Provider Toolkit: Counseling and Testing Guidance for Pregnant Women with Possible Zika Virus Exposure


Rhode Island Department of Health
Division of Preparedness, Response, Infectious Disease and Emergency Medical Services
Center for Acute Infectious Disease Epidemiology
401-222-2577
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* To access the documents found in this packet electronically, please visit http://health.ri.gov/ZikaGuidance *

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Key Takeaways and Screening Tools for Pregnant Women Exposed to Zika Virus
CDC's Response to Zika

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.
**CDC's Response to Zika**

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.
Questions to ask your patient to determine if she needs Zika testing:

- Have you traveled during pregnancy?
  - Where did you travel?
  - How long did you stay?
- Have you lived in any area where mosquitoes are spreading Zika during your pregnancy?
- Has your partner lived in or traveled to any area where mosquitoes are spreading Zika during your pregnancy?
  - When and where did your partner travel?
  - Did your partner have any signs or symptoms of Zika (including fever, rash, headache, joint pain, red eyes, or muscle pain) when he or she were on the trip, or after returning?
  - Did you have sex without a condom with your partner after they returned from the trip?
- Have you had any symptoms of Zika during your pregnancy?
  - Use the chart on page 2 of this document to discuss Zika symptoms. The most common symptoms of Zika are fever, rash, headache, joint pain, red eyes, and muscle pain.

Other considerations that might affect interpretation of Zika test results:

- Did you live in any area where mosquitoes were spreading Zika before you became pregnant?
- Have you frequently traveled (for example, daily or weekly) to one of these areas before you became pregnant?
- If you did visit one of these areas before pregnancy, did you protect yourself from mosquito bites?
  - Did you wear long sleeves and pants?
  - Did you use insect repellent through the day and night?
  - Did you follow the instructions on the label?
  - Did you stay somewhere with window and door screens or air conditioning?

Use the responses to the questions above to determine if Zika testing is indicated.

Testing is recommended for:

- Symptomatic pregnant women possibly exposed to Zika (who lived in or traveled to or have unprotected sex with a partner who lived in or traveled to an area with risk of Zika), and
- Asymptomatic pregnant women who have ongoing exposure (who live in or frequently travel to) to areas with risk of Zika.

Testing is not routinely recommended for asymptomatic pregnant women with recent possible Zika exposure but without ongoing possible exposure. However, testing may be considered as a shared decision between patients and providers, according to patient preferences and clinical judgement, or if a state or local area recommends it.
**Zika Symptoms**
The most common symptoms for Zika are fever, rash, headache, joint pain, red eyes, and muscle pain.

* In Rhode Island, individuals are considered symptomatic for Zika virus if they have at least one of the following symptoms: fever (measured or reported), rash, joint pain, or red eyes.
As a healthcare provider, you decide if a patient should be tested for Zika virus infection. The algorithm below will help you determine whether or not to test your patient for Zika virus infection.

**WHEN TO TEST FOR ZIKA VIRUS**

**If your patient is...**

**Experiencing or has recently experienced symptoms of Zika**

- Rash
- Red eyes
- Joint pain
- Muscle pain
- Fever
- Headache

**Does your patient meet this criteria?**

Possible Zika virus exposure through residence in or travel to an area with risk for Zika virus

**OR**

Possible Zika virus exposure through unprotected sex with a partner who has lived in or traveled to an area with risk for Zika virus

**Does your patient meet this criteria?**

**YES**

Test for Zika

**NO**

Do Not Test for Zika

**A pregnant woman without symptoms**

**Does your patient meet this criteria?**

ONGOING possible Zika virus exposure through residence in or frequent travel (e.g. daily or weekly) to an area with risk for Zika virus

**OR**

Possible Zika virus exposure

**AND**

Prenatal findings or ultrasound findings consistent with congenital Zika virus syndrome

**Does your patient meet this criteria?**

**NO**

Do Not Test for Zika

**NOTE:**
- Asymptomatic pregnant women with recent possible Zika virus exposure (i.e. through travel or sexual exposure) who do not have ongoing exposure are not routinely recommended to have Zika virus testing. Testing should be considered using a decision-making model, one in which patients and providers work together to make decisions about testing and care plans based on a balanced assessment of risks and expected outcomes, clinical judgement, patient preferences and values, and the jurisdiction’s recommendations.
- Healthcare providers should review their local and state health jurisdiction guidelines regarding testing of patients with clinically compatible illness without known travel or sexual exposures.

