

Updated CDC Zika Laboratory Testing Guidance

**Clinician Outreach and
Communication Activity
(COCA) Call
December 1, 2016**

Office of Public Health Preparedness and Response

Division of Emergency Operations



Accreditation Statements

CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CNE: The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 1.0 contact hour.

IACET CEU: The Centers for Disease Control and Prevention is authorized by IACET to offer 1.0 CEU's for this program.

CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 1.0 total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 0. CDC provider number 98614.



CPE: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is a designated event for pharmacists to receive 0.1 CEUs in pharmacy education. The Universal Activity Number is 0387-0000-16-215-L04-P and enduring 0387-0000-16-215-H04-P course category. Course Category: This activity has been designated as knowledge-based. Once credit is claimed, an unofficial statement of credit is immediately available on TCEOnline. Official credit will be uploaded within 60 days on the NABP/CPE Monitor

AAVSB/RACE: This program was reviewed and approved by the AAVSB RACE program for 1.0 hours of continuing education in the jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE Program at race@aavsb.org if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

CPH: The Centers for Disease Control and Prevention is a pre-approved provider of Certified in Public Health (CPH) recertification credits and is authorized to offer 1 CPH recertification credit for this program.

Continuing Education Disclaimer

CDC, our planners, presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters, with the exception of Dr. Mark Sullivan and Dr. Joseph Merrill. They would like to disclose that their employer, the University of Washington, received a contract payment from the Centers for Disease Control and Prevention.

Planners have reviewed content to ensure there is no bias.

This presentation will include discussion of the unlabeled use of a product or products under investigational use.

Objectives

At the conclusion of this session, the participant will be able to:

- ❑ Describe all available Food and Drug Administration Emergency Use Authorizations for Zika virus assays.
- ❑ Discuss Zika virus testing methods, including molecular and antibody detection.
- ❑ Explain the role of public health laboratories, clinicians, and health departments in Zika testing and diagnosis.
- ❑ Identify Zika virus laboratory testing algorithms and resources.

TODAY'S PRESENTER



Christy Ottendorfer, Ph.D.

Microbiologist

Team Lead, Zika Lab Team Task Force

Emergency Operations Center

Centers for Disease Control and Prevention

TODAY'S PRESENTER



Matthew J. Binnicker, Ph.D., D(ABMM)

Director of Clinical Virology

Associate Professor of Laboratory Medicine and Pathology

Mayo Clinic

American Society for Microbiology

TODAY'S PRESENTER

Grace Kubin, Ph.D.

Laboratory Director

Texas Department of State Health Services

Association of Public Health Laboratories



ZIKA VIRUS: INFORMATION FOR CLINICIANS

December 1, 2016



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



Guidance for US Laboratories Testing for Zika Virus Infection

Christy Ottendorfer, PhD
Microbiologist

December 1, 2016



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

What is new?

CDC updated its laboratory guidance to support improved detection of Zika virus infection

Questions:

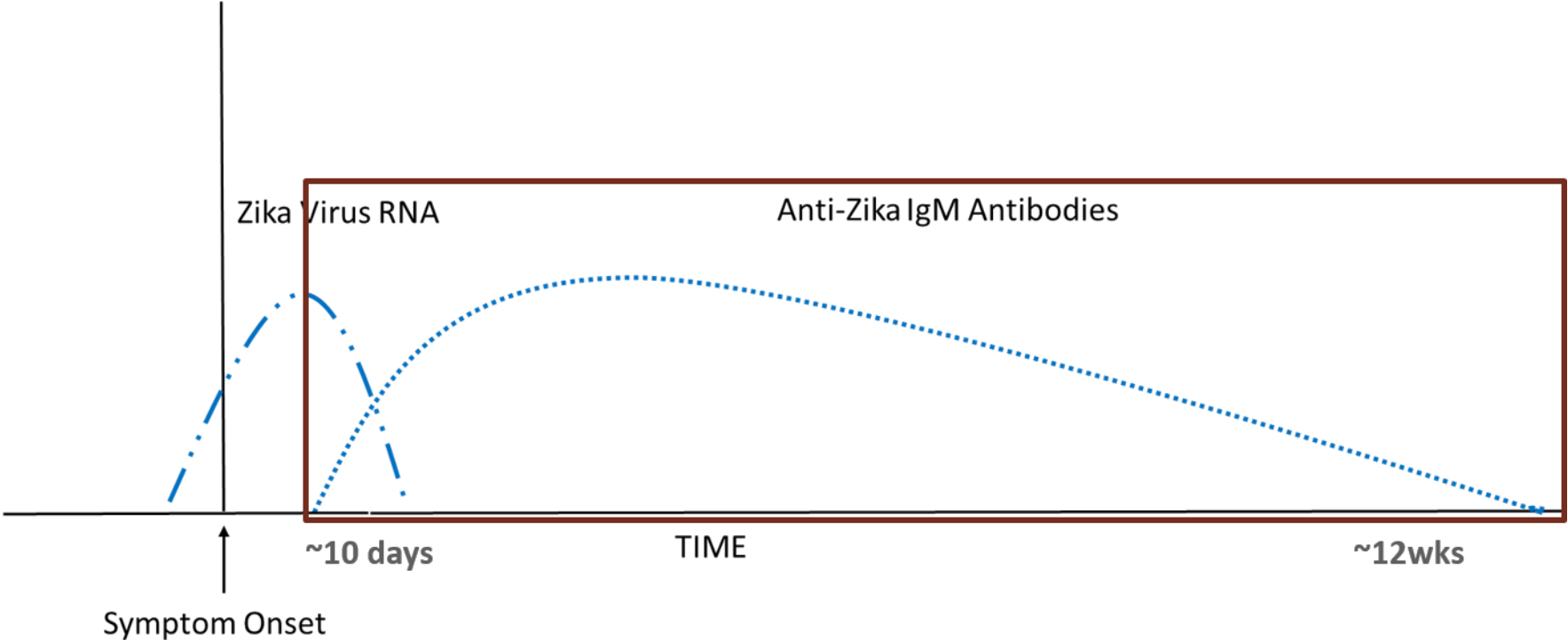
- *Why has whole blood been added as an approved specimen type for detection of Zika virus?*
- *Should health care providers still collect serum?*

Updated Guidance for US Laboratories Testing for Zika Virus

- Issued November 16, 2016
- Expands laboratory testing parameters
- Addresses use of currently available commercial assays
- Clarification for testing algorithms

<http://www.cdc.gov/zika/laboratories/lab-guidance.html>

Detecting Zika Virus Infection



Zika Diagnostic Assays

- Detection of Zika virus RNA is performed using Nucleic Acid Tests (NATs).
- Zika MAC-ELISA is used for the detection of Zika IgM antibodies.
 - Cross-reaction with related flaviviruses (e.g., dengue) is common.
- Specimens tested with the Zika MAC-ELISA that are presumptive positive, equivocal or uninterpretable are further analyzed using plaque reduction neutralization tests (PRNT).
 - *PRNT confirmation is not currently routinely recommended in Puerto Rico.*

CDC Zika Diagnostic Assays

- FDA has issued Emergency Use Authorizations (EUAs) for two CDC assays
 - Zika MAC-ELISA for presumptive detection of Zika IgM antibodies
 - *Specimens positive for Zika MAC-ELISA are further analyzed by using PRNT.*
 - Triplex rRT-PCR to detect Zika, dengue, and chikungunya viral RNA
- CDC Zika diagnostic assays are distributed in the United States through the Laboratory Response Network (LRN).
- CDC Zika diagnostic assays have also been distributed internationally.

<http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika>

CDC EUA Updates

- Trioplex rRT-PCR, September 21, 2016

Addition of:

- Whole blood as a specimen type
 - Two new extraction instruments
 - MagNA Pure Compact
 - BioMerieux easyMAG
 - Large volume (1 mL) extraction preferred for serum, urine, CSF, and amniotic fluid (using authorized instrumentation)
- Patient and healthcare provider fact sheets updated

Additional Capacity for Zika Diagnostic Testing

- Ten commercial diagnostic manufacturers have received an EUA for a molecular test for Zika virus RNA.
 - FDA reference panel sent to all manufacturers for blind testing and test performance evaluation.
- One commercial diagnostic manufacturer has received an EUA for a serologic test for Zika virus infection
 - Three independent laboratories are conducting performance evaluation of three manufacturers' Zika serological assays, as another commercial MAC-ELISA option.
- Three commercial laboratories (Quest, LabCorp, and Mayo) have been qualified to use CDC Zika MAC-ELISA.

