

Interim Zika Virus Laboratory Testing Decision Tree

For use by Public Health when contacted by a healthcare providers.
Members of the general public should be referred to their healthcare provider for evaluation.

PREGNANT FEMALES



Check all that apply
(Either or both may be true)

- Traveled to an area with Zika virus transmission¹ during pregnancy
- Unprotected sexual contact with a partner with travel to an area with Zika virus transmission¹.

Check 1

- Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset ≤ 14 days ago
- Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset > 14 days ago
- Asymptomatic

Collect serum² and urine

Collect serum² and urine

Collect serum² and urine
(Note: If collected within 2 weeks of returning to the U.S. repeat testing is recommended.)

Any abnormal neurologic findings noted on ultrasound? Yes No Don't know or No ultrasound done

MALES OR NON-PREGNANT FEMALES



All criteria below must be met in order for testing to be authorized

- Traveled to an area with Zika virus transmission¹
- Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset during travel or within 2 weeks of returning to the U.S.
- Symptom onset was in the last 12 weeks.

Check 1

- Symptom onset ≤ 14 days ago
- Symptom onset > 14 days ago

Collect serum² and urine

Collect serum² and urine

INFANTS < 2 WEEKS



All criteria below must be met in order for testing to be authorized

- Infant in the first 2 weeks of life
- Symptomatic (fever, rash, conjunctivitis, or arthralgia)
- Mother traveled to an area with Zika virus transmission¹ within 2 weeks of delivery

Collect serum² and submit cerebrospinal fluid if obtained for other studies

POSSIBLE CONGENITAL INFECTION



Check all that apply
(Either or both may be true)

- Infant with abnormal clinical or neuroimaging findings suggestive of Zika congenital syndrome, and whose mother traveled to an area with Zika virus transmission¹ during the pregnancy, or had unprotected sexual contact during pregnancy with a partner with travel to an area with Zika virus transmission
- Infant born to a mother with a positive, pending, or inconclusive test result for Zika virus infection.

Collect serum² and urine within 2 days of birth, submit cerebrospinal fluid if obtained for other studies.

Consider testing placenta and mother's serum (if mother not already tested)

Who is currently NOT authorized for Zika testing?

- Pregnant women with no known exposure to Zika virus, either through their own travel or the travel of their sexual partners
- Asymptomatic males, regardless of their partner's pregnancy status
- Asymptomatic females who are not pregnant

RECORD THE FOLLOWING INFO FOR ALL PATIENTS FOR WHOM TESTING IS AUTHORIZED, REGARDLESS OF PREGNANCY STATUS

Patient Information

Patient Name: _____

Address: _____

Date of Birth: ____/____/____

City: _____ State: _____ ZIP: _____

Sex: Male Female

County: _____

Pregnancy Status Yes No UNK

Patient Phone Number: _____

Due Date: ____/____/____

Any abnormal neurologic findings noted on ultrasound? Yes No Don't know/Not performed**If infant patient:**

Mother's Name: _____

Mother's Zika Test Result: Positive Inconclusive Negative UNKMother's Test Date: ____/____/____ UNK**Provider Information**

Provider Name: _____

Provider Phone Number: _____

Epidemiological Information

Countries Visited: (If Infant, Mother's Travel)

_____**Patient Symptom Onset Date(s):**

Fever n/a ____/____/____

Rash n/a ____/____/____

Arthralgia n/a ____/____/____

Conjunctivitis n/a ____/____/____

Date of Return to US: ____/____/____

Specimen Information

Expected date of specimen collection: ____/____/____

Specimen(s) submitted (use page 1 for guidance, check all that apply) Serum Urine**Public Health Information** CSF Placenta Umbilical cord

Date of PH Authorization: ____/____/____ Authorizer: _____

Public Health Region: _____ Provided Mosquito & Sex Transmission Education**Health Departments Only:** Requested Lab Order via PTBMIS

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Email both pages to VBD.Health@tn.gov. Password protect the file if sending from a non-tn.gov email address.

Share with Provider or Patient as Appropriate:

Guidelines for Specimen Collection and Submission² | Mosquito Avoidance messages³ | Sexual Transmission messages⁴

Guidance for Health Care Providers:

- 1) Evaluation and Management of Infants with Possible Congenital Zika Virus Infection <http://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm>
- 2) Caring for Pregnant Women with Possible Zika Virus Exposure <http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm>

1. For a current list of countries and U.S. territories with ongoing Zika virus transmission, please see list here: <https://wwwnc.cdc.gov/travel/page/zika-information>. For information about Zika in the continental United States, click here: <https://www.cdc.gov/zika/geo/united-states.html>

2. Collect 2.0 mL of serum or plasma. Tube should be centrifuged and serum/plasma decanted prior to shipment to avoid hemolysis. Ship serum/plasma specimen in a sterile plastic tube with a tightly-sealing screw cap (if unavailable a red-top vacutainer can be used). The specimen should be kept cold. The sample may be placed in an insulated container with blue ice packs. Additional blue ice packs should be used in the summer to ensure specimen integrity in hot weather. If symptomatic within last 14 days, also collect 10.0 mL of urine.

3. Prevention messages regarding mosquito avoidance: http://www.cdc.gov/zika/pdfs/control_mosquitoes_chikv_denv_zika.pdf and http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_us.pdf

4. Update: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus for Persons with Possible Zika Virus Exposure — United States, September 2016: http://www.cdc.gov/mmwr/volumes/65/wr/mm6539e1.htm?s_cid=mm6539e1_w