

Fact Sheet for Healthcare Providers: Interpreting Zika MAC-ELISA Test Results

Updated: May 3, 2017

Dear Healthcare Provider:

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to authorize the use of the Centers for Disease Control and Prevention (CDC) Zika IgM antibody capture enzyme-linked immunosorbent assay (Zika MAC-ELISA). This assay provides *in vitro* qualitative detection of human IgM antibodies to Zika virus. The Zika MAC-ELISA is intended for use in serum of individuals meeting CDC Zika clinical and/or epidemiological criteria for testing in qualified laboratories designated by the CDC (see the [Zika: For Healthcare Providers page](#)). It can also be used in cerebrospinal fluid (CSF) when submitted with a patient-matched serum sample. This test should be performed according to CDC's algorithm for Zika testing (see the [Guidance for US Laboratories Testing page](#)).

The information in this Fact Sheet is to inform you of the significant known and potential risks and benefits of the emergency use of the Zika MAC-ELISA (see the [Emergency Use Authorizations page](#)).

Why is this test needed at this time?

Public health officials have determined that Zika virus poses a potential public health emergency. Current information on Zika virus infection for healthcare providers, including case definitions and information about signs and symptoms, is available on the [Zika: For Healthcare Providers page](#). All information and guidance, including those on Zika virus laboratory testing, may change as more data are gathered on this virus. Please check CDC's Zika virus website regularly for the most current information ([Zika virus homepage](#)).

The U.S. Secretary of Health and Human Services (HHS) has declared that circumstances exist to justify the emergency use of *in vitro* diagnostic tests for the detection of Zika virus and/or diagnosis of Zika virus infection. This EUA will terminate when the HHS Secretary's declaration terminates, unless FDA revokes it sooner.

At this time, there are no FDA approved/cleared tests available that can detect Zika virus infection in clinical specimens in the US. Therefore, CDC has developed the Zika MAC-ELISA to detect evidence of Zika virus infection.

When should the Zika MAC-ELISA test be performed?

Anti-Zika IgM is typically detectable starting soon after onset of symptoms and is reliably detectable for approximately 12 weeks following infection. If Zika virus infection is suspected based on CDC's published clinical and/or epidemiological criteria, the Zika MAC-ELISA may be ordered and should be performed according to the CDC-issued guidance ([Guidance for US Laboratories Testing for Zika Virus Infection](#)). The algorithms included within the

guidance illustrate the appropriate Zika testing approach based on the presence of signs and symptoms, pregnancy status, and the time between onset of symptoms or suspected exposure and specimen collection.

As disease manifestations of dengue and chikungunya virus infections can resemble those of Zika virus infection, additional testing for these viruses should be considered to aid in differentiating dengue and chikungunya virus infections from Zika virus infections. Please contact your state or local health department to facilitate testing.

As of May 3, 2017, serum is the primary diagnostic specimen for Zika virus RNA and serologic testing, and should be the priority specimen for collection and Zika MAC-ELISA testing. The Zika MAC-ELISA can also be used to test CSF when collected alongside a patient-matched serum.

Specimens should be collected with appropriate infection control precautions and according to the manufacturer's instructions for the specimen collection device, handling, and storage. Serum should be collected in serum separator tubes and centrifuged after collection to reduce the likelihood of hemolysis. Additional guidance for collection of body fluid specimens for Zika diagnostic testing may be found at: [Collecting & Submitting Body Fluid Specimens for Zika Virus Testing](#).

What does it mean if the specimen tests positive with the Zika MAC-ELISA?

A positive test result from the Zika MAC-ELISA indicates that anti-Zika IgM antibodies were detected in the patient's specimen. Confirmation of Zika MAC-ELISA positive or equivocal results requires additional testing by CDC or by qualified laboratories designated by CDC and in consultation with CDC, using the CDC-issued algorithm published in the CDC laboratory guidance found at: [Guidance for US Laboratories Testing for Zika Virus Infection](#).

Laboratory test results should always be considered in the context of clinical observations, epidemiological information, and travel history in making a final diagnosis and patient management decisions. For guidance on Zika virus, please refer to [Zika: For Healthcare Providers](#).

