

# KEY TAKEAWAYS



## Updated Interim Guidance for Pregnant Women with Possible Zika Virus Exposure

*CDC updated its interim guidance to incorporate what has been learned over the past year and reduce misinterpretation of Zika test results for pregnant women. CDC's updated interim guidance presents the updated recommendations in two algorithms- one for pregnant women with Zika symptoms and one for pregnant women without Zika symptoms.*

### Rationale for changes in guidance

- Overall, the number of people with Zika infection in the Americas is declining. Testing people when there is a lower occurrence of disease could lead to a higher proportion of false-positive test results.
- Emerging data show that Zika virus antibodies can persist for months in some pregnant women. Because of this, antibody test results may not be able to tell healthcare providers if Zika virus infection occurred during or before pregnancy, and results may not provide useful information about whether the pregnancy is at risk of Zika infection.



### Overview of changes

This updated guidance emphasizes a shared decision-making model for testing and screening pregnant women, one in which patients and providers work together to make decisions about testing and care plans based on patient preferences, clinical judgment, a balanced assessment of risks and expected outcomes, jurisdictional recommendations, and values.

#### *Pregnant women with Zika symptoms*

- CDC recommends two different types of Zika tests (one that looks for Zika RNA and one that looks for Zika antibodies) be conducted concurrently. Previously, CDC recommended sequential testing.
- 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.
- Healthcare providers should consider Zika exposure both *before* and *during* pregnancy to appropriately interpret testing for Zika antibodies and counsel patients.

#### *Pregnant women without Zika symptoms but who have ongoing exposure to Zika (live in or frequently travel to an area with risk of Zika)*

- Testing for Zika RNA should be offered at the first prenatal care visit, and two additional tests should be offered during subsequent routine prenatal care visits.
- CDC no longer recommends routine testing for Zika antibodies for this group because emerging evidence on persistence of Zika antibodies suggests these test results could make it difficult for healthcare providers to determine whether an infection occurred during the current pregnancy or before conception.

## *Pregnant women without Zika symptoms who had recent exposure but do not have ongoing exposure to Zika*

- Given the increased likelihood of false-positive results because of the decline in Zika in the Americas, Zika testing is no longer routinely recommended for pregnant women without Zika symptoms who were recently exposed to Zika but do not have ongoing exposure. Testing should be considered according to patient preferences and clinical judgment and in line with the state or local area recommendations.
- It is important to check with your state or local area for tailored recommendations. Based on the spread of Zika virus and other considerations (e.g., mosquito season), certain areas might recommend testing of asymptomatic pregnant women either for clinical care or as part of Zika virus surveillance.

Healthcare providers' clinical judgment is imperative. When deciding whether to test, healthcare providers should consider factors such as

- Duration and type of travel
- Use of regular protection measures
- Timing of pregnancy
- How intensely Zika is being spread by mosquitoes in the location of travel

## *Other recommendations for healthcare providers to consider*

- The updated guidance contains more explicit testing recommendations for pregnant women exposed to Zika whose fetus has birth defects potentially associated with Zika detected on ultrasound.
- The updated guidance modifies recommendations for testing placental and fetal tissues.

## **Implications for care of infants with possible congenital Zika exposure**

Throughout the response, testing infants for Zika has been closely linked to their mother's test results. Given these changes and the likelihood that fewer pregnant women without Zika symptoms will be tested, it is critical that pediatricians ask about potential maternal and congenital Zika exposure for every newborn. For infants born to mothers with possible Zika exposure during pregnancy who were not tested for Zika, healthcare providers should perform a comprehensive physical exam, including standardized measurement of head circumference and standard newborn hearing screen, as part of routine pediatric care. Based on level of exposure (noted in box above), the healthcare providers should consider whether further evaluation of the newborn is warranted for possible congenital Zika infection, and if so, a head ultrasound and ophthalmologic assessment should be considered. Based on results of the evaluation, testing of the infant for Zika virus infection could be considered



### **Zika prevention is key**

Healthcare providers play a key role in prevention by encouraging people, especially pregnant women, to follow CDC's Zika prevention recommendations.

- Pregnant woman should not travel to any areas with risk of Zika.
- For pregnant women who must travel or who live in areas with risk of Zika, they should strictly follow steps to prevent mosquito bites and sexual transmission.



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