**FOR CHILDREN AND ADULTS**

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**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 6 months to an area with risk of Zika virus
    - A female who has traveled in the past 8 weeks to an area with risk of Zika virus

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**IS THE PATIENT PREGNANT?**

- YES

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**DOES THE 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

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**SYMPTOMATIC INDIVIDUALS**

- NAT testing of serum <2 weeks and urine <3 weeks since symptom onset
- IgM antibody testing <12 weeks since symptom onset
- If non-negative IgM and Zika virus NAT negative, confirm with PRNT

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**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.

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**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.

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**FOR INFANTS**

**INFANT ZIKA VIRUS TESTING FOR SUSPECTED CONGENITAL ZIKA VIRUS INFECTION**

Indications for testing include maternal exposure history plus any of the following:

- Maternal laboratory evidence of Zika virus infection
- Infant findings 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/CABirth Hospitals