

Oneida County Health Department

PUBLIC HEALTH UPDATE

May 2017

April 2017 Surveillance

May is Hepatitis Awareness Month

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FIND OUT IF YOU'RE AT RISK FOR HEPATITIS

May is Hepatitis Awareness Month. In the United States the most common types of viral hepatitis are hepatitis A, B, and C. While each can produce similar symptoms, each hepatitis virus affects the liver differently, has different routes of transmission, and has different populations that are commonly affected.

CDC developed an online [Hepatitis Risk Assessment](https://www.cdc.gov/hepatitis/riskassessment/index.htm)(<https://www.cdc.gov/hepatitis/riskassessment/index.htm>) to help people find out if they should get tested or vaccinated for viral hepatitis. The assessment, which takes only five minutes, will provide personalized testing and vaccination recommendations for hepatitis A, B, and C.

FIND OUT IF YOU HAVE HEPATITIS C IT COULD SAVE YOUR LIFE

BORN FROM 1945-1965? People born from 1945-1965 are **5X MORE LIKELY TO BE INFECTED WITH HEPATITIS C**

3 OUT OF EVERY 4 people with Hepatitis C were born between these years

Up to **75%** of people living with Hepatitis C **DO NOT KNOW THEY ARE INFECTED**

Many people can live with **HEPATITIS C** for **DECADES** WITH **NO SYMPTOMS**

HEP C Blood Test **CDC recommends anyone born from 1945-1965 GET TESTED**

TESTED	NOT TESTED
KNOWING YOU HAVE HEPATITIS C can help you make important decisions about your health	LEFT UNTREATED, HEPATITIS C can cause liver damage and LIVER FAILURE
Many people can get LIFESAVING CARE AND TREATMENT	HEPATITIS C is the #1 CAUSE OF LIVER TRANSPLANTS
Successful treatments can ELIMINATE THE VIRUS from the body	HEPATITIS C is a leading cause of LIVER CANCER

Don't go down the wrong path, talk to your doctor about getting tested. It could save your life.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Teen Pregnancy Prevention Month

National Teen Pregnancy Prevention Month focuses the attention of teens on the importance of avoiding too-early pregnancy and parenthood through an interactive online quiz and game.

Throughout the month of May, teens nationwide are asked to visit StayTeen.org and take the **National Day Quiz** and play **Level Up: An Epic Swiping Adventure**, two interactive, engaging digital resources that challenge them to think carefully about what they might do “in the moment” through a series of interactive scenarios. The goal of these resources is simple: young people should understand that they have the power to decide if, when, and under what circumstances to become pregnant and that they need to think seriously about what they would do in a stressful moment of peer pressure.

The National Day Quiz and Level Up! game deliver important messages about teen pregnancy prevention, bullying, risky behavior, and challenge teens to think carefully about what they might do “in the moment.”

Among the findings from a group of teens who participated in the 2015 National Day Quiz:

- 92% said the Quiz made them think about what they might do in such situations;
- 70% said the Quiz made the risks of sex and teen pregnancy seem more real to them;
- 67% said the Quiz made them think about things they hadn’t thought about before;
- 66% said they’d talk to their friends and 49% said they’d talk to their parents or other adults about the situations described in the Quiz;
- 53% said they’d learned something new from the Quiz about the consequences of sex.

For more information about the National Day and ideas on how you can help promote the event, please visit

TheNationalCampaign.org/event/national-teen-pregnancy-prevention-month

Oneida County Communicable Disease Surveillance—April 2017

DISEASE	April 2017	Total YTD (April 2017)	YTD 2016	DISEASE	April 2017	Total YTD (April 2017)	YTD 2016
Tuberculosis	1	4	2	Influenza A	182	1377	1475
Giardia	2	12	13	Influenza B	490	1243	129
Rabies Exposure	2	9	8	Pertussis	0	1	1
Salmonella	2	6	7	Cryptosporidiosis	0	2	2
Campylobacter	3	7	7	Syphilis	3	6	2
Hepatitis C	4	25	55	Gonorrhea	6	47	12
Hepatitis C (acute)	0	1	2	Chlamydia	35	147	214

INFLUENZA IN ONEIDA COUNTY— 2016-2017 Flu Season

	October	November	December	January	February	March	TOTAL Number of Influenza Cases
2015-2016	2	7	3	3	75	976	1,066
2016-2017	1	5	38	292	714	947	1,997

2016-2017 Flu Season Highlights

- **Influenza A**

2017: Jan-273; Feb-502; Mar-421 Total for the quarter: 1195

- **Influenza B**

2017: Jan-18; Feb-211; Mar-524 Total for the quarter: 753

(significant increase compared to previous 1st quarters in past years)

- More cases this season (October, 2016 through March, 2017) than last season
- In a study conducted by CDC between Nov. 28, 2016 through Feb. 4, 2017, flu vaccine effectiveness was about 48%
- AH3N2 was the dominant strain
- So far no flu pediatric deaths have been reported to OCHD
- **Flu mask regulation has been lifted as of May 4, 2017**



All suspect meningitis cases should be reported by a phone call to Oneida County Health Department.

