

# 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 transmission<sup>1</sup> during pregnancy
- Unprotected sexual contact with a partner with travel to an area with Zika virus transmission<sup>1</sup>.

Check 1

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

Collect serum<sup>2</sup> and urine

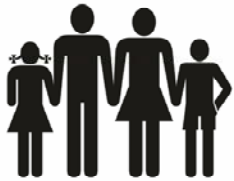
Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset > 14 days ago

Collect serum<sup>2</sup> and urine

Asymptomatic

Collect serum<sup>2</sup> and urine  
(Note: If collected within 2 weeks of returning to the U.S. repeat testing is recommended.)

## 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 transmission<sup>1</sup>
- 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

Collect serum<sup>2</sup> and urine

Symptom onset > 14 days ago

Collect serum<sup>2</sup> 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 transmission<sup>1</sup> within 2 weeks of delivery

Collect serum<sup>2</sup> and submit cerebrospinal fluid if obtained for other studies

## POSSIBLE CONGENITAL INFECTION



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

- Infant with microcephaly or intracranial calcifications, and whose mother traveled to an area with Zika virus transmission<sup>1</sup> while she was pregnant,
- Infant born to a mother with a positive, pending, or inconclusive test result for Zika virus infection.

Collect cord blood and serum<sup>2</sup> within 2 days of birth, submit cerebrospinal fluid if obtained for other studies, consider testing placenta and umbilical cord, test mother's serum (if 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: \_\_\_\_\_

Med. Record #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  FemalePregnancy Status  Yes  No  UNK

Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Return to US: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Fever n/a \_\_\_\_/\_\_\_\_/\_\_\_\_

Rash n/a \_\_\_\_/\_\_\_\_/\_\_\_\_

Arthralgia n/a \_\_\_\_/\_\_\_\_/\_\_\_\_

Conjunctivitis n/a \_\_\_\_/\_\_\_\_/\_\_\_\_

**Specimen Information**

Expected date of specimen collection: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date of PH Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_ Authorizer: \_\_\_\_\_

Public Health Region: \_\_\_\_\_ Provided Mosquito  & Sex  Transmission Education

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Email both pages to [SHOC.Operations@tn.gov](mailto:SHOC.Operations@tn.gov) & [Jim.Gibson@tn.gov](mailto:Jim.Gibson@tn.gov). CC: [Michael.McWilliams@tn.gov](mailto:Michael.McWilliams@tn.gov) if the specimen is sent to the Knoxville lab; CC: [Stephen.Gooch@tn.gov](mailto:Stephen.Gooch@tn.gov) if the specimen is sent to the Memphis lab. 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 Submission<sup>2</sup> | Mosquito Avoidance messages<sup>3</sup> | Sexual Transmission messages<sup>4</sup>

Updated: Guidance for Health Care Providers:

- 1) Caring for Women of Reproductive Age with Possible Zika Virus Exposure <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e1.pdf>
- 2) Caring for Infants and Children with Possible Zika Virus Infection Healthcare <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6507e1.pdf>

1. For a current list of countries with ongoing Zika virus transmission, please see list and map here: <http://www.cdc.gov/zika/geo/americas.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](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](http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_us.pdf)4. Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016 (03/25/16): <http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6529e2.pdf>