

Titles and Footnotes

Satterfield_Nash_et_al_2019

Table 1. Growth measurements* of children aged 19–24 months with confirmed or probable congenital Zika virus infection[†], and microcephaly classification at birth[¶],** — Paraíba, Brazil, August– September 2017

Table 1 Footnotes:

* <http://www.who.int/childgrowth/standard-deviation>.

† Confirmed congenital Zika virus infection was indicated by a positive Zika virus-specific immunoglobulin M [IgM] capture enzyme-linked immunosorbent assay [MAC-ELISA] result on infant cerebrospinal fluid [CSF] or serum) and positive plaque reduction neutralization testing (PRNT). Serologic evidence without confirmation via PRNT indicated probable congenital Zika virus infection.

§ <http://jcm.asm.org/content/38/5/1823.full.pdf+html>.

¶ Microcephaly at birth was defined according to the internationally accepted definition, head circumference below the 3rd percentile for gestational age and sex, from the standards for newborns and references for very preterm infants compiled by the International Fetal and Newborn Growth Consortium for the 21st Century.

** <https://intergrowth21.tghn.org/>.

†† http://www.who.int/childgrowth/standards/hc_for_age/en/.

§§ Of the remaining males, three (30%) had a head circumference equal to the mean or up to 1 SD below the mean, and of the remaining females, one (11%) had a head circumference equal to the mean or up to 1 SD above the mean.

¶¶ http://www.who.int/childgrowth/standards/height_for_age/en/.

*** Of the remaining males, the length of 4 (40%) was equal to the mean or up to 3 SDs above the mean, and of the remaining females, the length of 2 (22%) was equal to the mean or up to 1 SD above the mean.

††† http://www.who.int/childgrowth/standards/weight_for_age/en/.

§§§ Of the remaining males, the weight of 3 (30%) was equal to the mean or up to 2 SDs above the mean; the weight of 1 (10%) male was >3 SDs above the mean. Of remaining females, the weight of 2 (22%) was equal to the mean or up to 2 SDs above the mean.

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Table 2: Growth parameters,* evaluations, and medical and developmental conditions for 19 infants aged 19–24 months with confirmed or probable congenital Zika virus infection,^{†,§} and microcephaly classification^{¶,**} at birth — ZODIAC investigation, Paraíba, Brazil, August–October 2017

Table 2 Footnotes:

Abbreviations: ASQ-3 = Ages and Stages-III Questionnaire; CZS = congenital Zika syndrome; F = female; HC = head circumference; IgM = immunoglobulin M; M = male; NAb = neutralizing antibodies; ZODIAC = Zika Outcomes and Development in Infants and Children.

* <http://www.who.int/childgrowth/standards/en>.

[†] Confirmed congenital Zika virus infection was indicated by a positive Zika virus-specific IgM capture enzyme-linked immunosorbent assay result on infant cerebrospinal fluid or serum) and positive plaque reduction neutralization testing (PRNT). Serologic evidence without confirmation via PRNT indicated probable congenital Zika virus infection.

[§] <http://jcm.asm.org/content/38/5/1823.full.pdf+html>.

[¶] Microcephaly at birth was defined according to the internationally accepted definition, head circumference below the 3rd percentile for gestational age and sex from the standards for newborns and references for very preterm infants compiled by the International Fetal and Newborn Growth Consortium for the 21st Century.

** <https://intergrowth21.tghn.org/>.

†† http://www.who.int/childgrowth/standards/hc_for_age/en/.

§§ http://www.who.int/childgrowth/standards/weight_for_age/en/.

^{¶¶} The ASQ-3 is a series of 21 parent-completed questionnaires designed to screen the developmental performance of children aged 1–66 months in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills (<http://agesandstages.com>); based on ASQ-3 screening, an age interval of <6 months indicates that the child's parent-reported developmental progress has not advanced beyond that typical of an infant at age 6 months.

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Table 3. Health and developmental outcomes of 19 children aged 19–24 months with confirmed or probable congenital Zika virus infection,[†] microcephaly classification^{§,¶} at birth — Paraíba, Brazil, August–October 2017

Table 3 Footnotes:

* Confirmed congenital Zika virus infection was indicated by a positive Zika virus-specific immunoglobulin M capture enzyme-linked immunosorbent assay result on infant cerebrospinal fluid or serum and positive plaque reduction neutralization testing (PRNT) at birth. Serologic evidence without confirmation via PRNT indicated probable congenital Zika virus infection.

[†] <http://jcm.asm.org/content/38/5/1823.full.pdf+html>.

[§] Microcephaly at birth was defined according to the internationally accepted definition, head circumference below the 3rd percentile for gestational age and sex from the standards for newborns and references for very preterm infants compiled by the International Fetal and Newborn Growth Consortium for the 21st Century.

[¶] <https://intergrowth21.tghn.org/>.

** Reported by the caregiver.

^{††} <https://doi.org/10.1016/j.pediatrneurol.2015.09.016>.

^{§§} Retinal abnormalities were identified by ophthalmologic exam.

^{¶¶} Motor function, functional hearing, and functional vision were assessed using the Hammersmith Infant Neurologic Exam (HINE). A global score below 40 on the HINE is associated with severe motor impairment, according to findings published in 2016 (<https://doi.org/10.1111/dmcn.12876>).

***Cerebral Palsy was identified by neurologist.