

Laboratory Requirements for Zika Virus Test Submission

Consultation and Approval

Consultation with the PA Department of Health or your local health department is required for Zika virus testing. Contact 1-877-PAHEALTH (1-877-724-3258) or your local health department for approval. Public health staff will follow current testing algorithms for suspect Zika virus infection. Once the approval is granted, follow the guidelines below to send specimens to the PA Department of Health Bureau of Laboratories (PA BOL) for testing. **Do NOT ship specimens directly to the CDC.** CDC will not test specimens without authorization.

Specimen Collection Instructions

Upon testing approval, use the following form listed below and found on the PA BOL website.

- Complete PA BOL Zika virus specimen submission form

Collect at least 3 mL of serum. Use a red-top or serum separator tube for blood collection and then centrifuge the specimen. Transfer serum to a sterile transport tube. Store the specimen in a refrigerator until transport to the laboratory. Ship the specimen with cold packs in an insulated container to the PA BOL Monday through Thursday only. PA BOL will ship the specimen to CDC's Arbovirus Diagnostic Laboratory for arbovirus testing.

Testing results are usually available 2–4 weeks after submission and a report will be faxed to the submitting laboratory. Arboviral disease is a reportable condition, the positive results will automatically report to PANEDSS.

Information Requested	Required Data Elements PA BOL Zika virus Submission Form
Patient Information	<ul style="list-style-type: none"> • Patient Name • DOB • Sex • Current Address • County of residence
Clinical Information	<ul style="list-style-type: none"> • Date of Symptom Onset • Symptoms: Fever, Arthralgia, Conjunctivitis and Rash • Past history of arboviral infection (e.g. Chikungunya, Dengue, West Nile Virus, Yellow Fever, Japanese Encephalitis, Tickborne encephalitis, etc.) • Pregnancy status and gestational age for women of childbearing age • Recent history of blood transfusions/organ transplant
Specimen Information	<ul style="list-style-type: none"> • Specimen source • Collection date
Submitter Information	Submitter name, address and phone number Add additional submitters on the back of the form
Epidemiological Data	Travel history including specific city/country visited and dates of travel: Must have travel outside of the continental U.S. and to a country with known Zika virus cases, unless patient has had sexual contact with or lives in close proximity to a confirmed case.
Immunization history	Notate history of: Dengue, Yellow Fever, Japanese encephalitis, or Tickborne encephalitis vaccination
Laboratory Testing	Note other simultaneous arboviral laboratory results