Measles & Mumps Update - New York State Department of Health

New York State Advisory: The New York State Department of Health (NYSDOH) has been notified that a traveler from India who was diagnosed with **measles** exposed people at multiple New York State venues on May 11th and 12th while infectious (see attached).



IMPORTANT NOTICE FOR PROVIDERS

NYSDOH Recommendations: a viral respiratory panel should be performed on any suspect **mumps** cases.

HEALTH ADVISORY: ZIKA VIRUS TESTING AT BIRTH

Infants born to mothers with laboratory evidence of Zika virus infection during pregnancy or infants with possible Zika-related brain/eye abnormalities and potential maternal Zika exposure should have nucleic acid amplification and serological testing as well as a head ultrasound.

Recommendations are also provided for placenta and umbilical cord testing for Zika virus.

For more information see attached advisory (NYSDOH 5/25/17).

A Healthcare Provider's Guide to Zika Virus Laboratory Results from the NYSDOH Wadsworth Center:

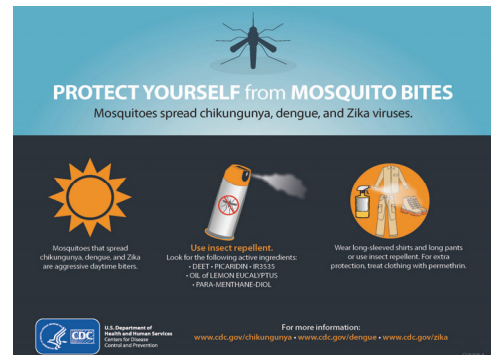
https://www.health.ny.gov/diseases/zika_virus/docs/guide_to_lab_results.pdf

ZIKA UPDATE

From 1/1/17 - 5/30/17, Oneida County CD staff have received 14 requests for Zika testing No positive results have been reported.

Testing status is as follows:

- 3 confirmed negative
- 4 refused convalescent
- 3 did not meet testing criteria through OCHD
- 1 reside out of Oneida County
- 2 pending results
- 1 registered but not tested



Just a Reminder for Swimmer and Diarrheal Illness

As we approach warmer weather, and more people are swimming, here are some reminders for providers caring for patients with diarrheal illness.

Anyone with diarrhea should:

- * **Not go swimming until two weeks after diarrhea has stopped**
- * **Not intentionally pee or poop in the pool water**

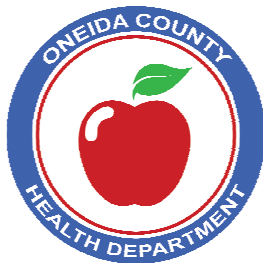
Anyone swimming should avoid intentional swallowing of pool water.

Children with diarrhea should not swim in bathing suits or swim diapers since neither control diarrheal releases.

Reminder!



ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE



CLINICAL SERVICES

406 Elizabeth Street
Utica, New York 13501

Phone: 315-798-5747

Fax: 315-798-1057

E-mail:

spejic@ocgov.net

revans@ocgov.net

Clinic Hours:

**8:30-4pm Monday
through Friday**

<p>STD</p> <p>GYT</p> <p>GET YOURSELF TESTED</p>	<p>Maternal Child Health</p>
	<p>TUBERCULOSIS</p>
<p>HIV</p>	<p>Communicable Disease</p>

All previous Public Health Updates/Newsletters are posted at
<http://www.ocgov.net>

Go to "Health Department" then click on "For Providers"

Etc., Etc.

Upcoming Trainings:

**3rd Annual. NYS STD Conference - June 2, 2017
(Niagara Falls, NY) (see attached)**

For more info: call 585-753-5384 or email:
clse@monroecounty.gov

**PrEP Implementation Workshop: Challenges and
Solutions in Clinical Practice - June 14, 2017**

(Canton, NY)

For more info: call 212-731-3789 or email:
Jessica.steinke@mountsinai.org

Check out the latest Breastfeeding Campaign-Mohawk Valley Breastfeeds:

<https://www.facebook.com/MohawkValleyBreastfeeds>



Stay tuned for more information!

