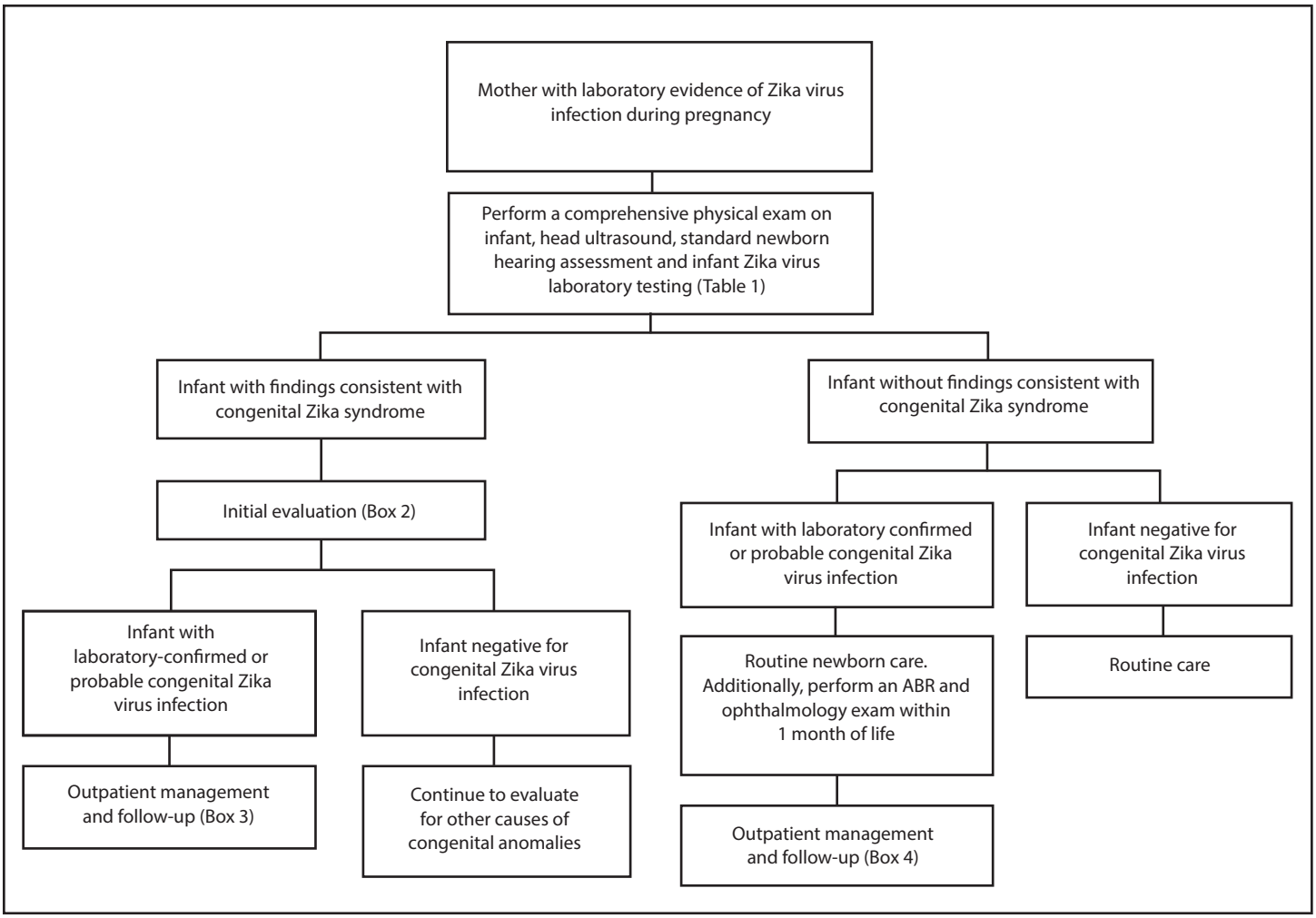
FIGURE. Recommended Zika virus testing and evaluation of infants born to mothers with laboratory evidence of Zika virus infection during pregnancy *



Abbreviation: ABR = auditory brainstem response.

* 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. Mothers should be tested by rRT-PCR within 2 weeks of exposure or symptom onset, or by IgM within 2–12 weeks of exposure or symptom onset. Because of the decline in IgM antibody and viral RNA levels over time, negative maternal testing 12 weeks after exposure does not rule out maternal infection. **Source:** Oduyebo T, Igbinosa I, Petersen EE, et al. Update: interim guidance for health care providers caring for pregnant women with possible Zika virus exposure—United States, July 2016. MMWR Morb Mortal Wkly Rep 2016;65:739–44. http://dx.doi.org/10.15585/mmwr.mm6529e1.

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*		
rRT-PCR	**IgM**	**Interpretation**
Positive	Positive or Negative	Confirmed congenital Zika virus infection
Negative	Positive	Probable congenital Zika virus infection†
Negative	Negative	Negative for congenital Zika virus infection†

Abbreviations: rRT-PCR = real-time reverse transcription–polymerase chain reaction; IgM = immunoglobulin M.

* Infant serum, urine, or cerebrospinal fluid.

† 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).

infection should receive routine care, including monitoring of head circumference at every well child visit and age-appropriate developmental screening (*24*). Health care providers should report information on pregnant women in the United States and the U.S. territories with laboratory evidence of Zika virus infection and their infants (regardless of infant test results) to state, tribal, local, or territorial health departments for inclusion in the U.S. Zika Pregnancy Registry (http://www.cdc.gov/zika/hc-providers/registry.html), or the Puerto Rico Zika Active Pregnancy Surveillance System (ZAPSS) (http://www.cdc.gov/zika/public-health-partners/zapss.html).

For all infants with abnormal findings consistent with congenital Zika syndrome, an extensive evaluation is recommended