**CDC does not recommend Zika virus testing for asymptomatic**

- Men
- Children
- Women who are not pregnant
Pretest Counseling and Testing Recommendations for Symptomatic Pregnant Women with Possible Zika Virus Exposure
**Table 1: Interpretation of results of nucleic acid and antibody testing for suspected Zika virus infection — United States (including US territories), 2017**

<table>
<thead>
<tr>
<th>Interpretation of Results</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Zika virus infection</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Dengue virus infection</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Zika virus infection</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Zika virus IgM positive</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- IgM = immunoglobulin M
- NAT = nucleic acid test
- PRNT = plaque reduction neutralization test

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**CDC’s Response to Zika with a serum specimen.**

Acute Zika virus infection is determined by doing a NAT on serum. For persons without prior Zika virus exposure, a positive IgM result represents recent Zika virus infection; timing of infection cannot be determined. For persons with prior Zika virus exposure, a positive IgM result suggests acute Zika virus infection.

Positive results include “positive,” “presumptive Zika virus positive,” or “possible Zika virus positive.” These are examples of assay interpretations that might be performed because PRNT is not recommended. For laboratory interpretation in the presence of dengue virus IgM results, refer to [https://www.cdc.gov/dengue/clinicallaboratory.html](https://www.cdc.gov/dengue/clinicallaboratory.html).

Serology test results that indicate flavivirus infection should be interpreted in the context of circulating flaviviruses. Final interpretations of results of Zika virus tests should be performed after all testing is complete.

Information on each assay can be found at [https://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika](https://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika) under “Labeling” for the specific assay.

### Table 1: Interpretation of results of nucleic acid and antibody testing for suspected Zika virus infection — United States (including US territories), 2017

<table>
<thead>
<tr>
<th>Interpretation of Results</th>
<th>Positive</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Acute Zika virus infection</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Dengue virus infection</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Zika virus infection</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Zika virus IgM positive</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

---

**For tests where PRNT is not recommended**

Negative results include “negative,” “negative or equivocal,” or “negative or indeterminate.” These are examples of assay interpretations that might be performed because PRNT is not recommended. For laboratory interpretation in the presence of dengue virus IgM results, refer to [https://www.cdc.gov/dengue/clinicallaboratory.html](https://www.cdc.gov/dengue/clinicallaboratory.html).

Non-negative results include “positive,” “equivocal,” “presumptive positive,” or “possible positive.” These are examples of assay interpretations that might be performed because PRNT is not recommended. For laboratory interpretation in the presence of dengue virus IgM results, refer to [https://www.cdc.gov/dengue/clinicallaboratory.html](https://www.cdc.gov/dengue/clinicallaboratory.html).

Zika virus IgM positive result is reported as “presumptive positive or flavivirus infection” to denote the need to perform confirmatory PRNT titers against Zika virus.
This guide describes recommendations for conducting pretesting counseling for symptomatic pregnant women with possible recent exposure (they or their sex partner live in or recently traveled to an area with risk of Zika). Symptoms of Zika include red eyes, fever, joint pain, rash, muscle pain, and headache. CDC recommends testing for pregnant women with symptoms of Zika. This material includes sample scripts to guide discussions with your patients about the complexity of Zika testing and the testing process with patients. Because a lot of content is outlined for discussion, make additional information available to support messaging and ensure that patients understand what they are being told.

Pregnant women coming in for Zika testing may feel worried or anxious. Support them by providing them with clear and easy-to-understand information and expressing empathy by acknowledging their concerns and feelings during pretesting counseling.

