Assessment for Zika Virus Infection in Pregnant Women

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

Symptomatic

- Up to 12 weeks post-symptom onset

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

Negative rRT-PCR and negative Zika IgM

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

Asymptomatic with ongoing possible Zika virus exposure

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

Positive Zika virus rRT-PCR (paired serum and urine)

Acute Zika infection

Testing 3 times during pregnancy. First time at initial prenatal visit.

Testing not routinely recommended, but should be considered. If testing is conducted, follow algorithm for symptomatic pregnant women using timeframe from last possible exposure.

Asymptomatic without ongoing possible exposure

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

No Zika RNA detected

No evidence of Zika virus infection during pregnancy cannot be ruled out

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.


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