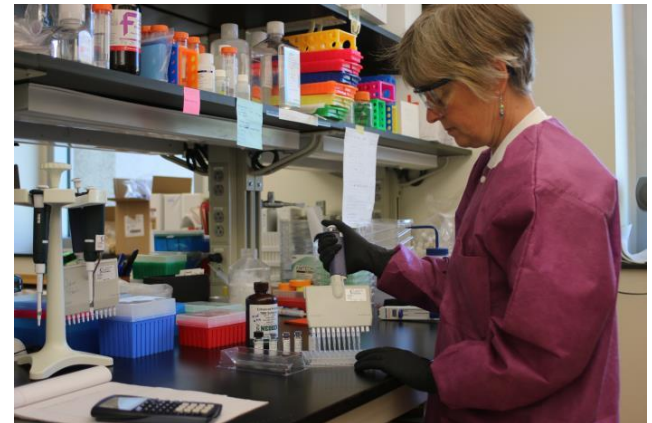
Nucleic Acid-based EUAs

Test	Specimen Type	EUA Issuance
CDC Trioplex Real-time RT-PCR	Serum, CSF, Whole Blood , Urine, and Amniotic Fluid	March 17, 2016
Zika Virus RNA Qualitative Real-Time RT-PCR Focus Diagnostics, Inc.(Quest)	Serum	April 28, 2016
RealStar Zika Virus RT-PCR Kit U.S. Altona Diagnostics GmbH	Serum or Urine	May 13, 2016
Hologic Aptima Zika Virus assay (transcription-mediated amplification test)	Serum, Plasma, Urine	June 17, 2016
Viracor-IBT Laboratories, Inc.'s Zika Virus Real-time RT-PCR Test	Serum, Plasma, Urine	July 19, 2016
VERSANT® Zika RNA 1.0 Assay (kPCR) Kit Siemens Healthcare Diagnostics Inc.	Serum, Plasma, Urine	July 29, 2016
xMAP® MultiFLEX™ Zika RNA Assay Luminex Corporation	Serum, Plasma, Urine	August 4, 2016
LightMix® Zika rRT-PCR Test Roche Molecular Systems, Inc.	Serum or Plasma	August 26, 2016
Sentosa® SA ZIKV RT-PCR Test Vela Diagnostics USA, Inc.	Serum, Plasma, Urine	September 23, 2016
Zika Virus Detection by RT-PCR Test ARUP Laboratories	Serum, Plasma, Urine	September 28, 2016
Abbott RealTime Zika Assay Abbott Molecular Inc.	Serum, Plasma, Urine	November 21, 2016

<http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika>

Zika MAC-ELISA EUAs

Test	Specimen Type	EUA Issuance
CDC Zika MAC-ELISA	Serum, CSF	June 29, 2016
ZIKV Detect™ IgM Capture ELISA (InBios, USA)	Serum	August 17, 2016



<http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika>

Additional Capacity for Zika Diagnostic Testing

In addition, CDC is

- Meeting with states with a high risk of local transmission
- Developing capacity to meet potential testing demand
- Providing reagents to support testing for the Zika virus through the International Reagent Resource (IRR) program
 - Including support for approved domestic and US territories (including Puerto Rico)

Summary

- Updated laboratory guidance released in November 2016
- Expands testing parameters, such as whole blood (CDC Trioplex NAT)
 - *Recommend collect whole blood (improved sensitivity)*
 - *Large volume (1.0 mL) extraction is preferred (serum, urine, CSF, amniotic fluid to improve sensitivity)*
 - *Must still collect serum for serologic assays*
- CDC-developed and several commercial assays authorized under FDA EUA for Zika virus testing



AMERICAN
SOCIETY FOR
MICROBIOLOGY

Diagnostic Testing for Zika Virus in Clinical Laboratories

Matthew J. Binnicker, Ph.D., D(ABMM)

Director of Clinical Virology, Mayo Clinic

Chair, ASM Professional Development Committee



Controlling Zika – A TEAM Effort

- Success will depend on careful *coordination* and *cooperation* among providers, public health, and clinical laboratories.
- Involvement of local/private labs and reference laboratories is essential:
 - Closest to the patient
 - Reduce burden of testing on public health labs

