Oneida County Health Department

PUBLIC HEALTH UPDATE

July/August 2016 July Surveillance

New School Requirement for Fall 2016!

One dose of meningococcal conjugate vaccine (Menactra or Menevo) is required for students entering grade 7 and another at grade 12. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at age 16 years or older, the second (booster) dose is not required.
For the complete list of required school vaccines:
https://www.health.ny.gov/publications/2370.pdf

OCHD is holding special Tdap/Meningitis evening clinics in September. See attached flyer.

August is National Immunization Awareness Month!!!

INSIDE THIS ISSUE:

National Immunization Awareness Month (NIAM) is a great time to promote vaccines and remind family, friends, and coworkers to stay up to date on their shots. It is an annual observance to raise awareness about the importance of vaccines for people of **ALL** ages and share strategies to increase immunization rates with our community.

The CDC has developed immunization materials that can be used by providers, as well as community based agencies to educate people about the importance of childhood and adult vaccines, disease prevention and the recommended immunization schedules. Visit http://www.cdc.gov/vaccines/events/niam.html for NIAM materials that you can use during NIAM and beyond.

- Educate pregnant women about getting vaccinated to protect newborns from diseases like whooping cough (pertussis) and flu.

- Remind parents of the important role vaccines play in protecting their child's health and answer their questions about vaccines.

- Encourage college students to talk to their healthcare professional about any vaccines they may need for school entry.

- Educate adults, especially older adults and adults with chronic conditions, about vaccines they may need.

People of all ages can protect their health with timely vaccination!

Zika Virus Update - August 2016

United States:

The Florida Department of Health has identified two neighborhoods in the Miami area where Zika Virus is being spread by mosquitoes. The newest area of active transmission is a 1.5-square-mile section of Miami Beach. CDC has previously issued similar guidance for a one-square-mile area in the Wynwood area of Miami, which remains in effect for those who live in or traveled to this area any time after June 15, 2016. For these identified areas, CDC advises that the recommendations outlined in the August 26th Advisory be followed for those who live in or traveled to Miami Beach after July 14, 2016.

Both CDC and NYSDOH recommend that pregnant women avoid travel to these two designated areas. (see attached NYSDOH Advisory 08/26/16)

To see the regions in Florida with Active Zika transmission visit the CDC at: http://www.cdc.gov/zika/intheus/maps-zika-us.html

New York State:

NYSDOH has expanded their recommendations for testing of pregnant women. Information about the expanded NYSDOH Advisory specific to testing through NYSDOH Wadsworth Center, Commercial laboratories, and additional Zika virus testing was released in the July 29, 2016 NYSDOH Zika Virus Update Health Advisory (see attached).

Oneida County:

There have been a total of 33 requests for Zika testing and 3 confirmed cases. All confirmed cases were travelers to Zika prone regions. None were pregnant or contracted it through local mosquito borne transmission. Local commercial lab testing is now available through Quest/ Focus Diagnostics (serum), LabCorp (serum and urine).

Blood Transfusions:

The FDA has issued guidance recommending that all blood donations be tested for Zika virus. More guidance is anticipated in the near future. To reduce the risk of transfusion-transmission of Zika virus, the Red Cross is asking all potential donors with risk factors outlined on their website to schedule their blood donation for **four weeks after the end of the defined risk periods.** For more information visit http://www.redcross.org/news/press-release/Red-Cross-Statement-on-Zika-Virus

Tdap and Influenza Vaccines

IMMUNIZATIONS:
PROTECTION AT EVERY AGE !!

All adults need immunizations to help them prevent getting and spreading serious diseases that could result in poor health, missed work, medical bills, and not being able to care for family.

Tdap : Every adult should get the Tdap vaccine once if they did not receive it as an adolescent to protect against pertussis (whooping cough), and then a Td (tetanus, diphtheria) booster shot every 10 years. In addition, women should get the Tdap vaccine each time they are pregnant, preferably at 27 through 36 weeks.

Flu vaccines: All adults need a seasonal flu vaccine every year. Flu vaccine is especially important for people with chronic health conditions, pregnant women, and older adults..

HOSPITAL REGULATIONS REGARDING FLU

Between September 1 and April 1, New York State Public Health Law (PHL) section 2805-h requires all hospitals with NICUs to offer influenza vaccination annually to all persons who are parents, or who are reasonably anticipated to be caregivers in the households of newborns being treated in NICUs.

The law also requires that influenza vaccine is offered to each person aged 65 years or older that is admitted to the hospital. The requirement applies to all patients admitted between September 1 and April 1. (See Attached).

Tuberculosis

Tuberculosis and Biologics – How the Health Department Can Help

Certain medications are referred to as "biologics" and are used to treat autoimmune diseases such as Crohn's disease, rheumatoid arthritis, and psoriasis. People with autoimmune diseases have excessive immune response and the biologics cut down on this abnormal response.

Unfortunately, treatment with these medications (infliximab, adalimumab, or etanercept) may lower one's resistance to many pathogens. Tuberculosis is important to consider. A test for tuberculosis (either Mantoux or one of the blood tests called IGRAs) should be done before beginning a patient on biologics. If the TB test is positive, a chest x-ray should be ordered. If that is negative, the patient has latent tuberculosis and needs treatment with anti-tuberculosis antibiotics before starting a biologic.

NEW!! Updated TB Guidelines:

Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis.

http://cid.oxfordjournals.org/content/early/2016/07/20/cid.ciw376.full.pdf+html

Treatment for latent tuberculosis can be provided by the Oneida County Health Department. If providers have question about tuberculosis and treatment with biologics, call the Oneida County Health Department (797-5747) and ask for the TB department. We can advise the provider or we can manage the treatment.

Lyme Disease August Update: (tick-borne borreliosis, Lyme arthritis)

In Oneida County this summer the tick population has been reported to be low which has contributed to the decrease in the **confirmed and probable** cases of Lyme disease. However, it is still important to remember that infected deer ticks can still be found in and affect people of any age. Young deer ticks, nymphs, are active from mid-May to mid-August and are about the size of poppy seeds. Adult ticks, approximately the size of sesame seeds, are most active from March to mid-May and from mid-August to November. Both nymphs and adults can transmit Lyme disease. Any infected tick can transmit Lyme disease. Ticks can be active any time temperatures are above freezing.

