

Arizona Interim Zika Testing Algorithms for Healthcare Providers

Testing guidance is subject to change

5/2/2016



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Zika Testing & Counseling Considerations

- **No treatment is available for Zika virus**, and the decision to test should be made carefully after conversations between the patient and healthcare provider.
- **Zika testing can lead to inconclusive results due to IgM antibody cross-reactivity with infections from other flaviviruses including dengue and West Nile, as well as yellow fever and Japanese encephalitis virus vaccination.** A positive or inconclusive serologic test result might not indicate true Zika virus infection.
- **For pregnant women with positive results, there could be a risk for microcephaly or other complications. Consultation with a medical provider is recommended.**
- Although some countries (such as Mexico) have ongoing Zika virus transmission, the risk level for disease transmission is not the same in all areas. **Decisions to test based on travel history can be made on an individual basis at the discretion of the local health department and healthcare provider.**

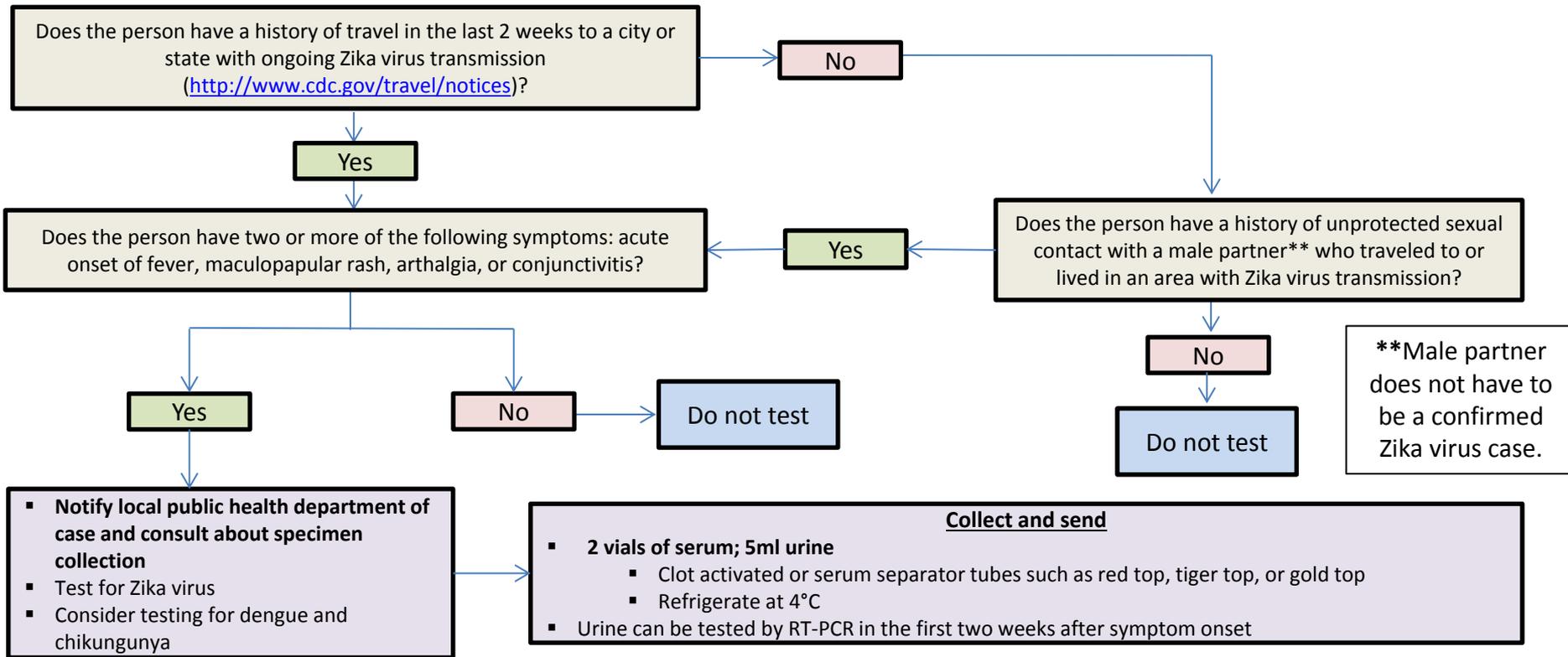


Case Reporting & Specimen Submission

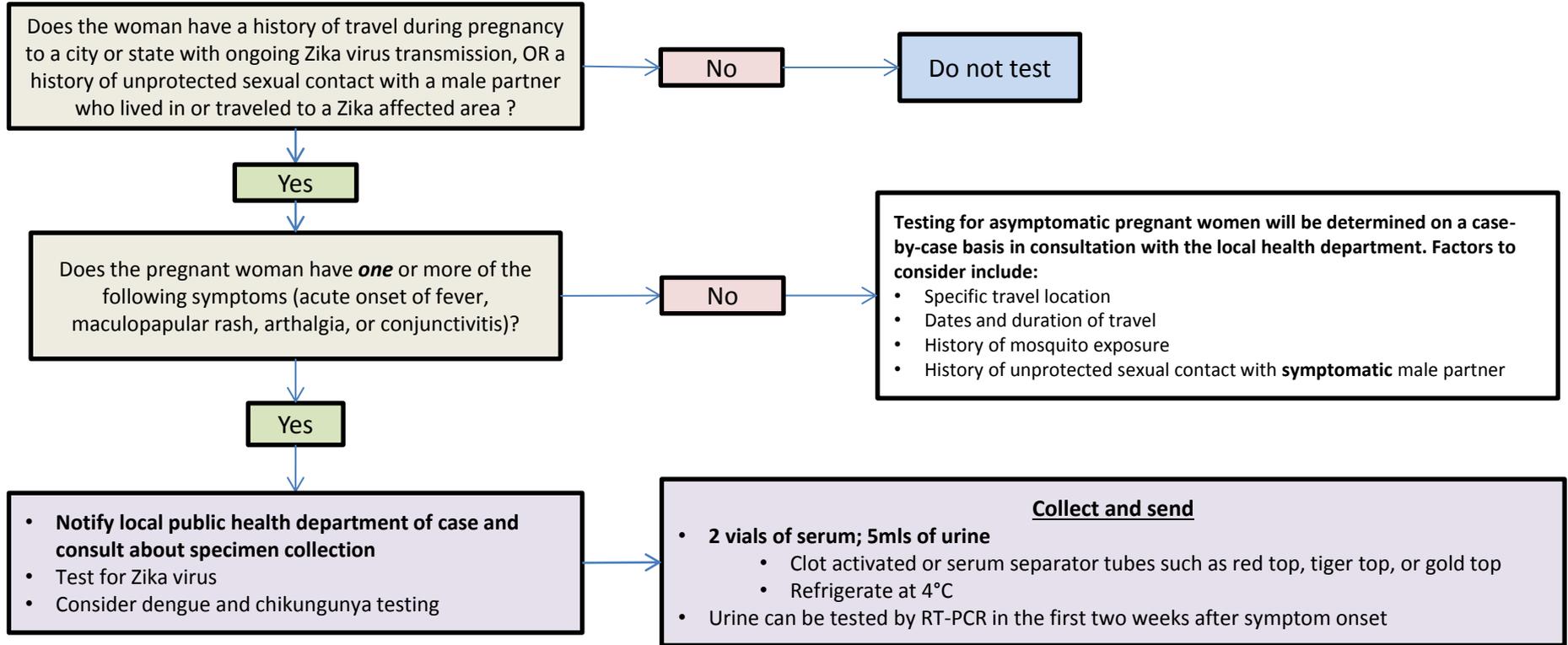
- **All suspected cases should be reported immediately to the local health department:**
www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#resources-county
 - Local health departments can help coordinate testing if warranted
- If testing is approved, send the laboratory submission form with specimens to the Arizona State Public Health Laboratory: www.azdhs.gov/documents/preparedness/state-laboratory/public-health-microbiology/clinical-microbiology-submission-form.pdf
 - On the submission form, indicate Zika serology and/or PCR under Other in the Virology section.
- **If testing for Zika, consider testing for dengue and chikungunya**
 - If desired, check the dengue and chikungunya boxes on the lab submission form.
- **Results for Zika virus testing might not be available until 3-4 weeks after the specimen is collected. Zika test interpretation guidance is available from the CDC:**
- [Fact Sheet for Pregnant Women: Understanding Results from the Zika MAC-ELISA](#)
- [Fact Sheet for Patients: Understanding Results from the Zika MAC-ELISA](#)
- [Fact Sheet for Health Care Providers: Interpreting Zika MAC-ELISA Results](#)



Zika Testing for Males and Non-pregnant Females



Zika Testing for Pregnant Women



Next Steps for Pregnant Women after Zika Testing is Completed

Positive or inconclusive test result for Zika virus infection

Discuss with the local public health department. The risk for microcephaly or other birth defects is **unknown**.

- Consider serial fetal ultrasounds.

