

Kent County Health Department Zika Virus Fact Sheet



Who is eligible for testing?

- Pregnant women with a history of travel to an area with ongoing Zika virus transmission, and:
 - Have clinical illness consistent with Zika virus infection within two weeks of travel
 - Have no symptoms, and are within 12 weeks after their return from travel
- Pregnant women who had sex without barrier protection with a partner with a history of travel to an area with ongoing Zika virus transmission
- A person who develops one or more symptoms consistent with infection and:
 - Has a history of travel to a history of travel to an area with ongoing Zika virus transmission OR
 - May have been exposed to Zika virus through sex without barrier protection with a person who has a history of travel to an area with ongoing Zika virus transmission
- A fetus or infant with suspected or confirmed microcephaly or intracranial calcifications whose mother:
 - Spent time in an area with ongoing Zika virus transmission
 - During pregnancy, had sex without a condom with a partner who spent time in an area with ongoing Zika virus transmission
- A person who developed Guillian-Barré syndrome after spending time in an area with active Zika virus transmission

What symptoms meet criteria for testing?

One or more of the following:

- Fever
- Rash
- Joint Pain
- Red Irritated Eyes

What specimens can be tested?

- Two tubes of serum and urine are recommended for all symptomatic patients
- Two tubes of serum and urine should be collected for all pregnant patients
- Amniotic fluid and CSF may be submitted, but a serum specimen collected at the same time must also be submitted.

What forms are required?

There are 2 forms that are required for Zika Virus Testing. **These forms must be completed for each specimen.** The forms are listed here and instructions on filling out the forms are found in the following sections.

- Michigan Zika Virus Patient Clinical Form
- MDHHS Microbiology/Virology Test Request Form

Zika Virus Patient Clinical Form

[Michigan Zika Virus Patient Clinical Form](#)

Print the form and complete each section.

Make a copy of the form. The copy should be sent with the patient to the lab to be included when the specimen is submitted to MDHHS.

It is no longer required to get prior approval from KCDH or a state epidemiologist to order Zika testing. However, please fax the Zika Virus Patient Clinical Form to KCHD at 616-632-7085.

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MDHHS Microbiology/Virology Test Request Form

http://www.michigan.gov/documents/DCH-0583TEST_REQUEST_7587_7.pdf

Only **Page 1** of this form is required.

Print the form and enter the following:

- Complete Submitter Information at the top of the form (facility address, name, phone and fax of the submitting provider)
- Complete patient information
- Indicate Specimen Source (most commonly serum and/or urine)
- Under “Tests that Require MDHHS Approval”, check the “Emerging Arbovirus Panel” box and select PCR and/or Serology based on the criteria in the Test Selection section.

The form should be sent with the patient to the lab to be included when the specimen is submitted to MDHHS.

Test Selection

- If specimen collection is within 3 days of symptom onset (or exposure in a pregnant woman through travel or sex), select **PCR only**
- If specimen collection is 4-14 days after symptom onset (or exposure in a pregnant woman through travel or sex), select **both PCR and Serology testing**
- If specimen collection is 2-12 weeks after symptom onset (or exposure in a pregnant woman through travel or sex), select **Serology testing**

REMINDER – Both forms must be sent with the specimen to the MDHHS lab. Patients should take the forms with them to the lab where the specimen will be drawn.

Additional Specimen Collection and Shipping Information

Serum (at least 2 mLs) collected within 4 hours from a centrifuged, clotted red-top tube.

Urine should be in a clean vial with screw top cap and O-ring.

Refrigerate specimens and send on an ice pack. Contact MDHHS BOL Virology at 616-335-8067 for instructions on other types of samples.

Ship to MDHHS Bureau of Laboratories (BOL) overnight:

**MDHHS Bureau of Laboratories
3350 N. Martin Luther King Jr. Blvd.
Building 44 Room 155
P.O. Box 30035
Lansing, MI 48909**

For additional questions about shipping specimens to MDHHS, contact the DASH unit at 517-335-8059.

Emerging Arbovirus Panel

When Zika virus testing is requested in patients displaying symptoms, testing for dengue and chikungunya will also be performed.

Specific Questions

Questions on Zika Virus testing may be directed to the Communicable Disease and Epidemiology Unit at the Kent County Health Department:

Normal business hours: 616-632-7228
24/7 contact: 616-308-6837

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