Tick bite prevention and education is the best defense against Lyme disease.
Some easy prevention tips include:
1. Wear light-colored clothing (for easy tick discovery) and tucking pants into socks and shirt into pants.
2. Check after every two to three hours of outdoor activity for ticks on clothing or skin.
3. Brush off any ticks on clothing before skin attachment occurs.
4. Thoroughly check body surfaces for attached ticks at the end of the day. If removal of attached ticks occurs within 36 hours, the risk of tick-borne infection is minimal.
5. Use repellents that are proven effective and only in small amounts. Avoid unnecessary repeat applications to minimize repellent health risks.
6. Early testing and treatments for Lyme disease is most effective.

New York State Vaccines for Children Program (NYS VFC)
Influenza Vaccine Ordering Procedures for the 2016– 2017 Season

As the flu season approaches the New York State Vaccines for Children Program (NYS VFC) wants to make providers aware of influenza vaccine supplies**. At this time the program has approximately 23,000 doses of Fluarix for persons 3 years of age and older and 41,000 doses of Fluzone for children less than 3 years of age. Limited ordering will be available on Monday, August 22nd. As soon as sufficient supply of additional products are available from the CDC they will be added to the NYSIIS vaccine ordering screen.**

For seasonal influenza vaccine, providers may use private-stock seasonal influenza vaccine to vaccinate VFC-eligible children if VFC seasonal influenza stock is not yet available. Those private stock doses used on VFC-eligible children can later be replaced when VFC stock becomes available. **This <u>one-directional borrowing</u> exception is unique to seasonal influenza vaccine**.

"We strongly recommend only borrowing on a case by case basis to vaccinate VFC eligible children in the office who would otherwise miss an opportunity to be immunized for influenza. We do not recommend borrowing vaccine to schedule large influenza clinics until you have received an adequate supply of VFC purchased vaccine. Replacement of borrowed vaccine will be driven by available supply and need for VFC eligible patients. This one-directional borrowing must be appropriately documented in order to receive replacement VFC vaccine. This includes completing the attached NYS VFC Vaccine Borrowing Sheet to track the number of flu vaccine doses administered to VFC eligible children from private stock and to account for the replacement of the doses from public stock once VFC influenza vaccine becomes available. Borrowed vaccine must also be accounted for in your NYSIIS Inventory and a note should be included in any order requesting replacement vaccine."-NYSDOH

Attached you will find further guidance on the NYS VFC process and procedure for ordering seasonal influenza vaccine.

Oneida County Communicable Disease Surveillance - July 2016

DISEASE	June 2016	July 2016	YTD 2016 (as of 07/31)	YTD 2015 (as of 07/31)	DISEASE	June 2016	July 2016	YTD 2016 (as of 07/31)	YTD 2015 (as of 07/31)
Tuberculosis	1	0	4	1	Influenza A	1	0	1502	1373
Giardia	0	2	15	6	Influenza B	11	0	187	395
Rabies Exposure	8	4	39	33	Pertussis	5	2	8	10
Salmonella	4	3	15	12	Cryptosporidiosis	2	2	7	3
Campylobacter	2	4	15	12	Syphilis	2	1	7	9
Hepatitis C	Chronic-3 Probable-14	Chronic-3 Probable-12	Chronic-50 Probable-84	Chronic-93 Probable-0	Gonorrhea	14	9	38	74
Hepatitis C	1	0	2	3	Chlamydia	80	47	393	443

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

Find us on Facebook

CLINICAL SERVICES

406 Elizabeth Street
Utica, New York 13501

Phone: 315-798-5747
Fax: 315-798-1057
E-mail: spejcic@ocgov.net
jgallimo@ocgov.net

Clinic Hours: 8:30-4pm
Monday through Friday

All previous Public Health Updates are posted at http://www.ocgov.net
Go to "Health Department" then click on "For Providers"

Etc., Etc.

NEW!!!
Oneida County Health Department Clinic changes:

IMMUNIZATIONS
OCHD Immunization Clinics are now by appointment only! The clinic schedule remains the same. Some evening hours are available late summer and early fall.

STD Clinic
OCHD STD Clinics by appointment. Walk-ins accepted Wednesday afternoons.

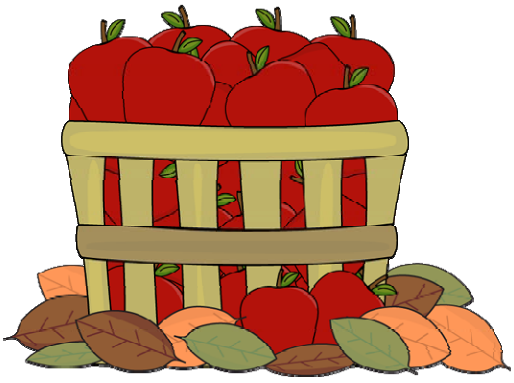
For more information or to schedule an appointment, call the OCHD at 798-5747.

2016 Fall Adult Immunization Coalition Meeting

Friday, October 14, 2016
8:00 AM-4:00 PM
Embassy Suites Hotel Syracuse
6646 Old Collamer Road South
East Syracuse, NY 13057
This is a no fee meeting.
Morning coffee/tea and lunch are included.
Please see attached for registration!

DOWNTOWN Breastfeeding CAFE

2ND LOCATION
Downtown
Utica Public Library
2nd & 4th Friday of every month
Noon–2PM



Continuing Education Credits

Continuing education credits are available for this meeting. Each participant must complete the evaluation and the individual application for continuing education credit form and bring to the registration table in order to receive a contract hour certificate for this educational activity. You are only able to receive credits commensurate with your participation. Certificates of completion will be given out at the registration table.

Nursing Accreditation

The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This offering is approved for 5.0 nursing contact hours.

Physician Accreditation

The School of Public Health, University at Albany is accredited by The Medical Society of the State of New York to provide continuing medical education to physicians.

School of Public Health, University at Albany designates this activity for a maximum of 5.0. ***AMA PRA Category 1 CreditsTM***. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CHES Accreditation

This activity is sponsored by the School of Public Health, University at Albany, SUNY, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for the CEHS to receive up to 5.0 Category I CECH contact hours.

