



# Test Definition: CHIKS

Chikungunya Virus, PCR, Molecular Detection,  
Serum

## Overview

### Useful For

Qualitative detection of chikungunya virus in serum after early symptom onset (ideally <7 days)

This test is **not recommended** for screening healthy patients.

### Testing Algorithm

For more information see [Mosquito-borne Disease Laboratory Testing](#).

### Special Instructions

- [Mosquito-borne Disease Laboratory Testing](#)

### Highlights

This test provides qualitative detection of chikungunya virus RNA from serum collected during the acute phase of infection.

This test is intended for evaluation of patients with a clinical history and symptoms consistent with chikungunya virus infection.

### Method Name

Real-Time Reverse Transcription Polymerase Chain Reaction (PCR)/DNA Probe Hybridization

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Additional Testing Requirements

Due to the short period in which chikungunya RNA may be detected in serum, testing serum for IgM- and IgG-class antibodies to chikungunya virus is also recommended. See CHIKV / Chikungunya IgM and IgG, Antibody, Serum.

Testing for RNA or IgM-class antibodies to dengue and Zika viruses, concurrently with chikungunya virus testing should also be considered, given the overlapping clinical syndromes seen with these viruses. See the following:

DENGM / Dengue Virus Antibody, IgG and IgM, Serum

DENVP / Dengue Virus Antibody/Antigen Panel, Serum

DENG S / Dengue Virus, Molecular Detection, PCR, Serum

VZIKM / Zika Virus, IgM Antibody Capture ELISA, Serum

VZIKS / Zika Virus, PCR, Molecular Detection, Serum

**Specimen Required****Collection Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container:** Sterile container

**Specimen Volume:** 0.5 mL Serum

**Collection Instructions:** Within 2 hours of collection, centrifuge and aliquot the serum into a sterile container.

**Additional Information:** Serum specimens not aliquoted from the serum gel collection tube into a sterile container **will be rejected**.

**Forms**

If not ordering electronically, complete, print, and send a [Microbiology Test Request](#) (T244) with the specimen.

**Specimen Minimum Volume**

Serum: 0.3 mL

**Reject Due To**

Gross hemolysis	Reject
Heat-inactivated specimen	Reject

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	7 days	

**Clinical & Interpretive****Clinical Information**

Chikungunya virus (CHIK) is an RNA virus of the genus *Alphavirus*, family *Togaviridae*, transmitted mainly through the bite of infected mosquitoes in the genus *Aedes* (*Aedes aegypti* and *Aedes albopictus*). This is the same mosquito that transmits dengue, yellow fever, and Zika viruses. Most people infected with chikungunya virus will develop some symptoms, most commonly fever and joint pain. There is no specific antiviral treatment for chikungunya virus infection.

Most cases of disease have occurred in Africa, Asia, Europe, and the Indian and Pacific Oceans, but transmission of CHIK has been identified in Caribbean countries and South American regions, as well as foci in the southern United States. Infection with chikungunya virus may be suspected based on symptoms (fever, joint pain, and headache) and recent

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history of travel. A diagnosis of CHIK infection can be confirmed through laboratory tests on serum or cerebrospinal fluid.

This assay is designed to detect only species of clinical significance and is to be used for patients with a clinical history and symptoms consistent with chikungunya infection.

**Reference Values**

Negative

Reference values apply to all ages.

**Interpretation**

A positive test result indicates the presence of chikungunya virus RNA in the specimen.

A negative test result with a positive internal control result indicates that chikungunya virus RNA is not detectable in the specimen.

A negative test result with a negative internal control result is considered evidence of polymerase chain reaction inhibition or reagent failure. A new specimen should be collected for testing if clinically indicated.

**Cautions**

This assay is designed to be used for patients with a clinical history and symptoms consistent with chikungunya infection.

Negative chikungunya virus real-time reverse transcription polymerase chain reaction results do not preclude infection with chikungunya virus and should not be used as the sole basis for patient treatment or management decisions. All results should be interpreted by a trained professional in conjunction with review of the patient's exposure history and clinical signs and symptoms.

False-negative results may arise from degradation of chikungunya virus RNA during incorrect shipping or storage, and specimen collection after the period that chikungunya virus RNA is typically found in the patient (7 days after onset of symptoms).

**Supportive Data**

The following validation data supports the use of this assay for clinical testing.

**Accuracy/Diagnostic Sensitivity and Specificity:**

Clinical specimens, commercial samples, and a blinded panel of positive and negative samples provided by the Centers for Disease Control and Prevention (CDC) were used for the accuracy experiments. Testing was completed per the manufacturer's instructions, using the easy Mag (bioMerieux) for RNA extraction.