Positive and equivocal Zika MAC-ELISA results are not definitive for diagnosis of Zika virus infection. False positive results may occur in some patients with recent, closely-related flavivirus infections, such as dengue infections. In patients who have received yellow fever or Japanese encephalitis vaccination, cross-reactive antibodies in both the IgM and neutralizing antibody assays may make it difficult to identify which flavivirus is causing the patient's current illness. It is possible that the Zika MAC-ELISA may generate positive results in patients with a history of non-Zika flavivirus infections. In the event of a false positive result, risks to patients could include any or all of the following: the impaired ability to detect and receive appropriate medical care for the true source of symptoms; in the case of pregnant women, an unnecessary increase in the monitoring of a woman's pregnancy; or other unintended adverse effects.

Due to cross-reactivity of anti-dengue IgM and IgG antibodies in tests to detect recent Zika virus infection, it may be difficult to determine the specific flavivirus causing the recent infection in patients with a history of flavivirus infection or in those who reside in areas where

and/or dengue virus have been known to circulate. Due to this limitation, plaque reduction neutralization test (PRNT) is not currently routinely recommended for confirmation of Zika MAC-ELISA results in Puerto Rico. Please refer to CDC guidance, including the CDC laboratory guidance ([Guidance for US Laboratories Testing for Zika Virus Infection](#)) for additional information about diagnostic testing recommendations in the United States and its territories.

In the United States and its territories, Zika virus infection and disease (non-congenital and congenital) are nationally notifiable conditions and should be reported to the local or state health department. For guidance on Zika virus, please refer to the [For Healthcare Providers page](#).

While there is an established association between Zika virus infection during pregnancy and microcephaly, detection of anti-Zika IgM antibodies in specimens collected from a pregnant woman does not provide definitive information about the health of her fetus and does not indicate imminent harm to her fetus. If a pregnant woman is diagnosed with Zika virus infection based on detection of anti-Zika IgM antibodies, issues such as timing of infection during the course of pregnancy, presence of symptoms and other factors may help determine the risk to her fetus.

What does it mean if the specimen tests negative in the Zika MAC-ELISA?

A negative Zika MAC-ELISA result does not rule out Zika virus infection, particularly if testing is conducted soon after onset of symptoms (before anti-Zika IgM antibodies levels are expected to become detectable) or more than 12 weeks after the infection is thought to have occurred (as anti-Zika IgM antibodies levels are expected to drop). As with any test, providers must consider the patient's likelihood of exposure and the possibility of false laboratory results when making treatment or other patient management decisions.

Absence of laboratory evidence of Zika virus infection cannot definitively rule out Zika virus infection in persons with epidemiological risk factors. All results should be considered in the context of clinical signs and symptoms, exposure risk and time since symptom onset, or in the absence of symptoms, time since exposure. Conversely, a negative result in an asymptomatic patient with a lower likelihood of exposure (e.g., a short term traveler to an affected area) may suggest the patient is not infected.

Guidance for healthcare providers, including those caring for pregnant women and women of reproductive age with possible Zika virus exposure, is available on the CDC website: [For Healthcare Providers](#)

What has changed in this update to the Fact Sheet for Healthcare Providers?

The main changes that have been made to the Fact Sheet for Healthcare Providers are the following:

- Indications for testing and guidance for interpretation of a negative result have been updated to align with recently posted CDC Guidance for US Laboratories Testing for Zika Virus Infection ([Guidance for US Laboratories Testing for Zika Virus Infection](#)).

- PRNT is not currently routinely recommended for confirmation of Zika MAC-ELISA results in Puerto Rico.

Reporting Adverse Events

Adverse events should be reported, including problems with test performance or results, to MedWatch on the [FDA Safety Information and Adverse Event Reporting Program page](#), by completing and submitting the online FDA Form 3500 for Health Professionals (available at [Online Voluntary Reporting Form page](#)) or by calling 1-800-FDA-1088.

All patients should receive the Fact Sheet for Patients: Understanding Results from the Zika MAC-ELISA.

Contact Information for the Manufacturer:

CDC Emergency Operations Center (EOC)
1600 Clifton Road
Atlanta, Georgia, USA, 30329
Office phone: **CDC EOC (770-488-7100)**

Any significant new findings that negatively impact the performance of the test and that are observed during the course of the emergency use of the Zika-MAC ELISA will be made available on the [Zika virus homepage](#).

References

- 1) Rasmussen, S.A., Jamieson D.J., Honein M.A., and Petersen L.R. Zika Virus Birth Defects—Reviewing the Evidence for Causality. *NEJM* (April 12, 2016). DOI: 10.1056/NEJMSr1604338.
- 2) CDC Website. [Zika virus homepage](#).