Sample Script

Recommendation

<table>
<thead>
<tr>
<th>Consider providing the fact sheet if you think your patient would benefit from additional information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the patient with information on why you will be testing them for Zika and a brief overview of what to expect.</td>
</tr>
<tr>
<td>Use one of the two following sentences to begin the discussion:</td>
</tr>
<tr>
<td><strong>1.</strong> You may be at risk for having Zika since you or your sex partner recently traveled to an area with risk of Zika within the past 12 weeks and you have had symptoms of Zika.</td>
</tr>
<tr>
<td><strong>OR/AND</strong></td>
</tr>
<tr>
<td><strong>2.</strong> You may be at risk for having Zika because you recently had sex with a person who traveled to an area with risk of Zika within the past 12 weeks and you have had symptoms of Zika.</td>
</tr>
</tbody>
</table>

Patients should be informed that a combination of Zika tests will be required before a final result is determined. You will need a combination of tests to determine whether or not you have Zika. Finding out if you have Zika can require up to three different kinds of tests because the result of one test may require more testing to find out if you recently had a Zika infection. The tests we use to detect Zika can detect other viruses often found in the same areas with risk of Zika. Sometimes even after several tests, we may not know which of viruses you were infected with. Each test result is important because my goal is to best help you determine how best to care for your during pregnancy.

Patients should be reassured that this method of testing is normal. Since you were exposed to Zika and are experiencing symptoms of Zika, I think it is best to move forward with testing you for Zika. Before we begin, I would like to tell you what to expect throughout this process. Since you were exposed to Zika and are experiencing symptoms of Zika, I am going to order two tests: one to look for Zika RNA and one to look for Zika antibodies. Define these terms as they may be unfamiliar to your patient.

Zika test results can be difficult to interpret. If you've had exposure to Zika virus or another similar virus before this pregnancy, it's possible that you've been infected before. Zika test results can be difficult to interpret. If you've had exposure to Zika virus or another similar virus before this pregnancy, it's possible that you've been infected before.

The first test looks for pieces of Zika virus, known as RNA. RNA can be found in blood and urine. The second test looks for Zika antibodies, which are proteins that your body makes to fight off a Zika infection. The first test is a blood test and the second test is a blood test.

RECOMMENDATIONS FOR PREGNANT WOMEN WITH SYMPTOMS OF ZIKA

The guide describes recommendations for conducting pretesting counseling for symptomatic pregnant women with possible recent exposure (they or their sex partner live in or recently traveled to an area with risk of Zika).
Recommendation Sample Script

Patients should be informed that it can be challenging to understand test results and that previous exposure to Zika could affect their test results. Scientists have learned that Zika antibodies can stay in the body for several months after infection. Antibodies show evidence that your body fought off a recent Zika infection. It is possible that you may have already developed antibodies against Zika virus if you've lived in or frequently traveled to an area with risk of Zika before becoming pregnant. This means if you test positive for Zika, we will need to watch your pregnancy more closely.

Ask the patient if she has any questions before you move forward with providing information on the testing process.

Inform the patient of what the possible results of the Zika RNA and antibody tests may be:

- If your Zika RNA test comes back with a positive result, regardless of your test result for Zika antibodies, it means that you have recently been infected with Zika.
- If your Zika RNA test comes back negative and your antibody test is positive, we will need to do one more round of testing to figure out whether you actually have or recently had Zika. It may mean that you had Zika but the virus is no longer in your body or it could mean that you had an infection with another similar virus.
- If your Zika RNA test and your antibody test are both negative, it means there is no evidence that you have Zika or another similar virus and I will continue evaluating you to find out what may be causing your symptoms.

Ask the patient if they have any questions before you move forward with providing information on step two of testing.

If you test negative for Zika RNA and your antibody test is positive, I will need to order a third test to confirm whether the antibodies are for Zika or a similar virus. This test takes the longest to receive results because I have to send the results to a specialized lab and then work with the state or local health department to interpret the results. It may mean that you had Zika but the virus is no longer in your body or it could mean that you had an infection with another similar virus.

If your test results are negative, I will do an ultrasound to check on your progress and development. If you test positive for Zika, I will need to watch your pregnancy more closely.

If Zika test results are negative, I will continue with routine prenatal care.

If Zika test results are positive, I will need to watch your pregnancy more closely.

