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CDC HEALTH ADVISORY

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CDC Guidance for Travel and Testing of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Investigation for Local Mosquito-borne Zika Virus Transmission in Miami-Dade and Broward Counties, Florida

Summary
The Florida Department of Health (FL DOH) has identified an area with local mosquito-borne Zika virus transmission (active Zika virus transmission) in Miami (http://www.cdc.gov/zika/intheus/florida-update.html). Based on the earliest time of symptom onset and a maximal two-week incubation period for Zika virus, this guidance applies to women of reproductive age and their partners who live in or traveled to this area after June 15, 2016.

This is an ongoing investigation, and CDC is rapidly learning more about the extent of active Zika virus transmission in the area identified by the FL DOH. With the recommendations below, CDC is applying existing guidance to the occurrence of Zika virus transmission in this area of Florida. As more information becomes available, we will update these recommendations.

Recommendations

1. Pregnant women should avoid non-essential travel to the area with active Zika virus transmission identified by the FL DOH.

2. Pregnant women and their partners living in or traveling to the area with active Zika virus transmission identified by the FL DOH should follow steps to prevent mosquito bites (http://www.cdc.gov/zika/prevention/prevent-mosquito-bites.html).

3. Women and men who live in or who have traveled to the area with active Zika virus transmission identified by the FL DOH and who have a pregnant sex partner should consistently and correctly use condoms or other barriers to prevent infection during sex or not have sex for the duration of the pregnancy.

4. All pregnant women in the United States should be assessed for possible Zika virus exposure during each prenatal care visit. Women with ongoing risk of possible exposure include those who live in or frequently travel to the area with active Zika virus transmission identified by the FL DOH. Women with limited risk include those who traveled to the area with active Zika virus transmission identified by the FL DOH or had sex with a partner who lives in or traveled to the area with active Zika virus transmission without using condoms or other barrier methods to prevent infection. Each evaluation should include an assessment of signs and symptoms of Zika virus disease (acute onset of fever, rash, arthralgia, conjunctivitis), their travel history as well as their sexual partner's potential exposure to Zika virus and history of any illness consistent with Zika virus disease to determine whether Zika virus testing is indicated.

5. Pregnant women with possible exposure to Zika virus and signs or symptoms consistent with Zika virus disease should be tested for Zika virus infection based on time of evaluation relative to symptom onset in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

6. Pregnant women with ongoing risk of possible Zika virus exposure and who do not report symptoms of Zika virus disease should be tested in the first and second trimester of pregnancy in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

7. Pregnant women with limited risk and who do not report symptoms should consult with their healthcare providers to obtain testing for Zika virus infection based on the elapsed interval since their last possible exposure in accordance with CDC guidance (http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_e).

8. Women with Zika virus disease should wait at least eight weeks and men with Zika virus disease should wait at least six months after symptom onset to attempt conception.

9. Women and men with ongoing risk of possible Zika virus exposure who do not have signs or symptoms consistent with Zika virus disease and are considering pregnancy should consult their healthcare provider. Due to the ongoing risk of possible Zika virus exposure, healthcare providers should discuss the risks of Zika, emphasize ways to prevent Zika virus infection, and provide information about safe and effective contraceptive methods. As part of their pregnancy planning and counseling with their health care providers, some women and their partners living in the area with active Zika virus transmission identified by the FL DOH might decide to delay pregnancy.

10. Women and men with limited risk and who do not report signs or symptoms consistent with Zika virus disease should wait at least eight weeks after last possible exposure to attempt conception.

Background

Zika is spread to people primarily through the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*). Zika virus can also be sexually transmitted. Zika virus infection during pregnancy can cause microcephaly and severe fetal brain defects, and has been associated with other adverse pregnancy outcomes. Most persons infected with Zika virus will not have symptoms; infants with microcephaly and other birth defects have been born to women with Zika virus infection who do not report symptoms.

CDC's testing recommendations for pregnant women with ongoing or limited risk for possible Zika virus exposure who report clinical illness consistent with Zika virus disease (symptomatic pregnant women) are the same. Symptomatic pregnant women who are evaluated less than two weeks after symptom onset should receive serum and urine Zika virus rRT-PCR testing. Symptomatic pregnant women who are evaluated two to 12 weeks after symptom onset should first receive a Zika virus immunoglobulin (IgM) antibody test; if the IgM antibody test result is positive or equivocal (unclear), serum and urine rRT-PCR testing should be performed.

Testing recommendations for pregnant women with possible Zika virus exposure who do not report clinical illness consistent with Zika virus disease (asymptomatic pregnant women) differ based on the circumstances of possible exposure. For asymptomatic pregnant women with ongoing risk for possible exposure and who are evaluated less than two weeks after last possible exposure, rRT-PCR testing should be performed. If the rRT-PCR result is negative, a Zika virus IgM antibody test should be performed two to 12 weeks after the exposure. Asymptomatic pregnant with limited risk for possible exposure who are first evaluated 2–12 weeks after their last possible exposure should first receive a Zika virus IgM antibody test; if the IgM antibody test result is positive or equivocal, serum and urine rRT-PCR should be performed. Asymptomatic pregnant women with ongoing risk for possible exposure to Zika virus should receive Zika virus IgM antibody testing as part of routine obstetric care during the first and second trimesters; immediate rRT-PCR testing should be performed when IgM antibody test results are positive or equivocal.

Further information on the interpretation of testing results and clinical management of pregnant women with laboratory evidence of possible Zika virus infection are available below.

For More Information

- Interim Guidance for Health Care Providers Caring for Pregnant Women:
  MMWR: http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e1.htm?s_cid=mm6529e1_w
  Summary: http://www.cdc.gov/zika/hc-providers/pregnant-woman.html
- Fact Sheet with Testing Algorithms: http://www.cdc.gov/zika/pdfs/testing_algorithm.pdf
- Interim Guidance for Prevention of Sexual Transmission of Zika Virus:
  http://www.cdc.gov/mmwr/volumes/65/wr/mm6529e2.htm?s_cid=mm6529e2_w
- Updated information on active transmission of Zika virus from the Florida Department of Health:
  http://www.flgov.com/2016/08/01/gov-scott-florida-calls-on-cdc-to-activate-emergency-response-team-following-confirmed-mosquito-borne-transmissions/

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