



COMMONWEALTH of VIRGINIA

Department of Health

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Dear Colleague:

Thank you for your continued efforts to educate your patients about Zika and provide testing and care. This letter includes several key Zika updates in preparation for mosquito season, which starts on May 1.

- [Travel Guidance and Testing Recommendations for Pregnant Women](#)
- [Zika Pregnancy Registry](#)
- [Public Health Testing in Virginia for Zika Virus Infection](#)
- [Preventing local mosquito-borne transmission](#)
- [Zika Clinician Forum](#)

Updated CDC Travel Guidance and Testing Recommendations for Pregnant Women: CDC recommends that pregnant women not travel to any area where there is a risk of Zika virus infection. To help pregnant women and others identify areas of Zika risk, please refer to the CDC interactive [World Map of Areas with Zika Risk](#) that allows people to search for location-specific Zika information and travel recommendations and the CDC [“Know Your Zika Risk”](#) tool that offers tailored risk and prevention messages based on information provided by travelers.

CDC updated the Zika virus testing recommendations for pregnant women. Pregnant women exposed to [an area with Zika risk and a CDC Zika travel notice](#) should be tested for Zika, regardless of symptoms. Pregnant women exposed to [an area with Zika risk but no CDC Zika travel notice](#) should be tested for Zika 1) if they have symptoms or 2) if their fetus has abnormalities on ultrasound that may be related to Zika. A [new map](#) outlines the CDC testing recommendations by areas of risk and may be a useful resource to consult for evaluating and caring for pregnant women possibly exposed to an area with Zika risk.

New Report from the US Zika Pregnancy Registry on Zika infection in pregnant women and babies and the importance of prevention and early care: In a recent [report](#), CDC described the nearly 1,300 pregnant women with evidence of possible Zika infection enrolled in the US Zika Pregnancy Registry. Approximately one in 10 pregnancies with laboratory-confirmed Zika virus infection resulted in a fetus or infant with Zika virus–associated birth defects. The proportion of fetuses and infants with Zika virus–associated birth defects was highest among those with first trimester Zika virus infections. Two main findings identified areas for improvement in evaluating and managing infants with possible congenital Zika virus infection: about 1 in 3 babies with possible congenital Zika infection were not reported to have been tested for Zika virus at birth, and only 1 in 4 babies with possible congenital Zika infection were reported to have received recommended brain imaging after birth. CDC also developed [Additional Considerations for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection](#) to highlight new laboratory testing and imaging considerations and suggestions for further evaluation for those infants without laboratory evidence of Zika virus infection, but for whom clinical suspicion of congenital infection remains.

If you have a patient enrolled in the registry and care is being transitioned to another provider, we appreciate your communicating with the provider about the registry and also updating the [local health department](#).

Public Health Testing in Virginia for Zika Virus Infection: VDH recently revised our [Zika virus public health testing criteria and recommendations](#) to align with CDC's updated guidance summarized above. In December 2016, FDA released a [safety alert](#) regarding some false positive results from a Zika virus Detect IgM Capture ELISA by InBios International, Inc. VDH has received sporadic reports of false positive serology results from multiple commercial labs, which were discovered upon retesting of specimens at a public health laboratory. Although the reason for this issue is unclear, we **strongly** encourage and continue to recommend testing at Virginia's Division of Consolidated Laboratory Services (DCLS) for pregnant women exposed to Zika virus, infants with possible congenital infection, those with unusual clinical presentations, such as Guillain-Barré Syndrome, and situations where local mosquito-borne transmission is suspected. DCLS, one of the premier state public health laboratories in the U.S., has the capability, capacity and trained staff to offer Zika IgM and RT-PCR testing and Virginia has made testing these patients our top priority. Please contact your [local health department](#) to discuss Zika virus testing.

Reminders to Prevent Local Mosquito-borne Transmission: Virginia has mosquitoes capable of spreading Zika virus during the mosquito season of May to October. Mosquito surveillance conducted last season confirmed the widespread distribution and abundance of the Asian tiger mosquito (*Aedes albopictus*) across Virginia; in addition, very limited numbers of the Yellow Fever mosquito (*Ae. aegypti*) were identified in Fairfax County and Alexandria. Providers should continue to report all cases of suspected or confirmed Zika virus infection to the [local health department](#). It is particularly critical to report any Zika virus infection suspected to have been acquired by local mosquitoes. Please continue to emphasize to your patients the following steps they can take to protect themselves against Zika:

- For all travelers returning to the US from an [area with Zika risk](#): avoid mosquito bites for three weeks.
- Zika virus can be spread through sex. Condoms can reduce the chance of getting Zika from sex.
- Everyone can protect themselves from mosquito bites by wearing an EPA-registered insect repellent according to label instructions, wearing protective clothing, and eliminating standing water from containers around their property, including bird baths, flower pots, used tires, and buckets to reduce mosquito breeding and habitat sites.

Zika Virus Clinician Forum: Please join us on May 24 for the Zika Clinician Forum at the Fick Conference Center in Fredericksburg. The purpose of this event is to provide an in-depth update about Zika to clinicians (e.g., obstetricians, family physicians, pediatricians, nurses) and other public health partners. Continuing Medical Education (CMEs) credits for physicians are available. For additional details, please see [the clinician section of the VDH Zika webpage](#).

Thank you again for your commitment to the health of your patients and the people of the Commonwealth of Virginia.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP

State Health Commissioner

This letter is available on the VDH [Resources for Health Care Professionals](#) web page.