



Advice for patients awaiting testing results and for those patients who have received a preliminary positive result.

Initial Zika virus testing is performed by PCR that can detect the virus in the patient's blood or urine; however, this test is only expected to be positive for 7 or 14 days after infection, respectively.

Most specimens will have serology performed to detect the presence of antibodies to Zika virus. If testing reveals a preliminary positive (which is reported to the ordering physician), a follow-up plaque reduction neutralization (PRNT) assay is required to confirm that the antibodies are directed toward Zika virus. According to the National Microbiology Laboratory, turnaround times for serology testing is 2 weeks and for PRNT confirmatory testing is 2-3 weeks following serology results. However, delays in testing may occur due to sample numbers and repeat testing.

If a patient is being tested for Zika virus infection, it is advised that the patient, until proven otherwise, be provided with the same advice as that provided to a person with a known Zika virus infection.

For patients awaiting test results or waiting confirmation of a preliminary positive result the following guidance can be provided:

Women should be asked if they may be pregnant.

Pregnant women should be advised to seek specialized obstetrical advice the Reproductive Infectious Diseases Clinic at BC Women's Hospital (Tel: 604-875-2424 ext. 5212, Fax 604-875-2871) or equivalent for assessment and counselling.

Non-pregnant women should be advised to delay conception for 8 weeks after their last Zika virus exposure pending test results. Current evidence suggests that this period of time is sufficient for a woman to eliminate the virus. There is no evidence to suggest that there are any risks to pregnancies occurring beyond 8 weeks after infection (or last exposure).

Men should be asked if their partners are pregnant

Exposed men who have pregnant partners should use condoms consistently and correctly, engage in sexual practices where there is no exchange of body fluids or practice abstinence for the duration of the pregnancy.

If conceiving a child is being considered, then the man should be advised to delay conceiving a child until 6 months after their last Zika virus exposure.

If non-condom based birth control is being used, or if the partner is a man, the exposed man can still potentially sexually transmit Zika virus. While usually a very mild illness, there is the possibility of rare complications of Zika virus infection such as Guillain-Barré syndrome - an autoimmune neurologic condition. The exposed man should be advised to discuss these risks with their partners and practice safe-sex (as for pregnancy above) to prevent transmission.

Interpretation of negative test results should be undertaken in consultation with the patient's health care provider and decisions made on whether to maintain or change the guidance provided above.