Appendix B – Illinois Perinatal Advisory Committee Zika Task Force Recommendations

On June 9, the Zika Task Force, a subset of members of the Perinatal Advisory Committee reviewed a draft of the Zika Virus Action Plan and made a number of suggestions, most of which have been included in the current version of the plan.

Consensus feedback/recommendations:

- Agreed with premise that most cases in IL will be travel-related or sexually transmitted unless change in vector dynamics.
- Cost/benefit utility of a dedicated Zika virus telephone hotline for public/providers is minimal unless Zika virus prevalence increases dramatically.
- There is significant need for local coordination of authorized Zika virus testing between providers, LHDs, and IDPH lab. This will reduce turn-around time compared to sending specimens directly to CDC.
- All acute, convalescent, and placental Zika virus testing in the public arena will flow through IDPH labs (only fresh placentas will be forwarded to CDC). All public testing will need to be authorized by each LHD before any Zika virus testing is performed.
- Availability of private testing by Quest (acute PCR only) complicates the current public health testing scheme with positive results being reported to IDPH. However, reporting of negative results and pertinent case information to LHDs/IDPH via Quest remains poorly defined at present; otherwise inadequate testing may result in undetected cases. Hence, a direct liaison relationship between Quest labs and IDPH needs to be established.
- IDPH plans to avoid duplication in the distribution of Zika virus education materials and recommended protocol from CDC, ACOG, and APA. However, all providers must be aware of these resources regardless of practice type. Therefore, the educational activities within our Perinatal Networks should include: introductory Zika virus education, an initial roll out of the plan, and dissemination of available national resources.
- Identification of local Zika virus champions (similar to ILSQC projects) can improve communications and testing implementation at the community level. These individuals could also help to streamline necessary interactions with LHDs for testing authorization and subsequent follow-up action on positive results.
- An opportunity exists to improve/expand communications between women's health providers and their designated LHDs.
- There is an opening to promote long-term contraception in the prevention of Zika virus transmission via local education schemes at the Perinatal Network level