British Columbia Case Definitions for Zika Virus Infection
Updated November 28, 2016. Italicized text indicates new revisions.

**Confirmed Case**: Laboratory confirmation of infection:

Detection of Zika virus-specific nucleic acid by reverse-transcriptase PCR from an appropriate clinical specimen (e.g. blood, urine)

OR

Demonstration of specific IgM antibodies in an appropriate clinical specimen (e.g. blood) by enzyme-immuno assay (e.g. Reactive or equivocal ELISA result) **AND** confirmation through identification of Zika virus-specific neutralizing antibodies in the absence of other flavivirus-specific antibodies (e.g. Reactive Zika PRNT accompanied by negative Dengue PRNT).

**Person Under Investigation (PUI)**:

A person with two or more symptoms compatible with clinical illness with onset during or within 2 weeks of travel to a country with ongoing or widespread transmission

OR

A person who is epidemiologically-linked to a confirmed case or a person under investigation

OR

A female who was pregnant during or within two months of returning from a country with ongoing or widespread Zika virus transmission

OR

A male returning from a country with ongoing or widespread Zika virus transmission **AND** has a female partner who is pregnant, becomes pregnant within 2 months of his return, or intends to become pregnant in the following 2 months

OR

A person with specific IgM antibodies from an appropriate clinical specimen with pending or inconclusive confirmatory testing (e.g. Reactive Zika PRNT with reactive Dengue PRNT)

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1 Only confirmed cases are reportable
2 Definition of clinical illness includes: arthralgia (painful joints), conjunctivitis, diarrhea, fever, flaccid paralysis/Guillain-Barré Syndrome (GBS), headache, malaise, myalgia (muscle pain), rash. Please note, symptoms of Zika infection are similar to those by other Arbovirus infections such as West Nile, Dengue, and Chikungunya.
4 If a female partner is determined to be at risk, Zika testing may be indicated
Table 1. Summary of serological laboratory result interpretation for case classification†.

<table>
<thead>
<tr>
<th>Zika IgM</th>
<th>Zika PRNT</th>
<th>Dengue PRNT</th>
<th>Zika Case Classification</th>
<th>Clinical Management*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactive</td>
<td>Reactive</td>
<td>Non-reactive</td>
<td>Confirmed case</td>
<td>Managed &amp; followed-up as confirmed</td>
</tr>
<tr>
<td>Equivocal</td>
<td>Reactive</td>
<td>Non-reactive</td>
<td>Confirmed case</td>
<td></td>
</tr>
<tr>
<td>Reactive</td>
<td>Reactive</td>
<td>Reactive</td>
<td>Inconclusive PUI†</td>
<td></td>
</tr>
<tr>
<td>Equivocal</td>
<td>Reactive</td>
<td>Reactive</td>
<td>Inconclusive PUI†</td>
<td></td>
</tr>
<tr>
<td>Reactive</td>
<td>Pending</td>
<td>Pending</td>
<td>PUI</td>
<td>Pregnant PUI as confirmed</td>
</tr>
</tbody>
</table>

† Exceptions to these result combinations may occur. Please consult a BCCDC medical microbiologist for interpretation.

+ Inconclusive cases are not included in confirmed case counts.

* Accompanied by clinical context and travel history