UR MEDICINE | Labs

Updated Information

Zika Virus Testing Guidelines

To: Clients of UR Medicine Labs

From: Dwight J. Hardy, PhD
Director, UR Medicine Clinical Microbiology Laboratories
Phone: (585) 275-1408 Email: dwight_hardy@urmc.rochester.edu

Marilyn Menegus, PhD
Associate Director, Clinical Microbiology Laboratories and Professor of Microbiology & Immunology, Dept. of Pathology & Laboratory Medicine
Phone: (585) 275-7735 email: marilyn_menegus@urmc.rochester.edu

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Updated Information: As of 2/9/16, the Zika Virus Panel is now orderable in eRecord. When "Zika" is entered, an order panel will come up with two tests. Both tests need to be ordered for blood and urine. The label for the urine will print with code MSC, miscellaneous, as more specimen options may be added. Blood and urine must be sent to the lab on ice.

When ordering through eRecord, a UR Medicine Labs requisition is not required. Approval from the Local Health Department is still required prior to collection and the Wadsworth Center Infectious Disease Requisition must accompany the specimens.

February 5, 2016 Memo:

The NYSDOH Wadsworth Laboratory offers Zika Virus testing for: 1) any pregnant woman who traveled to an area with ongoing Zika virus transmission at any time during pregnancy, with or without symptoms, and 2) any other individuals who are currently symptomatic and traveled within prior 2 weeks to an area with ongoing Zika transmission. See the attached NYSDOH Advisory on requirements for testing. In brief, the advisory stresses that hospitals and providers must contact their Local Health Department (LHD) *prior* to sending specimens to Wadsworth.

Provider calls for approval from Monroe County Health Department 585-753-5164, or the LHD in the patient's county of residence. Alternate is to call is NYSDOH 518-473-4439 (business hrs.) or 866-881-2809 (eves, weekends, holidays).

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Zika Virus Testing Guidelines

Instructions for test submission: See Zika Virus Panel in the Laboratory Test Index for collection instructions and a copy of the New York State Infectious Disease Requisition www.testmenu.com/rochester search "Zika"

Specimen: At this time, it is recommended that both a blood and urine specimen be submitted for testing. A minimum of 3ml of patient serum is required for testing; two full Serum Separator Tubes will provide the needed volume of serum. For urine, a minimum of 3ml is required.

Requisitions: (Patient must submit both forms at time of collection)

1. An Infectious Diseases Requisition from the Wadsworth Center Laboratories (see attached file) must be completed by the provider based on a detailed patient history, Wadsworth Center will determine the appropriate tests to be performed.

2. A UR Medicine Labs Requisition must be completed, to include the request for "Zika Testing". For all UR Medicine Locations, this can be accomplished through the use of the generic laboratory downtime form. A preprinted laboratory requisition will also be accepted.

Future Submission Instructions: Starting on Wednesday, February 10th, two new tests will be created in eRecord for electronic ordering. We will be sending an update and remind you of any changes when they become available.

CDC Zika Virus site for healthcare providers: http://www.cdc.gov/zika/hc-providers/index.html

NYSDOH Zika Virus site: https://www.health.ny.gov/diseases/zika_virus/

NEW YORK STATE OF OPPORTUNITY. Department of Health

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Executive Deputy Commissioner

February 4, 2016

TO: Healthcare Providers, Hospitals, Local Health Departments (LHDs)

FROM: NYSDOH Bureau of Communicable Disease Control

HEALTH ADVISORY: ZIKA VIRUS TESTING NOW AVAILABLE TO ALL PREGNANT WOMEN IN NEW YORK STATE

Please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.

- New York State Department of Health's Wadsworth Center Laboratories will now begin to provide Zika virus testing for **all** pregnant women who traveled to an area with ongoing Zika virus transmission during pregnancy.
  - Previously, NYSDOH offered testing only to symptomatic pregnant women who traveled to an area with ongoing Zika virus transmission.
  - The Centers for Disease Control and Prevention (CDC) maintains a map of countries that have past or current evidence of Zika virus transmission at http://www.cdc.gov/zika/geo/index.html.
  - Revised clinical algorithms will be forthcoming soon and distributed to providers.
- A case of sexual transmission of Zika virus was reported by the Dallas County Health Department on February 2. Possible sexual transmission from a traveler was also reported in Colorado in 2008.[1]
  - Information on Zika virus is rapidly evolving. Information will be distributed to providers as soon as additional information is available from the NYSDOH or CDC.
  - CDC and NYSDOH recommend that until more is known, males who have traveled to or live in an area with active Zika virus transmission and are sexual partners of pregnant women, abstain from sex or consistently and correctly use latex condoms during each act of vaginal, anal, or oral sex for the duration of the pregnancy.
    - Fact sheets on condoms and information on using condoms correctly are available from the U.S. Department of Health and Human Services and CDC at https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/using-condoms/ and http://www.cdc.gov/condomeffectiveness/brief.html#Condom.
- The Wadsworth Center will offer molecular tests which detect the presence of the virus, as well as both screening and confirmatory tests for antibodies against Zika and other related viruses. Complete results can take up to 21 days after initiation of testing at Wadsworth.
- Hospitals and providers must contact their LHD to receive prior approval for testing. Upon learning of a request for Zika virus testing, LHDs should contact their regional epidemiologist.

