Zika Virus Testing Algorithm 2: NEW YORK CITY RESIDENTS Seen in Sites in NYC that EITHER Do Not Utilize NYP Laboratories OR that Cannot Get Specimens to NYP Laboratory Within 4 hours of Collection

**Criteria for Testing**

1. Pregnant women who (a) traveled while pregnant to an area with Zika transmission* OR (b) had unprotected sex with a partner who spent time in an area with Zika transmission*
2. Non-pregnant persons who developed **compatible symptoms** during or within 4 weeks of travel to an area with Zika transmission*
3. Persons who developed **compatible symptoms** within 4 weeks of possible sexual exposure to Zika virus (e.g., sexual contact with a partner with symptomatic Zika virus disease or with history of travel to an area with active Zika transmission*)
4. Neonates with suspected or confirmed microcephaly or intracranial calcifications born to women who (a) traveled to an area with Zika transmission* while pregnant or (b) had unprotected sex during pregnancy with a partner who spent time in an area with Zika transmission* AND neonates without microcephaly or intracranial calcifications whose mother has positive or inconclusive Zika virus testing.
5. Placental/fetal tissues collected at delivery or pregnancy termination (elective or spontaneous) for women with laboratory evidence of Zika virus infection during pregnancy
6. Anyone who developed **Guillain-Barre syndrome** or other neurologic manifestation after spending time in an area with active Zika transmission* or who had unprotected sex with a partner who spent time in an area with Zika transmission*
7. Possible unusual modes of Zika virus transmission (e.g., transfusion, organ transplantation)

Call NYCDOH 866-692-3641 to discuss case and request testing.

DoH approves test

DoH denies test request ➔ Stop

DoH will collect required information and fax the clinician a completed DOH laboratory submission form.

When providing information to the DOH representative, indicate the ordering clinician as the "Submitter" and provide the contact information for that individual.

Collect specimens as instructed by NYCDOH:

1. Blood (2 serum separator tubes: red, speckled or gold top), +/-
2. Urine (3-20 ml in sterile specimen cup)

Label specimen bag "STAT Specimen-Process Immediately" and store specimen in specimen refrigerator or on cold packs. (If site has a centrifuge, centrifuge serum tubes, store in refrigerator and label the outer packaging "Store at -70 upon arrival.")

Provide specimens and lab request form to courier arranged by NYCDOH (866-692-3641)

More information is available on the NYP Infornet: https://infonet.nyp.org/EPI/Pages/ZikaVirus.aspx

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* For up-to-date information about areas with Zika transmission, refer to CDC website: http://www.cdc.gov/zebra/geo/index.html

* Symptoms compatible with Zika virus infection include: fever, maculopapular rash, arthralgia, conjunctivitis

* Be prepared to provide patient demographic information, travel, and symptom information (e.g., dates and locations of travel, date of symptom onset), submitter information (i.e., NYP Laboratory - see #3 below), ordering provider information.