CDC Zika Testing and Management Recommendations for Pregnant Women

Updated April 10, 2019

Background: On July 24, 2017 CDC released Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure (https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s_cid=mm6629e1_w). These recommendations update the prior CDC guidance in response to two developments in the Zika outbreak. First, the number of people with Zika infection in the Americas is declining and in a setting with reduced disease occurrence, the risk of false positive test results increases. Second, emerging data has shown that IgM antibodies can persist for months in some pregnant women, making it difficult to determine the timing of infection (prior to or during the current pregnancy). The limitations of currently available tests and the lack of a vaccine or an effective therapy to prevent congenital infection or mitigate sequelae of Zika virus infection during pregnancy, or in the neonate, underscore the importance of shared provider-patient decision-making for screening and testing pregnant women. False test results can cause stress, anxiety and lead to more healthcare procedures than are necessary.

Summary of recommendations:

1. Pregnant women with recent possible Zika virus exposure who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome should be tested concurrently with PCR (both serum and urine) and Zika virus IgM antibody regardless of symptoms. If amniocentesis is performed as part of clinical care, PCR testing for Zika should be considered.

2. Pregnant women with recent possible Zika virus exposure and symptoms of Zika virus disease (fever, rash, arthralgia, conjunctivitis) should be tested concurrently with PCR (both serum and urine) and Zika virus IgM antibody as soon as possible and through 12 weeks after symptom onset.

3. Asymptomatic pregnant women with recent possible Zika virus exposure (not ongoing exposure) are no longer recommended for routine testing. Providers and patients should discuss testing and care plans in the context of exposure risk prior to and during the current pregnancy, patient preferences, clinical judgment, and the limitations of available Zika tests. If Zika testing is ordered, women should be tested concurrently with PCR (both serum and urine) and Zika virus IgM antibody as soon as possible and through 12 weeks after last possible Zika exposure.

4. Asymptomatic pregnant women with ongoing exposure (daily or weekly travel to an area with Zika transmission) should be tested with PCR (serum and urine) three times during pregnancy unless a previous test confirmed Zika infection.

5. Testing placental tissue specimens can be considered in certain scenarios, to include symptomatic pregnant women and women with infants with possible Zika virus-associated birth defects without a definitive maternal Zika diagnosis. Testing should also be considered in instances of fetal loss and infant death. https://www.cdc.gov/pregnancy/zika/testing-follow-up/documents/PlacentalTesting_Guidance_v4-508.pdf

Updated CDC guidance for assessing the need for testing in pregnant women is available at:
https://www.cdc.gov/pregnancy/zika/testing-follow-up/testing-and-diagnosis.html

Updated CDC guidance for interpreting Zika virus laboratory test results is available at:
https://www.cdc.gov/zika/hc-providers/testresults.html

Evaluation and management of pregnant and reproductive age women: In New Jersey, women and their partners may routinely travel to areas with Zika transmission whether for work, business, family commitments, or leisure. Therefore, it is important that health care providers who care for pregnant and reproductive age women be vigilant in screening them for Zika exposure at each prenatal visit. Using the most current CDC resources, healthcare providers should also counsel pregnant women and couples trying to become pregnant about avoiding travel to areas where there are current Zika outbreaks as well as discuss the risks and consequences of travel to places where Zika has ever been reported.

CDC's travel website for areas with Zika risk:
https://wwwnc.cdc.gov/travel/page/zika-travel-information

CDC's Zika and Pregnancy Page:
https://www.cdc.gov/pregnancy/zika/women-and-their-partners.html

Women of reproductive age with unavoidable travel or sexual exposure to Zika should delay pregnancy by abstaining or using the most effective contraceptive method available. Use male or female condoms or other barrier protections to prevent sexual transmission. Consult CDC's Zika and Pregnancy web page for timeframes for waiting to conceive after one or both partners has unavoidable travel; these timeframes change based on the most recent Zika research.

For pregnant women who travel with their sexual partner, CDC recommends that women take steps to prevent getting Zika through sex by using condoms from start to finish during every sexual encounter (oral, vaginal, anal) or by not having sex during the entire pregnancy. For pregnant women with laboratory evidence of possible Zika virus infection, serial fetal ultrasounds (every 3-4 weeks) should be considered to assess fetal anatomy, particularly fetal neuroanatomy, and to monitor growth.

All travelers to areas where Zika was ever been reported should continue to be advised to avoid mosquito bites for 3 weeks after return, to prevent the virus from infecting mosquitoes in New Jersey.

Evaluation and management of infants: For all newborns, pediatric healthcare providers should inquire about possible maternal and congenital Zika exposure. Apart from routine newborn care, depending on the level of possible Zika exposure, clinicians may consider if additional evaluation for congenital Zika syndrome is warranted. Further guidance is available in the NJDOH Zika Delivery Packet which can be found on the NJDOH Zika web page under the "Resources & References" sidebar heading "Pregnant Women and Infants." https://nj.gov/health/cd/topics/zika.shtml For CDC information, go to: https://www.cdc.gov/pregnancy/zika/testing-follow-up/evaluation-testing.html

Shared Decision-Making Resources: Testing and care plan decisions should involve patients and providers working together to consider patient preferences and values, clinical judgment, a balanced assessment of risks and expected outcomes, and the jurisdiction's recommendations. Providers should consider potential exposure risk factors including symptoms, type and length of possible exposure, Zika virus transmission trends at the location of possible exposure and the use of prevention measures (e.g., insect repellent, appropriate clothing, and condom use). CDC has issued a screening tool to assist clinicians about when to consider Zika testing. https://www.cdc.gov/pregnancy/zika/testing-follow-up/documents/ZikaPreg_ScreeningTool.pdf

Persons with questions about Zika can contact the Communicable Disease Service at 609-826-5964 or CDS.ZikaTeam@doh.nj.gov.