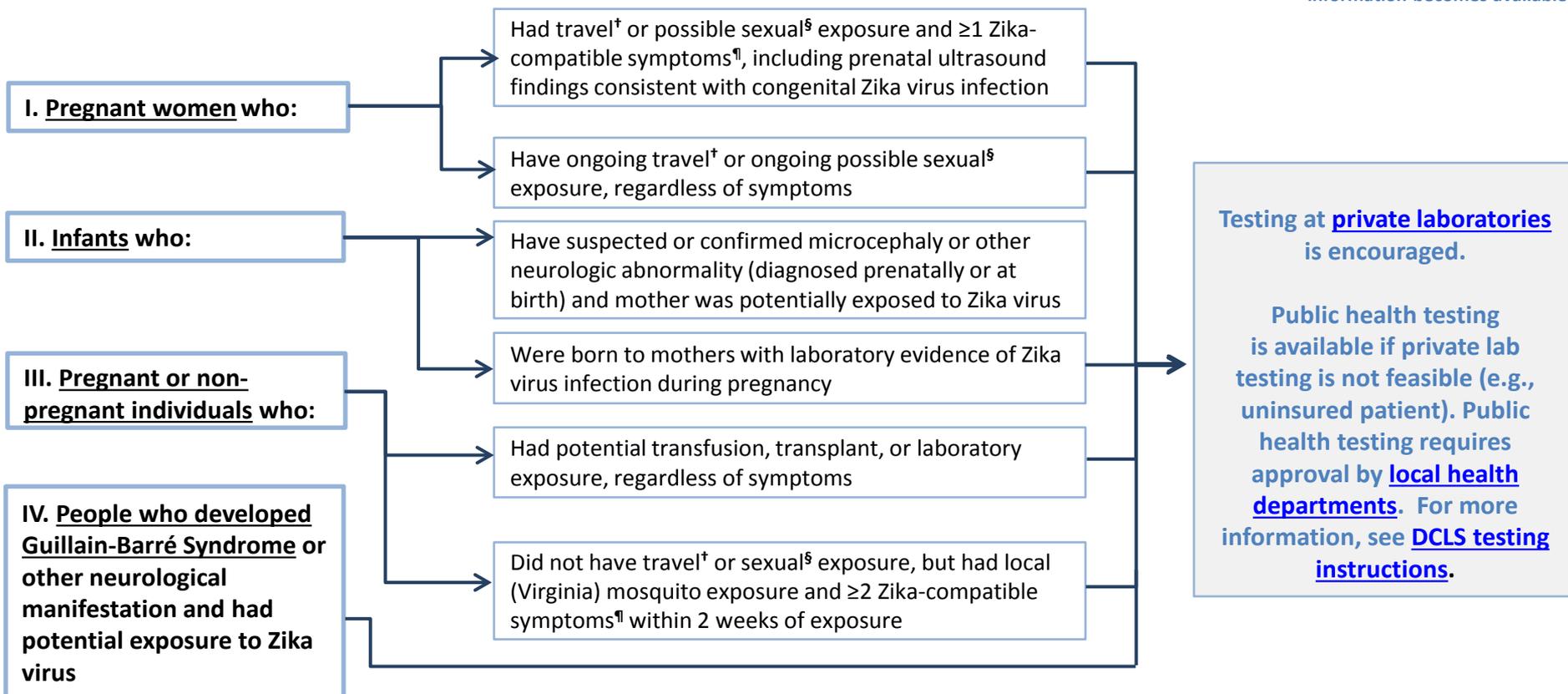


Patients Eligible for Public Health Testing if Private Lab Testing is Not Feasible*

Effective 8/24/17
Algorithm will be updated as new
information becomes available



Testing at private laboratories is encouraged.

Public health testing is available if private lab testing is not feasible (e.g., uninsured patient). Public health testing requires approval by local health departments. For more information, see DCLS testing instructions.

