On December 21, 2017, CDPH posted updated interim Zika Guidance. On January 10, 2018, further refinements were added to this document (Updated Guidance for Health Care Providers: Assessment and Testing for Zika Virus Infection in Pregnant Women and their Newborns) to clarify areas with risk of Zika infection and testing recommendations for asymptomatic pregnant women with ongoing risk of exposure. Also, now posted is a companion tool, the CDPH Zika Screening Algorithm, which includes a new decision tree associated with the updated CDPH Zika guidance. Both of these materials are now available on the CDPH Zika Information for Health Professionals webpage (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ZikaInformationforHealthProfessionals.aspx).

As announced in November 2017, the new CDPH Zika guidance recommendations align with CDC Zika guidance. The updated recommendations are supported by the declining incidence of new Zika infections occurring in travelers from California, resulting in a lower pre-test probability of infection, and by the declining number of Zika cases being reported from countries that represent the most common destinations for California travelers. The ongoing analysis of epidemiologic data related to reported Zika cases in California also supports this new guidance and will continue to be a component of Zika surveillance.

Consistent with the CDC guidance, CDPH no longer recommends routine testing of all Zika-exposed asymptomatic pregnant women, but instead supports individual risk assessment of asymptomatic pregnant women when considering testing for Zika. The decision to test a Zika-exposed asymptomatic pregnant woman should be based on a conversation between the woman and her health care provider that takes into account the woman’s concerns and preferences, as well as level of risk of Zika infection. In that interest, the new CDPH Zika guidance includes risk assessment considerations to assist providers and public health professionals as they assess individual risk for Zika virus infection. In addition, the updated guidance suggests which list of Zika risk areas to use while assessing the potential exposure of different populations of travelers with the goal of minimizing over-testing of asymptomatic pregnant women and the risk of false positives. The Algorithm that accompanies the new guidance is intended to facilitate patient screening decisions by providers as they address their patients’ needs.

Additional tools will be updated and made available with feedback from providers and partners from specialty organizations. Questions from providers and the public pertaining to the implementation of this new guidance are referred to local health departments, and CDPH consultants are available to local health department staff for consultation.