CPH Accreditation

This event is sponsored by School of Public Health, University at Albany, an approved provider of CPH Renewal Credits by the National Board of Public Health Examiners. This offering is approved for 5.0 Certified in Public Health Renewal Credits.

Disclosure Statement

The School of Public Health, University at Albany relies upon planners and faculty participants in its CME activities to provide educational information that is objective and free of bias. In this spirit and in accordance with the guidelines of MSSNY, all speakers and planners for CME activities must disclose any relevant financial relationships with commercial interests whose products, devices or services may be discussed in the content of a CME activity, that might be perceived as a real or apparent conflict of interest.

The following Faculty have indicated a relationship with the following:
John D. Grabenstein, RPh, PhD receives a salary and owns stock in Merck & Co.

None of the other planners and faculty participants have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in these materials.

No commercial funding has been accepted for the activity.

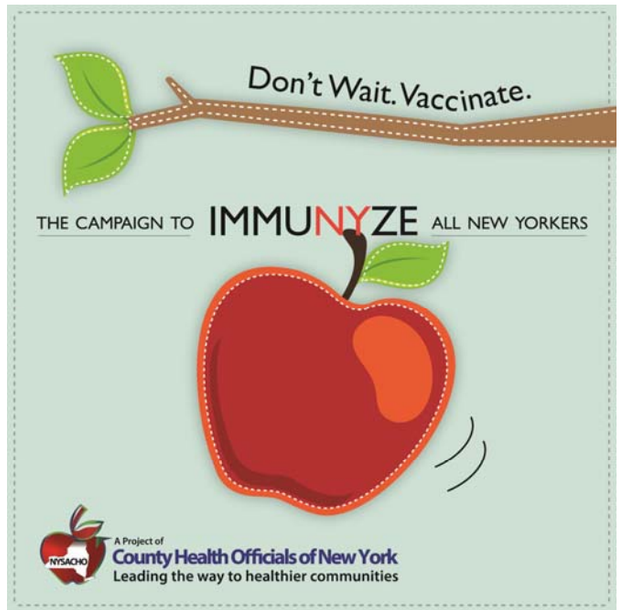
County Health Officials of New York
Leading the way to healthier communities

NYSACHO

NYSACHO
One United Way
Pine West Plaza
Albany, NY 12205

Save Time – Register On-line @ www.nysacho.org

The Annual Central New York Adult Immunization Coalition Meeting



Friday, October 14, 2016

Embassy Suites Hotel Syracuse
6646 Old Collamer Road South
East Syracuse, NY 13057
Phone: 315-446-3200

This is a no fee meeting.
Morning coffee/tea and lunch are included.

Hosted by the New York State Association of County Health Officials and co-provided by the New York State Department of Health, Bureau of Immunization and the University at Albany School of Public Health.

Registration Form – Central Adult Immunization Coalition Meeting, October 14, 2016

Please Print

Name: _____ Title: _____

Organization: _____

Type of Org (Circle One): Nursing Home Hospital Private Provider Public Health Pharmacy
Managed Care Assisted Living Adult Home Home Care Other_____

Address: _____ City/State _____ Zip: _____ County: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Please indicate if you will be staying for lunch:
____I will stay for lunch ____I will **not** stay for lunch
____I am a Pharmaceutical Representative and require a display table.

Mail, fax, or complete the on-line form by October 8, 2016 to:
Cheryl Gerstler
New York State Association of County Health Officials
One United Way, Pine West Plaza, Albany, NY 12205
Phone: (518) 456-7905
Fax: (518) 452-5435
Save time—Register online at www.nysacho.org

Funding for this meeting was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written meeting materials or publications and by speakers and moderators do not necessarily reflect the official policies of the U.S. Department of Health and Human Services, nor does the mention of trade names, commercial practices or organizations imply endorsement by the U.S. government.

Annual Central New York Adult Immunization Meeting, Friday, October 14, 2016

8:00 **Registration/Coffee/Tea**
Visit the Vaccine Manufacturer Displays

9:00 **Welcome**
Jennifer Lewis
CNYRO, Bureau of Immunization
New York State Department of Health

9:05 **Opening Remarks**
Karen Bishop, RN, BS
Director of Community Health,
Tompkins County Health Department

9:15 **NYSDOH Adult Immunization Update**
Diana Joyce, BSN, RN, MPA
Public Health Program Nurse,
Adult & Adolescent Immunization Coordinator
Bureau of Immunization, NYSDOH

10:15 **Break (visit the display tables)**

10:30 **Immunization Best Practices**
CAPT Raymond A. Strikas, MD, MPH, FACP, FIDSA
U.S. Public Health Service
Lead, Education Team, Communication and Education Branch,
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

11:30 **The Use of Collaboration and Partnerships in the Investigation, Management and Response to a Hepatitis A Outbreak in a Rural Setting**
Vickie Swinehart, RN, MS
Public Health Director/Director of Environmental Health
Seneca County Health Department

Kerry VanAuken, BS
Senior Public Health Educator
Seneca County Health Department

12:00 **Lunch**

12:45 **What the World's Religions Teach, Applied to Vaccines and Immune Globulins**
John D. Grabenstein, RPh, PhD
Executive Director, Global Health & Medical Affairs, Merck Vaccines

1:45 **Addressing the Elephant in the Room—NYSIIS and Adult Reporting**
Kadee McDonald, MPH
Onondaga County Health Department

2:15 **Break**

2:30 **Winning the Game of Life**
Rayna DuBose
Motivational Speaker/Meningitis Survivor

3:30 **Closing Remarks**
Jennifer Lewis
CNYRO, Bureau of Immunization
New York State Department of Health

