

Zika Testing Criteria Guidance

Zika risk category		Current CDC testing guidance	Current CDC prevention guidance	Relevant MMWRs	
<p>Symptomatic (one† or more of the following is <u>required</u>: fever, maculopapular rash, conjunctivitis, or arthralgia; additional compatible symptoms include headache and myalgia)</p>	<p>Onset during or within 2 weeks of travel to area of active transmission</p>	<p>Test for Zika, Chikungunya, and Dengue</p> <ul style="list-style-type: none"> Day 0-3: PCR (serum and urine)* Day 4-6: PCR (serum and urine) and IgM EIA with confirmatory PRNT (serum) Day 7-13: IgM EIA with confirmatory PRNT (serum), PCR (urine) Day 14+: IgM EIA with confirmatory PRNT (serum) 	<p><u>Pregnancy planning</u>: wait to attempt conception until 8 weeks after a symptomatic female partner's onset date and 6 months after a symptomatic male partner's symptom onset date.</p> <p><u>Sexual transmission</u>: couples with a pregnant female and symptomatic male should use condoms or abstain for duration of the pregnancy; couples without a pregnant female should use condoms or abstain for 8 weeks after asymptomatic partner's latest exposure and for 6 months after symptomatic partner's onset date</p> <p><u>Vector-borne transmission</u>: avoid mosquito bites for 1 week after symptom onset</p>	<p>Preparing for Local Mosquito-Borne Transmission of Zika Virus [April 8, 2016]</p> <p>Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure [April 1, 2016]</p> <p>Interim Guidance for Prevention of Sexual Transmission of Zika Virus [April 1, 2016]</p> <p>Interim Guidance for Zika Virus Testing of Urine [May 10, 2016]</p>	
	<p>Onset within 2 weeks of sexual exposure to a male partner (symptomatic or asymptomatic) with possible Zika exposure</p>	<p>Test for Zika</p> <ul style="list-style-type: none"> Day 0-3: PCR (serum and urine) Day 4-6: PCR (serum and urine) and IgM EIA with confirmatory PRNT (serum) Day 7-13: IgM EIA with confirmatory PRNT (serum), PCR (urine) Day 14+: IgM EIA with confirmatory PRNT (serum) 			
	<p>No travel or sexual exposure, but a known epidemiologic link to a viremic Zika case (residence in same area, etc.)</p>	<p>Test on case-by-case basis upon consultation with CDC</p>			<p>Preparing for Local Mosquito-Borne Transmission of Zika Virus [April 8, 2016]</p> <p>Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure [April 1, 2016]</p>
	<p>Onset > 2 weeks from travel to area of active transmission</p>	<p>Do not test for Zika**</p>			<p>Preparing for Local Mosquito-Borne Transmission of Zika Virus [April 8, 2016]</p>
	<p>Children (<18 years) who traveled to an area of Zika transmission and infants within first 2 weeks of life whose mothers traveled to or resided in an area of Zika transmission within 2 weeks of delivery</p>	<p>Test for Zika and Dengue</p> <ul style="list-style-type: none"> Day 0-3: Zika PCR (serum, urine, and optionally CSF) Day 4-6: Zika PCR (serum, urine, and optionally CSF) and Zika and Dengue IgM EIA with confirmatory PRNT (serum) Day 7+: Zika and Dengue IgM EIA with confirmatory PRNT (serum) 			<p>Interim Guidelines for Health Care Providers Caring for Infants and Children with Possible Zika Virus Infection [February 26, 2016]</p>

*A negative PCR result does not exclude the possibility of Zika infection (convalescent serology can be pursued). Urine PCR indicated *only* for Zika (not chikungunya or dengue) and should be performed in conjunction with serum testing. DSHS does not yet have Zika urine PCR testing capability but may forward urine specimens to CDC for Zika PCR testing if paired with serum.

**If a pregnant female does not qualify for Zika testing based on her symptoms and onset date, consider whether she qualifies for serologic testing based on the asymptomatic categories relevant to pregnant women

†2 or more symptoms required for children <18 years who have traveled to an area of Zika transmission and infants within first 2 weeks of life whose mothers traveled or resided in an area of Zika transmission within 2 weeks of delivery

Zika risk category		Current CDC testing guidance	Current CDC prevention guidance	Relevant MMWRs
<p>Infant whose mother has positive or inconclusive Zika test results OR infant with microcephaly or intracranial calcifications whose mother traveled to or resided in an area with Zika during pregnancy</p>		Test for Zika and Dengue <ul style="list-style-type: none"> • Infant serum collected within 2 days of birth (if possible) and (optional) infant CSF: Zika PCR and Dengue and Zika IgM EIA with confirmatory PRNT • Optional: Zika PCR and histopathology on placenta and umbilical cord tissue 	N/A	Interim Guidelines for Health Care Providers Caring for Infants and Children with Possible Zika Virus Infection [February 26, 2016]
<p>Asymptomatic (or not clinically compatible with Zika)</p>	Male with no travel to an area of active transmission	Do not test for Zika	<u>Vector-borne transmission</u> : usual mosquito bite prevention	Preparing for Local Mosquito-Borne Transmission of Zika Virus [April 8, 2016]
	Male with travel to an area of active transmission	Do not test for Zika	<u>Pregnancy planning</u> : wait to attempt conception with female partner until at least 8 weeks after his last exposure. <u>Sexual transmission</u> : use condoms or abstain for duration of the pregnancy if he has a pregnant partner; if no pregnant partner, do so for 8 weeks after return from travel. <u>Vector-borne transmission</u> : avoid mosquito bites for 3 weeks after returning from travel	Interim Guidance for Prevention of Sexual Transmission of Zika Virus [April 1, 2016]
	Pregnant female‡ with no travel to an area of active transmission who had sexual exposure to a symptomatic male partner with possible Zika exposure	Test for Zika <ul style="list-style-type: none"> • IgM EIA with confirmatory PRNT (serum) collected 2-12 weeks after most recent sexual exposure → Follow-up prenatal care and/or testing*** 	<u>Vector-borne transmission</u> : usual mosquito bite prevention	Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure [April 1, 2016]
	Pregnant female‡ with travel to an area of active transmission	Test for Zika <ul style="list-style-type: none"> • IgM EIA with confirmatory PRNT (serum) collected 2-12 weeks after the return from travel → Follow-up prenatal care and/or testing*** 	<u>Vector-borne transmission</u> : avoid mosquito bites for 3 weeks after returning from travel	Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure [April 1, 2016]
	Female with travel to an area of active transmission who is not pregnant	Do not test for Zika	<u>Pregnancy planning</u> : wait to attempt conception until at least 8 weeks after her last exposure. <u>Vector-borne transmission</u> : avoid mosquito bites for 3 weeks after returning from travel	Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure [April 1, 2016]

***If initial serology results are negative and a fetal ultrasound does not detect fetal abnormalities, provider should continue routine prenatal care; if ultrasound detects abnormalities, retest mother for Zika.

‡Also include women who were not pregnant during travel or sexual exposure but became pregnant within 8 weeks of exposure (within 6 weeks of last menstrual period)