



Zika Evaluation and Testing Worksheet

Patient Name:		DOB/MRN:	
Evaluating Clinician/Clinic:		Date of Eval:	
Clinic Phone:	Clinic Fax:		
	Yes	No	Comments
A) Travel to an area with ongoing Zika virus transmission? http://www.cdc.gov/zika/geo/active-countries.html			Country(s) of travel: _____ Date of departure: __/__/____ Date of return: __/__/____
Following travel or unprotected sex (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) Pregnant woman with possible Zika virus exposure through travel (A) or sex (G)?			Due date or current weeks gestation: Date of last exposure: __/__/____
G) Person had unprotected sex with a partner who had possible Zika virus travel exposure? (male partner: exposure in past 6 months; female partner: exposure in past 8 weeks)			Partner's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Country(s) of travel: _____ Dates of travel: Date of last sexual exposure: __/__/____
H) Woman experiencing fetal loss following Zika virus exposure during pregnancy*? <i>*includes 8 weeks prior to conception</i>			
I) Fetal abnormalities present on ultrasound with Zika exposure during pregnancy*? <i>*includes 8 weeks prior to conception</i>			

Person meets Zika virus testing criteria if:

- You answered YES to A, and at least 2 symptoms in B-E, with onset within 2 weeks of exposure
- You answered YES to A, and F.
- You answered YES to F, and G.
- You answered YES to F, and at least 1 symptom in B-E, with onset in past 12 weeks
- You answered YES to G, and at least 2 symptoms in B-E, with onset within 2 weeks of exposure
- You answered YES to H.
- You answered YES to I.
- Baby born to woman with Zika exposure during pregnancy with either: maternal positive or inconclusive test result for Zika virus; or infant microcephaly; or intracranial calcifications.

At this time, there is no recommendation for testing asymptomatic, non-pregnant travelers.

Collect the following information:

- Obtain dates for previous vaccination for yellow fever, Japanese encephalitis, or tick-borne encephalitis and for past arboviral infection (dengue, West Nile virus).
- Fax completed form to 360-397-8080 then call Clark County Public Health Communicable Disease Unit at 360-397-8182 to arrange for Zika testing through public health lab. All health care providers must receive approval from CPH CD Unit PRIOR to specimen submission.

Collect the following specimens:

- ❑ **For symptomatic patients <14 days from onset:**
Serum and urine for RT-PCR and ELISA IgM testing at public health lab
(at least 2 ml serum, spun down; >1 mL urine, ship cold).
 - ➔ Consider ordering Dengue and Chikungunya testing – contact CCPH CD Unit for details.
 - ➔ If Zika RT-PCR ordered through commercial lab is negative, ELISA IgM testing through public health lab is also recommended. Contact CCPH CD Unit to arrange.

- ❑ **For asymptomatic pregnant women <14 days from exposure:**
Serum and urine for RT-PCR testing at public health lab
(at least 2 ml serum, spun down; >1 mL urine, ship cold).
 - ➔ **If PCRs are negative, collect serum for ELISA IgM testing in weeks 2-12.**
Contact CCPH CD Unit to arrange.

- ❑ **For asymptomatic pregnant women, and for symptomatic patients, ≥14 days from onset:**
Serum for ELISA IgM testing at public health lab; urine for reflex RT-PCR; collect 2-12 weeks after last Zika exposure
(at least 2 ml serum, spun down; >1 mL urine, ship cold).

- ❑ **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.
Contact CCPH CD Unit for recommendations.

- ❑ **All specimens require two patient identifiers**, both on the specimen label and the WA Public Health Lab Virology specimen submission form (link to form:
<http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>)

For questions about this assessment, or collection and transport of specimens, contact the Clark County Public Health CD Unit:

Phone: (360) 397-8182 *during normal business hours*

Fax: (360) 397-8080