Zika Fever Testing Algorithm for Non-Pregnant Individuals
(Boxes in pink can be used for suspect locally acquired cases) Version 1.2 2/8/2016

Start

Did the patient travel to an area experiencing Zika virus activity?

YES

Did the patient have a clinical illness consistent with Zika virus disease (two of the following symptoms: fever, rash, arthralgia, or conjunctivitis) during or within two weeks of returning from travel?*

YES

Did the physician request testing?

YES

Is there an acute sample collected for PCR testing within 21 days of onset (serum, urine, and saliva)**

YES

Send in samples

NO

No testing needed

NO

Send in samples

NO

No testing needed

NO

No testing needed. Physicians should also send samples to a commercial lab for dengue testing and chikungunya testing if fever is one of the listed symptoms

Yes

Consult with Zoonotic and Vector-Borne Disease team

No

No testing until other conditions are ruled out

Was there an epi-link to another Zika case?

YES

No testing needed

NO

Were other more common differential diagnoses excluded (such as flu, parvovirus, enterovirus, adenovirus, and group A streptococcus)?

YES

Send in samples

NO

No testing needed

*Contact Zoonotic and Vector-Borne Disease team if Guillain-Barre syndrome (GBS), death, or other severe outcome is reported. Testing options will be reviewed on a case by case basis.

**Serum samples collected >4 days post-illness onset that are PCR negative will then be tested using IgM antibody EIA. If negative, no further testing is needed except in the case of pregnant women. A convalescent sample (≥8 days post-onset) should be requested for pregnant women who test negative on PCR during the first 5 days of illness. Order IgM antibody EIA only for samples collected after day 21.