Smoking Cessation classes available at area hospitals:

September 20, 27, & October 4 - MVHS
(St. Elizabeth campus)

January 2018 - Rome Memorial Hospital

April 2018 - MVHS (St. Luke's campus)

If you would like more information, or if your
location is interested in an on-site cessation
workshop please contact: Rachel Evans;
revans@ocgov.net or 315-798-5486

Baby Weigh Station

Get answers to your questions from a Certified Lactation
Counselor and check your baby's weight

We want to work with you to solve problems and build
confidence so you can breastfeed as long as you would like!

Where is it located? Oneida County Health Department Clinic
406 Elizabeth Street, Utica

When is it open? Monday to Friday, 9:00 am - 3:30 pm
Please call 315-798-5747 for an appointment or information



Department of Health

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Executive Deputy Commissioner

May 23, 2017

To: Providers, Hospitals, Emergency and Primary Care Departments, and Local Health Departments
From: New York State Department of Health, Bureau of Immunization

HEALTH ADVISORY: MEASLES EXPOSURES IN NEW YORK STATE – MAY 11TH AND MAY 12TH

Please distribute to the Chief Medical Officer, Infection Control Department, Infectious Disease Department, Director of Nursing, Emergency Department Director, Primary Care Clinic Directors, Director of Risk Management/Quality Improvement, and all patient care areas.

SUMMARY

- The New York State Department of Health (NYSDOH) has been notified that a traveler from India who was diagnosed with measles exposed people at multiple New York State venues on May 11th and 12th while infectious.
- **Anyone who visited the following locations may have been exposed to measles:**
 - The Iroquois Travel Plaza (rest stop) between Exit 29 (Canajoharie) and Exit 29A (Little Falls) on the NYS Thruway between 8:30 p.m. – 12:30 a.m. on May 11 – 12th.
 - The Hampton Inn, 4873 Lake Road, Brockport, N.Y. on May 12th between 12 a.m. (midnight) and 12 p.m. (noon).
 - Niagara Falls State Park, Niagara Falls, N.Y. on May 12th between 11:00 a.m. - 5:00 p.m. Exposures may have occurred on the Maid of the Mist.
 - Swagat Fine Indian Cuisine, 24 Buffalo Avenue, Niagara Falls, N.Y. May 12th between 2:00 – 6:00 p.m.
- Individuals who were exposed and not immune to measles could develop signs and symptoms of measles 7-21 days after exposure, between May 18th and June 2nd.
- Healthcare providers should have **a high index of suspicion** in patients who present with symptoms consistent with measles and have visited the locations listed. To expedite public health containment strategies, providers should implement appropriate infection control measures when measles is suspected and **report immediately to the local health department (LHD)** where the patient resides to facilitate specimen collection and appropriate follow-up.

MEASLES EPIDEMIOLOGY

Measles can be severe and is highly infectious; following exposure, up to 90% of susceptible persons develop measles. It is spread by airborne contact with an infected person through coughing and sneezing. Measles virus can remain active and contagious for up to 2 hours in the air or on surfaces. From exposure to rash onset



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averages 14 days with a range of 7 to 21 days. Persons with measles are infectious from 4 days before to 4 days after rash onset.

CLINICAL FEATURES

Measles is characterized by a prodrome of fever (101–105 degrees F) followed by cough, coryza, and/or conjunctivitis. An erythematous, maculopapular rash presents 2-4 days later and lasts 5-6 days. It usually starts on the face and proceeds down the body to involve the extremities last, including the palms and soles. The rash is usually discrete but may become confluent on the upper body; it resolves in the same order that it appeared. Koplik's spots (punctate blue-white spots on the bright red background of the buccal mucosa) may be present, often before the rash develops, but are often not seen and are not required for the diagnosis of measles.

REPORTING DETAILS

Health care providers should increase their index of suspicion for measles in clinically compatible cases. The LHD should be notified of any suspect case immediately. Reports should be made at the time of initial clinical suspicion. If the diagnosis of measles is being considered and diagnostic testing for measles is ordered, then the case should be reported at that time. LHDs should also be notified of discharge plans from the health care setting. This is especially important if the case lives in a multifamily dwelling, dormitory, group home or has young children at home.

