Identification of Local Transmission – Zika Testing Criteria for Persons without Travel-Related Exposure

The US Centers for Disease Control and Prevention (CDC) recommends testing for Zika virus in certain scenarios when exposure may have occurred through travel to an area with known Zika virus transmission, unprotected sexual contact with a male who has traveled, or trans-placental infection from an exposed mother to a fetus. These recommendations can be found here.

In order to detect areas in which local Zika virus transmission by mosquitoes may be *newly* occurring and not yet recognized, the California Department of Public Health (CDPH) recommends testing for Zika virus also be considered in certain scenarios outside those recommended by CDC using the following criteria:

1. **Case-patient was possibly exposed because he or she:**
    a. lived in area where invasive *Aedes* mosquitoes have been detected since 2015 **OR**
    b. traveled to or worked in an area where invasive *Aedes* mosquitoes were detected since 2015 AND reported mosquito exposure, with or without bites. (Map of counties and cities with invasive *Aedes*) **OR**
    c. experienced other exposure to a confirmed case of Zika virus infection by a plausible means of transmitting a blood-borne pathogen, such as blood transfusion or sharing paraphernalia used for injecting drugs.

AND

2. **Case-patient experienced at least one of the following clinical criteria concerning for Zika virus infection:**
    a. Any patient with maculopapular rash AND one other symptom consistent with Zika (fever, joint pain, or conjunctivitis) occurring within 2 weeks of meeting criterion #1, without alternative explanation such as drug reaction or other infection (e.g. West Nile virus, leptospirosis, rickettsia, group A streptococcus, rubella, measles, parvovirus, enterovirus, or adenovirus), **OR**
    b. A woman with a pregnancy complicated by microcephaly identified during prenatal ultrasound or at birth after meeting criterion #1 during or up to 8 weeks prior to the current pregnancy, and without alternative explanation for microcephaly such as genetic disorder, inherited mutation, or other congenital infection known to cause microcephaly, (e.g. cytomegalovirus, rubella, toxoplasmosis, or varicella.)

Additionally, **testing should be considered in any infant with microcephaly identified during prenatal ultrasound or at birth, born to a mother who met criterion #1 during or up to 8 weeks prior to pregnancy** with the same infant, and without alternative explanation such as genetic disorder, inherited mutation, or other congenital infection known to cause microcephaly, (e.g. cytomegalovirus, rubella, toxoplasmosis, or varicella).

Of note, the above criteria should *not* be used when investigating areas with concern for local mosquito-borne transmission, as expanded criteria may be necessary to perform investigation. If you have reason to suspect local transmission, please contact CDPH to discuss further.

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