

**Communicable Disease Epidemiology  
and Immunization Section**

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**Health Advisory: Updated Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure – 23 August 2017**

**Actions requested:**

- Be aware that CDC has recently updated Zika testing guidance and test interpretation for pregnant women and their newborns because of increasing potential for false positive test results as the prevalence of Zika virus disease decreases in the Americas (see links below including the CDC MMWR).
- At every prenatal care visit, discuss possible Zika virus exposure (i.e., through travel or sexual exposure) that may have occurred *before* and *during* current pregnancy.
- Continue to advise pregnant women to avoid possible Zika exposure from travel to any area with documented or likely Zika virus transmission.
- Recommend that pregnant patients with sex partners who live in or traveled to an area with Zika virus transmission to use barrier methods during sex or abstain from sex for the duration of their pregnancy, regardless of Zika test results.
- **Pediatric health care providers should inquire about possible maternal Zika exposure and assess every newborn with possible maternal Zika exposure for congenital Zika virus infection.**
- Report suspected cases of congenital Zika syndrome to Public Health at 206-296-4774.

**Updated testing guidance (recent changes are underlined):**

- **Pregnant women with *recent* possible Zika virus exposure and symptoms of Zika virus disease** should be tested to diagnose the cause of their symptoms. Obtain serum and urine for concurrent PCR Zika testing AND Zika IgM serology at a commercial lab as soon as possible through 12 weeks after symptom onset.
  - A positive Zika PCR result in serum and urine regardless of IgM serology result **OR** a positive Zika PCR result in either serum or urine **and** a positive IgM serology indicates acute Zika virus infection and additional testing is usually not necessary. Final interpretation of results of Zika tests should be performed after all testing is completed.
  - Refer to Table 1. in the CDC MMWR for details on the updated interpretation of results for PCR and serology testing for suspected Zika virus infection.
- **Asymptomatic pregnant women with *ongoing* possible Zika virus exposure**
  - Offer Zika PCR testing three times during their pregnancy:
  - The optimum timing and frequency for testing asymptomatic pregnant women with PCR Zika testing is unknown. However, at initiation of prenatal care, consider testing serum and urine for Zika virus at a commercial laboratory.
  - A positive Zika PCR result in serum **and** urine indicates an acute Zika virus infection. A negative Zika PCR result on serum or urine *does not* rule out infection.
- **Asymptomatic pregnant women with *recent* possible Zika virus exposure (i.e., through travel or sexual exposure) but *without ongoing* possible exposure**
  - Zika testing is no longer routinely recommended, but may be offered after assessment and counseling
  - As the global prevalence of Zika virus disease declines, the likelihood of false-positive test results increases.
  - Providers should consider using a shared patient-provider decision-making model that incorporates patient preferences and values, clinical judgment, and a balanced assessment of risks and expected outcomes to make testing decisions.
  - **The risk assessment should include:**
    - Symptoms, type and duration of possible exposure

- Zika virus transmission trends and other epidemiologic considerations (e.g., seasonality and mosquito surveillance and control factors) at location of possible exposure
- The use of prevention measures (e.g., insect repellent, appropriate clothing and condom use).
- Refer to the CDC Pregnancy Screening Tool (see link below) for more details.
- If Zika testing is conducted, follow the algorithm for symptomatic pregnant women using the time frame from last possible exposure.

#### INFANTS WITH POSSIBLE MATERNAL ZIKA EXPOSURE:

- Because routine Zika testing of asymptomatic pregnant women with *recent* possible Zika virus exposure but *without ongoing* possible exposure will likely decrease per the updated CDC guidance, it is critical that pediatric health care providers inquire about possible maternal and congenital Zika virus exposure for every newborn.
- Infants born to mothers with possible Zika virus exposure during pregnancy but who did not receive testing, including asymptomatic pregnant women with *recent* possible Zika virus exposure but *without ongoing* possible exposure, should receive a comprehensive physical examination, including standardized measurement of head circumference and newborn hearing screen, as part of routine pediatric care.
- Additionally, based on the level of possible Zika virus exposure (e.g., duration and type of exposure, use of prevention measures, intensity of Zika virus transmission at the location of travel), the provider should consider whether further evaluation of the newborn for possible congenital Zika virus infection is warranted, in which case, a head ultrasound, and ophthalmologic assessment should be considered, regardless if the comprehensive physical exam is normal. Based on results of the evaluation, testing of the infant for Zika virus infection could be considered.

#### EVALUATION OF PLACENTAL AND FETAL TISSUE SPECIMENS FOR ZIKA INFECTION

- Testing of placental and cord tissues can be considered for diagnostic purposes in certain scenarios (e.g., women without a diagnosis of laboratory-confirmed Zika virus infection and who have a fetus or infant with possible Zika virus-associated birth defects).
- Placenta and cord testing is not routinely recommended for women who were asymptomatic and had *recent* possible Zika virus exposure but *without ongoing* possible exposure and who have a live born infant without evidence of possible Zika virus-associated defects.

Call Public Health at 206-296-4774 for any questions about testing, specimen collection and storage. Public Health is also available to assist with interpretation of all Zika test results.

#### RESOURCES

- CDC MMWR: Update: **Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure** — United States (Including U.S. Territories), July 2017: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm>
- CDC Updated Interim Pregnancy Guidance for **Symptomatic Pregnant** Women with Possible Zika Virus Exposure: [https://www.cdc.gov/zika/pdfs/testing\\_algorithm.pdf](https://www.cdc.gov/zika/pdfs/testing_algorithm.pdf)
- CDC Updated Interim Pregnancy Guidance for **Asymptomatic Pregnant** Women with Possible Zika Virus Exposure: <https://www.cdc.gov/zika/pdfs/testing-algorithm-asymptomatic.pdf>
- CDC Zika Pregnancy Screening Tool: [https://www.cdc.gov/zika/pdfs/ZikaPreg\\_ScreeningTool.pdf](https://www.cdc.gov/zika/pdfs/ZikaPreg_ScreeningTool.pdf)
- CDC Updated Guidance for Initial Evaluation and Testing of Infants for Congenital Zika Virus Infection: <https://www.cdc.gov/zika/hc-providers/infants-children/evaluation-testing.html>
- CDC Flyer for Patients: Only Some People Need Zika Testing: [https://www.cdc.gov/zika/pdfs/Tested\\_For\\_Zika\\_Flyer.pdf](https://www.cdc.gov/zika/pdfs/Tested_For_Zika_Flyer.pdf)
- General Zika virus information and Zika testing forms: <http://www.kingcounty.gov/healthservices/health/communicable/diseases/zika.aspx>
- CDC Interpreting Zika Test Results <https://www.cdc.gov/zika/pdfs/lab-table.pdf>
- Comprehensive CDC Zika resources: <http://www.cdc.gov/zika/>