

MEMORANDUM

TO: Local Health Departments, Regional Offices of the Illinois Department of Public Health, Infection Control Professionals, Obstetricians, Infectious Disease Physicians, Healthcare Providers

FROM: Communicable Disease Control Section and Division of Laboratories

DATE: July 27, 2017

SUBJECT: Updated Laboratory Testing Guidance for Pregnant Women with Zika Virus Exposures

In accordance with new guidance released by [the Centers for Disease Control \(CDC\) July 25, 2017](#), the IDPH is updating laboratory testing recommendations for pregnant women with a possible Zika virus exposure.

The new testing recommendations are as follows:

Symptomatic pregnant women with possible Zika virus exposure:

- Concurrent Zika virus rRT-PCR (nucleic acid test (NAT)) and IgM Ab serologic testing as soon as possible through 12 weeks after symptom onset. Previously the recommended testing was sequential.
- The timeframe for testing for Zika RNA has been extended from the previous recommendation of up to 2 weeks to the new recommendation of up to 12 weeks after symptom onset. However, testing as soon as possible after symptom onset is best.

Asymptomatic pregnant women with ongoing exposure to Zika (live in or frequently travel to an area with risk of Zika):

- Testing for Zika RNA (rRT-PCR) should be offered at the first prenatal care visit, and two additional rRT-PCR tests should be offered during subsequent routine prenatal care visits.
- Routine testing for Zika IgM antibodies is no longer recommended because there is recent evidence that Zika virus IgM antibodies can persist beyond 12 weeks, which makes it difficult to determine whether an infection occurred *during* the current pregnancy or *before* conception.

Asymptomatic pregnant women who have a recent possible exposure to Zika (i.e., through travel or sexual exposure) but without ongoing exposure:

- Zika testing is no longer routinely recommended for asymptomatic pregnant women and possible recent exposure to Zika but without ongoing exposure.
- Testing should be considered according to patient preferences and clinical judgment.

- Patient counseling is recommended before and after testing, and Zika virus test results should be interpreted in the context of known limitations.

Clinical judgment of the healthcare provider is critical when deciding whether to test asymptomatic pregnant women. Consideration should be given to duration and type of travel, potential exposure to other flaviviruses, use of regular protection measures, timing of pregnancy, timing of exposures both before and during pregnancy, and the risk level of Zika transmission in the location of travel.

Pregnant women, regardless of symptoms, with possible Zika virus exposure who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome:

- Both Maternal Zika virus NAT and IgM should be performed.

Rationale for changes in guidance:

1. The prevalence of Zika virus infection in the Americas has declined, increasing the likelihood of false-positive lab test results, and
2. Evidence of prolonged Zika virus IgM antibodies beyond 12 weeks post-infection makes it difficult to determine timing of infection, specifically whether it occurred *during* or *before* the current pregnancy.

Continued Recommendations:

- All pregnant women should be asked about possible Zika virus exposure before and during the current pregnancy, and at every prenatal care visit.
- Pregnant women should not travel to any area with risk for Zika virus transmission.
- Pregnant women with a sex partner who has traveled to or lives in an area with risk for Zika virus transmission should use condoms or abstain from sex for the duration of the pregnancy.

Implications for care of infants with possible congenital Zika virus exposure:

- In light of the new guidance, fewer asymptomatic pregnant women will be tested. It is critical for pediatric healthcare providers to screen for potential maternal and congenital Zika virus exposures for every newborn.
- Pediatric healthcare providers of infants born to mothers with possible Zika exposure during pregnancy that were **not** tested for Zika, should incorporate a comprehensive physical exam, including standardized measurement of head circumference and standard newborn hearing screen, as part of routine pediatric care.

Testing recommendations for additional scenarios not listed above can be found in the [MMWR](#).

Additional guidance for authorizing testing at the IDPH Chicago Laboratory will be upcoming.

Healthcare providers and hospital staff are encouraged to contact their [local health department](#) for Zika virus inquiries. If your LHD is not available to answer questions, please call IDPH CDCS at 217-782-2016 during normal business hours or 217-782-7860 outside normal business hours for urgent emergency issues, and ask to speak to the CDCS staff member on call.