

## Maryland Department of Health – Zika Virus Testing Recommendations (Updated July 17, 2018)

Exposed <sup>1</sup> Patient Population	MDH Test Recommendations	Specimens for Submission	Laboratory
<b>Adults</b>			
Symptomatic <sup>2</sup> adults (including pregnant women)  <i>Note: In pregnant women, fetal abnormalities detected by prenatal imaging or at birth are considered a symptom of Zika virus disease</i>	If <12 weeks after symptom onset, concurrent PCR & IgM <sup>3</sup> <ul style="list-style-type: none"> <li>• Repeat IgM<sup>3</sup> ≥2 weeks later, if:                             <ul style="list-style-type: none"> <li>○ IgM and PCR are negative and specimen was collected &lt;2 weeks after symptom onset, OR</li> <li>○ IgM negative and PCR reactive, regardless of specimen collection date</li> </ul> </li> </ul> If >12 weeks after symptom onset, consider IgM <sup>3</sup> on a case by case basis	Serum, Urine, and Whole blood	Public Health Laboratory
Asymptomatic pregnant women with recent possible exposure <sup>4</sup> without ongoing exposure <sup>5</sup>	Zika virus testing is not routinely recommended, but testing should be considered using a shared patient-provider decision-making model	<i>As per commercial lab guidelines</i>	<i>If testing is pursued:</i> Commercial <sup>6</sup> Laboratory
Asymptomatic pregnant women with ongoing exposure <sup>5</sup>	Concurrent PCR & IgM <sup>3</sup> testing on first presentation and two additional concurrent PCR and IgM <sup>3</sup> tests during prenatal visits, if previous tests were negative	<i>As per commercial lab guidelines</i>	Commercial <sup>6</sup> Laboratory
Women considering pregnancy	Pre-pregnancy screening is not recommended	N/A	N/A
<b>Infants</b>			
Infants with abnormalities consistent with congenital Zika syndrome born to mothers with possible Zika virus exposure <sup>7</sup>	Concurrent PCR & IgM <sup>3</sup> testing on infant specimens collected ≤2 days after birth	Infant serum, Infant urine, and Placenta	Public Health Laboratory
Infants without abnormalities born to mothers with lab evidence of Zika virus infection	Concurrent PCR & IgM <sup>3</sup> testing on infant specimens collected ≤2 days after birth	Infant serum and Infant urine	Public Health Laboratory
Infants without abnormalities born to mothers with Zika virus exposure, but without lab evidence of Zika virus infection	Zika virus testing is not routinely recommended, but testing should be considered using a shared patient-provider decision-making model	<i>If testing is pursued:</i> Infant serum and Infant urine	<i>If testing is pursued:</i> Public Health Laboratory

Note: The Serologic Test Form must be fully completed and submitted with the specimen for Zika testing to be performed at the Maryland Public Health Laboratory. See below or online at [zika.maryland.gov](http://zika.maryland.gov) under “Lab Testing Guidance” for instructions on how to complete the required test form for Zika testing.

<sup>1</sup>**Possible Zika virus exposure** includes travel to or residence in an area with risk for mosquito-borne Zika virus transmission or condomless sex with a partner who has traveled to or resides in an area with risk for mosquito-borne Zika virus transmission.

<sup>2</sup>**Symptoms of Zika virus disease** include acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis. In pregnant women, fetal abnormalities detected by prenatal imaging are considered a symptom of Zika virus disease.

<sup>3</sup>Non-negative IgM test results must be confirmed by plaque reduction neutralization test (PRNT) performed at the CDC.

<sup>4</sup>**Recent possible Zika virus exposure** is defined as possible exposure or infection during the current pregnancy or periconceptional period (i.e., 8 weeks before conception or 6 weeks before the last menstrual period).

<sup>5</sup>Persons with **ongoing possible Zika virus** exposure include those who reside in or frequently travel (e.g. daily or weekly) to an area with risk for Zika virus transmission, or who continue to have condomless sex with a partner who has traveled to or resides in an area with risk for mosquito-borne Zika virus transmission.

<sup>6</sup>Positive tests from commercial laboratories will be confirmed at the Maryland Public Health Laboratory. If resources unavailable for commercial testing, the Maryland Public Health Laboratory remains available to perform testing with prior approval.

<sup>7</sup>Infants with abnormalities consistent with congenital Zika syndrome born to mothers with possible Zika virus exposure (whether exposure was recent or ongoing) should be tested for Zika virus infection, regardless of maternal testing results.

#### **Additional resources**

- 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](https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm?s_cid=mm6629e1_w)
- Interim Guidance for the Diagnosis, Evaluation, and Management of Infants with Possible Congenital Zika Virus Infection:  
[https://www.cdc.gov/mmwr/volumes/66/wr/mm6641a1.htm?s\\_cid=mm6641a1\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6641a1.htm?s_cid=mm6641a1_w)
- Maryland Department of Health (MDH) Zika webpage:  
<https://phpa.health.maryland.gov/Pages/Zika.aspx>