Criteria for Zika Virus Testing Through Public Health

*Possible exposure* is defined as travel to an area with known Zika virus transmission OR unprotected sex with a person who traveled to or resides in an area with Zika virus transmission, regardless of partner’s symptoms.

- Male partner’s possible Zika virus exposure should have occurred in the past 3 months
- Female partner’s possible Zika virus exposure should have occurred in the past 8 weeks.

Criteria for testing through public health

Any non-pregnant person with illness consistent with Zika virus disease, including at least two of: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of possible exposure* to Zika virus.

All pregnant women with possible exposure* during pregnancy (at any trimester of pregnancy), including any possible exposure* during the 8 weeks before conception (6 weeks before last menstrual period). Note that testing >12 weeks after symptom onset or possible exposure* may not be definitive (e.g. a negative IgM does not rule out infection) and additional testing at the time of delivery might be indicated.

Woman experiencing fetal loss with possible exposure* to Zika during pregnancy if not previously tested.

Pregnant women with fetal abnormalities identified on ultrasound who originally tested negative or who were not tested for Zika virus infection following possible exposure* should be tested/retested.

Infants born to women with possible exposure* to Zika during pregnancy with EITHER:

a) maternal positive or inconclusive test result for Zika virus; OR

b) infants who have abnormal clinical or neuroimaging findings suggestive of congenital Zika virus syndrome, regardless of maternal testing; OR

c) acute symptoms of Zika disease (fever, rash, arthralgia, or conjunctivitis) in the infant within 2 weeks of birth and maternal exposure occurred within 2 weeks of delivery.

There are many areas of the US with known *Ae. aegypti or Ae. albopictus* populations (the vector for Zika, dengue, and chikungunya), but that are not known to have active Zika virus transmission. If a patient traveled to an area where mosquito-borne transmission is possible, and is exhibiting two or more symptoms of Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis, during or within 2 weeks of travel) with no alternative diagnosis after laboratory testing for more common etiologies, Zika testing is recommended.

For more information, go to [Zika Virus for Healthcare Providers and Clinical Labs](#).