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DHEC Health Advisory

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Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure—United States, July 2016

Summary

CDC has updated its interim guidance for U.S. health care providers caring for pregnant women with possible Zika virus exposure indicating that Zika virus RNA can be detected for prolonged periods in some pregnant women. To increase the proportion of pregnant women with Zika virus infection who receive a definitive diagnosis, CDC recommends expanding real-time reverse transcription–polymerase chain reaction (rRT-PCR) testing.

Possible exposures to Zika virus include travel to or residence in an area with active Zika virus transmission, or sex with a partner who has traveled to or resides in an area with active Zika virus transmission without using condoms or other barrier methods to prevent infection. Testing recommendations for pregnant women with possible Zika virus exposure who report clinical illness consistent with Zika virus disease (symptomatic pregnant women) are the same, regardless of their level of exposure (i.e., women with ongoing risk for possible exposure from residence in or frequent travel to an area with active Zika virus transmission, or women with exposure from any travel to an area with active Zika virus, or unprotected sex with a partner who traveled to or resides in an area with active Zika virus transmission).

Summary CDC Recommendations for Evaluation of Symptomatic Pregnant Women:

- If <2 weeks after symptom onset, perform serum and urine Zika virus rRT-PCR
- If 2 – 12 weeks after symptom onset, perform Zika virus IgM antibody test
 - If IgM positive or equivocal, perform serum and urine rRT-PCR testing

Summary CDC Recommendations for Evaluation of Asymptomatic Pregnant Women:

- If living in areas without active Zika virus transmission and <2 weeks after last possible exposure, perform rRT-PCR testing
 - If rRT-PCR is negative, perform Zika virus IgM antibody test 2–12 weeks after the exposure.
- If not living in an area with active Zika virus transmission, and first evaluated 2–12 weeks after their last possible exposure, first perform Zika virus IgM test
 - If the IgM test is positive or equivocal, perform serum and urine rRT-PCR

- If ongoing risk for exposure, perform Zika virus IgM antibody testing as part of routine obstetric care during the first and second trimesters;
 - Perform immediate rRT-PCR testing when IgM is positive or equivocal

This guidance also provides updated recommendations for the clinical management of pregnant women with confirmed or possible Zika virus infection. These recommendations will be updated when additional data become available.

Please refer to the full article with references at: http://cdc.gov/mmwr/early_release.html

Update: Interim Guidance for Prevention of Sexual Transmission of Zika Virus—United States, July 2016

Summary

Zika virus has been identified as a cause of congenital microcephaly and other serious brain defects. CDC issued interim guidance for the prevention of sexual transmission of Zika virus on February 5, 2016, with an initial update on April 1, 2016. The following recommendations apply to all men and women who have traveled to or reside in areas with active Zika virus transmission and their sex partners. The recommendations in this report replace those previously issued and are now updated to reduce the risk for sexual transmission of Zika virus from both men and women to their sex partners. This guidance defines potential sexual exposure to Zika virus as having had sex with a person who has traveled to or lives in an area with active Zika virus transmission when the sexual contact did not include a barrier to protect against infection. Such barriers include male or female condoms for vaginal or anal sex and other barriers for oral sex. Sexual exposure includes vaginal sex, anal sex, oral sex, or other activities that might expose a sex partner to genital secretions. This guidance will be updated as more information becomes available.

As of July 20, 2016, 15 cases of Zika virus infection transmitted by sexual contact had been reported in the United States. Sexually transmitted Zika virus infection has also been reported in other countries. In published reports, the longest interval after symptom onset that sexual transmission from a man might have occurred was 32–41 days. Using real-time reverse transcription–polymerase chain reaction (rRT-PCR), which detects viral RNA but is not necessarily a measure of infectivity, Zika virus RNA has been detected in semen up to 93 days after symptom onset. In addition, one report describes an asymptotically infected man with Zika virus RNA detected by rRT-PCR in his semen 39 days following departure from a Zika virus-affected area and who might have sexually transmitted Zika virus to his partner. In most cases, serial semen specimens were not collected until Zika virus RNA was no longer detectable so that the precise duration and pattern of infectious Zika virus in semen remain unknown. Zika virus also has been transmitted from a symptomatically infected woman to a male sex partner, and Zika virus RNA has been detected in vaginal fluids 3 days after symptom onset and in cervical mucus up to 11 days after symptom onset. For sex partners of infected women, Zika virus might be transmitted through exposure to vaginal secretions or menstrual blood. Sexual transmission of infections, including those caused by other viruses, is reduced by consistent and correct use of barriers to protect against infection.

With this update, CDC is expanding its existing recommendations to cover all pregnant couples, which includes pregnant women with female sex partners. This guidance also describes what other couples (those who are not pregnant or planning to become pregnant) can do to reduce the risk for Zika virus transmission. CDC's recommendations for couples planning to become pregnant have been published separately.

Updated Recommendations

Recommendations for pregnant couples. Zika virus infection is of particular concern during pregnancy. Pregnant women with sex partners (male or female) who live in or who have traveled to an area with active Zika virus transmission should consistently and correctly use barriers against infection during sex or abstain from sex for the duration of the pregnancy. These recommendations reduce the risk for sexual transmission of Zika virus during pregnancy, which could have adverse fetal effects. Pregnant women should discuss with their health care provider their own and their sex partner's history of having been in areas with active Zika virus transmission and history of illness consistent with Zika virus disease.

Providers can consult CDC's guidance for evaluation and testing of pregnant women.

Please refer to the full article with references at: http://cdc.gov/mmwr/early_release.html

DHEC contact information for reportable diseases and reporting requirements

Reporting of Zika virus disease is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2016 List of Reportable Conditions available at: <http://www.scdhec.gov/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2016

Mail or call reports to the Epidemiology Office in each Public Health Region

MAIL TO:

<p><u>Lowcountry</u> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051</p>	<p><u>Midlands</u> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993</p>	<p><u>Pee Dee</u> 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859</p>	<p><u>Upstate</u> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373</p>
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CALL TO:

<p><u>Lowcountry</u> Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091</p> <p>Beaufort, Colleton, Hampton, Jasper Phone: (843) 322-2453 Nights/Weekends: (843) 441-1091</p> <p>Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091</p>	<p><u>Midlands</u> Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046</p> <p>Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046</p> <p>Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046</p>	<p><u>Pee Dee</u> Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845</p> <p>Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845</p> <p>Georgetown, Horry, Williamsburg Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845</p>	<p><u>Upstate</u> Anderson, Oconee Phone: (864) 260-5801 Nights/Weekends: (866) 298-4442</p> <p>Abbeville, Greenwood, Laurens, McCormick Phone: (864) 227-5947 Nights/Weekends: (866) 298-4442</p> <p>Cherokee, Greenville, Pickens, Spartanburg, Union Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442</p>
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**For information on reportable conditions, see
<http://www.scdhec.gov/Health/FHPF/ReportDiseaseAdverseEvents/ReportableConditionsInSC/>**

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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.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.