

DATE:	August 26, 2016
TO:	Health Alert Network
FROM:	Karen Murphy, PhD, RN, Secretary of Health
SUBJECT:	Interim Guidance for the Evaluation of Management of Infants with Possible Congenital Zika Virus Infection
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This transmission is a “Health Advisory”: provides important information for a specific incident or situation; may not require immediate action.

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PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

The Pennsylvania Department of Health is releasing this advisory to inform clinicians and others of updated interim guidance for the evaluation and management of infants with possible congenital Zika virus infection. The Centers for Disease Control and Prevention (CDC) released the following *MMWR* on August 19, 2016.

Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016. *MMWR Morb Mortal Wkly Rep* 2016;65 (Early Release):

http://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm?s_cid=mm6533e2_e.

Main Points:

Zika Virus Testing

Clinicians caring for infants born to mothers with possible Zika virus infection* should order both molecular (rRT-PCR) and serologic (IgM) testing for:

1. Infants born to mothers with laboratory evidence of Zika virus infection during pregnancy.
2. Infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika syndrome **—and—** a maternal epidemiologic link suggesting possible transmission, regardless of maternal Zika virus test results.

Testing for infants with possible congenital Zika virus infection should include:

1. Serum and urine samples within the first 2 days of life. Concurrent rRT-PCR tests on serum and urine and IgM tests on serum should be performed.
 - a. A positive result by rRT-PCR confirms congenital Zika virus infection.
 - b. A positive result by IgM testing (with negative rRT-PCR results) is a probable Zika virus infection.
2. If cerebrospinal fluid (CSF) is obtained for other studies, rRT-PCR and IgM tests should be performed on CSF.
3. Cord blood **should not** be tested because it can yield false positive results through contamination with maternal blood or yield false negative results.

Clinical Evaluation

Initial evaluation of all infants born to mothers with laboratory evidence of Zika virus infection during pregnancy should include:

1. Zika virus testing,
2. A comprehensive physical examination, including:
 - a. Precise measurement of head (occipitofrontal) circumference, length and weight, assessment of gestational age,
 - b. A neurologic examination,
 - c. Postnatal head ultrasound, and
 - d. Standard newborn hearing screen.

Infants who have laboratory evidence of congenital Zika virus infection should have the following evaluations:

1. Comprehensive ophthalmologic exam,
2. Hearing assessment by auditory brainstem response (ABR) testing before 1 month of age, and
3. Recommendations for follow-up depend on whether abnormalities consistent with congenital Zika syndrome** are present.

Detailed figures and tables with recommended Zika virus testing and evaluation algorithms are available at <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6533e2.pdf>.

*Laboratory evidence of maternal Zika virus infection includes Zika virus RNA detected in any maternal clinical specimen by rRT-PCR and positive Zika virus IgM with confirmatory neutralizing antibody titer for Zika virus or flavivirus, not otherwise specified.

**Liveborn infant with congenital microcephaly, or intracranial calcifications, or structural brain or eye abnormalities, or other congenital central nervous system-related abnormalities not explained by another etiology.

Call 1-877-PA-HEALTH or your local health department if you have any questions.

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

This information is current as of August 26, 2016, but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.