INFECTION CONTROL

Measles is spread via airborne transmission and direct contact with infectious droplets. Cases of fever and rash illness should immediately be placed in airborne isolation. If an airborne infection isolation room is not available, then the exam room used to isolate a suspect measles case should not be used for 2 hours after the case leaves the room and the number of people entering and leaving should be minimized. When transporting a patient through the hospital, the patient should be masked. If possible, elevators and corridors should not be used for two hours after the patient has passed through them. If possible, any procedures required for the patient should be performed in the patient's room or delayed until the patient is no longer infectious.

LABORATORY TESTING

Viral specimens (throat or nasal-pharyngeal swab and urine) and serology (IgM and IgG) should be obtained for diagnostic testing and confirmation. Use of commercial laboratories for measles testing may take up to a week to obtain results. **Reporting suspected cases of measles enables access to rapid testing through the NYS Wadsworth Center Laboratory.** The LHD can assist in arranging testing at the Wadsworth Center Laboratory. Viral specimens that result in a positive PCR or culture will be forwarded to CDC for confirmation and genotyping.

MEASLES POST-EXPOSURE PROPHYLAXIS (PEP)

The successful initiation of measles PEP requires rapid intervention. LHDs can assist with the proper PEP recommendations and infection control measures. Measles vaccination should be administered to susceptible contacts of a measles patient within 72 hours of exposure and may offer protection. Immune globulin is indicated for susceptible household or other close contacts of patients with measles, particularly those contacts younger than 1 year of age, pregnant women and/or immunocompromised persons, for whom risk of complications is highest. Immune globulin should be given within 6 days of exposure to prevent or lessen the severity of measles.



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VACCINE RECOMMENDATIONS AND IMMUNITY

Children ≥ 12 months, Adolescents, and Adults

- All children should receive an MMR vaccine at 12 – 15 months of age. The second dose of MMR is routinely administered at age 4 – 6 years typically before entering kindergarten, but may be administered as soon as 28 days after the first dose. **Vaccination should be provided at the earliest opportunity** based on the ACIP recommended schedule.
- Children over one year of age who have received one dose of MMR vaccine and who have recently been exposed to measles infection or are planning travel outside the U.S. should receive a second dose as soon as possible, as long as 28 days have passed since the first dose. Second doses of MMR are valid as long as they are administered after 12 months of age and at least 28 days after the first dose was administered.
- Anyone who has received two valid doses of MMR, or other live measles-containing vaccine, has documented laboratory evidence of immunity, or was born before 1957 is considered immune and not likely to become infected. Anyone who lacks proof of measles immunity, as defined above, should receive at least one dose of MMR vaccine. Two appropriately spaced doses of MMR vaccine are recommended for health-care personnel, college students, and international travelers.

Children 6–11 months of age who are traveling outside the U.S.

- Should receive one dose of MMR vaccine prior to international travel.
- MMR vaccine given before 12 months of age should not be counted as part of the routine series. Children who receive MMR vaccine before age 12 months will need two more doses for a total of three doses, the first of which should be administered at 12 – 15 months of age and the second at least 28 days later (typically at age 4 – 6 years or before beginning kindergarten).

ADDITIONAL INFORMATION

- Complete information on MMR vaccine recommendations: <http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>
- 2017 Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
- The NYSDOH Measles Fact Sheet is available at: http://www.health.ny.gov/diseases/communicable/measles/fact_sheet.htm
- Destination specific travel immunization information is available on the CDC's Travelers' Health website at: <http://wwwnc.cdc.gov/travel/destinations/list>
- For additional information on measles outbreak control measures, clinical presentation and diagnostic tests please refer to the CDC website at: <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>
- The NYSDOH Outbreak Control Manual is available at: http://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm
- CDC Measles Cases and Outbreaks: <http://www.cdc.gov/measles/cases-outbreaks.html>
- CDC Measles Elimination: <http://www.cdc.gov/measles/about/fags.html#measles-elimination>
- For further information, please contact your local health department or the New York State Department of Health, Bureau of Immunization at 518-473-4437
- County Health Department contact information: <http://www.nysacho.org/i4a/pages/index.cfm?pageid=37>



