



CDCU-MCAH Zika Collaboration Protocol

11/22/2016 v1.0

OVERVIEW

Zika virus is a mosquito-borne disease that can also be transmitted through sexual contact, perinatal exposure, and blood transfusion. It has been linked to adverse outcomes in the newborn which include microcephaly, other brain abnormalities, vision and hearing problems, and fetal loss.

PURPOSE

Tracking and case management of pregnant women and their infants following maternal Zika virus infection can assist in providing supportive services and early intervention for pregnant women, children, and their families.

CDC US ZIKA PREGNANCY REGISTRY

In order to understand more about Zika virus infection, CDC established the Zika Registry to collaborate with State and local health departments in collecting information about pregnancy and infant outcomes among pregnant women with laboratory evidence of Zika virus infection and their infants.

To assist in gathering this information, San Francisco Department of Public Health's Communicable Disease Control and Prevention Unit (CDCU) is collaborating with CA Birth Defects Monitoring Program (CBDFMP). CBDFMP is performing chart abstraction of hospital records of pregnant women with Zika virus infection and their infants and providers are asked to complete Registry Forms. Registry data is collected at various points: prenatal (2nd and 3rd trimester), delivery, 2 mo/o, 6 mo/o, and 12 mo/o infant.

CDCU AND MATERNAL CHILD AND ADOLESCENT HEALTH (MCAH) COLLABORATION: Case management of infants of mothers with Zika infection

CDC has issued recommendations for the initial evaluation and outpatient management of infants with possible congenital Zika infection. CDCU and MCAH are collaborating to ensure recommended

follow-up and monitoring of infants at risk for sequelae of congenital Zika infection.

CDCU will refer pregnant women with maternal Zika infection and their infants to MCAH for case management as detailed below. MCAH will work with the infants' families and medical homes to ensure that patients attend appointments for outpatient management per CDC recommendations.

Although the scope of this collaboration covers only infants without congenital Zika syndrome, infants who have abnormalities consistent with congenital Zika syndrome also may be referred to the MCAH Field Public Health Nursing (FPHN) unit, as children with special health care needs (CSHCN). FPHN will provide services per their usual protocol. Such referrals shall be at the discretion of the CDCU.

ROLES AND RESPONSIBILITIES

REFERRALS

Communicable Disease Control Unit (CDCU)

CDCU will refer to MCAH

- Pregnant women with laboratory evidence of Zika infection
- Infants born to women with Zika infection who do not have abnormalities consistent with congenital Zika syndrome.

CDCU Public Health Nurse (PHN) will complete a prenatal referral to FPHN as soon as laboratory evidence of maternal Zika infection is determined. If the mother has already delivered, the CDCU PHN will complete a referral to FPHN for the infant.

If referral is made prenatally, the CDCU PHN will send a follow up communication to FPHN upon delivery to inform of delivery and provide any pertinent medical team contact information.

CDCU PHN will include the following information in the initial referral:

- **Contact information for point people at the mother's or infant's medical homes** with whom CDCU has been in communication (i.e. OB provider, pediatrician, medical director, charge nurse, social worker).
- The birth center hospital
- Results of Zika testing for mother and infant (positive, equivocal, negative, pending)
- Results of the infant's initial inpatient evaluation for congenital Zika, as well as any recommended workup that was not conducted before discharge and needs to be arranged by the infant's medical home.
- Additional information as indicated on the referral form or relevant to the infant and family.

Whenever possible, **CDCU** will notify providers and families of the referral to MCAH prior to making the referral.

CDCU will notify MCAH of the infant's results when they become available, if not available at the time of the referral.

CDCU will provide information to medical providers (OB and pediatric) concerning Zika registry enrollment and form completion and submission.

Pediatric Medical Home

The infant's medical home will be responsible for assessing growth parameters, performing developmental surveillance and screening, making referrals, ordering indicated tests or studies, and completing and submitting Zika registry paperwork at the appropriate intervals.

MCAH Field Public Health Nursing (FPHN)

FPHN will work with the infant's medical home and family to ensure that visits are scheduled as recommended by CDC, and that the infant attends the appointments.

