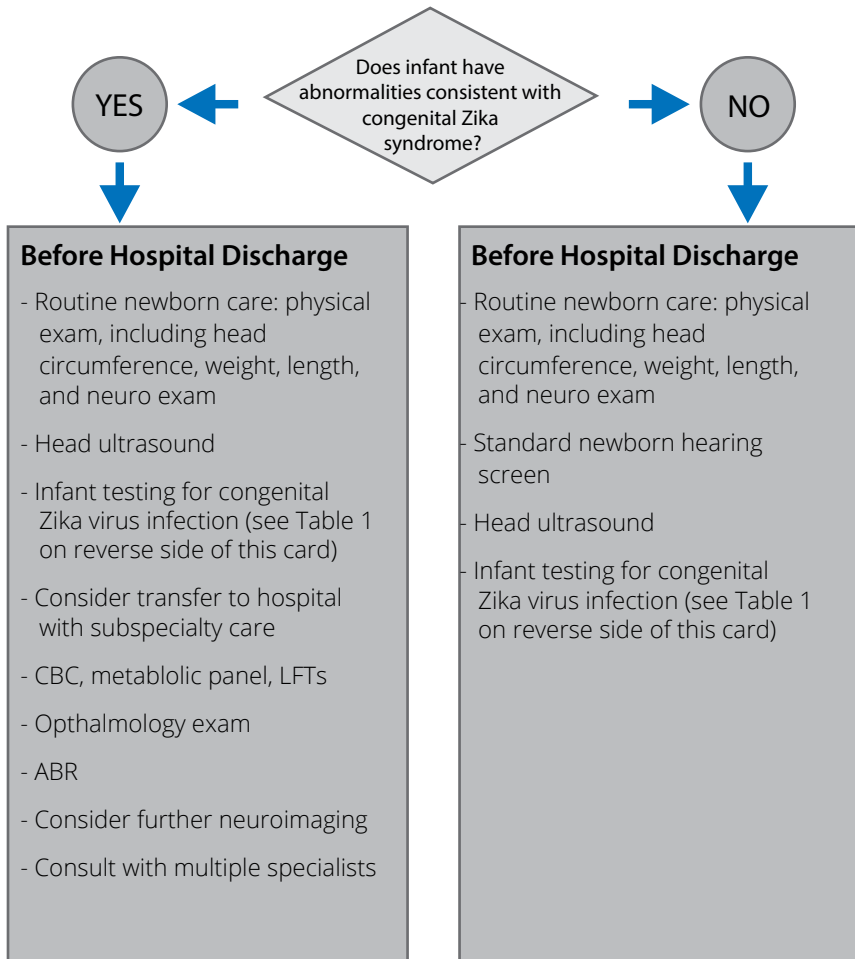




## MOTHER WITH LABORATORY EVIDENCE OF ZIKA INFECTION DURING PREGNANCY



**See checklist on reverse side of this card**



**Table 1**

**Interpretation of results of laboratory testing of infant's blood, urine, and/or cerebrospinal fluid for evidence of congenital Zika virus infection**

Infant test results*		Interpretation
rRT-PCR	IgM	
Positive	Positive or Negative	Confirmed congenital Zika virus infection
Negative	Positive	Probable congenital Zika virus infection <sup>†</sup>
Negative	Negative	Negative for congenital Zika virus infection <sup>†</sup>

**Abbreviations:** rRT-PCR = real-time reverse transcription-polymerase chain reaction; IgM = Immunoglobulin M

\* Infant serum, urine, or cerebrospinal fluid.

<sup>†</sup> Laboratory results should be interpreted in the context of timing of infection during pregnancy, maternal serology results, clinical findings consistent with congenital Zika syndrome, and any confirmatory testing with plaque reduction neutralization testing (PRNT).

## Checklist

Initial clinical evaluation & management of infants with laboratory evidence of Zika virus infection and abnormalities consistent with congenital Zika syndrome

### Consultation with:

- Neurologist for determination of appropriate neuroimaging and additional evaluation
- Infectious disease specialist for diagnostic evaluation of other congenital infections (e.g. syphilis, toxoplasmosis, rubella, cytomegalovirus infection, lymphocytic choriomeningitis virus infection, and herpes simplex virus infection).
- Ophthalmologist for comprehensive eye exam and evaluation for possible cortical visual impairment prior to discharge from hospital or within 1 month of birth.
- Endocrinologist for evaluation for hypothalamic or pituitary dysfunction.
- Clinical geneticist to evaluate for other causes of microcephaly or other anomalies if present.

### Consider consultation with:

- Orthopedist, physiatrist and physical therapist for the management of hypertonia, club foot or arthrogryptic-like conditions.
- Pulmonologist or otolaryngologist for concerns about aspirations.
- Lactation specialist, nutritionist, gastroenterologist, or speech or occupational therapist for the management of feeding issues.

Perform ABR to assess hearing.

Perform complete blood count and metabolic panel, including liver function tests.

Provide family and supportive services.

**\*REFER TO CDC INITIAL EVALUATION AND OUTPATIENT MANAGEMENT**