Meeting Objectives

1. Attendees will be able to identify New York State Department of Health/ACIP/ACOG/AAP maternal immunization recommendations.
2. Attendees will be able to recognize evidence-based adult immunization program methods.
3. Attendees will be able to identify at least three benefits to adult immunization and documentation in NYSIIS/CIR.
4. Attendees will be able to identify the Standards for Adult Immunization Practice.
5. Attendees will be able to identify one benefit from the use of collaboration and/or existing partnerships to investigate, manage and respond effectively to a vaccine preventable disease outbreak in a rural setting.
6. Attendees will be able to list 1-2 risk factors for Hepatitis A infection that were identified during this outbreak.
7. Attendees will be able to describe teachings from major religions that promote preservation of health and protection of others.
8. Attendees will be able to distinguish between the content of major religious teachings and the personal opinions of individuals who espouse various religious beliefs.
9. Attendees will be able to describe strategies for improving adult immunization reporting to NYSIIS.
10. Attendees will be able to describe the advantages to reporting adult immunizations to NYSIIS for both the provider and the patient.
11. Participants will be able to explain the importance of vaccines.
12. Participants will be able to describe how goals promote progress.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 15, 2016

Dear Chief Executive Officer:

The purpose of this letter is to remind you of the requirements for offering influenza vaccination to parents and anticipated caregivers of neonatal intensive care unit (NICU) patients and to each admitted person age sixty-five years or older.

Requirement in NICUs:

New York State Public Health Law (PHL) section 2805-h requires all hospitals with NICUs to offer influenza vaccination annually, between September 1 and April 1, to all persons who are parents, or who are reasonably anticipated to be caregivers in the households of newborns being treated in NICUs.

Influenza vaccination is not licensed for children aged less than six months. Oral oseltamivir is approved by the U.S. Food and Drug Administration (FDA) for the treatment of influenza in persons 2 weeks and older, and for chemoprophylaxis in persons 1 year and older. Oseltamivir is not a substitute for early, annual influenza vaccination. To protect young infants, who have rates of hospitalization due to influenza that are similar to those observed among the elderly, immunization of infants' close contacts is critical.

Requirement for admitted persons age sixty-five years or older:

PHL 2805-h also requires that the administrative officer, or other person in charge of each hospital, must ensure that influenza vaccine is offered to each admitted person aged 65 years or older. The requirement applies to all patients admitted between September 1 and April 1.

We strongly encourage you to continue your vaccination efforts against influenza even after the April 1st date required by law, as flu season often persists into the late spring.

Hospitals must take steps to adopt and implement both policies as required under law. Should you need further assistance, please call the New York State Department of Health, Bureau of Immunization at (518) 473-4437.

Sincerely,

Debra S. Blog, MD, MPH
Director of Division of Epidemiology
New York State Department of Health

New York State Vaccines for Children Program (NYS VFC)
Influenza Vaccine Ordering Procedures for the 2016– 2017 Season

SUMMARY:

- For the 2016-2017 influenza season, all influenza vaccine must be ordered through the New York State Immunization Information System (NYSIIS).
- Influenza vaccine should be ordered **separately** from other VFC vaccine.
- Orders may have to be reduced depending on available supply, especially early in the influenza season.
- Doses administered and current inventory counts for all public vaccine lots are required to be entered in NYSIIS before placing an order.

DETAILED PROCEDURE EXPLANATION:

As in the previous year, the procedure for the 2016-2017 influenza season requires VFC providers to log onto NYSIIS and complete their order online. Rather than placing one order at the beginning of the flu season, providers should order routinely **throughout** the influenza season, as stock of influenza vaccine needs to be replenished. Orders will be fully or partially filled based on vaccine supply at the time of order. The NYS VFC Program does not track the balance of influenza vaccine from a partially filled influenza vaccine order. If an order can only be partially filled and the practice needs more flu vaccine, then another order must be placed.

Prior to placing an order, providers should review the number of doses their site administered to VFC/SCHIP eligible children during the previous influenza seasons. This data can be generated by running the *VFC Report* in NYSIIS. The New York State Department of Health Vaccine Program recommends running this report for at least 3 separate months during the previous influenza season (e.g. August 2015, September 2015, and October 2015) and then placing an order for a reasonable amount of influenza vaccine which would supply the practice for the first month of the influenza season.

PLEASE NOTE: The New York State Bureau of Immunization will attempt to fill all initial influenza vaccine requests based on the amount and type of influenza vaccine received from the CDC. **Orders may have to be reduced depending on available supply**, especially early in the influenza season. It will be the providers' responsibility to monitor their influenza vaccine inventory and place additional orders as needed.

The NYS VFC Program staff will be reviewing each practice's doses administered to **justify the amount** of influenza vaccine a practice is ordering. They will also be reviewing current inventory as new orders are placed during the influenza season. Therefore, it is important that all influenza vaccine doses administered are recorded into NYSIIS as soon as possible after their administration. This will help the Program determine influenza vaccine usage when an order is placed.

Flu orders will processed separately from regular VFC (non-flu) orders. Therefore, we ask all providers to create a SEPARATE order in NYSIIS for influenza vaccine. The Program will not be able to process influenza vaccine requests that are ordered with regular VFC orders, as this slows the review process and shipment of vaccine. It is the policy of the NYS VFC Program that vaccine can only be ordered once 30

days or more have passed since the last order. **Please note, flu vaccine can be ordered at any reasonable interval and will not count toward the 30 day rule.**

DO NOT OVER ORDER. All orders are subject to approval. THIS VACCINE CAN ONLY BE ADMINISTERED TO VFC AND SCHIP ELIGIBLE CHILDREN.

- All children 6 months through 18 years of age should receive annual influenza vaccination

- Vaccinate all children <9 years of age with 2 doses of influenza vaccine, given 4 weeks apart, the first season they are vaccinated.

The following influenza vaccines will be available for ordering during the 2016-2015 season. As soon as sufficient supply of these products are available from the CDC they will be added to the NYSIIS vaccine ordering screen. Remember, influenza vaccine may be in limited supply early in the season. Once supply of a particular vaccine is exhausted, the vaccine will not appear on the order screen.