3rd Annual New York State STD Conference

June 2, 2017, 7:30am-4:30pm

The Conference & Event Center at Niagara Falls

Niagara Falls, NY

Agenda

7:30-8:30	Registration / Breakfast	
8:30-9:00	Welcome / Opening Remarks <i>Margie Urban, MD</i>	University of Rochester Medical Center
	STDs in NYS, Epidemiology <i>James M. Tesoriero, Ph.D.</i>	NYSDoH AIDS Institute
9:00-10:00	Adolescent Gonorrhea and Chlamydia <i>Gale R. Burstein, MD, MPH, FAAP</i>	Erie County Department of Health
10:00-11:00	Update on the End the Epidemic Initiative – NYS <i>Johanne Morne, MS</i>	NYS DOH AIDS Institute
11:00-11:15	Break	
11:15-12:15	Workshop Case Study; choose one course from the following four sessions	
	Sexually Transmitted Infections and Pregnancy <i>Amy Harrington, MD</i>	University of Rochester Medical Center
	Update on the Use of PrEP <i>Rona Vail, MD</i>	Callen-Lorde Community Health
	Sexual History/Behavioral Risk Assessment <i>Maureen Scahill, NP, MS</i>	University of Rochester Medical Center
	LGBTQ+ Sexual Health <i>Karen Teelin, MD, MSED, FAAP</i>	SUNY Upstate University Hospital
12:15-1:00	Lunch	
1:00-2:00	Workshop Case Study; choose one course from the following four sessions	
	Sexually Transmitted Infections and Pregnancy <i>Amy Harrington, MD</i>	University of Rochester Medical Center
	Update on the Use of PrEP <i>Rona Vail, MD</i>	Callen-Lorde Community Health
	Sexual History/Behavioral Risk Assessment <i>Maureen Scahill, NP, MS</i>	University of Rochester Medical Center
	LGBTQ+ Sexual Health <i>Karen Teelin, MD, MSED, FAAP</i>	SUNY Upstate University Hospital
2:00-2:15	Break	
2:15-3:15	Syphilis <i>Marguerite Urban, MD</i>	University of Rochester Medical Center
3:15-4:15	Updates: Viral STIs <i>Tia Babu, MD</i>	University of Rochester Medical Center
4:15-4:30	Closing Remarks / Adjournment	

Register Now!

3rd Annual New York State STD Conference

Friday June 2, 2017, 7:30am – 4:30pm
The Conference & Event Center at
Niagara Falls, Niagara Falls, NY

This full day conference will focus on the latest clinical and public health information regarding Sexually Transmitted Infections and is intended for health care providers and public health workers.

No cost for attendance. Lunch will be provided

Questions: Contact Corrie Lese at 585/753-5384 or clese@monroecounty.gov
Register at: <http://bit.ly/STD2017>





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May 25, 2017

TO: Birth Facilities and Local Health Departments (LHDs)
FROM: New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control

HEALTH ADVISORY: ZIKA VIRUS TESTING AT BIRTH

Please distribute to the Labor and Delivery, Laboratory and Pathology Service, Pediatrics, Neonatology, Infection Control Department, Emergency Department, Infectious Disease Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Family Medicine, Director of Nursing, and the Medical Director.

SUMMARY

- This advisory provides updated information on Zika virus testing at birth. **NYSDOH requests that it be posted conspicuously in the labor and delivery units of birth facilities and in other areas as described above.**
- Infants born to mothers with laboratory evidence of Zika virus infection during pregnancy or infants with possible Zika-related brain/eye abnormalities and potential maternal Zika exposure should have nucleic acid amplification and serological testing as well as a head ultrasound. Recommendations are also provided for placenta and umbilical cord testing for Zika virus.
- Additional information on the evaluation of infants of mothers with possible Zika infection can be found in the August 26, 2016, Morbidity and Mortality Weekly Report (MMWR) entitled “Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection—United States, August 2016” at <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm>.
- Zika virus test results will be returned to the provider or facility listed as the submitter. Therefore, birth facilities should establish policies/procedures that ensure the infant’s outpatient pediatric care provider is made aware of the mother’s Zika risk and testing information as well as the results of the infant’s laboratory testing results, head ultrasound, and other Zika-related evaluations.
- For testing at birth originating in facilities within **New York City (NYC)**, approval for testing and additional information can be obtained by calling 866-692-3641 Monday-Friday, 9 am to 5 pm. Additional information on Zika virus can also be found at <http://www1.nyc.gov/site/doh/providers/reporting-and-services.page>.
- For testing at birth originating in facilities in **New York State (NYS) outside of NYC**, approval for testing and additional information can be obtained by calling 888-364-4723 Monday-Friday, 9 am to 5 pm. Additional information on Zika virus can also be found at http://www.health.ny.gov/diseases/zika_virus/providers.htm.

