IS THERE A HISTORY OF POSSIBLE ZIKA EXPOSURE?
Recent travel to an area with risk of Zika virus (see list of areas with risk of Zika virus*)
OR
Recent unprotected sexual contact with:
• A male who has traveled in the past 3 months to an area with risk of Zika virus
• A female who has traveled in the past 2 months to an area with risk of Zika virus

IS THE PATIENT PREGNANT?
YES

DOES OR DID THE PREGNANT PATIENT HAVE SYMPTOM(S) OF ZIKA VIRAL DISEASE?
One or more of the following symptoms within 2 weeks of travel or sexual exposure:
• Maculopapular rash
• Fever (over 100.4°F/38°C)
• Arthralgias
• Conjunctivitis

SYMPTOMATIC PREGNANT WOMEN
Concurrent Zika virus NAT in serum and urine and IgM antibody testing if 12 weeks or less since symptom onset. If non-negative IgM and Zika virus NAT negative, confirm with PRNT.

ASYMPTOMATIC PREGNANT WOMEN WITH AN EPISODE OF ZIKA EXPOSURE
• Do not routinely test, but instead assess carefully for factors that increase the likelihood of Zika infection. See California Updated Guidance (www.bit.ly/CDPHGuidance) for a list of risk factors to consider.
• A patient’s risk tolerance and decision-making regarding the pregnancy may be sufficient justification for Zika virus testing.
• If choosing to test, follow testing instructions for Symptomatic Pregnant Women.

ASYMPTOMATIC PREGNANT WOMEN WITH ONGOING POSSIBLE ZIKA EXPOSURE
• NAT testing on serum and urine 3 times during pregnancy starting with the initiation of prenatal care. Testing each trimester may be considered.
• IgM testing may be considered concurrent with NAT testing but may lead to difficult interpretation of results depending on exposure history.

FOR INFANTS

INFANT ZIKA VIRUS TESTING FOR SUSPECTED CONGENITAL ZIKA VIRUS INFECTION
Indications for testing include mothers with possible exposure to Zika during pregnancy or 8 weeks prior to conception, plus any of the following:
• Maternal laboratory evidence of possible Zika virus infection
• Infant with birth defects consistent with congenital Zika syndrome regardless of maternal test results

Newborn specimen collection:
• Zika virus NAT testing on infant serum and urine and Zika virus IgM antibody testing on infant serum. If non-negative IgM and negative Zika virus NAT, confirm with PRNT.
• If CSF is collected for other purposes, NAT and IgM antibody testing should be performed on CSF.
• For infants with findings consistent with congenital Zika syndrome with unknown etiology, consider CSF for Zika virus NAT and IgM antibodies.

Birth hospitals may consider collecting infant specimens for concurrent Zika virus testing if maternal testing is being done: www.bit.ly/CABirthHospitals

See CDPH guidance for lab testing: www.bit.ly/VRDLZikaGuidance
For more Zika information for health professionals, see: www.bit.ly/CDCPHZikaHCps
For questions about Zika virus testing or test results, contact your local health department: www.bit.ly/LHDContactInfo

*AREAS WITH RISK OF ZIKA: For symptomatic persons, refer to CDC Areas with Risk of Zika (www.bit.ly/CDCRiskAreas). For asymptomatic pregnant women, use the WHO Zika Virus Classification Table (www.bit.ly/WHOZikaTable) WHO risk classification “Category 1” and “Category 2” countries to help limit the risk of false positive test results. Only Texas and Florida have experienced transmission in the U.S., but transmission is not ongoing at this time.