



# COMMONWEALTH of VIRGINIA

## Department of Health

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### Zika Virus Update #1

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Dear Colleague:

I know that many of you have been involved in discussions with patients concerned about Zika virus disease in recent weeks. Thank you for your efforts and for your collaboration with your local health departments to discuss particular situations and arrange for testing for certain individuals. To date, the Virginia Department of Health has confirmed one case of Zika virus disease in an adult who had recently traveled to a Zika-affected area. Today I want to provide you with the latest recommendations from the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health. Although these represent the most current guidance, we expect to provide ongoing updates as our understanding of the disease and its complications evolves.

On February 5, 2016, the CDC issued two new documents:

- [Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016](#)
- [Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016](#)

#### Guidance for the Care of Pregnant Women

The updated CDC guidelines recommend that **a pregnant woman with recent travel to [areas with ongoing Zika virus transmission](#) can be offered testing after returning from travel, regardless of whether she has become ill with symptoms consistent with Zika virus disease.** The timing and choice of assay will depend upon several factors, including but not limited to whether or not the woman is ill, the timing of any clinical presentation, and the recency of her travel. Please see the section below on [Laboratory Testing](#) for more information. Pregnant women with a relevant travel history and negative Zika virus IgM testing should receive routine prenatal care, including an assessment of pregnancy dating and an ultrasound at 18–20 weeks of gestation to assess fetal anatomy.

Until more is known about the association between Zika virus and adverse pregnancy outcomes, the recommendation is that pregnant women avoid travel to [Zika-affected areas](#). Pregnant women who cannot avoid travel to those areas should take steps to avoid exposure to mosquitoes while there, including wearing long pants and long sleeves, using insect repellents, and spending time in rooms that are air-conditioned or have screens on the windows and doors.

### **Zika Virus and Sexual Transmission**

Although sexual transmission of Zika virus is possible, mosquito bites remain the primary mechanism for transmission of Zika virus. Current information on the topic of sexual transmission is limited. The duration of persistence of Zika virus in semen remains unknown at this time. It is unclear whether infected men who are asymptomatic can transmit Zika virus to their sexual partners. To date, there have been no reports of sexual transmission of Zika virus from infected women to their sexual partners.

Until more information is known, **a man who has traveled [to an area with ongoing Zika virus transmission](#) who has a pregnant partner should be counseled to abstain from sexual activity or to consistently use condoms during sex for the duration of his partner's pregnancy.**

We understand that women of reproductive age who are not pregnant may have concerns about Zika virus if they are trying to become pregnant. The viremia of Zika virus is expected to last approximately 7 days; there is no evidence to suggest that a pregnancy conceived after maternal viremia has resolved would be at risk for fetal infection. Women of reproductive age with current or previous laboratory-confirmed Zika virus infection should be counseled that there is no evidence that prior Zika virus infection poses a risk for birth defects in future pregnancies.

### **Laboratory Testing**

To assist you in your clinical practice, [a testing algorithm](#) can be found on the [VDH Zika Virus website](#).

Currently, pregnant women are the priority group for Zika virus testing by public health. To summarize, public health recommends testing for the following populations:

- Pregnant women who traveled to [an area with ongoing Zika virus transmission](#)
  - Testing can be offered for a pregnant woman with relevant travel history *regardless* of the presence of symptoms compatible with Zika virus disease
  - Pregnant women who develop symptoms consistent with Zika virus disease (2 or more of the following: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) within two weeks of travel and for whom a serum sample can be obtained within one week of symptom onset can be tested by RT-PCR

- Pregnant women who cannot be tested within a week of symptom onset and those who do not develop symptoms after recent travel can be tested for IgM antibodies: IgM antibodies are expected to be present at least 2 weeks after virus exposure and persist for up to 12 weeks
- Men who traveled to an area with ongoing Zika virus transmission, who have symptoms consistent with Zika virus disease within 2 weeks of travel AND have a pregnant sexual partner
- Pregnant women who have a male sexual partner who has a lab-confirmed Zika virus infection
- Infants diagnosed with microcephaly or intracranial calcifications born to mothers who traveled to a Zika-affected area at any point during pregnancy
- Infants born to mothers who had a positive or inconclusive test result for Zika virus infection

Please contact your [local health department](#) to discuss criteria for Zika virus testing, for assistance in arranging testing and for guidance on interpreting test results. Interpretation of Zika virus laboratory results may be complex and challenging due to cross-reactivity among other related flaviviruses and other factors.

The Virginia Department of Health is closely following the emerging information and evolving guidance on Zika virus disease and its management. Please visit our [VDH Zika virus disease website](#) for more information. Thank you for your interest in learning more about this infection, for working collaboratively with your local health department, and for helping your patients understand the disease risk and methods of prevention.

Sincerely,

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State Health Commissioner

A pdf version of this letter is available on the VDH [Resources for Health Care Professionals](#) web page.