Joint Recommendations for Day of Delivery Testing and Specimen Collection for Zika Virus

New York State Department of Health (NYS DOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH)

I. Testing Guidance

Testing guidance is based on the location of the birth facility, regardless of the patient's residence. For example, a NY State resident delivering at a NY City facility should be tested in accordance with NYC recommendations.

Criteria for maternal testing on day of delivery	Women who have not had Zika virus testing after their most recent potential exposure ¹
Criteria for collecting formalin-fixed placenta and umbilical cord specimens	Collect for women with the following laboratory results: <ul style="list-style-type: none"> ▪ PCR/NAAT² negative, IgM positive, and PRNT positive for Zika and dengue (undifferentiated flavivirus) ▪ PCR/NAAT negative, IgM positive, and a Zika PRNT result that is pending ▪ PCR/NAAT negative, IgM negative, and Zika PRNT positive results ▪ An infant with pre- or postnatal findings of microcephaly, intracranial calcifications or other possible Zika-related brain/eye abnormalities AND mother with potential exposure (regardless of maternal test results) <i>Placenta testing is not recommended for women who have tested 1) NAAT positive or 2) IgM positive and PRNT positive for Zika and negative for dengue</i>
Criteria for infant testing	<ul style="list-style-type: none"> ▪ Infants born to mothers with laboratory evidence of Zika virus infection during pregnancy ▪ An infant with pre- or postnatal findings of microcephaly, intracranial calcifications or other possible Zika-related brain/eye abnormalities AND mother with potential exposure (regardless of maternal test results)
Specimens for infants meeting criteria	<ul style="list-style-type: none"> ▪ 2.5-3ml of blood in a serum tube (ideally within 2 days of birth) ▪ Minimum of 1ml urine in a sterile cup sealed with parafilm (ideally within 2 days of birth)
Neuroimaging for infants meeting criteria	<ul style="list-style-type: none"> ▪ Head ultrasound prior to hospital discharge for all infants meeting criteria ▪ Consider advanced neuroimaging if clinical abnormalities consistent with congenital Zika syndrome are present

¹ Exposure is defined here as travel to or residence in an area with active mosquito-borne transmission of Zika virus (<https://www.cdc.gov/zika/geo/countries-territories.html>) or unprotected vaginal, anal, or oral sexual exposure with a partner who traveled to or resided in an area with active mosquito-borne transmission of Zika virus during pregnancy or in the eight weeks prior to conception.

² rRT-PCR is a form of NAAT (nucleic acid amplification testing).

II. How should specimens be prepared and handled?

Pre-approval should be obtained prior to submitting specimens. Specimens arriving at the lab without pre-approval will have delays in testing or will not be tested.

Facilities within NYC

- During business hours, call the NYC DOHMH Provider Access Line at 1-866-692-3641 for consultation, pre-approval, forms, and to arrange transportation of specimens to the NYC Public Health Laboratory.

New York State Facilities outside of NYC

- Contact NYS DOH via the NYSDOH Zika Information Line at 1-888-364-4723, Monday to Friday 9am to 5pm, for consultation, pre-approval, and to arrange transportation of specimens to the NYS Wadsworth Laboratory.

Joint Recommendations for Day of Delivery Testing and Specimen Collection for Zika Virus

New York State Department of Health (NYS DOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH)

Label all specimens. Failure to properly label a specimen will result in rejection and the specimen will not be tested.

Specimens must be labeled with:

- Patient's first and last name
- Patient's date of birth
- Date and time of collection
- Specimen type (serum, urine, CSF, etc.)
- The container for each placental specimen should also be labeled on the outside with:
 - Mother's name and date of birth (do not include infant's information)
 - Area of placenta sampled (e.g., maternal vs. fetal side, placental disk, etc.)
 - "Formalin-fixed"

Seal Specimen Containers

- Close specimen containers tightly and seal with parafilm.
- Leaking specimens will not be tested.
- Hemolyzed specimens will not be tested.