Inform the patient of what each result could mean for their pregnancy:

- If you test positive for Zika, I will need to watch your pregnancy more closely. I may do more ultrasounds or other tests to check for your fetus's growth and development.
- Sometimes test results will not come back as a clear negative or positive. If this happens, I'd rather be more cautious and still do more ultrasounds and other tests to be sure.

Ask the patient if they have any questions on what to expect during each step of the testing process.

Now we'll go over what each test result could mean for your pregnancy.
Counseling and Testing
Recommendations for
Asymptomatic Pregnant Women
with Possible Zika Virus Exposure
**Three times during pregnancy**

NO ZIKA VIRUS RNA DETECTED. ZIKA VIRUS INFECTION

Zika virus NAT

July 24, 2017CS267383-A

Positive Zika virus NAT

Negative Zika virus NAT

IgM = immunoglobulin M; NAT = nucleic acid test; PRNT = plaque reduction neutralization test

Abbreviations:

Testing Recommendations and Interpretation of Results for Healthcare Providers

ASYMPTOMATIC

UPDATED INTERIM PREGNANCY GUIDANCE:

CDC’s Response to Zika virus disease during current pregnancy (e.g., fever, rash, conjunctivitis, arthralgia)

Asymptomatic pregnant women

First test at initiation of prenatal care.

If testing is conducted, follow algorithm for symptomatic pregnant women using serum and urine. If possible exposure before current pregnancy, refer to symptomatic algorithm.

Interpretation of results:

**A C R E A T E V I R U S I N F E C T I O N**

Acute Zika virus infection

Positive Zika virus NAT

If NAT is only positive on serum, testing should be repeated on the original NAT-positive serum specimen. If both serum and urine specimens are NAT positive, interpretation should be acute Zika virus infection.

If repeat NAT testing (on serum or urine) is negative, results are indeterminate and healthcare providers should perform IgM antibody testing on a serum specimen collected ≥2 weeks after the initial specimen collection. For laboratory interpretation, see Table 1.

A negative Zika virus NAT result does not exclude infection during pregnancy because it represents a single assessment of serum and possible exposure during the first and second trimesters might be considered.

**D U R I N G P R E G N A N C Y C A N N O T BE RULED OUT.**

No Zika virus detected, ZIKA virus infection

Negative Zika virus NAT

If both serum and urine specimens are NAT positive, interpretation should be acute Zika virus infection.

If repeat NAT testing results are positive, results should be interpreted as evidence of acute Zika virus infection. If both serum and urine are negative, results are indeterminate and healthcare providers should perform IgM antibody testing on a serum specimen collected ≥2 weeks after the initial specimen collection. For laboratory interpretation, see Table 1.

**W H I C H T E S T S ?**

**W H E N T O T E S T ?**

**W H O M T O T E S T ?**

Before testing, discuss testing limitations and potential risks of misinterpretations for test results.

Testing Recommendations and Interpretation of Results for Healthcare Providers

ASYMPTOMATIC PREGNANT WOMEN WITH POSSIBLE ZIKA VIRUS EXPOSURE:

UPD A T E D I N T E R I M PREGNANCY GUIDANCE:

CDC’s Response to Zika
<table>
<thead>
<tr>
<th>No laboratory evidence of Zika virus infection</th>
<th>Interpretation of results of nucleic acid and antibody testing for suspected Zika virus infection — United States (including US territories), 2017</th>
<th>CDC's Response to Zika virus infection (Clinical, 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruct patient regarding retesting if</td>
<td>Assays: Zika NAT, Dengue virus IgM, Zika virus IgG, Zika NS1 NAT, Zika virus IgM</td>
<td>Currently, PRNT confirmation is not routinely recommended for persons living in Puerto Rico.</td>
</tr>
<tr>
<td>No repeat testing is recommended.</td>
<td>Currently, PRNT confirmation is not routinely recommended for persons living in Puerto Rico.</td>
<td>Zika IgM and IgG assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
</tr>
<tr>
<td>If repeat testing is performed, the</td>
<td>Zika NAT assay is performed for persons living in the United States (including</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
</tr>
<tr>
<td>result may be positive or negative.</td>
<td>US territories). For persons without prior Zika virus exposure, a positive IgM result</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
</tr>
<tr>
<td></td>
<td>represents recent unspecified flavivirus infection; specific virus cannot be identified; timing of infection cannot be determined.</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
</tr>
<tr>
<td>If repeat IgM antibody result is not positive, interpret as no evidence of Zika virus infection</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
</tr>
<tr>
<td>- Collected ≥2 weeks after symptom onset or possible exposure or specimen collection date</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
<td>Zika Virus NAT assay results. The PRNT is not recommended for persons living in Puerto Rico.</td>
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</tr>
<tr>
<td>If repeat IgM antibody result is positive, interpret as evidence of acute Zika virus infection</td>
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</tbody>
</table>

