	Guidance for Providers Regarding Evaluation and Testing of Persons with Probable Exposure to Zika virus **February 18, 2016**

Many countries in the Americas are having simultaneous outbreaks of arboviral diseases causing febrile illness with rash, myalgia, or arthralgia. Agents include dengue, chikungunya, and Zika viruses. Patients with symptoms consistent with Zika virus disease should also be evaluated for the other two agents because these agents strongly cross-react. No commercial assay is currently available for detecting Zika virus, which is tested at CDC. Testing is done at CDC and must be coordinated through the local health jurisdiction.

Criteria for testing – person must have travel to a risk area and meet any one of the following criteria:

Check the CDC web site for current risk areas: (http://www.cdc.gov/zika/geo/)

1. At least two consistent symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of last travel date to a risk area ☐ Yes ☐ No
2. Asymptomatic pregnant woman or woman with fetal loss with serum specimen collected 2-12 weeks after return from travel during pregnancy ☐ Yes ☐ No
   a. If fetal ultrasounds detect microcephaly or intracranial calcifications, pregnant women who originally tested negative for Zika virus infection or who were not tested following travel should be retested for Zika virus infection. Also consider amniocentesis for Zika virus testing.
3. Baby born to woman with travel to risk area during pregnancy with either maternal positive or inconclusive test result for Zika virus <u>or</u> infant microcephaly* or intracranial calcifications ☐ Yes ☐ No

*When evaluating possible congenital Zika virus infection, microcephaly is defined as occipitofrontal circumference <3rd percentile, based on standard charts for sex, age, and gestational age at birth. If occipitofrontal circumference is ≥3rd percentile but notably disproportionate to body length, or if central nervous system deficits exist, further evaluation for Zika virus infection might be considered.

Laboratory Testing

If dengue and/or chikungunya are possibilities, a separate specimen should be sent to a commercial laboratory for more rapid results. If dengue infection is possible, advise the patient to avoid aspirin and NSAIDs.

Obtain the following information in addition to patient name and date of birth:

- Travel locations (countries/cities) and dates (departure/return)
- Onset date and consistent symptoms (fever, maculopapular rash, arthralgia, conjunctivitis), if symptomatic
- Dates for previous vaccination for yellow fever, Japanese encephalitis, or tick-borne encephalitis
- Pregnancy status and either due date or current weeks gestation if applicable

Obtain appropriate specimen(s):

- Serum (0.25 mL minimum, 2mL preferred) spun down in a red or tiger top (serum separator) tube, and frozen to -70°C) unless for a perinatal case
- 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. For still births, contact your LHJ.
- All specimens require two patient identifiers, both on the specimen label and the submission form
- **Submission form**: http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf

Testing is arranged through the <u>local health jurisdiction</u>, which must approve specimen submission to CDC.
http://www.doh.wa.gov/Portals/1/Documents/1200/LHJ%20Agency%20Directory.pdf

The following form MUST be completed and delivered to the LHJ for approval prior to specimen submission.

Date:____________________

Zika Virus Intake Form

PATIENT

Last name:____________________________ First name:________________________________

DOB: ___________________ Sex: ☐ Male ☐ Female County: ____________________________

Patient Address:____ Phone Number:_____________________

SUBMIT BY

Physician / Hospital / Lab / Clinic name:

____

Contact name:_______________________________Phone:___________________________

SPECIMEN

Date of Specimen Collection (*if asymptomatic pregnant woman, must be 2-12 weeks after travel*):__________

Shipping date:_______________

Specimen Source: ☐ Serum ☐ Amniotic Fluid ☐ CSF ☐ Fixed tissue ☐ Frozen tissue

☐ Other:__________________

EPIDEMIOLOGY

Date of Symptom Onset (*if not asymptomatic and pregnant*)**:**__________________

Symptoms *(check all) if patient is not pregnant, must have 2*: ☐ **Fever** ☐ **Rash** ☐ **Conjunctivitis** ☐ **Arthralgia**

☐ Guillain-Barré Syndrome ☐ **Asymptomatic** ☐ Other: _______________________________

Patient pregnant? ☐No ☐Yes, # weeks gestation currently or estimated delivery date: ______________

Fetal/infant anomalies: ☐ None ☐ Unk ☐ Microcephaly ☐ Intracranial calcifications

☐ Other: ____

Flavivirus Vaccination			
	N	Unk	If Yes/date
Yellow Fever			
Japanese Enceph.			
Tick-borne Enceph.			

Commercial Labs Ordered					
	N	Unk	If Yes/DOC	Lab	Results
CHIK PCR					
CHIK IgM/IgG					
Deng PCR					
Deng IgM/IgG					

Past Arboviral Infection			
	N	Unk	If Yes/Date
Yellow fever			
Japanese encephalitis			
Tick-borne enceph.			
St. Louis encephalitis			
West Nile virus			
Dengue			
Chikungunya			

TRAVEL HISTORY

Patient travel to an area with Zika transmission within 14 days prior to symptom onset or within 12 weeks if asymptomatic?

☐ Unk ☐ No ☐ Yes, countries/cities and dates of travel:

Infant with maternal history of travel to an area with Zika transmission?

☐ N/A ☐ unk ☐ No ☐ Yes, countries/cities and dates of travel:

Patient's sexual partner has history of Zika-like illness within 2 weeks of travel to an area with Zika transmission?

☐ N/A ☐ unk ☐ No ☐ Yes, date of symptom onset:_________AND countries /cities and dates of travel:

NOTES

Notes:

FAX COMPLETED FORM TO: (509) 249-6628