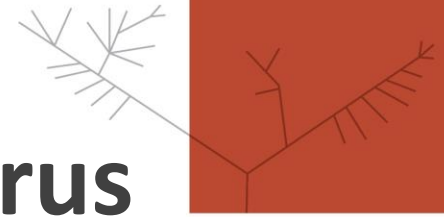


Diagnostic Assays for Zika Virus

- Currently require Emergency Use Authorization (EUA) from the FDA prior to use.
 - CDC assays first to receive EUA
 - TrioPlex rRT-PCR* – molecular test for detection of Zika, dengue and chikungunya viruses from:
 - Serum (preferred)
 - Whole blood
 - CSF
 - Urine
 - Amniotic fluid
- } Zika testing only
- MAC-ELISA** – serology for detection of IgM

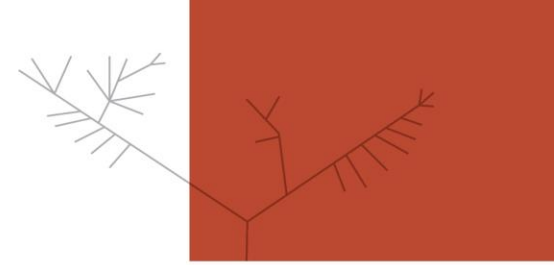


Diagnostic Assays for Zika Virus



- Several commercial assays are now available:

Laboratory/Company	Method	Sample type(s)
Focus/Quest Diagnostics	Real-time RT-PCR	Serum, urine
altona Diagnostics	Real-time RT-PCR	Serum, urine
Hologic	TMA	Plasma, serum, urine
Viracor-IBT	Real-time RT-PCR	Plasma, serum, urine
Siemens	Real-time RT-PCR	Plasma, serum, urine
Luminex	Real-time RT-PCR	Plasma, serum, urine
Roche	Real-time RT-PCR	Plasma, serum
InBios	IgM Capture ELISA	Serum



How should these tests be used?



AMERICAN
SOCIETY FOR
MICROBIOLOGY

Case #1

- A 27 year-old female returns from vacation in Jamaica. Seven days after arriving home, the patient takes a pregnancy test, which is positive. The patient is asymptomatic.
- Is Zika testing recommended, and if so, what testing should be performed?



Case #1 – Testing recommended

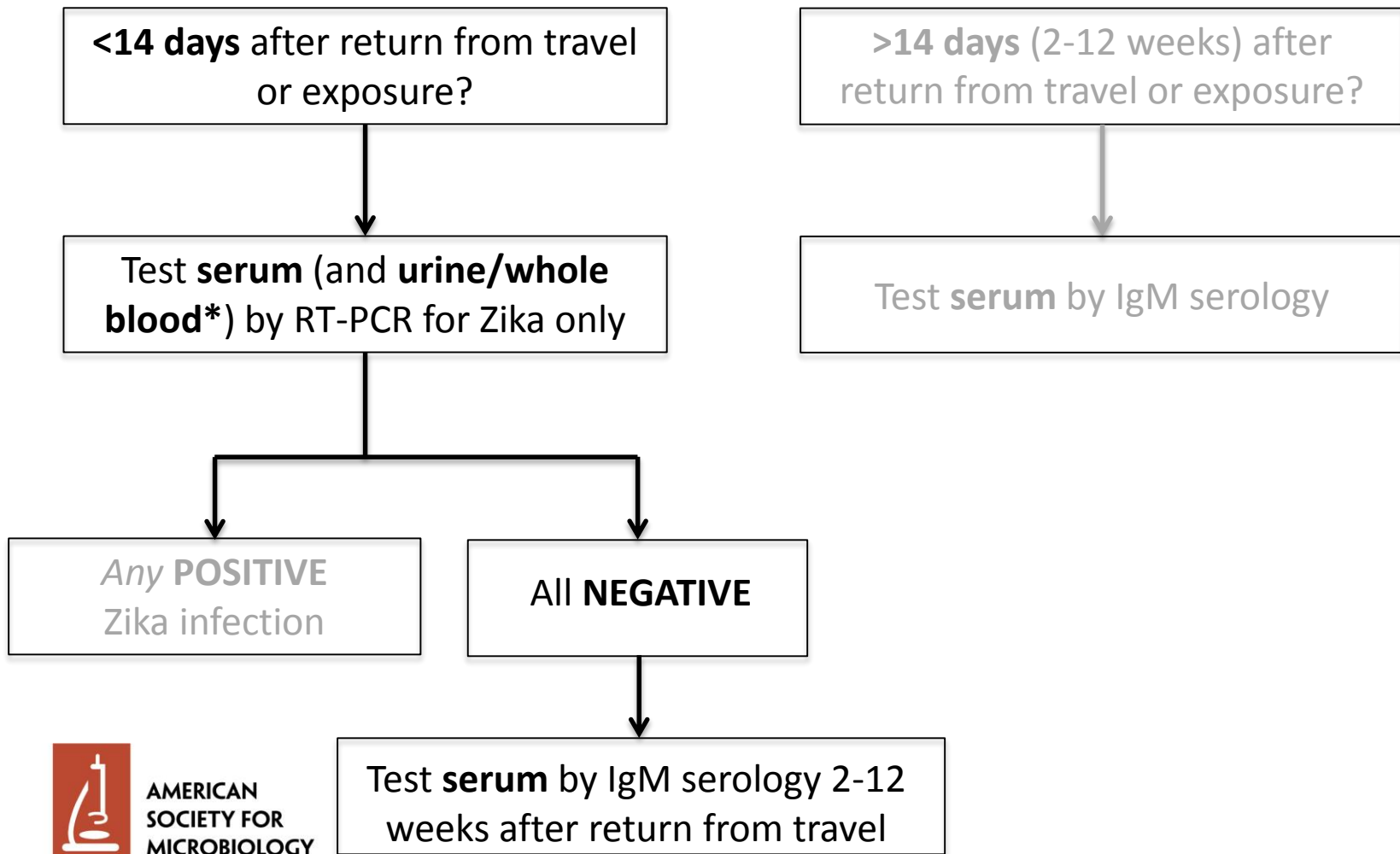
<14 days after return from travel
or exposure?