Abbreviations:
- CDC's Response to Zika virus infection (Clinical, 2017)
- Zika NAT
- Dengue virus IgM
- Zika virus IgG
- Zika NS1 NAT
- Zika virus IgM
- Zika Virus IgG
- Zika Virus NS1 NAT
- Zika Virus IgM
COUNSELING CONVERSATION GUIDE FOR HEALTHCARE PROVIDERS

FOR ASYMPTOMATIC PREGNANT WOMEN WHO WERE RECENTLY EXPOSED TO ZIKA BUT DO NOT HAVE ONGOING EXPOSURE

This guide provides talking points for discussing why testing is not routinely recommended for asymptomatic pregnant women who were recently exposed to Zika, and what this might mean for you.

Recommending Sample Script

Thank you for coming in to discuss your concerns about possibly being exposed to Zika virus. Possible exposure means that you or your sex partner recently traveled to an area with risk of Zika.

As you may know, the Centers for Disease Control and Prevention (CDC) issues up-to-date recommendations for pregnant women possibly affected by Zika as more is learned about the virus. Currently, routine Zika testing is not recommended for pregnant women if they don’t have ongoing exposure and do not have symptoms. The most common symptoms of Zika virus disease are fever, rash, headache, joint pain, red eyes, and muscle pain. Exposure to Zika is a concern. They may cause stress and anxiety and lead to performing more tests and procedures than are necessary. Testing is typically recommended when it can provide us with valuable information for us to make informed decisions about care during your pregnancy. When more positive results will be false, we should only consider testing after discussing the possibility of false results and what this might mean for you.

False test results are a concern. They may cause stress and anxiety and lead to performing more tests and procedures than are necessary. Testing is typically recommended when it can provide us with valuable information for us to make informed decisions about care during your pregnancy. When more positive results will be false, we should only consider testing after discussing the possibility of false results and what this might mean for you.

What questions do you have?

Recommendation Sample Script

Discuss with the patient why Zika testing is no longer routinely recommended for asymptomatic pregnant women without ongoing exposure

Thank you for coming in to discuss your concerns about possibly being exposed to Zika virus. Possible exposure means that you or your sex partner recently traveled to an area with risk of Zika.

As you may know, the Centers for Disease Control and Prevention (CDC) issues up-to-date recommendations for pregnant women possibly affected by Zika as more is learned about the virus. Currently, routine Zika testing is not recommended for pregnant women if they don’t have ongoing exposure and do not have symptoms. The most common symptoms of Zika virus disease are fever, rash, headache, joint pain, red eyes, and muscle pain.

Exposure to Zika is a concern. They may cause stress and anxiety and lead to performing more tests and procedures than are necessary. Testing is typically recommended when it can provide us with valuable information for us to make informed decisions about care during your pregnancy. When more positive results will be false, we should only consider testing after discussing the possibility of false results and what this might mean for you.

What questions do you have?

