



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, MD, MPH  
*Commissioner*

## 2016 DOHMH Alert #7: New Process for Ordering Zika Virus Testing

- **Healthcare providers must now call the NYC Health Department for approval before testing New York City residents for Zika virus infection.**
- **Call 1-866-692-3641 from Monday–Friday, 9am–5pm, to obtain approval.**

March 18, 2016

Dear Colleagues,

On **Monday, March 21, 2016**, the New York City (NYC) Health Department is changing the process for submitting specimens for Zika virus testing to the Department's Public Health Laboratory (PHL).

Health care providers must call the NYC Provider Access Line (PAL) at **1-866-692-3641** to request Zika virus testing for NYC residents. We are changing the system to assure that the appropriate tests are ordered and that specimens are correctly collected, labeled, processed, packaged, and transported. The Health Department will assist providers with ordering the appropriate tests, completing required forms, and arranging transport of specimens to PHL.

Testing is indicated when one or more of the following criteria are met:

1. A pregnant woman who:
  - Spent time in an area with active Zika virus transmission\* while pregnant, or
  - Had unprotected vaginal, anal, or oral sex with a partner who spent time in an area with active Zika virus transmission\*
2. A person who developed one or more Zika virus-compatible symptoms up to 4 weeks after spending time in an area with active Zika virus transmission.\* Symptoms of Zika virus infection include acute onset of fever, maculopapular rash, arthralgia, and conjunctivitis.
3. A fetus or infant with suspected or confirmed microcephaly or intracranial calcifications (diagnosed prenatally or at birth) whose mother:
  - Spent time in an area with active Zika virus transmission\* while pregnant, or
  - During pregnancy, had unprotected vaginal, anal, or oral sex with a partner who spent time in an area with active Zika virus transmission\*
4. A person who developed Guillain-Barré syndrome after spending time in an area with active Zika virus transmission\*

### **What to expect when you call:**

1. A Health Department representative will review the case with you to ensure that testing criteria are met.
2. If criteria are met, the Health Department representative will collect information required to order the appropriate testing and will complete the required laboratory submission form(s). The representative will advise you on which type(s) of specimen(s) to collect. For initial testing on most patients, two tubes of serum and urine will be required. Follow up convalescent testing will only require one tube of serum. Additional information on laboratory testing for Zika virus is available at:  
<http://www1.nyc.gov/site/doh/providers/reporting-and-services.page>
3. The completed laboratory submission form(s) for your patient(s) and instructions for specimen collection and handling will be sent to you immediately via fax.
4. If needed, transportation of the specimens to PHL will be arranged.

### **What information is needed at the time of the call?**

All of the information listed in APPENDIX A is required. Callers must have this information available at the time of the call. If the required information is not available, the test order will not be processed.

### **What will happen after the call?**

1. You will receive a copy of the completed laboratory submission form(s) for your patient and instructions for specimen collection and handling via fax within approximately 15 minutes after the call has been completed. Verify that all of the information on the laboratory submission form(s) is accurate. If there are any inaccuracies, please call back immediately to correct the errors. Information on the laboratory submission form(s) must match what is on the specimen container(s) **exactly** or specimens will not be tested. Specimen containers must be clearly labeled with:
  - Patient's first and last names
  - Patient's date of birth
  - Date and time of collection
  - Specimen type (serum or urine, etc.)Improperly or incompletely labeled specimens cannot be tested and the order will be rejected.
2. If needed, a Health Department-arranged courier will pick up specimens and forms and deliver them to PHL.
3. Testing will be performed at PHL, Wadsworth Center Laboratory, and/or CDC depending on specimen type and test.
4. Results will be delivered via secure fax or US mail to the provider or facility indicated as the SUBMITTER. RT-PCR test results are usually reported within one week of specimen receipt. Serology results can take three or more weeks from specimen receipt.

For additional information about Zika virus testing in NYC, please see (<http://www1.nyc.gov/site/doh/providers/reporting-and-services.page> ). For questions about

**\*See CDC website for most up to date list of areas with active Zika virus transmission at <http://www.cdc.gov/zika/geo/index.html>**

testing, or to discuss a case, please call the Provider Access Line (1-866-692-3641). To follow up on laboratory reports please call the PHL (1-212-447-2864).

We appreciate your continued diligence and cooperation as NYC responds to Zika virus.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay K. Varma". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jay K. Varma, MD  
Deputy Commissioner, Division of Disease Control  
New York City Department of Health and Mental Hygiene

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## APPENDIX A

When calling DOHMH to order Zika virus testing, the caller must have all of the information below available. If any information is missing, the test order cannot be completed.

### **Patient demographic information:**

- Full name [first and last names, middle initial and suffix (if applicable)]
- Sex
- Date of birth
- Pregnancy status (including estimated due date and current trimester of pregnancy)
- Address
- Country of origin (if not a US resident)
- Patient medical record number (if applicable)

### **Patient travel and symptom information:**

- Zika virus-affected area(s)\* visited by patient
- Last date in a Zika virus-affected country/area\*
- Symptoms (fever, rash, joint pain, conjunctivitis or none)
- Date of onset of symptoms (if applicable)

### **Submitter Information** (This is the entity submitting the specimens for testing and **is where the test results report will be sent**)

- Name of submitting facility (e.g. General Hospital or Dr. Smith, LLC)
- Submitter Address
- Contact name (this may be the Laboratory Director, or may be a provider)
- Lab PFI, provider's NPI, or license number, as applicable (a PFI, NPI, or license number is mandatory)
- Telephone number
- Fax number – we will ask if this is a secured fax machine to which we can fax laboratory reports
- Email address (if applicable)

### **Ordering Provider Information** (if not the same entity as the submitter)

- Name
- Provider's NPI (or license number if NPI not available)
- Address
- Phone number
- Fax number
- Email address (if applicable)

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