>14 days (2-12 weeks) after
return from travel or exposure?



AMERICAN
SOCIETY FOR
MICROBIOLOGY

Case #1 – Testing recommended



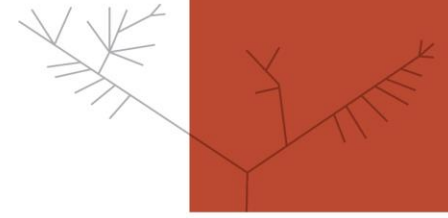
Case #2

- A 45 year-old male from Honduras visits his family in Texas. He was well during his first 7 days in the U.S., but has experienced an intermittent low grade fever, rash and mild joint pain over the past 2.5 weeks.

- Is Zika testing indicated?



Case #2 – Testing indicated



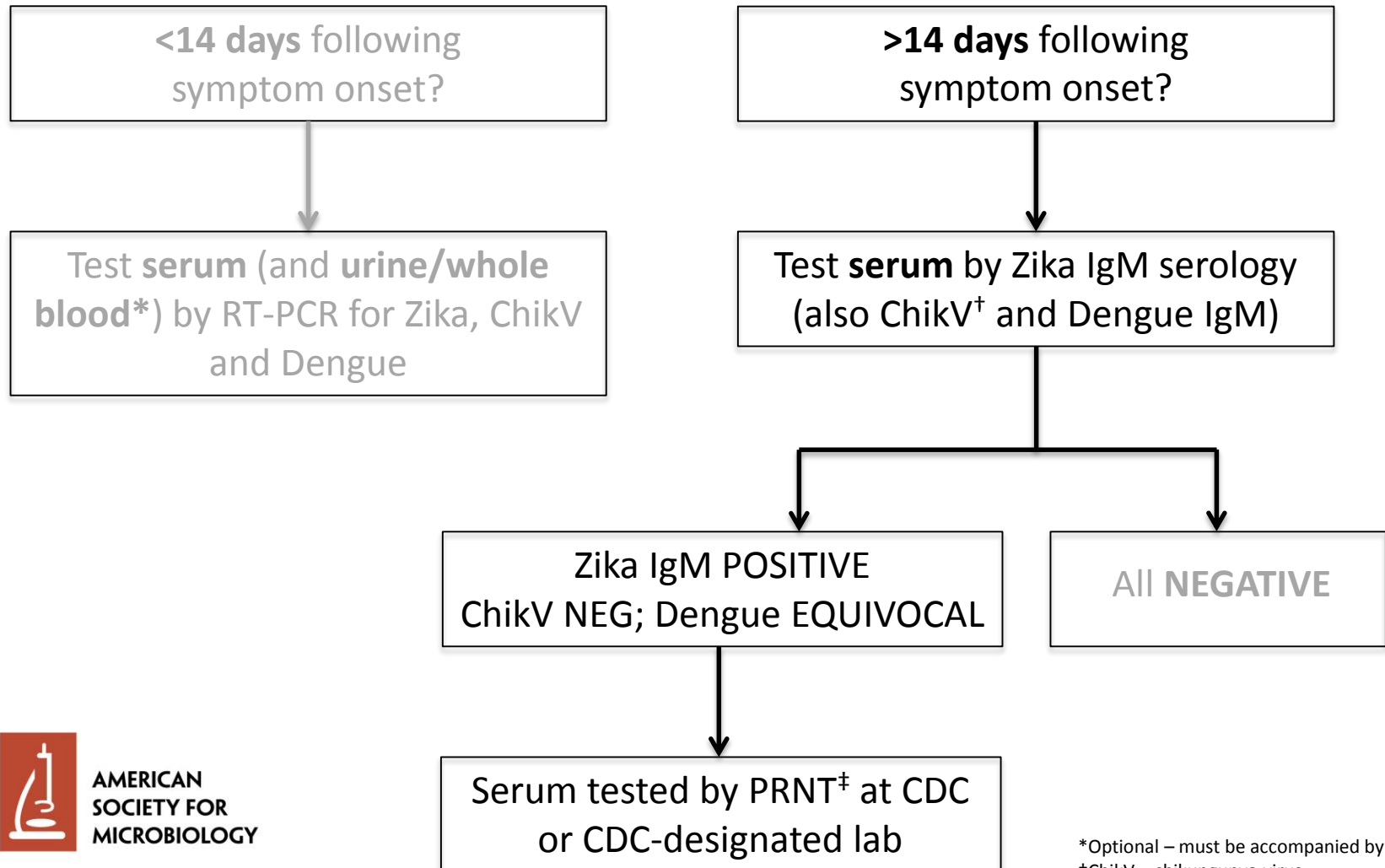
<14 days following
symptom onset?

>14 days following
symptom onset?



AMERICAN
SOCIETY FOR
MICROBIOLOGY

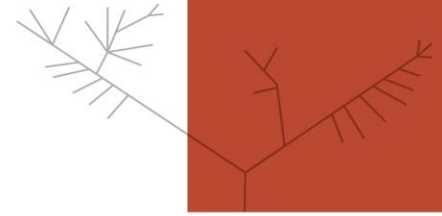
Case #2 – Testing indicated



Case #3

- A 57 year-old female from Des Moines, IA visits Haiti as part of a church mission trip. Two days after returning home, she contacts her primary care provider and requests testing for Zika. The patient is asymptomatic.
- Is Zika testing recommended?

Case #3



- “Diagnostic” testing is ***not*** recommended in asymptomatic, non-pregnant individuals.
- Caveat: Blood donors (Organ/tissue donors**)
On August 26, 2016, the U.S. FDA recommended that all donated blood be screened for Zika virus
- Currently, two screening tests available:
 - Nucleic acid amplification tests (Roche and Hologic)



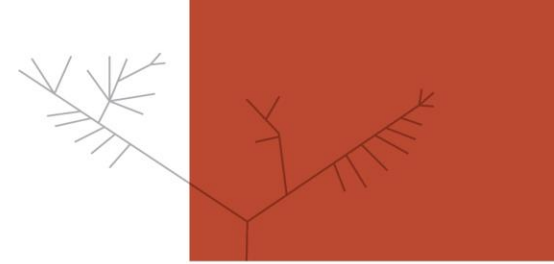
**No definitive guidance; however, may be screened. Recommended screening test (PCR vs. serology) unclear.

Case #4

- A 29 year-old female with laboratory confirmed Zika virus infection delivers her first child. Clinical exam of the infant reveals no evidence of abnormalities.
- Is Zika testing of the infant recommended?



