

Guidelines for Providers Regarding Evaluation and Testing of Persons with Probable Exposure to Zika virus

	Yes	No	Comments
A) Travel to an area where Zika virus transmission is ongoing?			Country(s) of travel: Date of departure: ___/___/___ Date of return: ___/___/___
Within 2 weeks of travel (B-E):			
B) Did the patient have fever?			Fever onset date: ___/___/___
C) Did the patient have rash?			Rash onset date: ___/___/___
D) Did the patient have arthralgia?			Arthralgia onset date: ___/___/___
E) Did the patient have conjunctivitis?			Conjunctivitis onset date: ___/___/___
F) Asymptomatic pregnant woman with travel in the past 12 weeks?			
G) Woman experiencing fetal loss following travel during pregnancy?			

- ✓ Person meets Zika testing criteria if you answered YES to A and at least two items in B-E, OR a YES in A and F or G.
- ✓ Additionally, a baby born to woman with travel to risk area during pregnancy with either maternal positive or inconclusive test result for Zika virus or infant microcephaly or intracranial calcifications may be tested
 - Obtain dates for previous vaccination for yellow fever, Japanese encephalitis, or tick-borne encephalitis, or for past arboviral infection (dengue, West Nile virus)
 - If patient is pregnant, obtain either due date or current weeks gestation
 - Call your local health department to arrange testing at CDC. All health care providers must receive approval from Yakima Health District prior to submission.
 - **(509) 249-6541 during normal business hours**
 - **(509) 575-4040 @ prompt #1 for after hours**
- ✓ Collect the following specimens
 - Serum for RT-PCR or IgM testing
 - *At least 2 ml serum in a red or tiger top (serum separator) tube. Freeze specimen to -70°C and ship on dry ice*
 - For perinatal cases, collect maternal serum AND as many of the following as applicable and available: amniotic fluid, fixed placenta and umbilical cord tissue, frozen placental tissue and umbilical cord tissue, umbilical cord serum or infant serum (0.25 mL) within 2 days of birth
 - All specimens require two patient identifiers, both on the specimen label and the form
 - Specimen submission form: <http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>

If you have questions about this assessment or collection and transport of specimens, call your local health department.