CDC's Response to Zika
INTERIM GUIDANCE

Evaluation and testing of infants with possible congenital Zika virus infection

Mother with laboratory evidence of Zika virus infection during pregnancy*

Perform a comprehensive physical exam on infant, head ultrasound, standard newborn hearing assessment and infant Zika virus laboratory testing

Infant with findings consistent with congenital Zika virus syndrome

Initial evaluation

Infant with laboratory confirmed or probable congenital Zika virus infection

Outpatient management and follow-up

Infant negative for congenital Zika virus infection

Continue to evaluate for other causes of congenital anomalies

Infant without findings consistent with congenital Zika virus syndrome

Infant with laboratory confirmed or probable congenital Zika virus infection

Routine newborn care; additionally, perform an ABR and ophthalmology exam within one month of life

Outpatient management and follow-up

Infant negative for congenital Zika virus infection

Routine care

*Laboratory evidence of maternal Zika virus infection includes: (1) Zika virus RNA detected by real-time reverse transcription-polymerase chain reaction (rRT-PCR) in any clinical specimen; or (2) positive Zika virus immunoglobulin M (IgM) with confirmatory neutralizing antibody titers. Mother's should be tested by rRT-PCR within 2 weeks of exposure or symptom onset, or IgM within 2-12 weeks of exposure or symptom onset. Due to the decline in IgM antibody and viral RNA levels over time, negative maternal testing 12 weeks after exposure does not rule out maternal infection.

Abbreviation: ABR = auditory brainstem response.

More information on the evaluation, management, and follow-up of infants with possible congenital Zika virus infection is available at www.cdc.gov/zika/hc-providers/infants-children.html.