pennsylvania
DEPARTMENT OF HEALTH

Laboratory Requirements for Zika Virus Test Submission

Consultation and approval with the Pa. Department of Health or local health department is required:

Zika virus testing is performed at the PA Department of Health Bureau of Laboratories (PA DOH BOL) for **symptomatic patients only**. Contact 1-877-PA-HEALTH (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 BOL for testing. Clinical and epidemiology information, timing of collection and source will dictate which of the following test methodologies will be performed.

- **Zika virus polymerase chain reaction (PCR)**:

  1. Performed on serum and urine ≤14 days after onset of symptoms in pregnant patients with suspected Zika virus disease who live in or travel to an active Zika Area. PCR testing may be performed up to 12 weeks after their last date of exposure.
  2. Performed on serum and urine of pregnant women who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection.

- **Zika virus IgM Serology:** Not recommended, except for pregnant women who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection who live in or traveled to areas with a risk of Zika during her pregnancy. A positive IgM result requires confirmation testing by plaque reduction neutralization test (PRNT); turnaround time is approximately two to four weeks.

Specimen Collection Instructions

Complete the single page PA BOL Zika virus specimen submission form (rev. 10-06-2016). Two specimens can be documented on a single form. The form can be easily filled out electronically from the Bureau of Laboratories' website. The file can be saved with the submitter's information. Click here or go to www.health.pa.gov/labs; click Clinical Microbiology to Zika Virus.

Clearly LABEL the specimen tube or container with two patient identifiers and the source (serum or urine)

- Serum – collect at least 3mL. Use a gold tube or serum separator tube for blood collection, and then centrifuge the specimen. Transfer serum to a sterile transport tube.
- Urine – collect at least 3mL and transport it in a sterile container with a tight fitting screw cap.

Store the specimens 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.

Information	**Required Data Elements PA BOL Zika Virus Submission Form**	
Patient information	Patient name Gender DOB	Current address and county
Clinical information	• 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, including gestational age and estimated date of delivery for women of childbearing age** • Recent history of blood transfusions/organ transplant	
Specimen information	Specimen source – two spots on the form for specimen type(s) and date(s)	Collection date
Submitter information	Provide submitter name, address, fax and phone number. **Provide all submitters, including the laboratory name, that request a laboratory report; add additional submitters, on the back of the form.**	
Epidemiological data – reason for testing	**Travel history including specific city/country visited and dates of travel required for patient or partner** Symptomatic pregnant women must have either 1) travel to a Zika-affected area or 2) sex with a traveler to a Zika-affected area.	
Immunization history	Notate history of: dengue, yellow fever, Japanese encephalitis or tickborne encephalitis vaccination.	
Laboratory testing	Note other simultaneous arboviral laboratory results.	

Bureau of Laboratories
110 Pickering Way | Exton, PA 19341-1310 | 610-280-3464 | F 610-450-1932 | www.health.pa.gov/labs

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