-Ninety-five clinical serum specimens received from the Mayo Infectious Disease Serology Laboratory (IDS) were tested using the Altona RealStar (ARS) Chikungunya (CHIK) RT-PCR Kit 2.0 assay. These specimens had been submitted through Mayo Clinic Laboratories and sent to an external laboratory for serology (IgM IFA) and reverse transcription polymerase chain reaction (RT-PCR) testing in 2014.

-Sixteen vials of human plasma from donor units collected in Puerto Rico extracted using the QIAGEN QIAamp Viral RNA Mini Kit.

-Spiking studies: To supplement the results, negative cerebrospinal fluid (CSF) specimens were spiked with viral RNA of

CHIK and tested in a blinded fashion. The spiking material was heat inactivated (HI) CHIK culture fluid (CF).

The ARS CHIK results were compared to the consensus results of the ARS CHIK, a published assay by Lanciotti(1) and a commercial assay, the Bio-Rad ZDC Multiplex RT-PCR Assay (ZDC). The gold standard was considered the consensus between 2 of the 3 PCR assays.

**Results:**

The ARS CHIK RT-PCR Kit detected 9 more chikungunya virus-positive specimens from the patient samples received from IDS than the Lanciotti and ZDC RT-PCR assays.

-Eight of the nine ARS CHIK+/Lanciotti-/ZDC- results were positive by chikungunya IgM enzyme immunoassay and/or chikungunya RT-PCR at another commercial reference lab and, therefore, considered likely true positives. Final consensus sensitivity and specificity were 100% and 98% respectively

-There was 100% agreement with among the ARS CHIK, Lanciotti, and CDC Trioplex RT-PCR assays using a CDC validation panel.

-The CSF specimens spiked with HI chikungunya virus CF at low concentrations gave expected results in 44/44 specimens.

**Analytical Specificity:**

No cross-reactivity was observed with the ARS CHIK RT-PCR Kit when tested against a comprehensive specificity panel, which included 32 bacterial, fungal, and viral organisms from culture collections along with well characterized laboratory strains causing similar disease states, closely related organisms, or from organisms commonly found in the specimens tested. This included West Nile virus (lineage 1 and 2), dengue virus (types 1, 2, 3, and 4), tick-borne encephalitis virus, yellow fever virus, Japanese encephalitis virus, Zika virus, and poliovirus. The manufacturer tested additional organisms as listed in the package insert.

**Clinical Reference**

1. Natrajan MS, Rojas A, Waggoner JJ. Beyond fever and pain: Diagnostic methods for chikungunya virus. *J Clin Microbiol.* 2019;57(6):e00350-19
2. Sajith A, Iyengar V, Varamballi P, Mukhopadhyay C, Nittur S. Diagnostic utility of real-time RT-PCR for chikungunya virus detection in the acute phase of infection: a retrospective study. *Ann Med.* 2025;57(1):2523559

**Performance****Method Description**

The RealStar Chikungunya Virus RT-PCR Kit was developed by Altona Diagnostics to assist in the diagnosis of chikungunya (CHIK) infection by testing serum for CHIK RNA. The Altona RealStar Chikungunya (ARS CHIK) RT-PCR Kit 2.0 is a qualitative reverse transcription-PCR (RT-PCR) assay targeting the nonstructural protein 1 (*NS1*) gene. The assay includes a heterologous amplification system (internal control: IC) to identify possible RT-PCR inhibition and to confirm the integrity of the reagents of the kit. Testing will be performed per the manufacturer's instructions using the LightCycler 480 following extraction with the NucliSENS easyMag (bioMerieux).

Real-time RT-PCR technology utilizes a reverse-transcriptase reaction to convert RNA into complementary DNA, PCR for

the amplification of specific target sequences, and target specific probes for the detection of the amplified DNA. The probes are labelled with fluorescent reporter and quencher dyes. Probes specific for CHIK RNA are labelled with the fluorophore FAM. The probe specific for the IC is labeled with the fluorophore JOE. Using probes linked to distinguishable dyes enables the parallel detection of CHIK specific RNA and the IC in corresponding detector channels of the real-time PCR instrument. (Package insert: RealStar Chikungunya RT-PCR Kit 2.0. Altona Diagnostics; 01/2017)

**PDF Report**

No

**Day(s) Performed**

Monday, Wednesday, Friday

**Report Available**

1 to 5 days

**Specimen Retention Time**

7 days

**Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

87798

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
CHIKS	Chikungunya Virus, PCR, Serum	81152-1

Result ID	Test Result Name	Result LOINC® Value
603833	Chikungunya Virus, PCR, Serum	81152-1