1. **Symptomatic pregnant women who traveled to areas with active dengue transmission and a risk of Zika:**
   a. Conduct testing ASAP after onset of symptoms for up to 12 wks after symptom onset. Order:
      i. Dengue and Zika virus NAAT on serum
      ii. Zika NAAT on urine
      iii. Dengue IgM (do NOT order Zika IgM)
   b. If Zika NAAT is positive on a single specimen, Zika NAAT should be repeated on newly extracted RNA from same specimen to rule out false-positives.
   c. If dengue NAAT is positive, this provides adequate evidence of dengue infection. No further testing needed.
   d. If dengue IgM is positive, this provides adequate evidence of dengue infection. No further testing needed.

2. **Symptomatic pregnant women who have had sex with someone who lives in or recently traveled to areas with a risk of Zika:**
   a. Conduct testing ASAP after onset of symptoms for up to 12 wks after symptom onset. Order:
      i. Zika NAAT on urine and serum
   b. If Zika NAAT is positive on a single specimen, Zika NAAT should be repeated on newly extracted RNA from same specimen to rule out false-positives.

3. **Pregnant women with unusual prenatal ultrasound findings consistent with congenital Zika AND lived in or traveled to areas with risk of Zika during pregnancy.**
   a. Order:
      i. Zika NAAT on maternal serum and urine
      ii. Zika IgM on maternal serum
      iii. If amniocentesis is being performed as part of clinical care, Zika virus NAAT testing of amniocentesis specimens should also be performed and results interpreted within the context of the limitations of amniotic fluid testing.
      iv. Testing of placental and fetal tissues may also be considered

4. **It is not recommended to test asymptomatic pregnant women who have visited an area with risk of Zika, however NAAT testing may still be considered up to 12 weeks after travel.**