[1] http://wwwnc.cdc.gov/eid/article/17/5/10-1939_article

- Contact information for LHDs is available at http://www.nysacho.org/i4a/pages/index.cfm?pageid=3713.
- A minimum of three ml of serum and three ml of urine should be frozen at -70 to -80C and shipped on dry ice to the Wadsworth Center, David Axelrod Institute, 120 New Scotland Avenue, Albany, NY 12208. Wadsworth's Infectious Diseases Requisition form, which is available at http://www.wadsworth.org/divisions/infdis/DOH-4463_061109_fillable.pdf, must be completed before submission.
- Results of Zika virus testing will be made available to LHDs and the ordering provider. Providers can access public health consultation for assistance with interpretation of results by calling 1-888-364-4723 between 9AM and 6PM weekdays

- To date, Zika virus has been diagnosed in 11 New York State residents, each of whom was a returning traveler. No cases of local transmission have occurred in the state.
- Zika virus is primarily transmitted by certain species of infected Aedes mosquitoes. Aedes aegypti, the more efficient vector for humans, is not found in the State. However, Aedes albopictus, sometimes called the Asian tiger mosquito, is a possible vector.
  - Aedes albopictus has been found in Nassau, Suffolk, Westchester, Rockland and Orange Counties as well as in New York City.
  - NYSDOH will be enhancing mosquito surveillance activities as the weather warms up and continue these efforts throughout the summer. Enhanced activities will include but not be limited to:
    - Additional trapping in Putnam, Orange, Sullivan, Ulster and Dutchess counties to determine whether Aedes albopictus has spread farther north.
    - Testing Aedes albopictus for Zika virus when they're collected during routine mosquito surveillance.
- Hospitals and providers must report suspected cases of Zika virus and all other arboviral diseases to the LHD where the patient resides. Providers who cannot reach their LHD can access 24/7/365 public health consultation from NYSDOH at 518-473-4439 during business hours and 866-881-2809 evenings, weekends, and holidays.

If you have any questions, please contact your LHD or the NYSDOH Bureau of Communicable Disease Control at bcdc@health.ny.gov.

New York State Department of Health
Wadsworth Center
Empire State Plaza
PO Box 509, Albany, NY 12201-0509

Infectious Diseases Requisition

NYS Accession Number _____

Date received ____/____/____

Shipping address: www.wadsworth.org/wcinfo.htm

Telephone: (518) 474-4177

Patient Demographics

*denotes required information

Last Name * | First Name * | MI | DOB * (/ /) | ☐ Male ☐ Female Sex

Street Address | City | State | Zip Code

NYS County of Residence * | NYS DOH Outbreak Number | CDESS Case Number | Submitter's Reference Number

Submitter (Laboratory report will be sent to)

*denotes required information

Name and Address *

Name

Address

City State Zip

Laboratory PFI _____

Contact Person _____

Telephone Number (____) ____ - ____ ext. ____

Specimen Information

*denotes required information

Specimen is: ☐ Isolate ☐ Primary Specimen ☐ Autopsy Specimen

Collection Date * ____/____/____ (MM / DD / YYYY)

Source / Specimen Type * _____

Time Collected (if applicable for test) ____:____ (HH : MM)

Laboratory Examination Requested

www.wadsworth.org/IDtesting

☐ **Bacterial** ☐ **Fungal** ☐ **Mycobacterial** ☐ **Parasitic** ☐ **Serology** ☐ **Viral**

Suspected Organism / Agent _____

☐ **Identification / Confirmation**

☐ **TB Fast Track** www.wadsworth.org/mycobac/fasttrack.htm

☐ **Viral Encephalitis Panel** www.wadsworth.org/divisions/infdis/enceph/form.htm

☐ **Susceptibility (specify antimicrobial(s))** _____

☐ **Serology (specify test and define onset date)** _____

☐ **Other (specify)** _____

Submitting lab findings: Smear/Stain/Other results _____ Comments _____

Specimen submitted on/in: Media _____ Preservative _____ Tissue cell line _____

Relevant Exposure: ☐ Contact known case ☐ Food/water ☐ Nosocomial

☐ Travel _____ (Location & Dates) ☐ Animal _____ (Type) ☐ Arthropod _____ (Type)

Clinical History

Name of patient's healthcare provider | (____) ____ - ____ ext. ____ (Telephone Number)

Diagnosis: _____ Hospitalized? ☐ Yes ☐ No ☐ Unknown If hospitalized, hospital name: _____

Pregnant (trimester): _____ Symptoms: ☐ Acute ☐ Chronic ☐ Other _____ Onset of symptoms: ____/____/____ (MM / DD / YYYY)

Fever: max _____ duration _____ CSF: Glu _____ Prot _____ RBC _____ WBC _____

Relevant Treatment: _____ Date ____/____/____ Relevant Immunization: _____ Date ____/____/____

Symptoms/Clinical Epidemiology (check all that apply):

Central Nervous System: ☐ Altered Mental Status ☐ Coma ☐ Encephalitis ☐ Headache ☐ Meningitis ☐ Paralysis ☐ Seizures

Gastrointestinal: ☐ Diarrhea ☐ Blood/Mucus ☐ Nausea ☐ Vomiting

Respiratory: ☐ Bronchitis ☐ Bronchiolitis ☐ Cough ☐ Pneumonia ☐ Upper Respiratory Infection

Skin/hair/nails: ☐ Hemorrhagic ☐ Maculopapular Rash ☐ Petechial Rash ☐ Vesicular

Cardiovascular: ☐ Endocarditis ☐ Myocarditis ☐ Pericarditis

Miscellaneous: ☐ Arthralgia ☐ Conjunctivitis ☐ Cystitis ☐ Hepatitis ☐ Hepatomegaly ☐ Immunocompromised ☐ Jaundice ☐ Keratitis ☐ Lymphadenopathy ☐ Malaise ☐ Myalgia ☐ Pleurodynia ☐ Splenomegaly ☐ Ulcer(s) ☐ Urethritis

Other Symptoms: _____