UPDATED ZIKA TESTING RECOMMENDATIONS
Guidance Update

Date: November 22, 2019

Public Health Message Type:  ☐ Alert  ☐ Advisory  ☒ Update  ☐ Information

Intended Audience:  ☐ All public health partners  ☒ Healthcare providers  ☒ Infection preventionists
                  ☒ Local health departments  ☐ Schools/child care centers  ☐ ACOs
                  ☐ Animal health professionals  ☐ Other:

Key Points or Updates:
(1) Routine serological testing for Zika virus is no longer recommended.
(2) CDC does not currently recommend conducting routine Zika IgM testing for symptomatic persons. CDC also does not recommend routine Zika virus testing (NAAT or IgM) for asymptomatic pregnant women living or traveling in the U.S. and its territories.
(3) NAAT testing may still be considered for asymptomatic pregnant women who travel to an area with risk of Zika (purple areas) outside of the U.S. and its territories.
(4) Guidance for testing of infants with possible congenital Zika virus infection is unchanged.

Action Items:
(1) Guidance may change based on the epidemiology of Zika and dengue viruses. Clinicians should review current CDC testing recommendations.
(2) Zika and dengue testing are widely available at most commercial laboratories. In certain circumstances, and consistent with current CDC recommendations, Zika testing can be provided at the NJ Public Health and Environmental Laboratories. Updated eligibility criteria and procedures for requesting public health testing are posted online at https://nj.gov/health/cd/topics/zika.shtml under “Laboratory Testing and Information”.

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References and Resources:
• NJDOH Zika Resources: https://nj.gov/health/cd/topics/zika.shtml
• Areas of active dengue transmission: https://wwwnc.cdc.gov/travel/notices
• Zika Travel Recommendation Map: https://wwwnc.cdc.gov/travel/page/zika-information
Background: Since the Zika outbreaks of 2016, reported Zika cases in the Americas have declined by 30-70 fold and are now outnumbered by reported dengue cases by a ratio of approximately 200:1. The last RT-PCR confirmed case of locally-acquired Zika in the continental United States was in March 2018. Similarly, there have been no RT-PCR positive cases in any of the U.S. territories since May 2018. Dengue virus is causing large outbreaks in other areas of the world with low to no Zika virus transmission being reported globally. CDC issued guidance June 14, 2019 that describes challenges with interpreting Zika serology. Specifically, Zika IgM antibodies can persist for months to years following infection. Therefore, detecting Zika IgM antibodies might not indicate a recent infection. In addition, there is notable cross-reactivity between dengue IgM and Zika IgM antibodies in serologic tests. Antibodies generated by a recent dengue virus infection can cause the Zika IgM to be falsely positive. Given the current global arboviral epidemiological situation, CDC has updated its Zika and dengue testing guidance for persons with recent travel to areas with active dengue transmission and a risk of Zika (purple area).

Key Recommendations:

1. Asymptomatic pregnant women:
   a. For women with recent travel to the U.S. and its territories, routine Zika virus testing is NOT currently recommended.
   b. For women with recent travel to an area with risk of Zika (purple areas) outside the U.S. and its territories, Zika virus testing is NOT routinely recommended, but NAAT (nucleic acid amplification test) may be considered.
   c. Zika virus serologic testing is NOT recommended.

2. Symptomatic pregnant women:
   a. Specimens should be collected as soon as possible after symptom onset for persons living or with recent travel to areas with active dengue transmission and a risk of Zika.
   b. Recommended concurrent testing: Dengue and Zika virus NAAT testing on serum, Zika virus NAAT on urine, and IgM testing for dengue only.
   c. Zika virus serologic testing is NOT recommended.

3. Pregnant women who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus infection who live in or traveled to areas with a risk of Zika during her pregnancy:
   a. Zika virus NAAT and IgM testing should be performed on maternal serum and NAAT on maternal urine.
   b. If amniocentesis is being performed as part of clinical care, Zika virus NAAT testing of amniocentesis specimens should also be performed.
   c. Testing of placental and fetal tissues may also be considered (see guidance for Collecting and Submitting Specimens at Time of Birth for Zika virus Testing).

4. Symptomatic non-pregnant patients:
   a. Clinicians should refer to testing guidance for dengue. Zika testing is NOT currently recommended for this group based on the current epidemiology of these viruses.
As per previous guidance, asymptomatic non-pregnant patients should NOT be tested for dengue or Zika viruses and Zika virus testing should NOT be performed as part of preconception screening. Guidance for testing of infants with possible congenital Zika virus infection is unchanged.

*In the event a country reports an outbreak of Zika virus (red area), clinicians should follow the testing guidance in the June 2019 MMWR: Dengue and Zika virus diagnostic testing for patients with a clinically compatible illness and risk for infection with both viruses.

**Public health testing:** Commercial testing for Zika is widely available. In certain circumstances, and consistent with current CDC testing recommendations, Zika testing can be provided at the NJ Public Health and Environmental Laboratories. Eligibility criteria and procedures for requesting public health testing are posted online at https://nj.gov/health/cd/topics/zika.shtml under “Laboratory Testing and Information”.