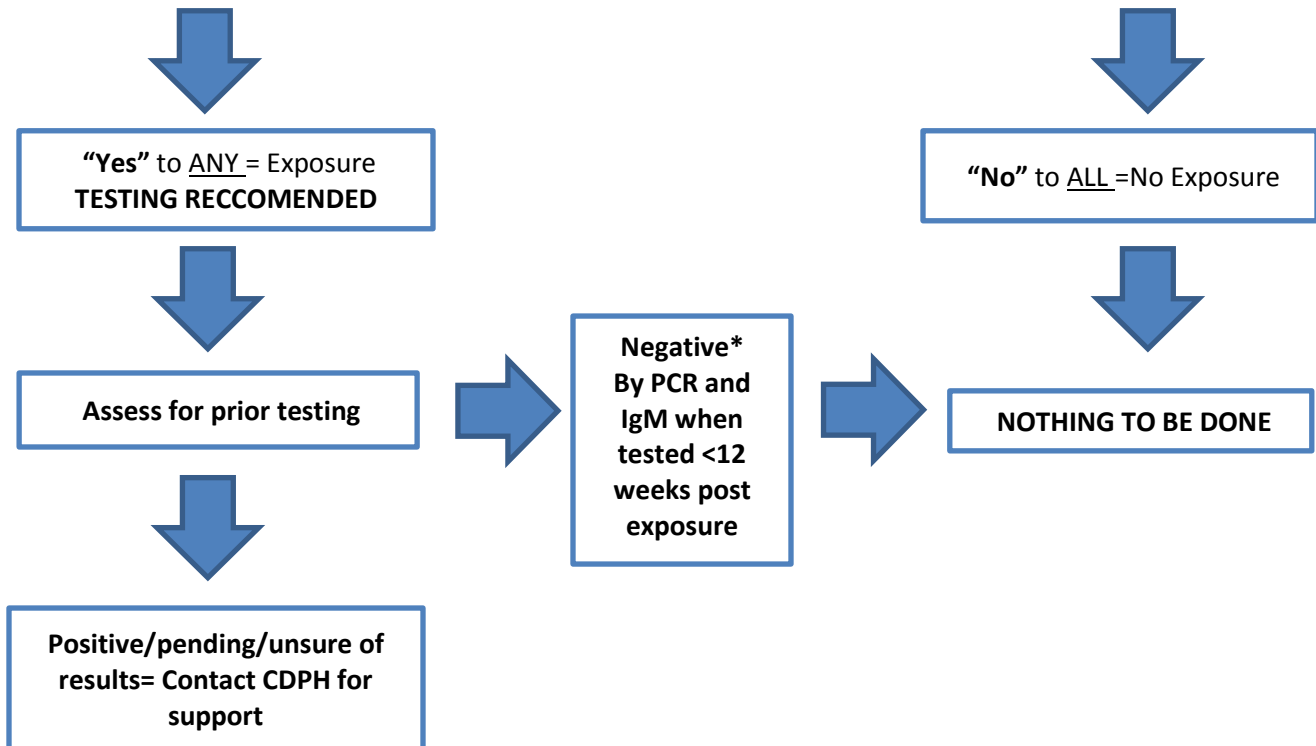


## Zika Screening Tool for Pregnant Women at Labor and Delivery

<u>Questions to assess for possible exposure to Zika virus</u>	<u>Response</u>
• Do you live in or do you frequently travel (daily or weekly) to an area with active Zika virus transmission? <a href="https://www.cdc.gov/zika/geo/index.html">https://www.cdc.gov/zika/geo/index.html</a>	Yes / No
• Have you traveled to an area with Zika during pregnancy or just before you became pregnant (8 weeks before conception or 6 weeks before your last menstrual period)?	Yes / No
• Have you had sex (vaginal, anal, or oral sex) without a condom or shared sex toys with a partner(s) who lives in or has traveled to an area with Zika?	Yes / No



To request **free** Zika testing through the Illinois Department of Health (IDPH), complete the **testing authorization request form** at <https://www.chicagohan.org/zforms>  
An **authorization code** will be provided by email to the provider contact listed on the request.

For additional information, contact the Chicago Department of Public Health (CDPH)  
**Zika response line: 312-746-4835 or email: [zika@cityofchicago.org](mailto:zika@cityofchicago.org)**  
For urgent matters, you may reach the Communicable Disease Physician on-call by calling 311  
(or 312-744-5000 if outside the City of Chicago)

*\*CDC is now recommending infant testing for infants born to women who tested PCR and IgM negative but were tested > 12 weeks post Zika exposure. Please contact CDPH for further guidance.*