Case #4 – Testing indicated



- Lab testing is recommended for:
 - Infants born to mothers with lab evidence of Zika
 - Infants with findings suggestive of congenital Zika AND a maternal epidemiologic link (regardless of maternal test results)
- Initial testing of infant should include:
 - rRT-PCR of serum and urine (whole blood/CSF optional)
 - Zika virus IgM on serum



Case #4 – Interpretation

- Interpretation of results of lab testing in cases of possible congenital Zika virus infection:

Zika rRT-PCR	Zika IgM	Interpretation
Positive*	Positive or Negative	Confirmed congenital Zika infection
Negative	Positive	Probable congenital Zika infection
Negative	Negative	Negative for congenital Zika infection

*Infant serum, urine or cerebrospinal fluid

Case #4 – Interpretation

- Interpretation of results of lab testing in cases of possible congenital Zika virus infection:

Zika rRT-PCR	Zika IgM	Interpretation
Positive*	Positive or Negative	Confirmed congenital Zika infection
Negative	Positive	Probable congenital Zika infection
Negative	Negative	Negative for congenital Zika infection

*Infant serum, urine or cerebrospinal fluid

Case #4 – Interpretation

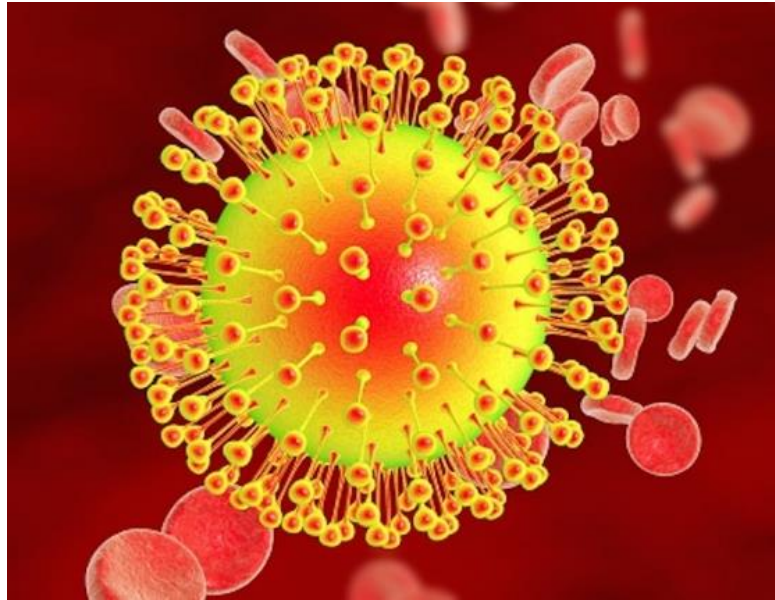
- Interpretation of results of lab testing in cases of possible congenital Zika virus infection:

Zika rRT-PCR	Zika IgM	Interpretation
Positive*	Positive or Negative	Confirmed congenital Zika infection
Negative	Positive	Probable congenital Zika infection
Negative	Negative	Negative for congenital Zika infection

*Infant serum, urine or cerebrospinal fluid

Summary

- Zika virus poses a significant challenge to public health and clinical laboratories.
- Coordinated effort is needed to identify cases and control the outbreak.
- Evolving process – new data will continue to guide diagnostic algorithms.



All Hands Response for Zika Testing

Grace Kubin, Ph.D.

Texas Department of State Health Services

Director of Laboratory Services



Analysis. Answers. Action.

www.aphl.org

Parallels to the Ebola Response

Ebola

- **Not much known about virus**
- **Confusion surrounding testing**
- **Confusion about specimen shipment**
- **Many different health care professionals involved**

Zika

- **Not much known about virus**
- **Confusion surrounding testing**
- **Confusion about specimen shipment**
- **Many different health care professionals involved**



Where to Get Testing

- **Public Health Laboratories**
 - Check city, county, or state health department websites for testing specifics
- **Commercial and private laboratories**
 - See current assay availability at FDA Medical Device EUA website
 - Check individual lab websites for which tests are offered



Specimen Submission

- **Specimen handling requirements**
 - Check recommendations for each lab
- **Specimens approved for testing based on patient signs and symptoms and travel history**
 - Extra information needed for determining if patient meets testing criteria
 - This information is also required for additional testing at CDC

Where are my Results?

Reverse Transcriptase – Polymerase Chain Reaction (RT-PCR)

- Serum is preferred specimen
- Trioplex assay - urine, whole blood, CSF can be tested when submitted with paired serum
- Positive results are considered conclusive; no other testing required
- Results available approximately 2 -3 days after specimen arrives in the laboratory



Where are my Results?

