelines.

Zika is a mosquito-borne disease that has been found in tropical Africa and southeast Asia. In May 2015, the Pan American Health Organization/World Health Organization (PAHO/WHO) reported the first autochthonous (local) transmission of Zika in the Americas. Local transmission is now being reported across many countries and territories in the Americas, as well as some islands in the Pacific and Africa. The Centers for Disease Control and Prevention (CDC) website is updated daily as new active transmission is identified; health care providers are reminded to frequently check this website at http://www.cdc.gov/zika/geo/.

As a reminder, clinicians and laboratories must report confirmed cases of all arboviral diseases (e.g. Zika, chikungunya, West Nile, and dengue) to the LHD where the person resides. A list of LHD can be found at http://localhealth.nj.gov. As more information becomes available, additional guidance will be provided to our public health partners.

ZIKA TESTING GUIDANCE (UPDATED FEBRUARY 5, 2016):
Companion document is the attached “Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure.”  

Criteria for Testing:

Health care providers may consult with their local health department (LHD) or the NJDOH during regular business hours to discuss laboratory testing of the following:

- Pregnant women, **both symptomatic and asymptomatic**, with a history of travel to an area with ongoing Zika transmission
  - Priority will be given to pregnant women who had symptoms compatible with Zika virus disease, which includes **two or more** of the following:
    - Fever
- Maculopapular rash
- Arthralgia
- Conjunctivitis
  - For asymptomatic pregnant women, testing will be approved if offered between 2 and 12 weeks after travel.

- Infants with microcephaly or intracranial calcifications detected prenatally or at birth, and whose mother traveled to or resided in an area with Zika transmission while pregnant.

- Infants born to mothers who traveled to or resided in an area with Zika while pregnant, where the mother had a confirmed positive or inconclusive test result for Zika virus disease while pregnant.

- Non-pregnant persons, regardless of gender, who are currently symptomatic with **two or more** of the following symptoms, and traveled **within two weeks of symptom onset** to an area with ongoing Zika transmission:
  - Fever
  - Maculopapular rash
  - Arthralgia
  - Conjunctivitis
    - Priority will be given to persons with Guillain-Barre syndrome, where other likely cause of illness has been ruled out.

Requests for Testing:
Health care providers considering testing an individual for Zika based on the testing considerations above should contact their LHD or the NJDOH during normal business hours at (609) 826-5964. The CDC will not accept specimens sent without pre-approval from state health departments. Availability of testing may increase in the future, and criteria for approval may change; health care providers are encouraged to check LINCS message for additional guidance as it becomes available.

Health care providers and LHDs seeking approval for Zika testing should be prepared to provide the following information when consulting with the NJDOH:
- Travel history, including dates of travel and specific location
- Pregnancy status and, if applicable, gestational week(s) at travel
- Symptom onset date and list of clinical signs and symptoms
- If relevant; Japanese encephalitis, tickborne encephalitis, and/or yellow fever vaccination history and year of vaccination
- History of past flavivirus infection (e.g., Dengue, West Nile, St. Louis encephalitis virus)
- If applicable, relevant prenatal or postnatal testing

Incomplete information may result in a delayed testing.
Zika Testing and Specimen Collection:

Laboratory testing for Zika is not available at commercial laboratories. Clinical presentation and travel history will determine which of the following tests are performed at the CDC:

- Reverse transcription-polymerase chain reaction (RT-PCR) for Zika RNA
  - ≤ 7 days of symptom onset,
- Immunoglobulin M (IgM) ELISA and plaque reduction neutralization test (PRNT) for Zika virus antibodies on serum specimens
  - ≥ 4 days after symptom onset.

If testing is indicated, the following specimens should be collected:

- **SERUM:** ≥ 3mL is highly recommended, but minimum sample size of 0.5mL will be accepted if no additional sample can be drawn (however, this will limit availability of follow up testing). Serum should be transferred to a plastic tube with screw cap measuring no more than 5 cm tall and approximately 13 mm in diameter (e.g. 1.8 mL cryotube, 2.0 mL microtube, red top, red speckled top, etc.). Specimen should be kept at 4°C or colder. Whole blood will not be accepted.

Additional specimens may be accepted; NJDOH will provide consultation, if appropriate.

**ZIKA AND PREVENTION OF SEXUAL TRANSMISSION:**

Recommendations for Men and Their Pregnant Partners:

Men who reside in or have traveled to an area with ongoing Zika transmission who have a pregnant partner should be counseled on the following:

- Abstain from sexual activity for the duration of the pregnancy, or
- Consistently and correctly use condoms during sex for the duration of the pregnancy.

Recommendations for Men and Their Non-Pregnant Sex Partners:

Men who reside in or have traveled to an area with ongoing Zika transmission who are concerned about sexual transmission should be counseled on the following:

- Consider abstaining from sexual activity, or
- Consider consistently and correctly using condoms during sex.

Testing of Men for the Assessment of Risk of Sexual Transmission:

Zika testing for the assessment of risk of sexual transmission is of uncertain value; as such, testing for the purpose of assessing risk for sexual transmission is not recommended. LHDs and health care providers are urged to routinely check the CDC and NJDOH websites for new
information on Zika and sexual transmission. The NJDOH will distribute updated guidelines via LINCS as soon as it becomes available. Men who present with symptoms within two weeks of travel meet current testing criteria (see above).

For More Information

- Contact the NJDOH during regular business hours at (609) 826-5964

CDC Guidelines and Associated Q&As

- CDC’s Interim Guidelines for Pregnant Women and Women of Childbearing Age with Possible Zika Virus Exposure:
  - Updated (2/5/16): http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er_w
  - Original (1/22/16): http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm
- CDC’s Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection — United States, 2016:
  - http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3er.htm?s_cid=mm6503e3er_e
- CDC’s Interim Guidelines for Prevention of Sexual Transmission of Zika Virus: http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm?s_cid=mm6505e1er_w
- CDC Health Travel Advisories (including Zika): http://wwwnc.cdc.gov/travel/notices

Additional Resources:

- CDC’s Clinician Outreach and Communication Activity (COCA): http://emergency.cdc.gov/coca/calls/
- CDC’s MMWR Zika Reports: http://www.cdc.gov/mmwr/zika_reports.html
- Pan American Health Organization: http://www.paho.org/