



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, MD, MPH  
*Commissioner*

## **2017 DOHMH Advisory #9: Ongoing Risk of Zika Virus-Related Birth Defects Related to Travel to Areas with Active Zika Virus Transmission**

**Pregnant women, women trying to conceive, and their sexual partners should not travel to areas with active Zika virus transmission**

- **Zika virus infection and its associated complications in fetuses and newborns can be prevented by avoiding travel to areas with active Zika transmission.**
- **Since January 1, 2016, New York City (NYC) has reported 782 symptomatic Zika virus cases, and an additional 285 asymptomatic infections. There have been 402 infections in pregnant women; thirty-two of their infants demonstrated laboratory evidence of Zika infection and/or Zika-related birth defects. All cases are related to travel to areas with known Zika virus activity.**
- **Providers and facilities within NYC should continue to use commercial clinical laboratories for routine Zika virus testing of NYC adults, including testing of pregnant women.**
- **Testing for special cases such as infants, unusual neurologic manifestations or risk exposures, or, for uninsured/underinsured patients, should be done through the NYC Public Health Laboratory (PHL). Call the Provider Access Line to order Zika testing at PHL (1-866-692-3641).**
- **Refer to the joint guidance document for detailed instructions on testing infants and day of delivery specimens for Zika virus in NYC and New York State (NYS) found here: <http://www1.nyc.gov/assets/doh/downloads/pdf/cd/zika-rec-delivery-testing.pdf>.**

May 25, 2017

Dear Colleagues,

Recent reports indicate that birth defects may occur in 5-15% of fetuses/infants of mothers infected with Zika virus during pregnancy.<sup>1</sup> NYC residents are more likely to travel during the summer months, and as Zika virus activity persists in many countries in the Caribbean and Latin America, providers should continue to advise pregnant patients, women trying to conceive, and their sexual partners to avoid travel to areas with active Zika virus transmission. Prenatal care providers should continue to ask patients about travel to Zika-affected areas at each prenatal visit. For testing recommendations for pregnant women by geographic location, please go to <https://www.cdc.gov/zika/geo/countries-territories.html>. If travel cannot be postponed, strongly recommend pregnant couples strictly follow steps to avoid mosquito bites and to abstain from sex or use condoms for all sexual activity for the duration of the pregnancy. Couples trying to become pregnant should postpone attempts at conception until six months after travel for men or two months after travel for women.

## **Zika virus infections in NYC**

Since January 2016, a total of 782 cases of symptomatic laboratory-diagnosed Zika virus cases have been identified among residents of NYC. An additional 285 asymptomatic (or symptoms unknown) laboratory infections were identified for a total of 1,067 cases.

There have been 402 pregnant women with laboratory evidence of possible Zika virus infection. Among the 342 infants born to these women, 32 were affected by congenital Zika virus infection: 23 had laboratory evidence of Zika virus infection and 16 infants had at least one birth defect consistent with Zika virus infection during pregnancy.<sup>2</sup>

Of the pregnant women with laboratory evidence of possible Zika virus infection, only 41% reported Zika-like symptoms. The majority reported they had traveled to a Zika-affected area while pregnant to visit family or friends, with the most common destinations being the Dominican Republic (48%), Jamaica (15%), Haiti (8%), and Guyana (7%). It is unknown in which countries, or to what extent the virus will continue circulating in 2017, though it is likely the virus will persist in the previously affected countries.

There has been no evidence of Zika virus transmission by mosquitos in NYC. However, during the upcoming mosquito season (July-September) providers are encouraged to test any patients with Zika-compatible symptoms (defined as three or more of the following symptoms: fever, conjunctivitis, rash, or arthralgia) even in the absence of travel or sexual exposure; immediately report any laboratory positive cases suspected to be due to local mosquito transmission.

**Ordering Zika Laboratory Testing:** All providers and healthcare facilities within NYC should follow the NYC DOHMH testing guidance for NYC patients. NYC healthcare providers should use commercial clinical laboratories for routine Zika virus testing, including testing of pregnant women. Continue to send specimens to the NYC Public Health Laboratory (PHL) in the following cases:

- Infants born to women with laboratory evidence of Zika virus infection during pregnancy
- Infants with findings concerning for possible congenital Zika virus infection, regardless of maternal test results
- Placental/fetal tissues collected at delivery or pregnancy termination (elective or spontaneous) for women with laboratory evidence of Zika virus infection during pregnancy
- Possible Guillain-Barré syndrome or any unusual neurologic manifestation  
Possible unusual modes of transmission (e.g., transfusion, organ transplantation)

*Of note, testing guidance for infants is based on the location of the birth facility, regardless of the infant's residence. For example, a NY State infant born at a NY City facility should be tested in accordance with NYC recommendations.*

The NYC DOHMH will continue to provide testing for uninsured patients and patients with insurance that does not cover the cost of testing at a commercial clinical laboratory. To request testing at the PHL, providers MUST call the Provider Access Line (1-866-692-3641).

*Do not submit specimens for testing directly to PHL without calling the Provider Access Line first. Direct submission will cause delays and specimens may not be tested.*

Commercial clinical laboratories will forward any specimens with a positive Zika IgM test result to Wadsworth Center at the New York State Department of Health, where repeat Zika IgM testing and



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plaque reduction neutralization testing (PRNT) will be performed. *Providers should await PRNT results before making decisions about managing pregnant women with a positive result on Zika IgM testing alone.* The commercial clinical laboratory which received the initial specimen(s) will report all results to the submitter, including NYSDOH PRNT results.

- Please see the NYC/NYS joint document for more detailed information on Zika testing, specimen collection, and shipment at <http://www1.nyc.gov/assets/doh/downloads/pdf/cd/zika-rec-delivery-testing.pdf>.

## Resources

- For more information about Zika virus testing in NYC, please see the NYC DOHMH website: [www.nyc.gov/zika/provider](http://www.nyc.gov/zika/provider)
- For questions about testing, or to discuss a case, please call the Provider Access Line at **1-866-692-3641**.
- To follow up on PHL laboratory result reports that have not been received, please call the PHL (**1-212-447-2881**).
- To order Zika materials, including posters, repellent, or condoms, call **311**.

We appreciate your continued collaboration with our Zika virus surveillance efforts in NYC.

Sincerely,

Demetre Daskalakis, MD MPH  
Acting Deputy Commissioner  
Division of Disease Control  
NYC Department of Health and Mental Hygiene

<sup>1</sup> Reynolds MR, Jones AM, Petersen EE, et al. Vital Signs: Update on Zika Virus-Associated Birth Defects and Evaluation of All U.S. Infants with Congenital Zika Virus Exposure – US Zika Pregnancy Registry, 2016. MMWR Morbidity and Mortality Weekly Report 2017;66:366-373. Available at: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6613e1.htm>

<sup>2</sup> The birth defects reported meet inclusion criteria established by the Centers for Disease Control and Prevention as being potentially related to Zika virus infection during pregnancy, and include adverse outcomes such as microcephaly and intracranial calcifications. (<https://www.cdc.gov/zika/geo/pregnancy-outcomes.html>). These birth defects were identified in the immediate neonatal period, and though they occurred among women with laboratory evidence of possible Zika virus infection during pregnancy, some may be attributable to other causes and/or may not persist postnatally. Some, but not all, infants had both laboratory evidence and a birth defect consistent with congenital Zika virus infection.