Vaccine Name/ Age for VFC Eligibility Only	**Brand Name (Presentation-Minimum Doses-NDC#)**	**Manufacturer**
FLUARIX (inactivated) (3 years to 18 years)	FLUARIX-**Quadrivalent** (10 single dose syringes) (0.5ML) **NDC#58160-0905-52**	GlaxoSmithKline
FLUZONE (inactivated) (3 years to 18 years)	FLUZONE PF-**Quadrivalent** (10 single dose syringes) (0.5 ML) **NDC#49281-0416-50**	Sanofi Pasteur
FLUZONE (inactivated) (3 years to 18 years)	FLUZONE PF-**Quadrivalent** (10 single dose vials) (0.5 ML) **NDC#49281-0416-10**	Sanofi Pasteur
FLUZONE (inactivated) (6 month to 35 month)	FLUZONE PF-**Quadrivalent** (10 single dose syringes) (0.25 ML) **NDC#49281-0516-25**	Sanofi Pasteur

SAMPLE COMPLETED VFC Vaccine Borrowing Report

Guidance:

VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing would occur only when there is lack of appropriate stock vaccine (VFC or provider-purchased) due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be provider planned borrowing from either the private stock or the VFC stock.

Directions for use of this form:

When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit.

Vaccine Borrowed	Patient Name/Patient Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason no appropriate stock vaccine was available (circle one)	Date vaccine returned to appropriate stock
DTaP	Shirley Temple VFC	08/01/20007	10/19/2007	1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	10/21/2007
IPV	" "	" "	" "	1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	10/21/2007
DTaP	Mickey Rooney private	08/15/2007	10/19/2007	1.Private stock order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4.VFC order non-viable on arrival 3. other (specify)	10/21/2007
IPV	Mickey Rooney private	08/15/2007	10/19/2007	1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	10/21/2007
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

"Provider Name:___Dr. Sam Who_____Provider Signature: _Dr. Sam Who___Date: 02/21/2009

VFC Vaccine Borrowing Report

Guidance:

VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing would occur only when there is lack of appropriate stock vaccine due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be provider planned borrowing from either the private stock or the VFC stock.

Directions for use of this form:

When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit.

Vaccine Borrowed	Patient Name/Patient Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason no appropriate stock vaccine was available (circle one)	Date vaccine returned to appropriate stock
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4.VFC order non-viable on arrival 3. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

"Provider Name:_____Provider Signature: _____Date:_____

This document can be found on the CDC website at:
http://www.cdc.gov/vaccines/programs/vfc/downloads/borrowforms-508.doc

Under the Leadership of
ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

Oneida County Health Department

Tdap/Meningitis Clinic

Date: Wednesday, September 21

Time: 4:00—6:00 pm

Location: 406 Elizabeth St., Utica, NY

OR

Date: Tuesday, September 27

Time: 4:00—6:00 pm

Location: 300 W. Dominick St., Rome, NY

By appointment only

To schedule an appointment -

call the Health Department at 798-5748

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 26, 2016

TO: **Healthcare Providers, Hospitals, Local Health Departments (LHDs), Laboratories**
FROM: **NYSDOH Bureau of Communicable Disease Control**

HEALTH ADVISORY: ZIKA VIRUS UPDATE

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.

SUMMARY

- In the attached Health Advisory, the Centers for Disease Control and Prevention (CDC) has expanded travel, testing, and other guidance related to local mosquito-borne Zika virus transmission in Miami, Florida.
- Investigation by the Florida Department of Health revealed a new area of active transmission in a 1.5-square-mile section of Miami Beach. For this identified area, CDC advises that the recommendations outlined in the Advisory be followed for those who live in or traveled to Miami Beach after July 14, 2016.
- CDC has previously issued similar guidance for a one-square-mile area in the Wynwood area of Miami, which remains in effect for those who live in or traveled to this area any time after June 15, 2016.
- Both CDC and NYSDOH recommend that pregnant women avoid travel to these two designated areas.
    - Pregnant women and partners of pregnant women who are concerned about potential Zika virus exposure may also consider postponing nonessential travel to all parts of Miami-Dade County.
    - As new areas of local mosquito-borne Zika virus transmission in the U.S. may become identified and current areas removed from the list, providers should consult CDC's Zika website frequently.
- While both real-time reverse-transcription polymerase chain reaction (rRT-PCR) and serological testing for Zika virus are commercially available, in the absence of a positive rRT-PCR, complete testing may include the use of the plaque reduction neutralization test (PRNT).
    - PRNT is especially important in pregnant women.
    - NYSDOH's Wadsworth Center is the only laboratory in New York State that performs the PRNT.
    - Additional details on Zika virus testing and laboratory interpretation in New York State can be found in the Department's July 29 Health Advisory.
- Providers caring for New York State residents who have had exposure to these areas of Miami, especially pregnant women, can contact their local health department to request testing. Questions from individuals or health care providers can also be directed to the NYSDOH Zika Information Line at (888) 364-4723 from 9 am to 5 pm weekdays.

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 19, 2016, 1515 ET (3:15 PM ET)
CDCHAN-00394

CDC Expands Guidance for Travel and Testing of Pregnant Women, Women of Reproductive Age, and Their Partners for Zika Virus Infection Related to Mosquito-borne Zika Virus Transmission in Miami-Dade, Florida

Summary
CDC has previously issued travel, testing, and other guidance for local mosquito-borne Zika virus transmission (active Zika virus transmission) for a one-square-mile area in the Wynwood area of Miami that the Florida Department of Health (FL DOH) identified. The guidance for those who live in or traveled to this area any time after June 15, 2016, remains in effect.

FL DOH continues to investigate active Zika virus transmission in South Florida. Investigation has revealed a new area of active transmission in a 1.5-square-mile section of Miami Beach. In addition, FL DOH has identified multiple other individual instances of mosquito-borne Zika virus infection and an increase in travel-related cases.

Because the incubation period for Zika infection is up to two weeks, a high proportion of infected people have no symptoms, and the diagnosis and investigation of cases takes several weeks, coupled with these individual instances of mosquito-borne Zika virus infection and increase in travel-related cases, it is possible that other neighborhoods in Miami-Dade County have active Zika virus transmission that is not yet apparent.

For the identified area of active transmission in Miami Beach, CDC advises that the recommendations outlined below be followed. Based on the earliest time of symptom onset and a maximal two-week incubation period for Zika virus, this guidance applies to pregnant women, women of reproductive age, and their partners who live in or traveled to Miami Beach after July 14, 2016.

