

HEALTHCARE PROVIDER RISK ASSESSMENT ALGORITHM FOR ARRANGING ZIKA VIRUS TESTING

If your patient is...

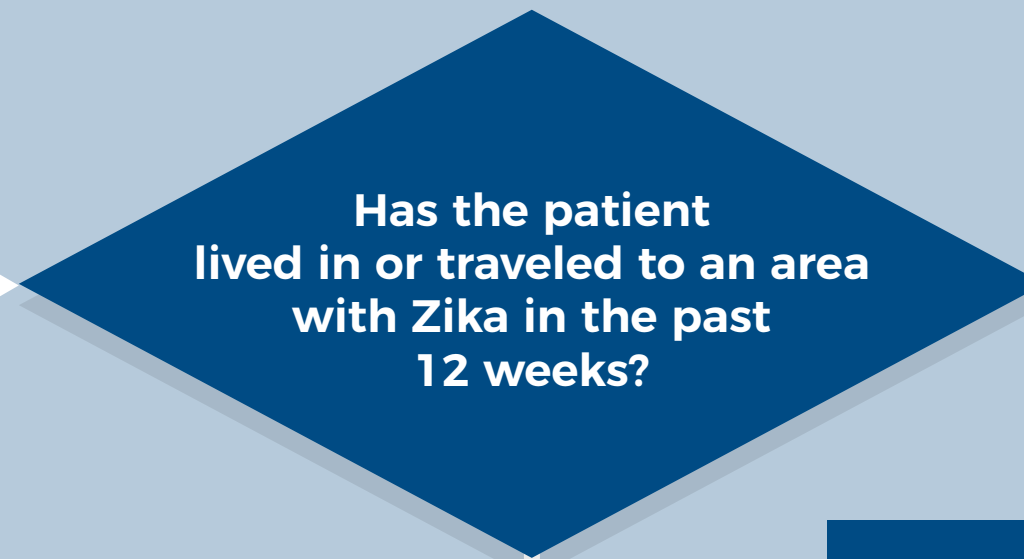
Experiencing or has recently experienced symptoms of Zika*

An asymptomatic pregnant woman with ongoing exposure**

Ask the following questions...

YES

Adapted from www.cdc.gov/zika/pdfs/when-to-test-zika.pdf

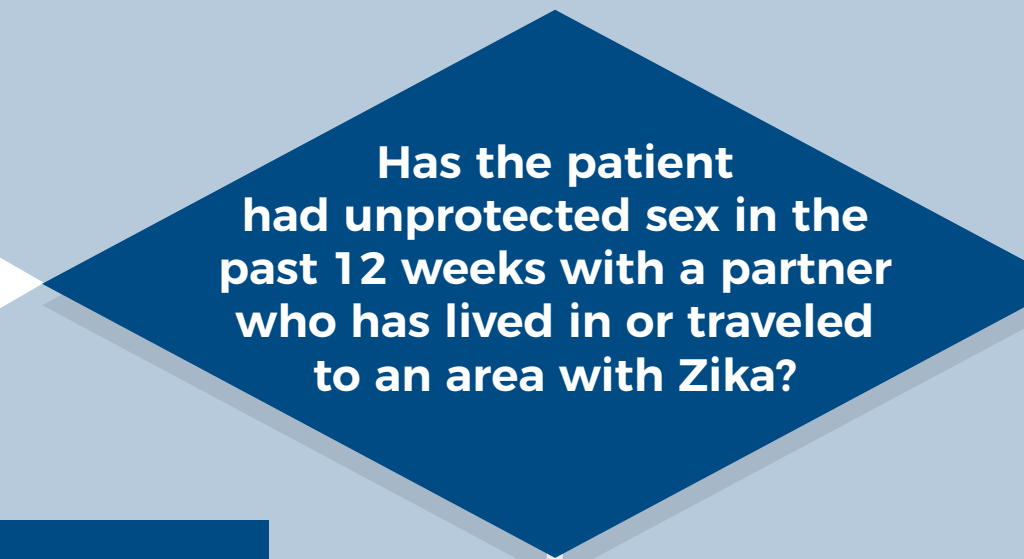


YES

NO

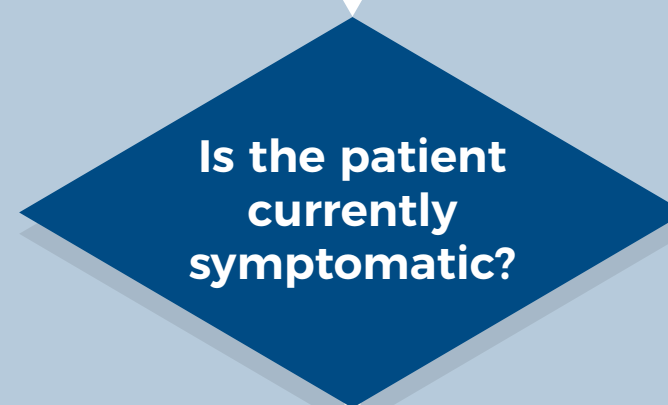
Patient Meets Criteria for Zika Virus Testing
Follow Algorithm Below

