

ZIKA SCREENING ALGORITHM



FOR CHILDREN AND ADULTS

NO

Risk of local Zika virus transmission in California is low. However, mosquitoes that can transmit Zika virus are present in some parts of California. If you suspect Zika virus infection in someone without travel or sexual exposure, contact your local health department.

IS THERE A HISTORY OF POSSIBLE ZIKA EXPOSURE?

Recent travel to an area with risk of Zika virus (see list of areas with risk of Zika virus*)

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Recent unprotected sexual contact with:

- A male who has traveled in the past 6 months to an area with risk of Zika virus
- A female who has traveled in the past 8 weeks to an area with risk of Zika virus

IS THE PATIENT PREGNANT?

YES

YES

NO

DOES THE PATIENT HAVE SYMPTOM(S) OF ZIKA VIRAL **DISEASE?**

One or more of the following symptoms within 2 weeks of travel or sexual exposure:

- · maculopapular rash
- fever (over 100.4°F/38°C)
- arthralgias
- conjunctivitis

N₀

YES

arthralgias

DOES OR DID THE PREGNANT PATIENT HAVE SYMPTOM(S) OF ZIKA VIRAL DISEASE? One or more of the following symptoms within 2 weeks of travel or sexual exposure:

- maculopapular rash
- fever (over 100.4°F/38°C)
- · conjunctivitis

YES

N₀

ASYMPTOMATIC PREGNANT WOMEN WITH AN EPISODE OF ZIKA EXPOSURE

- · Do not routinely test, but instead assess carefully for factors that increase the likelihood of Zika infection. See California Updated Guidance (www.bit.ly/CDPHGuidance) for a list of risk factors
- A patient's risk tolerance and decision-making regarding the pregnancy may be sufficient justification for Zika virus testing.
- If choosing to test, follow testing instructions for Symptomatic Pregnant Women.

IS ONGOING (DAILY OR WEEKLY) ZIKA EXPOSURE OCCURING?

YES

SYMPTOMATIC INDIVIDUALS

- NAT testing of serum <2 weeks and urine <3 weeks since symptom onset
- IgM antibody testing <12 weeks since symptom onset
- If non-negative IgM and Zika virus NAT negative, confirm with PRNT

Non-pregnant patient guidance: www.bit.ly/CDCZikaLabGuide

SYMPTOMATIC PREGNANT WOMEN

Concurrent Zika virus NAT in serum and urine and IgM antibody testing if 12 weeks or less since symptom onset. If non-negative IgM and Zika virus NAT negative, confirm with PRNT.

ASYMPTOMATIC PREGNANT WOMEN WITH ONGOING POSSIBLE ZIKA EXPOSURE

- NAT testing on serum and urine 3 times during pregnancy starting with the initiation of prenatal care.
 Testing each trimester may be considered.
- IgM testing may be considered concurrent with NAT testing but may lead to difficult interpretation of results depending on exposure history

California guidance for pregnant patients: www.bit.ly/CDPHGuidance

· Recommend sexual abstinence (vaginal, anal, oral) or condom use (male or female) for all exposed patients, especially pregnant couples

ALL PATIENTS WITH EXPOSURE:

- >> Males: For at least 6 months after last potential Zika expsoure
- >> Females: For at least 8 weeks after last potential Zika exposure
- If not pregnant, recommend delay pregnancy for the above periods of time and prescribe effective contraceptive methods
- · Advise use of mosquito repellent for 3 weeks after return from an area with risk of Zika
- For counseling recommendations, see: www.bit.lv/CDPHFamilvPlan

*AREAS WITH RISK OF ZIKA: For symptomatic persons, refer to CDC Areas with Risk of Zika (www.bit.ly/CDCRiskAreas). For asymptomatic pregnant women, use the WHO Zika Virus Classification Table (www.bit.ly/WHOZikaTable) WHO risk classification "Category 1" and "Category 2" countries to help limit the risk of false positive test results. Only Texas and Florida have experienced transmission in the U.S., but transmission is not ongoing at this time.

FOR INFANTS

INFANT ZIKA VIRUS TESTING FOR SUSPECTED CONGENITAL ZIKA VIRUS INFECTION

Indications for testing include maternal exposure history plus any of the following:

- Maternal laboratory evidence of Zika virus infection
- · Infant findings consistent with congenital Zika syndrome regardless of maternal test results

Newborn specimen collection:

- Zika virus NAT testing on infant serum and urine and Zika virus IgM antibody testing on infant serum. If non-negative IgM and negative Zika virus NAT, confirm with PRNT.
- · If CSF is collected for other purposes, NAT and IgM antibody testing should be performed on CSF.
- · For infants with findings consistent with congenital Zika syndrome with unknown etiology, consider CSF for Zika virus NAT and IgM antibodies.

Birthing hospitals may consider collecting infant specimens for concurrent Zika virus testing if maternal testing is being done: www.bit.ly/CABirthingHospitals