For all other areas of Miami-Dade County, while further investigations are underway, CDC advises strict adherence to precautions to prevent mosquito bites. Consistent with the August 3 recommendation of the Florida Governor, pregnant women in these areas should be assessed for potential exposure to Zika virus and, when indicated, obtain laboratory testing. Pregnant women and partners of pregnant women who are concerned about potential Zika virus exposure may also consider postponing nonessential travel to all parts of Miami-Dade County.

This is an ongoing investigation, and FL DOH and CDC are working together to rapidly learn more about the extent of active Zika virus transmission in Miami-Dade County. CDC will update these recommendations as more information becomes available.

Recommendations

1. Pregnant women should avoid travel to the designated area of Miami Beach (http://www.cdc.gov/zika/intheus/florida-update.html), in addition to the designate)d area of Wynwood, both located in Miami-Dade County, because active Zika virus transmission has been confirmed in both of these areas.

2. Pregnant women and their partners living in or traveling to the designated areas should be aware of active Zika virus transmission and should follow steps to prevent mosquito bites (http://www.cdc.gov/zika/prevention/prevent-mosquito-bites.html). Healthcare providers caring for pregnant women and their partners should visit CDC Zika website (http://www.cdc.gov/zika/) frequently for the most up-to-date recommendations.

3. Women and men who live in or who have traveled to the designated area of Miami Beach since July 14, 2016, should be aware of active Zika virus transmission, and those who have a pregnant sex partner

should consistently and correctly use condoms or other barriers to prevent infection during sex or not have sex for the duration of the pregnancy. The same recommendation applies for women and men who live in or who have traveled to the designated area in Wynwood since June 15, 2016.

4. Pregnant women and partners of pregnant women who are concerned about potential Zika virus exposure may also consider postponing nonessential travel to all parts of Miami-Dade County.

5. All pregnant women in the United States should be assessed for possible Zika virus exposure and signs or symptoms consistent with Zika virus disease at each prenatal care visit. Women with **ongoing risk** of possible Zika virus exposure include those who live in or frequently travel to the designated areas of Miami Beach and Wynwood due to the possibility of active Zika virus transmission. Women with **limited risk** of Zika virus exposure include those who traveled to the designated areas of Miami Beach and Wynwood or had sex without using condoms or other barrier methods to prevent infection by a partner who lives in or traveled to the designated areas of Miami Beach and Wynwood. Each prenatal evaluation should include an assessment of signs and symptoms of Zika virus disease (acute onset of fever, rash, arthralgia, conjunctivitis), travel history, and sexual exposure to determine whether Zika virus testing is indicated. Limitations of laboratory tests used to diagnose Zika virus infection should also be discussed with pregnant women and their partners.

6. Pregnant women with possible exposure to Zika virus and signs or symptoms consistent with Zika virus disease should be tested for Zika virus infection based on time of evaluation relative to symptom onset in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

7. Pregnant women with **ongoing risk** of possible Zika virus exposure and who do not report symptoms of Zika virus disease should be tested in the first and second trimesters of pregnancy in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

8. Pregnant women with **limited risk** of possible Zika virus exposure and who do not report symptoms should consult with their healthcare providers to obtain testing for Zika virus infection based on the elapsed interval since their last possible exposure in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

9. Women with Zika virus disease should wait at least eight weeks after symptom onset to attempt conception, and men with Zika virus disease should wait at least six months after symptom onset.

10. Women and men with **ongoing risk** of possible Zika virus exposure who do not have signs or symptoms consistent with Zika virus disease and are considering pregnancy should consult their healthcare provider. Due to the ongoing risk of possible Zika virus exposure, healthcare providers should discuss the risks of Zika, emphasize ways to prevent Zika virus infection, and provide information about safe and effective contraceptive methods. As part of their pregnancy planning and counseling with their healthcare providers, some women and their partners living either of the two designated areas (Miami Beach and Wynwood) might consider if now is the right time to get pregnant due to the possibility of exposure to Zika virus during pregnancy or the periconceptional period.

11. Women and men with **limited risk** of possible Zika virus exposure and who do not report signs or symptoms consistent with Zika virus disease should wait at least eight weeks after last possible exposure to attempt conception.

Background

Zika is spread to people primarily through the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*). Zika virus can also be sexually transmitted. Zika virus infection during pregnancy can cause microcephaly and severe fetal brain defects, and has been associated with other adverse pregnancy outcomes. Most persons infected with Zika virus will not have symptoms; infants with microcephaly and other birth defects have been born to women with Zika virus infection who do not report symptoms.

CDC's testing recommendations for pregnant women are the same for those with ongoing and those with limited risk for possible Zika virus exposure who report clinical illness consistent with Zika virus disease (symptomatic

pregnant women). Symptomatic pregnant women who are evaluated less than two weeks after symptom onset should receive serum and urine Zika virus rRT-PCR testing. Symptomatic pregnant women who are evaluated two to 12 weeks after symptom onset should first receive a Zika virus immunoglobulin (IgM) antibody test; if the IgM antibody test result is positive or equivocal (unclear), serum and urine rRT-PCR testing should be performed.

Testing recommendations for pregnant women with possible Zika virus exposure who do not report clinical illness consistent with Zika virus disease (asymptomatic pregnant women) differ based on the circumstances of possible exposure. For asymptomatic pregnant women with ongoing risk for possible exposure and who are evaluated less than two weeks after last possible exposure, rRT-PCR testing should be performed. If the rRT-PCR result is negative, a Zika virus IgM antibody test should be performed two to 12 weeks after the exposure. Asymptomatic pregnant with limited risk for possible exposure who are first evaluated two to 12 weeks after their last possible exposure should first receive a Zika virus IgM antibody test; if the IgM antibody test result is positive or equivocal (unclear), serum and urine rRT-PCR should be performed. Asymptomatic pregnant women with ongoing risk for possible exposure to Zika virus should receive Zika virus IgM antibody testing as part of routine obstetric care during the first and second trimesters; immediate rRT-PCR testing should be performed when IgM antibody test results are positive or equivocal (unclear).

Further information on the interpretation of laboratory test results and clinical management of pregnant women with laboratory evidence of possible Zika virus infection are available below.

