HEALTH OFFICER MEMORANDUM

DATE: February 23, 2016

HO Memo #16-008

TO: Health Officers
Communicable Disease Directors
Communicable Disease Staff
Environmental Health Directors
Nursing Directors

FROM: Katherine Feldman, DVM, MPH
Maryland Department of Health and Mental Hygiene

THROUGH: David Blythe, MD, MPH
Director, Infectious Disease Epidemiology and Outbreak Response Bureau

RE: Zika Virus – LHD Approval of Certain Zika Testing Requests

Effective immediately, local health department personnel (LHD) may approve certain requests for Zika virus testing made by healthcare providers caring for Maryland residents, rather than consulting the Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB) for every request.

Approval Guidance

LHD personnel can APPROVE testing for:

- Asymptomatic pregnant women with travel history to Zika-affected area during pregnancy or who become pregnant within 2 weeks of travel (if there are questions about timing, call us or err on the side of testing).
  - Test 2 weeks after last day in country
  - Test even if more than 12 weeks since last day in country (this varies from CDC guidance)
- Symptomatic travelers (male and female)
  - With 2 or more major symptoms (fever, rash*, conjunctivitis, arthralgia**), AND
  - Symptom onset within 2 weeks of last day in Zika-affected country

*Rash – Typically been described as a maculopapular rash distributed over a large part of the body and often itchy; however, CDC is still collecting descriptive data on affected persons’ rashes, so if any question, would err on side of counting it as a possible symptom and provide additional description.

**Arthralgia – There is little data to guide what counts as arthralgia and what doesn’t, so for now would count any description of joint pain, even if only in a single joint.
The following specimen collection table and the Laboratories Guidance dated February 12, 2016 should be consulted for the situations described above. A single laboratory slip can be used for all specimens submitted. Additional specimens may be required for other situations described below (such as when fetal abnormalities are suspected).

<table>
<thead>
<tr>
<th>Timeframe since onset or travel</th>
<th>Symptomatic</th>
<th>Asymptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤21 days post-onset</td>
<td>Serology (blood)</td>
<td>Serology (blood)</td>
</tr>
<tr>
<td></td>
<td>PCR (blood)</td>
<td>Serology (blood)</td>
</tr>
<tr>
<td>&gt;21 days post-onset</td>
<td>PCR (urine)</td>
<td></td>
</tr>
<tr>
<td>≥2 weeks since last day of travel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specimens

<table>
<thead>
<tr>
<th>Specimens</th>
<th>Symptomatic</th>
<th>Asymptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-10 ml blood (to result in 3-5 ml serum) in <strong>red top, tiger top, or gold top</strong> for serology</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6-10 ml blood (to result in 3-5 ml plasma) collected in <strong>purple (lavender) top</strong> for PCR</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10-20 ml urine in <strong>leak proof, sterile urine cup</strong> for PCR</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>o Do not collect in tube with additives or culture media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Must be sent with red/tiger/gold top AND purple top blood tubes collected on same day as urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Send in sealed bag separate from the bag with blood tubes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Should not be frozen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LHD personnel should continue to consult IDEORB (410-767-6700) when test requests are made for:**
- Pregnant women with fetal demise or any suggestion of fetal abnormality
- Recently delivered babies with abnormalities
- Pregnant partners (who have not traveled) of recent travelers, regardless of symptoms in either person
  - Gather information on symptoms and symptom onset in both the partner and the pregnant woman
  - Counsel men who have traveled to an area of active Zika virus transmission who have a pregnant partner to abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy
- Any situation for which there are questions

**LHD personnel can DENY testing for:**
- Non-pregnant asymptomatic travelers
LHD Process

- As in the Laboratory Guidance from February 12, 2016, have the provider indicate that testing has been approved by writing “Zika Virus” and your name and the name of your LHD on the DHMH laboratory slip.
- As a reminder, the name of the authorized person (e.g., the physician who is ordering the test) must be included on the DHMH laboratory slip in the upper left hand section.
- For all test requests made to LHDs, LHD personnel FAX completed DHMH Zika Virus Interim Surveillance Form (ZVISFs, both approved and not approved) to 410-225-7615 as soon as completed using attached FAX cover sheet
- LHD personnel should also send an email message to DHMH.Zika@maryland.gov
  - Indicate that a ZVISF was just FAXED, AND
  - Include the patient’s initials in the email message
- Call 410-767-6700 if any problems or questions

When a LHD is approached about testing a resident of another Maryland jurisdiction (i.e., the medical provider is located in a different county than is the residence of the patient), that LHD should review the request, make a determination, and FAX the ZVISF to DHMH IDEORB and to the LHD of residence for the patient.

When a LHD is approached about testing a resident of another state (including the District of Columbia), that LHD should direct the caller to the appropriate state’s health department.

Other Information

We will continue to keep you apprised of the situation as it evolves, and we will continue to update our website with information about Zika virus (http://phpa.dhmh.maryland.gov/pages/zika.aspx). Please continue to monitor this website on a regular basis and let us know if there is information you think should be included but is not currently.

Please contact IDEORB at DHMH during business hours at (410) 767-6700 with any questions or concerns. For any urgent after hours questions, please contact the Epidemiologist-on-call.

Attachments: (2)

1) DHMH Zika Virus Interim Surveillance Form
2) FAX cover sheet for sending ZVISFs to DHMH

cc: S. Adams
    J. Barnhart
    D. Blythe
    D. Gugel
    H. Haft
    J. Hitt
    I. Marrazzo
    C. Mitchell
    R. Myers
    M. Spencer
    R. Thompson
    L. Wilson
The information contained in this transmission is private. It may also be legally privileged and/or confidential information of the sender or a third party, authorized only for the use of the intended recipient. If you are not the intended recipient, any use, disclosure, distribution, or copying of this transmission is strictly prohibited. If you have received this message in error, please return the original message and notify the sender immediately.