Zika – For Providers

What do we know?

Zika virus is predominantly spread via the Aedes mosquito. While this mosquito is common in other regions of the world, the specific species associated with Zika are not common in Colorado. To date, local transmission of Zika virus in the United States is limited to areas of Florida, however, this may change quickly.


Zika virus can be spread vertically from a pregnant mother to her baby during pregnancy. Infection during pregnancy has been linked to miscarriage and microcephaly.

There is no vaccine to prevent Zika and there are no specific medications to treat it. The illness is usually mild with symptoms lasting for several days to a week.

What don’t we know?

If you are pregnant and become infected we don’t know:

• How likely you are to get Zika
• How likely it is that the virus will infect your baby
• How likely it is that the baby will develop birth defects from the infection

Therefore, we do not know if there is a safe time during your pregnancy to travel to an area with Zika.

What is known about sexual transmission?

There is evidence that the Zika virus may remain present in semen longer than in blood. There is evidence that sexual transmission can take place from a man to a woman or a woman to a man.

What travel areas are we concerned about?

In general, the affected areas include Mexico, Central America, the Caribbean, and a large portion of South America and focal areas of the continental United States.

For a current list of places with the Zika virus, please see the CDC’s Travel Health Notices:

Health care providers should ask all pregnant women about their recent travel. Women who have traveled to an area with ongoing Zika virus transmission during pregnancy should be evaluated for Zika virus infection and tested as appropriate.

What are the current CDC guidelines?

• Pregnant women should avoid travel to areas where the Zika virus is spreading.
• If you must travel to these areas, speak with your provider and strictly follow steps to prevent mosquito bites during your trip.
• If you have a male sexual partner who lives in or has traveled to an area with Zika, either abstain from sex or use condoms consistently and correctly during your pregnancy.

Updated information available at cdf.gov/zika

Please note that the information and guidelines are changing frequently and this info sheet is current as of August 2016, but providers should always confirm with the CDC website.
Who should be tested?

Based on the most recent CDC guidelines (published 8-3-16), all pregnant women with a history of travel to affected areas in the last 12 weeks should be offered testing. This is independent of whether or not they had symptoms (arthralgias, maculopapular rash, fever, conjunctivitis) since only ~20% of infected persons show symptoms. At this time, blood testing should only be performed for pregnant patients who have personally traveled to an affected area in the prior 12 weeks.

Testing of non-pregnant women and men is reserved for those with a positive travel history and symptoms. Testing of asymptomatic men and non-pregnant women is not currently recommended.

We will be offering ultrasound testing for any women with a personal travel history to affected areas at any time in pregnancy and to women with partners who have traveled to affected areas and unprotected intercourse during pregnancy.

What tests are available?

Currently, it is recommended that these tests be ordered through the Colorado Department of Public Health and Environment (CDPHE). Timing of result availability varies but can take more than one month.

If ordered through the CDPHE, the CDC will determine which test to run on the specific patient’s sample based on the information provided on the accompanying paperwork. Full details of the most recent testing algorithm are available in the August 3rd ACOG Practice Bulletin.

How do you test a patient?

- Red Top or Tiger Top Tube
- The CDC needs at least 250 µL of serum, so ≥1 mL or more of whole blood will be sufficient
- CDC Form 50-34* and CDPHE Form 270/271* need to be filled out as specifically as possible and packaged with each specimen
- Keep on refrigerated cold pack and Fed-Ex overnight to: CDPHE Laboratory Services Division 8100 Lowry Blvd, Denver, CO 80230
- If ordering from your clinic, please call the CDPHE Serology Lab at 303-692-3485 to confirm details and cost of submission.

If your clinic chooses to send blood specimens to CDPHE, we recommend that you keep a record of all specimens sent. If you choose to use commercial laboratories, keep in mind that not all laboratories have the capacity to perform confirmatory follow-up testing as a reflex or to forward specimens to an appropriate laboratory. Providers should store additional samples for further testing if needed.

*These forms are available through CDPHE at Colorado.gov/cdphe or by calling the CDPHE Serology Lab at 303-692-3485. Alternatively, if you would like them as PDF files, please email Anna.Euser@ucdenver.edu.

You may notice that the CIMFH Testing Strategy differs slightly from CDC recommendations. We have decided to take a proactive approach to the Zika virus screening with serial ultrasound evaluations for all possibly affected women, regardless of blood test results or symptoms.

History of Travel = Women with travel to affected areas at any time during the current pregnancy or unprotected intercourse with a partner who has traveled to an affected area during the pregnancy.

Referrals or further questions are welcome at any stage in this process through one of our Maternal-Fetal Medicine Clinics, particularly if you have a patient that has positive serology testing or ultrasound findings.

An algorithm that the CIMFH Maternal Fetal Medicine Group has established for pregnant woman with history of travel to an area with ongoing Zika virus transmissions

Serology testing

- Sample sent to CDC via the CDPHE
- Positive or inconclusive serology, offer amniocentesis with referral to CFCC* if desired

Serial US starting at ≥16 weeks gestation

- Negative US screening
- Continue US screening every 4 weeks until delivery
- Referral to CFCC* for fetal MRI and possible amniocentesis

- Positive screening US (ventriculomegaly, intracerebral calcifications, or microcephaly (HC <2 standard deviations below the mean))
- Referral to CFCC* for fetal MRI and possible amniocentesis

(Current as of 8-11-16)

*We recommend referral to the Colorado Fetal Care Center (855-41-FETAL (413-3825)) for any patient interested in amniocentesis associated with the Zika virus in order to more carefully monitor and track these specimens from a central location.