* Testing for asymptomatic pregnant women with recent possible exposure, but without ongoing exposure is not routinely recommended. Providers can discuss case by case scenarios with the local health department when public health testing is desired and testing at a private lab is not feasible. For all testing, caution should be applied when interpreting results. Ideally, specimens from pregnant women should be collected within 12 weeks of onset (if symptomatic) or exposure (if asymptomatic). Specimens from infants with possible congenital infection should ideally be collected ≤2 days after birth; testing specimens collected within the first few weeks to months after birth may still be useful in the evaluation for possible congenital Zika virus infection.

[†] For this algorithm, travel exposure is defined as travel to or residence in an area classified as Category 1 or Category 2 according to the World Health Organization (WHO) Zika Virus Country Classification; see <http://www.who.int/emergencies/zika-virus/classification-tables/en/>. Ongoing travel exposure means lives in or travels frequently (i.e., daily or weekly) to such an area. Although the U.S. is currently classified by WHO as Category 1, travel exposure and ongoing travel exposure in the U.S. apply only to areas designated by CDC as a Zika cautionary area or an area with active Zika virus transmission; see <https://www.cdc.gov/zika/geo/index.html>.

[§] For this algorithm, possible sexual exposure is defined as having had unprotected sex (including vaginal sex, anal sex, oral sex, or other activities that might expose a sex partner to genital secretions) with someone who has traveled to or lives in an area classified as Category 1 or Category 2 according to the WHO Zika Virus Country Classification; see <http://www.who.int/emergencies/zika-virus/classification-tables/en/>. Ongoing possible sexual exposure means having repeated unprotected sex with a partner who lives in or traveled one or more times to such an area. Although the U.S. is currently classified by WHO as Category 1, sexual exposure and ongoing sexual exposure in the U.S. apply only to areas designated by CDC as a Zika cautionary area or an area with active Zika virus transmission; see <https://www.cdc.gov/zika/geo/index.html>.

[¶] For this algorithm, symptoms of Zika are: fever, rash, arthralgia, or conjunctivitis; or complication of pregnancy (e.g., fetal loss, fetus or neonate with congenital microcephaly, intracranial calcifications, other structural brain or eye abnormality, or other congenital central nervous system related abnormality); or Guillain-Barré syndrome.

Zika Virus Testing Recommendations

- **Zika virus testing is recommended for**
 - **Pregnant women**
 - Symptomatic pregnant women with possible exposure during pregnancy*
 - Asymptomatic pregnant women with ongoing possible exposure during pregnancy*
 - Pregnant women with possible exposure to Zika virus during pregnancy who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection*
 - **Infants**
 - Born to mothers with laboratory evidence of Zika virus infection during pregnancy*
 - With abnormal clinical findings suggestive of congenital Zika syndrome and whose mother had possible exposure during pregnancy*
 - Any non-pregnant symptomatic person with possible exposure
 - Symptomatic persons with suspected locally-acquired infections*
 - Asymptomatic or symptomatic persons with unusual exposures (e.g., transfusion, transplant, or laboratory exposure)*
- **Zika virus testing is not routinely recommended, but may be considered for**
 - Asymptomatic pregnant women with recent possible exposure, but without ongoing exposure
 - Factors to consider include patient preferences, clinical judgment, the place, duration and type of travel, use of prevention measures (e.g., insect repellent, protective clothing, condom), and the intensity of mosquito-borne transmission at the location of travel. If these factors have been considered and public health testing is desired, the healthcare provider should contact the local health department.*
- **Zika virus testing is not recommended for**
 - Non-pregnant asymptomatic individuals
 - Asymptomatic couples interested in attempting conception in which one or both partners had possible exposure (i.e., preconception screening)
 - Pregnant women who have been previously diagnosed with laboratory-confirmed Zika virus infection by either nucleic acid test or serology

* Public health testing at Virginia's Division of Consolidated Laboratory Services (DCLS) is available if testing at a private laboratory is not feasible (e.g., uninsured patient) and criteria on previous page are met.

For additional guidelines and recommendations, see the [VDH Zika Information for Clinicians webpage](#).