

# Titles and Footnotes

## Shapiro\_Mendoza\_et\_al\_2019

**Table 1.** Pregnancy outcomes\* for 2,549 completed pregnancies<sup>†</sup> with laboratory evidence of recent possible maternal Zika virus infection, by symptom status and timing of symptom onset or specimen collection date — Zika Pregnancy and Infant Registries,<sup>§</sup> U.S. territories, January 1, 2016–April 25, 2017

### Table 1 Footnotes:

**Abbreviations:** CI = confidence interval; CNS = central nervous system; IgM = immunoglobulin M; NAT = nucleic acid test; NTD = neural tube defect; RT-PCR = reverse transcription–polymerase chain reaction.

\* Outcomes for multiple gestation pregnancies are counted once.

<sup>†</sup> Includes 2,464 live births and 85 pregnancy losses.

<sup>§</sup> U.S. Zika Pregnancy Registry and Puerto Rico Zika Active Pregnancy Surveillance System.

<sup>¶</sup> Microcephaly was defined as head circumference at delivery <3rd percentile for infant sex and gestational age regardless of birthweight. When multiple head circumference measurements were available, the majority of those measurements had to be <3rd percentile for a designation of microcephaly. A clinical diagnosis of microcephaly or mention of microcephaly or small head in the medical record was not required. (<https://www.cdc.gov/zika/geo/pregnancy-outcomes.html>).

\*\* 95% CI for a binomial proportion using Wilson score interval.

<sup>††</sup> Includes maternal, placental, fetal, or infant laboratory evidence of recent possible Zika virus infection based on presence of Zika virus RNA by a positive NAT (e.g., RT-PCR), serologic evidence of a recent Zika virus infection, or serologic evidence of a recent unspecified flavivirus infection.

<sup>§§</sup> Maternal symptom (i.e., fever, rash, arthralgia, or conjunctivitis) status was unknown for 22 completed pregnancies; of these, two resulted in fetuses or infants with brain abnormalities with or without microcephaly.

<sup>¶¶</sup> Maternal Zika virus infection was reported in the periconceptional period (i.e., the 8 weeks before conception [6 weeks before and 2 weeks after the first day of the last menstrual period]) in 21 completed pregnancies; of these, one resulted in a fetus or infant with brain abnormalities with or without microcephaly. Timing of maternal Zika virus infection was unknown for 20 completed pregnancies; of these, three resulted in fetuses or infants with brain abnormalities with or without microcephaly.

<sup>\*\*\*</sup> Gestational timing of Zika virus infection was calculated using the earliest date of maternal serum, urine, or whole blood collection that tested positive for Zika virus infection by NAT or serologic testing or symptom onset date if symptomatic.

<sup>†††</sup> First trimester is defined as 2 weeks after last menstrual period to 13 weeks, 6 days gestational age based on estimated date of delivery.

<sup>§§§</sup> Second trimester is defined as 14 weeks to 27 weeks, 6 days gestational age based on estimated date of delivery.

<sup>¶¶¶</sup> Third trimester is defined as 28 weeks gestational age or later based on estimated date of delivery.

<sup>\*\*\*\*</sup> Includes maternal, placental, fetal, or infant laboratory evidence of Zika virus infection based on the presence of Zika virus RNA by a positive NAT (e.g., RT-PCR).

# **Titles and Footnotes**

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†††† Maternal symptom status was unknown for four completed pregnancies; of these, one resulted in a fetus or infant with brain abnormalities with or without microcephaly.

§§§§ Maternal Zika virus infection was reported in the periconceptual period (i.e., the 8 weeks before conception [6 weeks before and 2 weeks after the first day of last menstrual period]) of six pregnancies; of these, one resulted in a fetus or infant with brain abnormalities with or without microcephaly. Timing of maternal Zika virus infection was unknown for six pregnancies; of these, two resulted in fetuses or infants with brain abnormalities with or without microcephaly.

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**Table 2.** Infant Zika virus testing and screening at birth for 2,464 live-born infants from completed pregnancies with laboratory evidence of recent possible Zika virus infection — Zika Pregnancy and Infant Registries,\* U.S. territories, January 1, 2016–April 25, 2017

### Table2 Footnotes.

\*US Zika Pregnancy Registry and Puerto Rico Zika Active Pregnancy Surveillance System.

† Includes infants with birth defects potentially associated with Zika virus infection: brain abnormality and/or microcephaly or possible microcephaly, neural tube defect and other early brain malformation, eye abnormality, or consequence of central nervous system dysfunction.

§ Infant specimens include serum, urine, and cerebrospinal fluid.

¶ Neuroimaging includes any imaging of the infant head, including cranial ultrasound, computed tomography, magnetic resonance imaging, or radiograph reported to the Zika pregnancy registries based on neuroimaging guidance published August 19, 2016. (Russell K, Oliver SE, Lewis L, et al. Update: interim guidance for the evaluation and management of infants with possible congenital Zika virus infection—United States, August 2016. MMWR Morb Mortal Wkly Rep 2016;65:870–8).