Note: On May 5, 2017, CDC issued a Health Alert Notice (HAN) (https://emergency.cdc.gov/han/han00402.asp) to share emerging evidence about interpreting Zika IgM antibody test results of women who may have been exposed to Zika virus, particularly women who live in or frequently travel to areas with a CDC Zika travel notice, before conception. It is possible that some women who are currently pregnant may have been previously infected and developed antibodies against Zika prior to pregnancy. New data suggest that Zika virus infection, similar to some other flavivirus infections, may result in Zika antibodies staying in the body for months after infection, which may make it difficult to use these tests to determine whether women might have been infected before or after they became pregnant. This HAN has specific recommendations not currently a part of the existing laboratory guidance, which should be considered for these women: 1. that nucleic acid testing is considered at least once per trimester unless a previous test has been positive, and on amniocentesis specimens, if amniocentesis is performed for other reasons and 2. that IgM testing may be considered as part of pre-conception counseling. CDC recommends other diagnostic methods, such as nucleic acid testing and ultrasounds, which may provide additional information to help healthcare providers know if antibody test results might represent a recent infection. CDC is currently updating its webpages with this information.

CDC's Response to Zika

ZIKA SCREENING TOOL FOR PREGNANT WOMEN



(To be administered by nurse or other healthcare provider)

All pregnant women should be assessed for possible Zika virus exposure at each prenatal care visit. Use this tool to evaluate pregnant women for exposure to Zika virus and for signs and symptoms of Zika virus disease to determine whether testing is indicated.

NOTE: If your pregnant patient has questions about Zika testing, educational factsheets are available on CDC's website: www.cdc.gov/zika/hc-providers/pregnant-woman.html

Visit CDC's website to see an updated map of areas with risk of Zika¹:

www.cdc.gov/zika/geo/countries-territories.html

This page shows areas with a CDC Zika travel notice as well as areas with risk of Zika but no CDC travel notice. Check the map often to keep up to date with changes to the travel notices.

Assess the patient for exposure to an area with risk of Zika² or having a sex partner with such exposure by asking:

1. Have you lived in one of these areas during pregnancy or up to 6 weeks before your last menstrual period?

Circle response:

YES | NO

2. Have you traveled to one of these areas during pregnancy or up to 6 weeks before your last menstrual period?

YES NO

3. During pregnancy, have you had unprotected sex with a partner who lived in or traveled to one of these areas?

YES | NO

If the patient answered yes to any of the questions regarding exposure to **an area with a CDC Zika travel notice**, she should be tested in accordance with CDC guidance for pregnant women (reverse).

If the patient has been exposed to an area with risk of Zika but no CDC Zika travel notice, assess the patient for possible Zika virus infection.

Does the patient

Circle response:

NO

- 1. Currently have or had (in the last 12 weeks) fever, rash, joint pain, muscle pain, headache, or red eyes?
- 2. Have evidence of abnormalities consistent with Zika been YES | NO seen on ultrasound?

If "Yes" to either question, test in accordance with CDC guidance for pregnant women.

If "No" to both questions, Zika testing is not routinely recommended for asymptomatic pregnant women exposed to areas without a CDC travel notice but can be offered on case-by-case basis.

Patients who answered "NO" to ALL questions are at low risk for exposure to Zika virus infection.

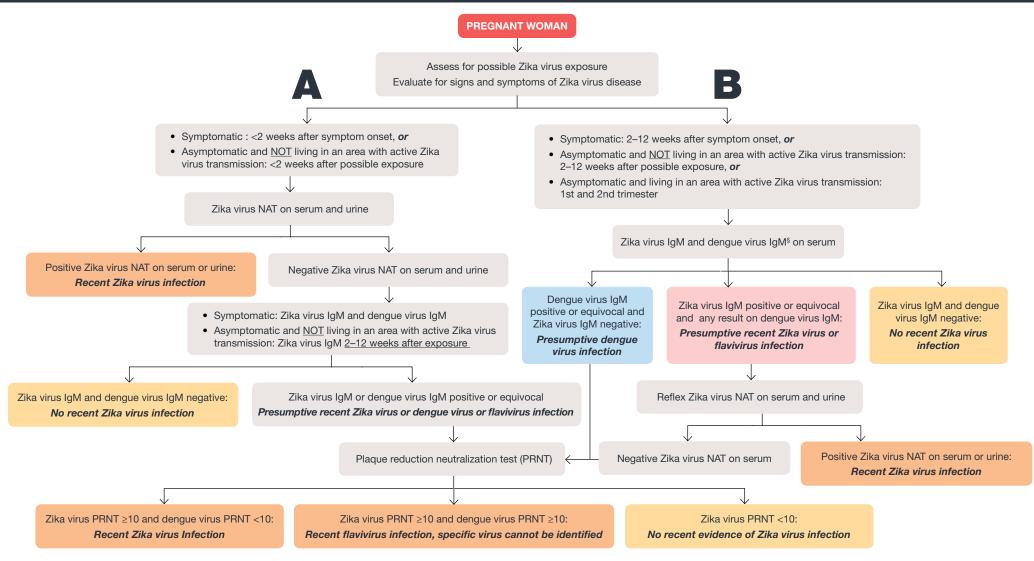
Footnotes

- 1. Area with risk of Zika in the US refers to Zika cautionary areas and Zika active transmission areas.
- For patients with exposure to areas with a CDC Zika travel notice AND areas with risk of Zika but no CDC Zika travel notice, follow the assessment instructions for the area with a CDC Zika travel notice.



CDC's Response to Zika

Testing and interpretation recommendations*, f, \$.1 for a pregnant woman with possible exposure to Zika virus* — United States (including U.S. territories)



Abbreviations: IgM = immunoglobulin M; PRNT = plaque reduction neutralization test; NAT = nucleic acid testing.

- * A pregnant woman is considered symptomatic if one or more signs or symptoms (fever, rash, arthralgia, or conjunctivitis) consistent with Zika virus disease is reported whereas a pregnant woman is considered asymptomatic if symptoms are NOT reported.
- [†] Testing includes Zika virus NAT on serum and urine samples, Zika virus and dengue virus Immunoglobulin M (IgM), and plaque reduction neutralization test (PRNT) on serum samples. PRNT results that indicate recent flavivirus infection should be interpreted in the context of the currently circulating flaviviruses. Refer to the laboratory guidance for updated testing recommendations (http://www.cdc.gov/zika/laboratories/lab-guidance.html). Because of the overlap of symptoms in areas where other viral illness are endemic, evaluate for possible dengue or chikungunya virus infection.
- § Dengue IgM antibody testing is recommended only for symptomatic pregnant women.
- If Zika virus NAT testing is requested from laboratories without IgM antibody testing capacity or a process to forward specimens to another testing laboratory, storing of additional serum samples is recommended for IgM antibody testing in the event of a NAT negative result.
- Possible exposure to Zika virus includes travel to or residence in an area with active Zika virus transmission (http://wwwnc.cdc.gov/travel/notices/), or sex (vaginal sex (penis-to-vagina sex), anal sex (penis-to-anus sex), oral sex (mouth-to-penis sex or mouth-to-vagina sex), and the sharing of sex toys) without a barrier method to prevent infection (male or female condoms for vaginal or anal sex, male condoms for oral sex (mouth-to-penis), and male condoms cut to create a flat barrier or dental dams for oral sex (mouth-to-vagina) with a partner who traveled to, or lives in an area with active Zika virus transmission.