

Texas Zika Testing Eligibility Criteria

Epidemiologic Risk Group		DSHS Testing Recommendations ³	
Symptomatic (Major symptoms are fever, rash, conjunctivitis, or arthralgia; Guillain-Barré Syndrome or evidence of fetal abnormalities consistent with Zika may be considered on a case-by-case basis)	One or more of the four major symptoms	<ul style="list-style-type: none"> Onset during or within 2 weeks of travel to or residence in an area of active Zika transmission¹ Onset within 2 weeks of sexual exposure to a partner with possible Zika exposure¹ Pregnant female² residing in Cameron, Hidalgo, Kinney, Maverick, Starr, Val Verde, Webb, Willacy, or Zapata counties regardless of travel or sexual exposure history³ 	As soon as possible (up to 12 weeks) after onset: Zika PCR and IgM ➔ Recommend chikungunya and dengue testing
	Rash and at least one other of the four major symptoms	No sexual exposure or travel to an area of active Zika transmission ¹ , but either: <ul style="list-style-type: none"> Has a known epidemiologic link to a viremic Zika or unspecified flavivirus case (residence in same area, etc.), OR Resides in Cameron, Hidalgo, Kinney, Maverick, Starr, Val Verde, Webb, Willacy, or Zapata counties³ 	As soon as possible (up to 12 weeks) after onset: Zika PCR and IgM ➔ Recommend chikungunya, dengue, West Nile, and St. Louis encephalitis testing
	Three or more of the four major symptoms	No travel, sexual exposure, or epidemiologic links	
	Pregnant female² with ultrasound evidence of fetal abnormalities consistent with Zika AND <ul style="list-style-type: none"> Travel to or residence in (or sexual exposure to a traveler to) an area of active Zika transmission¹, OR Resides in Cameron, Hidalgo, Kinney, Maverick, Starr, Val Verde, Webb, Willacy, or Zapata counties³ 	As soon as possible after ultrasound ⁴ : Zika PCR and IgM	
Asymptomatic (or not clinically compatible with Zika)	Pregnant female² with no travel to an area of active transmission who resides in Cameron, Hidalgo, Kinney, Maverick, Starr, Val Verde, Webb, Willacy, or Zapata counties ³	Three times during pregnancy ⁴ (ideally at the initiation of prenatal care and in each trimester): Zika PCR	
	Pregnant female² with travel to an area of active Zika transmission ¹ or sexual exposure to a partner with possible Zika exposure ¹	As soon as possible (up to 12 weeks) after exposure: Zika PCR	
Infant whose mother had Zika exposure during pregnancy	Evidence of abnormalities consistent with Zika (including but not limited to microcephaly, intracranial calcifications, and ventriculomegaly) or adverse birth outcome	At birth (or as soon as possible after birth): Zika PCR and IgM, OR After 18 months of age (if infection not confirmed in testing at birth and mother is not PRNT negative for Zika): Zika PRNT	
	No evidence of abnormalities consistent with Zika, but mother has laboratory evidence of Zika virus infection (OR was unable to be tested within the appropriate timeframe in relation to exposure)		

¹ Refer to <https://www.cdc.gov/zika/geo/index.html> for a world map of areas with risk of Zika transmission, and updates on US local transmission in Florida and Texas.

² Also includes women who were not pregnant during travel or sexual exposure but became pregnant within 8 weeks of exposure (within 6 weeks of last menstrual period). Only consider exposure in relation to the current pregnancy.

³ Refer to DSHS health alerts at <http://texaszika.org/media.htm>. All PCR testing should be performed on serum, which may also be paired with urine, CSF, and in some cases whole blood. All IgM testing should be performed on serum.

⁴ Repeat PCR or other Zika testing is not recommended for pregnant women with confirmed Zika virus infection (either Zika PCR positive or Zika IgM positive, Zika PRNT positive, and dengue PRNT negative) any time before or during the current pregnancy.