



Edwin M Lee  
Mayor

San Francisco Department of Public Health

Barbara A Garcia, MPA

Director of Health

Tomás J. Aragón, MD, DrPH

Health Officer

Communicable Disease Control & Prevention

[sfdph.org/cdcp](http://sfdph.org/cdcp)

Tel (415) 554-2830 Fax (415) 554-2848

## UPDATED HEALTH ADVISORY: ZIKA VIRUS

JULY 28, 2016 (UPDATED FROM MAR. 31, 2016)

**WHAT HAS CHANGED** - CDC has updated its guidance for preventing sexual transmission of Zika and for testing of pregnant women with potential Zika exposure. <sup>1</sup> The Zika testing algorithm has become more complex, and careful reference to CDC guidance (MMWRs linked below) is advised. In addition, two commercial laboratories (Quest and LabCorp) are now conducting Zika RT-PCR testing.

- The definition of potential Zika exposure is broadened to include travel to a Zika transmission area OR having had sex without use of a barrier method with a person (male or female, symptomatic or asymptomatic) who has been in a Zika transmission area.
- The Zika testing algorithm in pregnancy is updated based on whether symptoms are present or absent, the time interval since symptom onset (if present), and the circumstances of potential exposure (if symptoms absent).

### **ACTIONS REQUESTED OF ALL CLINICIANS**

1. **Counsel pregnant women in any trimester** to postpone travel to Zika transmission areas. Those with a partner who traveled to or resided in areas with ongoing Zika transmission ([www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html)) should use a barrier method <sup>2</sup> consistently and correctly, or abstain from sex (oral, anal, or vaginal) for the entire pregnancy.
2. **Counsel non-pregnant couples** to prevent sexual transmission of Zika virus. Men who had Zika infection or symptoms consistent with Zika infection should use condoms or abstain from sex for at least 6 months after symptom onset. Men who were in a Zika transmission area but never developed symptoms, and women who were in a Zika transmission area (whether they developed symptoms or not) should use a barrier method or abstain from sex for at least 8 weeks after leaving the area.
3. **Counsel all travelers** to Zika transmission areas to adhere strictly to recommended mosquito bite precautions.
4. **Test for Zika per CDC guidance.** Zika testing is recommended for individuals who develop illness consistent with Zika disease within 2 weeks after potential exposure, for asymptomatic pregnant women with potential exposure, and in circumstances of fetal/newborn microcephaly with a relevant history of maternal exposure. Due to the complexity of the Zika testing algorithm, requesting testing through Public Health may be preferable to using commercial labs. Please note that RT-PCR is highly specific for Zika virus, but if it is negative, or if it is past the RT-PCR window, serology should be requested and is only available through the CDPH lab.
5. **Follow detailed SFDPH-specific instructions when requesting Zika testing to be done at the CDPH lab.** These instructions explain the time windows for testing for various groups. See [www.sfdcp.org/zika\\_providers](http://www.sfdcp.org/zika_providers) to download the updated instruction set.
6. **Coordinate between prenatal care and labor/delivery settings:** Prenatal providers should have a systematic way of communicating Zika testing so that Labor/Delivery personnel are aware of any pending Zika tests. Neonatal providers should consider holding a newborn serum specimen pending the maternal test result.
7. **Contact SFDPH Communicable Disease Control Unit (CDCU)** for questions at (415) 554-2830.
8. **Check for updates regularly** as knowledge and guidance are evolving rapidly. We recommend: [www.cdc.gov/zika](http://www.cdc.gov/zika) || [www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx) || [www.sfdcp.org/zika\\_providers](http://www.sfdcp.org/zika_providers)

<sup>1</sup> [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e1.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e1.pdf), and [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e2.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e2.pdf)

<sup>2</sup> Barrier methods to protect against infection include male or female condoms for vaginal or anal sex, male condoms for oral sex (mouth-to-penis), and male condoms cut to create a flat barrier or dental dams for oral sex (mouth-to-vagina).