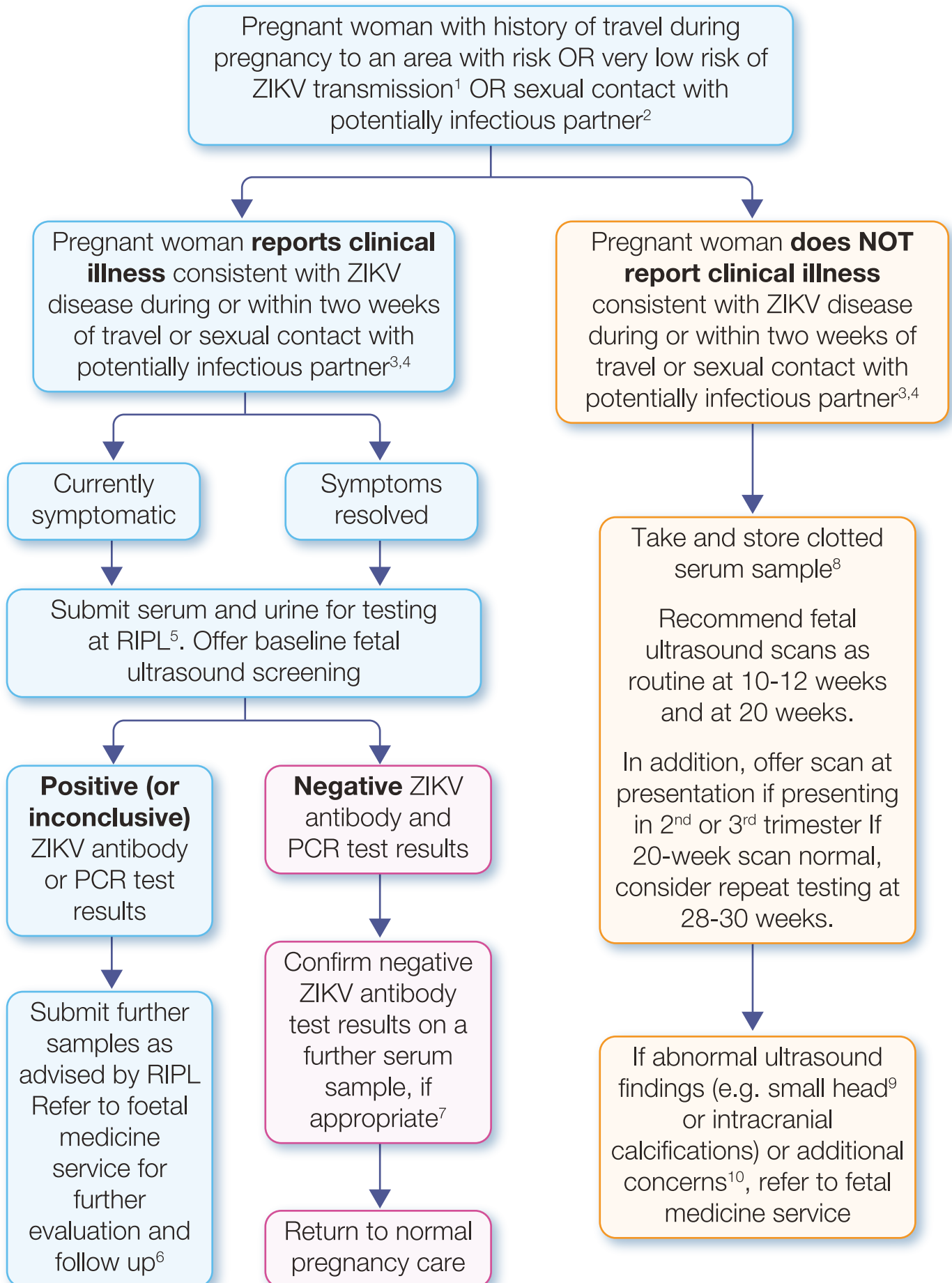


Assessing pregnant women with a potential risk of Zika virus (ZIKV) acquisition¹



Notes

1. Assessment of pregnant women should be based on a history of travel to countries and territories reporting risk or very low risk of ZIKV transmission. Information about ZIKV transmission in countries is provided by NaTHNaC within the 'Other Risks' section of the [Country Information](#) pages.
2. Travel, sexual exposure within 3 months. Potentially infectious partner is defined as a male sexual partner who has recently travelled (within the previous 3 months) to an area with risk of Zika virus (ZIKV) transmission.
3. Symptoms suggestive of ZIKV disease include rash, itching, fever, headache, arthralgia/arthritis, myalgia, conjunctivitis, lower back pain and retro-orbital pain.
4. A pregnant woman with typical ZIKV symptoms (as above) that began within 2 weeks of sexual contact with a potentially infectious partner, should be tested regardless of her own travel history, due the possibility of sexual transmission.
5. Laboratory testing is performed by the [UKHSA Rare and Imported Pathogens Laboratory](#) (RIPL). Appropriate samples are a clotted blood (or serum) and, if within 21 days of symptoms onset, urine (without preservative). The samples must be submitted with an appropriate [RIPL request form](#). This form must clearly state the pregnancy gestation and both the travel history (i.e. which countries visited and the dates of the outward and return journeys) and the clinical details (i.e. the patient's symptoms and the date of illness onset). For more information refer to: [Zika virus: sample testing advice](#).

Given the overlap of symptoms and endemic areas with other infections, RIPL will routinely test significantly symptomatic pregnant women returning from areas with active ZIKV transmission for dengue, chikungunya and other infections as indicated by the epidemiology.

6. Neonatologists and obstetricians should collaborate with each other and RIPL prior to delivery. For more information refer to: [Zika virus congenital infection: algorithm and interim guidance for neonatologists and paediatricians](#).
7. If ZIKV antibodies are not detected in a serum sample collected 4 or more weeks after the last possible travel-associated or sexual exposure, then recent ZIKV infection is highly unlikely.
8. For women who have not had symptoms, taking and storing a clotted serum sample locally, without immediate testing, is recommended. In the event that there is a later concern about fetal development, this sample will be available for retrospective testing, including detection of ZIKV antibodies.
9. In this context, 'small fetal head' is defined as: Head Circumference more than 2 Standard Deviations below the mean for gestational age, i.e. below the 2.5th centile.
10. Apart from microcephaly and intracranial calcifications, other abnormalities associated with ZIKV infection include ventriculomegaly, lissencephaly, pachygyria, and arthrogryposis.