INITIAL EVALUATION AND OUTPATIENT MANAGEMENT

DURING THE FIRST 12 MONTHS OF LIFE FOR INFANTS WITH POSSIBLE CONGENITAL ZIKA VIRUS INFECTION

Does **mother** have lab evidence of Zika virus infection?*

YES → Does **infant** have abnormalities consistent with congenital Zika syndrome?†

MOTHER NOT TESTED, OR TESTED OUTSIDE OF APPROPRIATE WINDOW§ → Does **infant** have abnormalities consistent with congenital Zika syndrome?†

Initial Evaluation

YES → **Before hospital discharge**

- ☐ Routine newborn care: physical exam, including head circumference, weight, length and neuro exam
- ☐ Head ultrasound
- ☐ Infant testing for congenital Zika virus infection (See Table 1)
- ☐ Consider transfer to hospital with subspecialty care
- ☐ CBC, metabolic panel, LFTs
- ☐ Ophthalmology exam
- ☐ ABR
- ☐ Consider further neuroimaging
- ☐ Consult with multiple specialists

(See Page 3, Checklist 1)

→ Does **infant** have lab evidence of Zika virus infection?*

- **YES** → **ROW 1**
- **NO** → **ROW 2**

NO → **Before hospital discharge**

- ☐ Routine newborn care: physical exam, including head circumference, weight, length and neuro exam
- ☐ Standard newborn hearing screen
- ☐ Head ultrasound
- ☐ Infant testing for congenital Zika virus infection (See Table 1)

→ Does **infant** have lab evidence of Zika virus infection?*

- **YES** → **ROW 3**
- **NO** → **ROW 4**

YES → **Before hospital discharge**

- ☐ Maternal Zika virus testing §
- ☐ Consider Zika virus testing of the placenta
- ☐ Routine newborn care: physical exam, including head circumference, weight, length and neuro exam
- ☐ Head ultrasound
- ☐ Infant testing for congenital Zika virus infection (See Table 1)
- ☐ Consider transfer to hospital with subspecialty care
- ☐ CBC, metabolic panel, LFTs
- ☐ Ophthalmology exam
- ☐ ABR
- ☐ Consider further neuroimaging
- ☐ Consult with multiple specialists

→ Does **infant** have lab evidence of Zika virus infection?*

- **YES** → **ROW 1**
- **NO** → **ROW 2**

NO → **Before hospital discharge**

- ☐ Maternal Zika virus testing §
- ☐ Consider Zika virus testing of the placenta
- ☐ Routine newborn care: physical exam, including head circumference, weight, length and neuro exam
- ☐ Standard newborn hearing screen
- ☐ Head ultrasound

→ Perform infant Zika virus testing if evidence of Zika virus infection on maternal testing §*‡

→ Does **infant** have lab evidence of Zika virus infection?*

- **YES** → **ROW 3**
- **NO** → **ROW 4**

Follow management and follow-up recommendations indicated in Outpatient Management Checklist