For More Information

- Interim Guidance for Health Care Providers Caring for Pregnant Women:
  MMWR: http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_w
  Summary: http://www.cdc.gov/zika/hc-providers/pregnant-woman.html
- Fact Sheet with Testing Algorithms: http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf
- Interim Guidance for Prevention of Sexual Transmission of Zika Virus:
  http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e2.htm?s_cid=mm6529e2_w
- Updated information on active transmission of Zika virus from the Florida Department of Health:
  http://www.floridahealth.gov/newsroom/index.html

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, HAN coordinators, and clinician organizations##

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 29, 2016

TO: **Healthcare Providers, Hospitals, Local Health Departments (LHDs), Laboratories**
FROM: **NYSDOH Bureau of Communicable Disease Control**

HEALTH ADVISORY: ZIKA VIRUS UPDATE

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.

SUMMARY

- This advisory provides the following information on Zika virus
  - Updated national and New York State (NYS) case counts
  - Updated guidance on Zika virus testing and laboratory interpretation including
    - The importance of urine rRT-PCR testing
    - The availability of commercial Zika real-time reverse-transcription polymerase chain reaction (rRT-PCR) testing and recommendations for additional antibody testing
    - A new timeline for blood and urine rRT-PCR testing in pregnant women and how NYS' approach is more expansive than that announced yesterday by the Centers for Disease Control and Prevention (CDC).[1]
    - A review of eligibility and processes to be used with public health laboratory testing
    - Guidance on interpretation of laboratory results
  - Requirements and procedures for reporting of suspected Zika virus cases
  - Information on NYSDOH's mosquito surveillance program

CASE COUNTS

Zika virus disease in the United States, 2015 2016: As of July 27, 2016[2]

Cases in US States

- Locally acquired mosquito-borne cases reported: 0
- Travel-associated cases reported: 1,657
- Laboratory-acquired cases reported: 1
- **Total: 1,658**
  - Sexually transmitted: 15
  - Guillain-Barré syndrome: 5

Cases in US Territories

- Locally acquired cases reported: 4,729
- Travel-associated cases reported: 21
- Laboratory-acquired cases reported: 0
- **Total: 4,750**
  - Sexually transmitted cases are not reported for areas with local mosquito-borne transmission of Zika virus because it is not possible to determine whether infection occurred due to mosquito-borne or sexual transmission.
  - Guillain-Barré syndrome: 17

[1] Available at https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e1.pdf
[2] Source: U.S. Centers for Disease Control and Prevention (CDC): www.cdc.gov/zika/geo/united-states.html

Pregnant women with any laboratory evidence of possible Zika virus infection in the United States and Territories, 2016: As of July 21, 2016[3]

- Pregnant women in the continental United States with any laboratory evidence of possible Zika virus infection reported to CDC's Zika Pregnancy Registry: 433
- Pregnant women in US territories and Puerto Rico with any laboratory evidence of possible Zika virus infection reported to the Zika Pregnancy Registry or Puerto Rico's Zika Active Pregnancy Surveillance System: 422

Zika virus disease in NYS 2015–2016: As of July 27, 2016[4]

NYS (excluding NYC)

- Locally acquired cases reported: 0
- Travel-associated cases reported: 118
- Laboratory-acquired cases reported: 0
- **Total: 118**
  - Sexually transmitted: 1
  - Guillain-Barré syndrome: 1

- Pregnant women or infants with any laboratory evidence of possible Zika virus infection reported to CDC's Zika Pregnancy Registry: 28

NYC (excluding NYS)

- Locally acquired cases reported: 0
- Travel-associated cases reported: 381
- Laboratory-acquired cases reported: 0
- **Total: 398**
  - Sexually transmitted: 4
  - Guillain-Barré syndrome: 3

- Pregnant women or infants with any laboratory evidence of possible Zika virus infection reported to CDC's Zika Pregnancy Registry: 95

ZIKA VIRUS TESTING AND LABORATORY INTERPRETATION UPDATES

The Importance of Urine rRT-PCR *Testing*

- Testing at the Wadsworth Center for Zika virus has often resulted in the detection of the virus in urine for a longer time after the person's exposure than in serum. Therefore, NYSDOH reiterates the importance of offering rRT-PCR testing on blood and urine.

The Availability of Commercial Zika rRT-PCR Testing and Recommendations for Additional Antibody Testing

- Testing for Zika virus is now available commercially from Quest/Focus Diagnostics (serum), ViraCor-IBT Laboratories (plasma, serum, and urine), LabCorp (serum and urine). Additional commercial laboratories are expected to offer rRT-PCR and serological testing in the near future.
- Zika rRT-PCR of serum and urine continues to be available from the NYSDOH's Wadsworth Center and the New York City Department of Health and Mental Hygiene's (NYCDOHMH) Public Health Laboratory (PHL).
- rRT-PCR testing is most useful during the acute phase of infection. Because of the decline in the level of viremia/viruria over time and possible inaccuracy in reporting of dates of exposure and illness onset, a negative rRT-PCR result does not exclude Zika virus infection and additional serological testing is indicated.
  - Additional serological testing is particularly important for pregnant women given concerns about the effects of prior infection, which might only be identifiable through antibody testing.
  - Commercial laboratories currently do not offer antibody testing for Zika virus.
  - Serology for Zika infection is available through NYSDOH's Wadsworth Center and NYCDOHMH PHL.
- If providers order Zika virus rRT-PCR testing from a commercial laboratory, a serum aliquot of at least 2 ml should be stored in a refrigerator for subsequent antibody testing in case the rRT-PCR assay is negative. Otherwise, collection of an additional serum sample may be necessary during a future appointment.

[3] Source: CDC Zika Pregnancy Registry and the Puerto Rico Zika Active Pregnancy Surveillance System: http://www.cdc.gov/zika/geo/pregwomen-uscases.html

[4] Sources: NYSDOH's Bureau of Communicable Disease Control and NYCDOHMH's Bureau of Communicable Diseases

- Providers and commercial laboratories may be contacted by NYSDOH to obtain epidemiologic information about persons being tested.