• If the patient still requests to be tested, refer to What You Should Know About Zika Virus Testing for Pregnant Women with Symptoms of Zika to guide them through the steps of the testing process. Visit http://www.cdc.gov/zika/pdfs/testing-symptomatic-pregnant.pdf.
Rhode Island Department of Health
Zika Virus Testing Tables
<table>
<thead>
<tr>
<th>Exposed &amp; Symptomatic Individuals</th>
<th>Testing is not recommended</th>
</tr>
</thead>
</table>
| A | Zika Virus Testing Table 2, row A. | Zika Virus Testing Table 2, row A. 
Evaluate pregnant partner (see Zika Virus Testing Table 2, row A). Testing is not recommended. 
Submit serum and urine to RISHL for testing. |
| B | Exposed, Symptomatic \* | Exposed, Symptomatic \* 
Partner with a Pregnant Female | Zika Virus Testing Table 2, row A. Testing is not recommended. 
Submit serum and urine to RISHL for testing. |
| C | Exposed, Symptomatic at \* | Exposed, Symptomatic at \* 
Exposure 
Exposure | Zika Virus Testing Table 2, row A. Testing is not recommended. 
Submit serum and urine to RISHL for testing. |
| D | All Other Exposed & Symptomatic Individuals | All Other Exposed & Symptomatic Individuals |

**Urine, CSF, and amniotic fluid specimens must be accompanied by a serum specimen collected on the same day.**

To report individuals with Zika virus exposure and obtain preauthorization for testing, call the RI Department of Health at 401-222-2772.
### Zika Virus Testing Table 2: Asymptomatic

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Testing Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Asymptomatic Male who has traveled to a country with Zika virus transmission and has a pregnant partner who has not traveled to the same area.</td>
<td>Do not test asymptomatic male, but refer pregnant partner to provider for evaluation/testing. The pregnant female should be tested three times during her pregnancy. <strong>Submit serum and urine to RISHL for PCR testing.</strong> If a pregnant woman has received a diagnosis of laboratory confirmed Zika virus infection any time before or during the current pregnancy, additional Zika virus testing is not recommended. <strong>Discuss on a case-by-case basis.</strong></td>
</tr>
<tr>
<td><strong>B</strong> Asymptomatic Pregnant Female with ongoing risk of exposure defined as residence in or frequent travel to an area with active Zika virus transmission.</td>
<td><strong>Refer to line A above (Asymptomatic Pregnant Female with Limited Risk of Exposure) for guidance.</strong></td>
</tr>
<tr>
<td><strong>C</strong> Asymptomatic Pregnant Female with limited risk of exposure defined as travel to and/or former residence in an area with active Zika virus transmission, or sex without a barrier method with a partner who traveled to an area with active Zika virus transmission, or sex with a partner who has a possible exposure to Zika virus while residing in an area with active Zika virus transmission.</td>
<td>Do not test asymptomatic female, but refer pregnant partner to provider for evaluation/testing. The pregnant female should be tested three times during her pregnancy. <strong>Submit serum and urine to RISHL for PCR testing.</strong> If both serum and urine PCR tests are negative and IgM is positive, equivocal, or indeterminate, RISHL will send serum to MADPH for PRNT. <strong>Testing is not routinely recommended.</strong></td>
</tr>
<tr>
<td><strong>D</strong> Asymptomatic Pregnant Female Seeking Preconception Testing</td>
<td>Preconception Testing is not routinely recommended. <strong>Refer to line A above (Asymptomatic Pregnant Female with Limited Risk of Exposure) for guidance.</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- **Possible exposure to Zika virus** includes travel to or residence in an area with active Zika virus transmission, or sex without a barrier method with a partner who traveled to or resides in an area with active Zika virus transmission. 
- **Urine, CSF, and amniotic fluid specimens must be accompanied by serum specimens collected on the same day.**
- **Urinary specimens must be collected on a separate day from serum specimens.**
- **Possible exposure to Zika virus** is defined as residence in or frequent travel to an area with active Zika virus transmission.
- **Zika virus transmission risk is based on patient preferences and values, clinical judgment, and a balanced assessment of risks and expected outcomes. Professional judgment risks factors to consider include any past symptomatic or asymptomatic infection, travel to areas with active transmission, and any potential exposure. To report individuals with Zika virus exposure and obtain preauthorization for testing, call the RI Department of Health at 401-222-2577.**

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**RISHL = Rhode Island State Health Laboratory**

**MADPH = Massachusetts Department of Public Health**

**PRNT = Plaque Reduction Neutralization Test**

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