Outpatient Management Checklist**

	2 weeks	1 month	2 months	3 months	4-6 months	9 months	12 months
ROW 1 **Infant with abnormalities consistent with congenital Zika syndrome† and laboratory evidence of Zika virus infection***	☐ Thyroid screen (TSH & T4)	☐ Neuro exam	☐ Neuro exam	☐ Thyroid screen (TSH & T4) ☐ Ophthalmology exam	☐ Repeat audiology evaluation (ABR)		
	☐ Routine preventive health care including monitoring of feeding and growth ☐ Routine and congenital infection-specific anticipatory guidance ☐ Referral to specialists, including evaluation of other causes of congenital anomalies as needed ☐ Referral to early intervention services (See Page 3, Checklist 2)						
ROW 2 **Infant with abnormalities consistent with congenital Zika syndrome† and negative for Zika virus infection**	☐ Continue to evaluate for other causes of congenital anomalies ☐ Further management as clinically indicated						
ROW 3 **Infant with no abnormalities consistent with congenital Zika syndrome† and laboratory evidence of Zika virus infection***	☐ Ophthalmology exam ☐ ABR				☐ Consider repeat ABR	☐ Behavioral audiology evaluation if ABR not done at 4-6 months	
	☐ Monitoring of growth parameters (HC, weight, and height), developmental monitoring by caregivers and health care providers, and age-appropriate developmental screening at well-child visits (See Page 3, Checklist 3)						
ROW 4 **Infant with no abnormalities consistent with congenital Zika syndrome† and negative for Zika virus infection**	☐ Monitoring of growth parameters (HC, weight, and height), developmental monitoring by caregivers and health care providers, and age-appropriate developmental screening at well-child visits						

Abbreviations: rRT-PCR = real-time reverse transcription–polymerase chain reaction; IgM = immunoglobulin M; CBC = complete blood count; LFTs = liver function tests, PE = physical examination; US = ultrasound; ABR = auditory brainstem response; CT = computed tomography; MRI = magnetic resonance imaging; neuro = neurologic; HC = Head (occipitofrontal) circumference

* Laboratory evidence of 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 IgM. Confirmatory neutralizing antibody titers are needed in addition to IgM for maternal Zika virus infection. Cord blood and testing of the placenta not recommended for infant testing for Zika virus.

** Outpatient management checklist for infants born to a woman with laboratory evidence of confirmed or possible Zika virus infection.

† Findings consistent with congenital Zika virus syndrome can include microcephaly, intracranial calcifications, or other brain or eye abnormalities.

§ Mothers who travelled to or reside in an area of active Zika transmission or who had unprotected sex with a partner who had traveled to or resided in an area with active transmission 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. Because of the decline in IgM antibody and viral RNA levels over time, negative maternal testing 12 weeks after exposure or symptom onset does not rule out maternal infection.

‡ Infant testing is recommended within the first two days after birth; if testing is performed later, it can be difficult to distinguish congenital infection from perinatally or postnatally acquired infection.