For prenatal referrals for maternal Zika infection, **FPHN** will ensure that women establish a pediatric medical home prior to delivery. This includes assistance in

- Selection of pediatrician prior to delivery and assurance of correct Medi-Cal PCP assignment (if pertinent)
- Scheduling and attending a prenatal appointment at the identified pediatric medical home.

FPHN will provide home visiting services per their standard unit protocols, in addition to Zika-related

case management. **FPHN** will keep the case open and follow for as long as necessary, per unit protocols, based on client needs. This may be longer than the CDC-recommended one-year monitoring period for congenital Zika infection.

If the mother declines prenatal **FPHN** services and has not yet delivered, **FPHN** will notify the mother's medical home and refer the case back to the CDCU. In this case, **CDCU** will refer the case directly to **CHDP** after the mother delivers.

If the mother declines pediatric/newborn **FPHN** services, **FPHN** will transfer the case to the **CHDP** program.

If the infant's case is closed before the first birthday, and the family is still reachable by phone and residing in SF, **FPHN** will transfer the case to **CHDP**.

FPHN will notify CDCU and the medical home when

- **FPHN** services are declined,
- A case is transferred to **CHDP**, or when
- A case is closed before the CDC-recommended monitoring period, currently 12 months of age (ie lost to follow up or moved out of county).

For prenatal referrals, when a woman has identified a pediatric medical home/provider for her infant, **FPHN** will notify CDCU of the provider's name and contact info so CDCU can advise the provider of the Zika Registry follow up intervals.

MCAH Child Health & Disability Prevention Program (CHDP)

CHDP will provide phone-based case management to ensure that the infant receives and attends appointments per CDC recommendations for outpatient management of Zika. **CHDP** will work with the family and medical home to assist with

- Obtaining insurance coverage if not established
- Appointment scheduling and transportation assistance
- Appointment reminders
- Follow-up to confirm the patient attended the appointment
- Rescheduling missed appointments.

CHDP will inform CDCU and the pediatric medical home

- Phone case coordination is declined or

- A case is closed before the end of the CDC recommended monitoring period, currently 12 months of age (ie not reachable or patient has moved out of SF)

PROVIDER NOTIFICATION, EDUCATION AND TRAINING

CDCU

CDCU will provide consultation and training to medical providers/medical homes of infants regarding initial evaluation and outpatient management of infants with possible congenital Zika infection.

CDCU will ensure that the infant's medical home/identified pediatric provider is aware of mom and infant's Zika lab results and the recommended protocol for outpatient management.

For prenatal referrals, **CDCU** will ensure that the pediatric inpatient team at the birth hospital is aware

of the mother's Zika infection status and the recommended initial inpatient evaluation of the infant.

For prenatal referrals, **CDCU** will ensure that the prenatal provider is aware of the mother's Zika infection status and the recommended protocol for prenatal care.

MCAH

FPHN and **CHDP** will notify CDCU if providers appear to need training.

DATA COLLECTION FOR ZIKA REGISTRY

MCAH will provide the pediatric provider's contact information if not already known to CDCU.

CDCU will inform pediatric providers of Zika registry data collection intervals and will provide pertinent forms and submission instructions to pediatric providers.

REFERENCES AND RESOURCES:

- CDC Algorithm for Follow up of Infants with Potential Zika Virus Infection
<http://www.cdc.gov/zika/pdfs/pediatric-evaluation-follow-up-tool.pdf>
- CDPH Zika Website:
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx>
- CDPH CBDMP –CA Birth Defects Monitoring Program:
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/ReportingZikaPregnancyInfantOutcomesinCA.aspx>
- CDC Zika Website:
<https://www.cdc.gov/zika/>
- CDC US Pregnancy Zika Registry:
<http://www.cdc.gov/zika/hc-providers/registry.html>
- MMWR- Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection — United States, August 2016.
<http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6533e2.pdf>
- MMWR- Characteristics of Children Aged<18 Years with Zika Virus Disease Acquired Postnatally – U.S. States, January 2015-July 2016.
<http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6539e2.pdf>

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CDCU activities in blue, Field Nursing in orange, CHDP in green



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