Testing for Pregnant Women: NYSDOH Expands Upon Latest CDC Recommendations

- Ideally, pregnant women should be tested within two weeks after their potential exposure to Zika virus regardless of the presence of symptoms.[5] Prompt testing increases the likelihood that a definitive diagnosis can be made and allows optimal assessment for possible effects of Zika virus infection on fetal development. However, testing may be conducted at any time during pregnancy for women with a history of exposure.
- Persistent viremia has been identified by NYSDOH's Wadsworth Center in several pregnant women tested beyond six weeks after their last possible exposure to Zika virus. In one case, viremia was identified 53 days after the last possible exposure.
- Therefore, NYSDOH is expanding beyond CDC's recommendations for the eligibility criteria for its Zika testing program. rRT-PCR will be performed on specimens from all pregnant women submitted to the NYSDOH Wadsworth Center, regardless of the time that has elapsed from their last exposure.[5] All specimens from pregnant women that are not positive by rRT-PCR will also undergo serological testing.

Eligibility and Public Health Laboratory Testing Process in NYS

- For symptomatic individuals, including men, non-pregnant women, and children: Specimens collected within 4 weeks of symptom onset in those with possible exposure[6] can be submitted for testing.
- For pregnant women: As described above.
- For patients with Guillain-Barré syndrome (GBS): Specimens collected from patients who present with GBS after possible exposure[1] to Zika virus can be submitted.
- For infants with microcephaly, intracranial calcifications, or other congenital abnormalities possibly associated with Zika virus and born to women who were exposed[1] to Zika virus while pregnant OR infants who do not have obvious congenital abnormalities at birth and were born to women who were equivocal or positive on Zika virus testing: Specimens can be submitted after birth or when the abnormality is identified.
- Preauthorization of testing by the LHD where the patient resides continues to be required for testing performed by NYSDOH's Wadsworth Center and NYCDOHMH's PHL.
    - For NYS residents living outside of NYC:
        - LHD contact information is available at: https://www.health.ny.gov/contact/contact_information/
        - Providers must also provide the specimen collection site with a completed NYSDOH Infectious Diseases Requisition (IDR) form, which is available at http://www.wadsworth.org/sites/default/files/WebDoc/1065760803/infectious_diseases_requisition_DOH_4463.pdf
    - For NYC residents, call the NYC DOHMH Provider Access Line at 866-692-3641.

Zika Virus Test Results Interpretation

- For persons with suspected Zika virus infection, a **positive** rRT-PCR result confirms Zika virus infection.
- Because of the decline in the level of viremia/viruria over time and possible inaccuracy in reporting of dates of exposure and illness onset, a negative rRT-PCR result does not exclude Zika virus infection and additional serological testing is indicated.
    - In addition, if a specimen for serological testing is obtained within one week of symptom onset (or for asymptomatic pregnant women within 3 weeks of last exposure) then a second, convalescent, blood specimen should be obtained for repeat antibody testing.

[5] Exposure is defined here as travel to an area with active mosquito-borne transmission of Zika virus or unprotected vaginal, anal, or oral sexual exposure with a sexual partner who traveled to an area with active mosquito-borne transmission of Zika virus. Eligibility for testing includes those pregnant women with possible Zika virus exposure during the 8 weeks before conception (6 weeks before the last menstrual period).

- In appropriately timed specimens, negative screening antibody testing via the Zika IgM ELISA and the West Nile Virus Microsphere Immunofluorescence Assay (WNV MIA, which measures total flavivirus antibody) rules out recent or past infection with flaviviruses.
- If the Zika screening antibody screening tests yield positive, equivocal, or inconclusive results, a more specific test, the plaque reduction neutralization test (PRNT), should be performed on the paired acute and convalescent specimens. The PRNT assesses antibodies against Zika and dengue viruses (or other flaviviruses endemic to the region where exposure occurred). PRNT will help determine whether a presumptive positive screening antibody result against Zika virus reflects a recent or prior flavivirus infection or a false-positive result. The PRNT may also determine which flavivirus is responsible for the positive serologic response. NYSDOH's Wadsworth Center is the only laboratory in New York State that performs PRNT. Given the complicated nature of PRNT, it is recommended that each case, particularly those involving pregnant women, be discussed with public health authorities familiar with PRNT and its interpretation. General guidance for PRNT interpretation provided by CDC includes:
    - A PRNT positive against Zika virus, together with negative PRNTs against other flaviviruses is confirmatory for recent infection with Zika virus.
    - A PRNT positive for both Zika and dengue virus (or another flavivirus) provides evidence of a recent infection with a flavivirus but precludes identification of the specific infecting virus.
    - A negative PRNT against Zika virus in a specimen that is collected >7 days after illness onset rules out Zika virus infection.
- Providers can access public health consultation for assistance with interpretation of results by calling the LHD of the patient's county of residence or the NYSDOH Zika Information line at (888) 364-4723 weekdays from 9 am to 5 pm.

REPORTING SUSPECTED ZIKA VIRUS CASES

- Hospitals and providers must report all suspected cases of Zika virus (and all other arboviral diseases) to the LHD where the patient resides.
    - When a provider obtains LHD authorization for Zika virus testing at the public health laboratory, the suspected Zika virus case is considered reported, though additional information may be requested from the provider. However, if the provider orders Zika virus testing commercially, the provider also must report the suspected case to the LHD.
- **If local, mosquito-borne transmission of Zika virus is suspected because a patient with any laboratory evidence of possible Zika virus infection does not report travel to a country with active mosquito-borne Zika virus transmission or a sexual partner who has traveled these areas, LHD notification should be immediate**. Contact information for LHDs is available at https://www.health.ny.gov/contact/contact_information/. Providers who cannot reach the 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

MOSQUITO SURVEILLANCE AND PUBLIC INFORMATION

- NYSDOH's seasonal mosquito surveillance and testing program has begun. NYSDOH conducts surveillance for mosquito-borne viruses that pose a risk to human health including Zika virus, West Nile virus (WNV) and Eastern Equine Encephalitis virus (EEEv).
    - During the mosquito season, NYSDOH publishes a weekly mosquito-borne disease activity report, which is available on the Department's website at http://www.health.ny.gov/diseases/zika_virus/.

NYSDOH encourages providers to contact their LHD or the NYSDOH Zika Information line with any questions. The NYSDOH Zika Information line can be reached at (888) 364-4723 weekdays from 9 am to 5 pm. Additional information can be found on the NYSDOH website at www.nyhealth.gov.