Specimen handling for facilities with a centrifuge and -70°C freezer	
Maternal serum – only for women who have not had Zika virus testing after their most recent potential exposure	<ul style="list-style-type: none"> ○ Collect blood in serum separator tube(s)* <ul style="list-style-type: none"> ○ Facilities within NYC: <u>12ml</u> of blood in two 6ml serum separator tubes ○ NYS facilities outside of NYC: <u>6ml</u> of blood in a serum separator tube ○ Centrifuge blood within 6 hours; specimens that are not centrifuged immediately should be refrigerated immediately until centrifuged. ○ Transfer serum, using sterile technique, to separate, labeled sterile tube(s) (at least 3 ml serum required) and discard the clot that remains in the blood tube. ○ Store specimen in -70°C freezer and ship on dry ice.
Maternal urine - only if testing serum	<ul style="list-style-type: none"> ○ Collect 3-20 ml of urine in a sterile leak-proof container. ○ Store specimen in -70°C freezer and ship on dry ice.
Placenta, fetal membranes, umbilical cord – Formalin-fixed specimens only.	<ul style="list-style-type: none"> ○ At least 3 full-thickness pieces (0.5-1cm x 3-4cm thick) from middle third of placental disk and at least one piece from placental margin; sample maternal and fetal sides of placenta, along with any pathologic lesion, if present. In addition, please include the following: <ul style="list-style-type: none"> ○ 5 x 12cm strip of fetal membranes. ○ Four segments, each 2.5cm in length, of umbilical cord; please obtain segments that are proximal, middle, and distal to umbilical cord insertion site on the placenta. ○ Indicate placenta weight. ○ Tissues may be refrigerated at +4°C for <24 hours until fixed in formalin. ○ Place the sections in a screw top sterile cup containing formalin. Tightly screw the lid to prevent leakage. ○ Volume of formalin used should be about 10x the mass of tissue. Place in 10% neutral buffered formalin for a minimum of 3 days. Once fully fixed the tissue can be transferred to 70% ethanol for long term storage. ○ Store formalin-fixed tissues at room temperature. Ship at room temperature. ○ Paraffin blocks may be submitted as well.
Infant serum – collected directly from the infant, within 2 days of birth	<ul style="list-style-type: none"> ○ Collect 2.5-3 ml of blood by venipuncture in a serum separator tube.* ○ Centrifuge within 6 hours of collection and transfer serum to a separate tube using sterile technique. ○ Store specimen in -70°C freezer and ship on dry ice.

Joint Recommendations for Day of Delivery Testing and Specimen Collection for Zika Virus

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Infant urine	<ul style="list-style-type: none"> ○ Collect at least 1 ml of urine in a sterile leak-proof container. ○ Store specimen in -70°C freezer and ship on dry ice.
Infant CSF and Amniotic fluid	These specimen types are <i>not</i> routinely requested for Zika testing. If these specimens are obtained for other studies, aliquot a sample for Zika testing. If available, amniotic fluid may be tested upon consultation with the Department of Health.
Infant CSF	<ul style="list-style-type: none"> ○ Collect in sterile container (tube or cryovial). ○ Store specimen in -70°C freezer and ship on dry ice.
Amniotic Fluid	<ul style="list-style-type: none"> ○ Collect in sterile container (15 or 50 ml conical tube). ○ Store specimen in -70°C freezer and ship on dry ice.
Specimen handling for facilities with centrifuge and refrigerator, but no -70°C freezer or dry ice	
<ul style="list-style-type: none"> ○ Process as indicated above. ○ Refrigerate centrifuged serum and urine at 2-8°C immediately after collection. ○ Ship overnight with cold packs to lab for arrival within 72 hours of collection. ○ Preferably, specimens should arrive between Monday and Friday, between 9am and 4pm. ○ Specimens can arrive after business hours and on weekends and holidays. ○ Label the outer packaging: “Store at -70°C upon arrival.” Failure to label the outer packaging correctly may result in specimens not being tested. 	
Specimen handling for facilities <u>in NY City</u> without a centrifuge (specimens sent to NY State <i>must</i> be centrifuged before shipping)	
<ul style="list-style-type: none"> ○ Specimens may only be collected on non-holiday WEEKDAYS. Specimens received at NYC PHL after 2 pm or on weekends/holidays cannot be appropriately processed or tested and these specimens will be REJECTED. Specimens <i>must</i> be collected by 11 am. Hold specimens in a refrigerator (2-8°C) or on cold packs. Ship to the NYC PHL on cold packs. ○ Specimens <i>must</i> arrive at the NYC PHL by 2 pm AND within 6 hours of collection. ○ Label the outer packaging: “STAT specimen – process immediately.” Failure to label the outer packaging correctly may result in specimens not being tested. Even with STAT specimen handling, these specimens are at a high risk of hemolysis and providers are encouraged to refer patients to centers that have centrifuge capability. 	

