Assessment for Zika Virus Infection in Pregnant Women

Before testing, discuss testing limitations and potential risks for misinterpretation of test results.

- Pregnant 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 (e.g., fever, conjunctivitis, rash, arthralgia)

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Symptomatic

Up to 12 weeks post-symptom onset

Zika virus rRT-PCR (Paired serum and urine)
- RZIKS / Zika Virus, PCR, Molecular Detection, Serum
- RZIKU / Zika Virus, PCR, Molecular Detection, Random, Urine
AND
Zika virus serology (serum)
- PNZIK / Prenatal Zika Virus IgM Antibody Capture MAC-ELISA, Serum

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

- Negative Zika virus rRT-PCR (serum and/or urine) AND Non-negative Zika IgM (Presumptive or possible Zika virus or other Flavivirus)

No evidence of Zika virus infection

Consider testing for dengue, West Nile, chikungunya viruses

Confirmation testing by a plaque reduction neutralization test (PRNT) is required (available through CDC and select public health laboratories)

MML will submit the sample for PRNT directly to the appropriate laboratory

Testing of asymptomatic Zika virus-exposed partners of pregnant women is not recommended
- Barrier protection or abstaining 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.