YES



NO

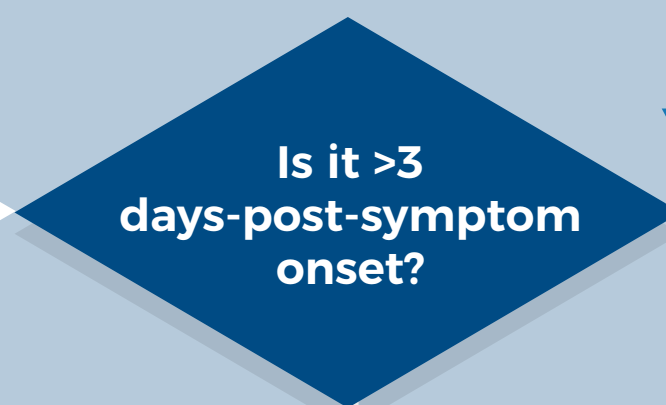
Do Not Test for Zika†



YES

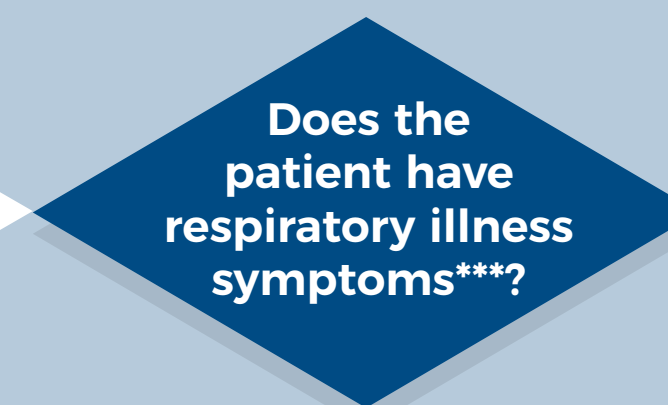
NO

Do not arrange testing until at least 3 days post symptom onset



YES

NO



YES

NO

Request patient wear a surgical mask when going to a commercial laboratory



YES

NO

If suspect measles, attempt to wait until day 5 post-rash onset to arrange for laboratory testing. Do this only if sample can be collected by day 7 of symptom onset.

If not possible to wait 5 days post-rash onset, contact SNHD OEDS (702) 759-1300 option 2 to speak with an investigator who will assist you with testing arrangements to be conducted at SNHD.

If the patient was or is currently symptomatic* and not pregnant, test for Z, C, D as indicated below (testing for C, D is only for travel to Zika area)

< 14 days from symptom onset – order S/U PCR (Z,C,D). If Z- reflex to Z, D serology on same specimen. If one or both tests + or eq., follow-up with lab on status of PRNT.

≥ 14 days from symptom onset – order serology (Z,D). If Z+ follow-up with lab on PRNT status.

If the patient is pregnant and was or is currently symptomatic, test for Z,C,D up to 12 weeks post-onset

Order S/U PCR (Z, C, D) AND Z/D IgM

If the patient is pregnant and never had symptoms but does have ongoing exposure, test three times during pregnancy**

Zika PCR – 1st test at initiation of prenatal care; two (2) additional PCR tests offered during pregnancy coinciding with prenatal visits.

* Zika virus symptoms include 2 or more of the following: fever, rash, conjunctivitis, and/or arthralgia. If pregnant, only one of these symptoms is required.

** Persons with ongoing possible exposure include those who reside in or frequently travel (daily or weekly) to an area with risk for Zika virus transmission. Testing not routinely recommended for asymptomatic pregnant women with recent possible exposure (without ongoing exposure), but should be considered.

*** Respiratory illness symptoms include: cough, runny nose, sneezing, and/or sore throat. In addition should the patient have fever, rash and conjunctivitis which could indicate measles, additional assessment should be made to r/o measles or rubella including assessment of measles/rubella transmission in the country of exposure and duration of rash illness.

† For pregnant women >12 weeks after onset or travel, consider serial fetal ultrasounds. If abnormalities are present perform PCR on S/U and IgM. Negative IgM or PCR > 12 weeks does not rule out Zika exposure.

S/U serum and urine
Z Zika virus
C Chikungunya
D Dengue
+ positive
- negative
eq. equivocal

SNHD Zika virus testing: contact the Office of Epidemiology and Disease Surveillance to make arrangements by calling (702) 759-1300 option 2