Infant specimens can be tested at birth:

- **Serum** from the umbilical cord or directly from the infant within 2 days of birth: 1 ml (minimum) **CSF**, if obtained for other studies: 1 ml
- **Frozen and fixed placenta and umbilical cord**

Negative test result for Zika virus infection

Perform a routine fetal ultrasound at 18-20 weeks to assess fetal anatomy

Microcephaly, intracranial calcifications, brain and eye abnormalities present

Notify and discuss with the local public health department

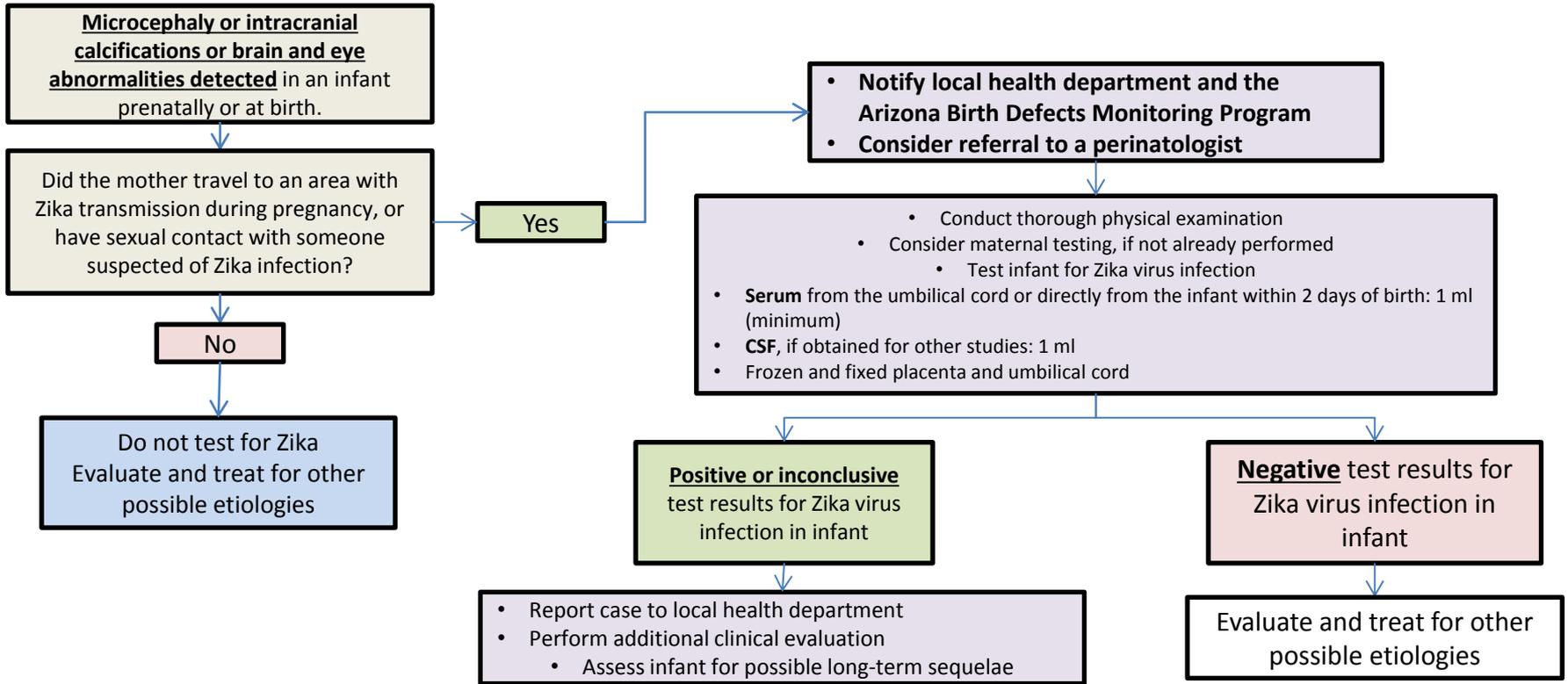
- Consider retesting woman for Zika virus infection

Microcephaly, intracranial calcifications, brain and eye abnormalities **NOT** present

Routine prenatal care



Zika Testing for Infants With Microcephaly or Intracranial Calcifications or Brain and Eye Abnormalities



Zika Testing for Infants **Without Microcephaly, Intracranial Calcifications or Brain and Eye Abnormalities** whose Mothers Traveled to or Resided in an Area with Zika Virus Transmission During Pregnancy or within 2 Weeks of Delivery

