Assessment for Zika Virus Infection in Nonpregnant Individuals

- Nonpregnant women with possible exposure to Zika virus through travel to region with Zika transmission or possible sexual exposure
- Evaluate for signs and symptoms of Zika virus disease (eg. fever, conjunctivitis, rash, arthralgia)

SYMPTOMATIC

<14 days post-symptom onset

- Zika virus rRT-PCR on serum or on paired serum and urine
  - RZIKS / Zika Virus, PCR, Molecular Detection, Serum
  - RZIKU / Zika Virus, PCR, Molecular Detection, Random, Urine

Positive Zika virus rRT-PCR (serum and/or urine)

Acute Zika virus infection

Negative Zika virus rRT-PCR (serum and/or urine)

Consider testing for dengue, West Nile, chikungunya viruses

Collect follow-up serum specimen 2 weeks postexposure or return from travel for Zika serologic testing.

ASYMPTOMATIC

≥14 days post-symptom onset

Testing not recommended

- MZIKV / Zika Virus IgM Antibody Capture MAC-ELISA, Serum

Zika virus IgM result:
- Presumptive or possible Zika virus or other Flavivirus

Consider follow-up testing for dengue virus and/or West Nile virus
- DENGM / Dengue Virus Antibody, IgG and IgM, Serum
- DENVP / Dengue Virus Antibody/Antigen Panel, Serum
- WNS / West Nile Virus Antibody, IgG and IgM, Serum

No evidence of Zika virus infection

Testing of asymptomatic Zika virus-exposed partners of pregnant women is not recommended
- Barrier protection or abstinence from sex during pregnancy is recommended
- For individuals considering conception postexposure, visit www.cdc.gov/zika/prevention/protect-yourself-during-sex.html for up-to-date CDC recommendations

Serologic and molecular testing is recommended for infants suspected to have contracted Zika virus in utero.