IgM Antibody Capture enzyme-linked Immunosorbent Assay (MAC-ELISA)

- Serum is only suitable specimen
- Results available approximately 3 – 4 days after arrival in the laboratory
- Plaque-reduction neutralization test (PRNT) used to confirm positive or equivocal results
- Dengue and Chikungunya serology are recommended depending on where infected



Where are my Results?

Plaque-reduction neutralization test (PRNT)

- Serum is the preferred specimen
- Only CDC and a few CDC approved laboratories can perform this test
- Results should be interpreted in conjunction with the serology test results
- Test measures specific antibodies to Zika and other flaviviruses
- Test depends on virus growth which may be at least one week or more



Working With Partners

Commercial and Private Lab Coordination

- Private labs have contacted us regarding their implementation of RT-PCR testing and offered their testing capacity if needed
- Commercial labs are working with PHLs to provide surge capacity testing as part of a large scale investigation
- In some areas these labs can provide needed local capacity for specimen collection



Working With Partners

Military and Federal Lab Coordination

- Many military labs have implemented Zika RT-PCR and IgM testing and have indicated they would be available to provide surge testing
- Federal (CDC) labs provide PRNT testing for PHLs and other commercial labs; also have additional surge capacity to support local transmission investigations



Education and Outreach

Health Department Activities

- **Media campaigns**
- **Webinars with health care providers**
 - **State Medical Association**
 - **State Pediatric Society**
 - **State Ob/Gyn Association**
- **Use of WIC sites for distribution of pamphlets and posting of educational materials**



To Ask a Question

❑ Using the Webinar System

- “Click” the Q&A tab at the top left of the webinar tool bar
- “Click” in the white space
- “Type” your question
- “Click” ask

❑ On the Phone

- Press Star (*) 1 to enter the queue
- State your name
- Listen for the operator to call your name
- State your organization and then ask your question

Thank you for joining!



**Centers for Disease Control and Prevention
Atlanta, Georgia**

<http://emergency.cdc.gov/coca>

Today's webinar will be archived

When: A few days after the live call

What: All call recordings (audio, webinar, and transcript)

Where: On the COCA Call webpage

http://emergency.cdc.gov/coca/calls/2016/callinfo_120116.asp

Upcoming COCA Call

registration is not required

Risk Mitigation Strategies to Reduce Opioid Overdoses

- ❑ **Date: Tuesday, December 6, 2016**
- ❑ **Time: 2:00 – 3:00 pm (Eastern)**
- ❑ **Presenters:**
 - Deborah Dowell, MD, MPH—CDC
 - Jane C Ballantyne, MD, FRCA—University of Washington
 - Joseph O. Merrill MD, MPH—University of Washington

<http://emergency.cdc.gov/coca>

Upcoming COCA Call

registration is not required

Gearing up for the Travel Season: How Clinicians can Ensure Their Patients are Packed with Knowledge on Zika Prevention

- ❑ **Date: Thursday, December 8, 2016**
- ❑ **Time: 2:00 – 3:00 pm (Eastern)**
- ❑ **Presenters:**
 - Mary Tanner, MD, FAAP—CDC Zika Pregnancy and Birth Defects Task Force
 - Allison Taylor Walker PhD, MPH—CDC Zika Travelers' Health Branch

<http://emergency.cdc.gov/coca>

Continuing Education for COCA Calls

All continuing education (CME, CNE, CEU, CECH, ACPE, CPH, and AAVSB/RACE) for COCA Calls are issued online through the [CDC Training & Continuing Education Online system \(http://www.cdc.gov/TCEOnline/\)](http://www.cdc.gov/TCEOnline/).

Those who participated in today's COCA Call and who wish to receive continuing education should complete the online evaluation by December 31, 2016 with the course code **WC2286**. Those who will participate in the on demand activity and wish to receive continuing education should complete the online evaluation between December 31, 2016 and November 30, 2018 will use course code **WD2286**.

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CE's obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Join the COCA Mailing List

Receive information about:

- Upcoming COCA Calls
- Health Alert Network notices
- CDC public health activations
- Emerging health threats
- Emergency preparedness and response conferences and training opportunities



<http://emergency.cdc.gov/coca>

Join Us on Facebook

CDC Facebook page for clinicians! “Like” our page today to learn about upcoming COCA Calls, CDC guidance and recommendations, and other health alerts



CDC Clinician Outreach and Communication Activity
<https://www.facebook.com/CDCClinicianOutreachAndCommunicationActivity>