



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**This is an official
MS Health Alert Network (HAN) Update**

MESSAGE ID: MSHAN-20160622-00392-**UPD (Health Update)**
RECIPIENTS: All Physicians, Hospitals, ERs, and Healthcare providers – Statewide
DATE: Wednesday, June 22, 2016

SUBJECT: *CDC Recommendations for Subsequent Zika IgM Antibody Testing*

Dear Colleagues:

As outlined in the Centers for Disease Control and Prevention (CDC) Health Alert Network message below, Zika virus testing of serum by rRT-PCR is now available commercially. Providers who elect to test for Zika virus infection through commercially available rRT-PCR testing are advised to retain and store in a refrigerator (2 to 8°C) an aliquot of the patient's serum for subsequent Zika IgM testing if the PCR is negative. For patients that are rRT-PCR negative from a commercial laboratory and no stored serum specimen is available, another serum specimen will need to be collected within 12 weeks of symptom onset for IgM antibody testing.

Consultation with the Mississippi State Department of Health (MSDH) is recommended prior to testing any individual for Zika virus infection; rRT-PCR testing of serum and urine, and serum IgM antibody testing are currently available through the MSDH Public Health Laboratory.

Zika virus testing is indicated for:

- Symptomatic* individuals with a history of travel to a Zika endemic country in the previous two weeks;
- Symptomatic* individuals with a history of sexual contact to a male traveler from a Zika endemic country; and
- All pregnant women with a history of travel to a Zika endemic country.

* Symptoms of Zika include fever, rash, arthralgias, and conjunctivitis. One or more symptoms are sufficient to warrant testing among those with a risk factor for Zika.

Zika virus infection is a Class 1 Reportable Condition, necessitating notification of the MSDH Office of Epidemiology with 24 hours. Please notify us immediately at 601 576-7725 (601 576-7400 after hours) if you encounter anyone with symptoms of Zika and an appropriate exposure history (travel or sexual).

Sincerely,

Thomas Dobbs, MD, MPH
State Epidemiologist

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This is an official **CDC HEALTH UPDATE**

Distributed via the CDC Health Alert Network
June 21, 2016, 1140 EDT (11:40 AM EDT)
CDCHAN-00392

CDC Recommendations for Subsequent Zika IgM Antibody Testing

Summary

Testing for Zika virus infection using real-time reverse-transcription polymerase chain reaction (rRT-PCR) molecular assays is now commercially available. When requesting Zika rRT-PCR testing from a commercial laboratory, providers should be aware that commercial laboratories performing rRT-PCR currently do not also offer Zika IgM enzyme-linked immunosorbent assay (ELISA) or confirmatory serologic testing (plaque reduction neutralization test, or PRNT). Therefore, if possible, providers should store a serum aliquot for subsequent Zika IgM ELISA testing if the rRT-PCR assay is negative. Otherwise, collection of an additional serum sample may be necessary.

Recommendations

- rRT-PCR (molecular) testing should be performed for patients possibly exposed to Zika virus who have symptoms consistent with Zika virus infection
- Providers who request molecular testing for Zika virus infection from a commercial testing laboratory are advised to retain and store in a refrigerator (2-8°C) an aliquot of the patient's serum for subsequent Zika IgM ELISA testing if the rRT-PCR is negative
- For specimens that are rRT-PCR negative from the commercial laboratory and no stored serum specimen is available, another serum specimen should be collected within 12 weeks of symptom onset for Zika IgM ELISA testing
- Appropriate samples for molecular testing are serum samples collected <7 days and urine samples collected <14 days after symptom onset. Urine should always be collected with a patient-matched serum specimen.

Background

Molecular assays for detection of Zika virus RNA are now commercially available under Emergency Use Authorizations (EUAs) issued by the Food and Drug Administration (FDA). CDC recommends molecular testing using rRT-PCR for serum samples collected <7 days and urine samples collected <14 days after symptom onset. A positive rRT-PCR test is confirmation of Zika virus infection. However, because of the decline in the level of viremia over time and possible inaccuracy in reporting of dates of illness onset, a negative rRT-PCR result does not exclude Zika virus infection. In such cases, CDC recommends serologic testing by ELISA for Zika IgM antibody.

Currently, commercial laboratories that offer rRT-PCR testing do not provide Zika IgM ELISA testing with PRNT confirmation and have no routine process to forward specimens to another testing laboratory. Therefore, when requesting Zika rRT-PCR testing from a commercial laboratory, providers should retain an aliquot of the serum for Zika IgM ELISA testing if the rRT-PCR testing is negative. Blood should be collected and processed per routine guidelines (collected in a serum separator tube with serum aliquots transferred to new vials), and one of the serum aliquots should be stored in a refrigerator (2-8°C) until it is known if additional IgM testing is indicated. If a serum aliquot cannot be stored or is not available, but further testing is indicated, a new blood sample should be collected. Serum samples for IgM testing should be collected from patients within 12 weeks of symptom onset. Providers should contact their local health department to discuss IgM testing of stored or newly collected serum from patients who are rRT-PCR negative.

For More Information

- Zika virus specimen collection:
<http://www.cdc.gov/zika/hc-providers/body-fluids-collection-submission.html>
- Interim guidance for Zika virus testing of urine:
<http://www.cdc.gov/mmwr/volumes/65/wr/mm6518e1.htm>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##

Alerting Message Specification Settings

Originating Agency:	Mississippi State Department of Health
Alerting Program:	MS Health Alert Network (MS HAN)
Message Identifier:	MSHAN-20160622-00392-UPD
Program (HAN) Type:	Health Update
Status (Type):	Actual ()
Message Type:	Alert
Reference:	MSHAN-00392
Severity:	Unknown
Acknowledgement:	No
Sensitive:	Not Sensitive
Message Expiration:	Undetermined
Urgency:	Undetermined
Delivery Time:	600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency:	A unique identifier for the agency originating the alert.
Alerting Program:	The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.
Message Identifier:	A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (ALT=Health Alert , ADV=Health Advisory , UPD=Health Update , MSG/INFO=Message/Info Service)).
Program (HAN) Type:	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.
Health Info Service:	Provides Message / Notification of general public health information; unlikely to require immediate action.
Status (Type):	
Actual:	Communication or alert refers to a live event
Exercise:	Designated recipients must respond to the communication or alert
Test:	Communication or alert is related to a technical, system test and should be disregarded
Message Type:	
Alert:	Indicates an original Alert
Update:	Indicates prior alert has been Updated and/or superseded
Cancel:	Indicates prior alert has been cancelled
Error:	Indicates prior alert has been retracted

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).