*Serum separator tube cap colors include red top, tiger top, speckle top, and gold top. These tubes contain clot activator, so that serum can be readily obtained. Do NOT use blood tubes that contain anti-coagulants including green, yellow, or purple top tubes.

III. Who should I notify and what forms do I need to send with specimens?

Facilities within NY City

- During business hours, call the NYC DOHMH Provider Access Line at 1-866-692-3641 for consultation, pre-approval, forms, and to arrange transportation of specimens to the NYC Public Health Laboratory.
 - If specimens are approved for testing, DOHMH staff will email or fax the completed NYC Public Health Laboratory test request form for each specimen.
- Each form should be paired with the correct specimen and placed in the outer pocket of the submission bag and the specimen inside the bag.

New York State Facilities outside of NY City

- Contact NYS DOH via the NYS DOH Zika Information Line at 1-888-364-4723, Monday to Friday 9am to 5pm, for consultation, pre-approval, and to arrange shipment.
- Specimens may be collected and stored as outlined above until shipping can be arranged.

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- Wadsworth's Infectious Disease Requisition (IDR) form:
http://www.wadsworth.org/sites/default/files/WebDoc/1065760803/infectious_diseases_requisition_DOH_4463.pdf
 - The IDR form should be completed in full and accompany each specimen being submitted.
 - If present, symptoms should be clearly noted on the IDR.

IV. How should specimens be stored and transported?

- Serum and urine specimens may be stored and shipped:
 1. If specimens are frozen ship on dry ice. (Follow shipping regulations for UN 3373 Biological Substance, Category B and UN 1875, Class 9 for dry ice).
 2. If specimens are refrigerated, shipping must occur within 48 hours of specimen collection. Prepare as above in order to arrive at the lab within 72 hours after collection.
 - Refrigerate immediately and ship on cold packs.
 - Cold packs should be *frozen* before placed in the box, not just refrigerated.
 - Sufficient cold packs should be used to keep the specimens refrigerated during shipping.
- For formalin fixed (wet) or formalin-fixed paraffin-embedded tissues, specimens should be sent at room temperature. Fixed tissues should not be shipped with refrigerated or frozen samples. The NYS/NYC public health laboratory will ship fixed placenta specimens to the CDC for testing.
- CSF and amniotic fluid specimens should be handled in the same manner as serum and urine specimens.
- Indicate the temperature shipment requirements on the outside of the package.

Facilities within NYC

- Label outer packaging as "Store at -70 C upon arrival" if specimens have been centrifuged.
- Label outer packaging as "STAT specimen – process immediately" if specimens have NOT been centrifuged.
- Courier arrangements to the NYC Public Health Laboratory can be made by calling the NYC DOHMH Provider Access Line at 1-866-692-3641 during business hours.

Facilities outside of NYC

- After receiving approval from NYS DOH, specimens must be shipped overnight with cold packs or dry ice to:
The Wadsworth Center, David Axelrod Institute
120 New Scotland Avenue
Albany, NY 12208
- Delivery to Wadsworth Center should occur between Monday and Friday, preferably between 9am and 4pm. However, deliveries are accepted at all hours and any day of the week.

V. How will test results be reported?

Zika test results will be sent to the provider or facility listed as the submitter. Birth facilities should establish procedures for the transmission of laboratory test results, clinical assessment, and maternal Zika exposure/testing to the infant's outpatient pediatric provider to ensure appropriate ongoing care of the infant.

Facilities within NYC

- Facilities may receive some results via secure fax if a secured fax number is provided. Otherwise, results will be mailed.

New York State Facilities outside of NYC

- If the submitter has a NYS Health Commerce System account with CLIMS access, results will be transmitted electronically. Otherwise, results will be mailed.

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VI. Other Resources

- NYSDOH: http://www.health.ny.gov/diseases/zika_virus/providers.htm
- NYC DOHMH: <http://www1.nyc.gov/site/doh/providers/reporting-and-services-main.page>
- Infectious Diseases Requisition (IDR) form required for shipment of specimens to Wadsworth Center.
https://www.wadsworth.org/sites/default/files/WebDoc/1065760803/infectious_diseases_requisition_DOH_4463.pdf
- CDC Clinical Guidance: <https://www.cdc.gov/zika/hc-providers/clinical-guidance.html>
- Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016.
https://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm?s_cid=mm6533e2_w
- Preventing Transmission of Zika Virus in Labor and Delivery Settings Through Implementation of Standard Precautions—United States, 2016. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6511e3.htm>