Infant whose mother traveled to or resided in an area with Zika virus transmission during pregnancy

- Microcephaly or intracranial calcifications detected prenatally or at birth
  - Conduct thorough physical examination and perform Zika virus testing in infant
    - Positive or inconclusive test for Zika virus infection in infant
      - Perform additional clinical evaluation, report case, and assess for possible long-term sequelae
    - Negative tests for Zika virus infection in infant
      - Evaluate and treat for other possible etiologies

- No microcephaly or intracranial calcifications detected prenatally or at birth
  - Positive or inconclusive test for Zika virus infection in mother
    - Perform additional clinical evaluation, report case, and assess for possible long-term sequelae
  - Negative tests for Zika virus infection in mother
    - Routine care of infant, including appropriate follow-up on any clinical findings

- Negative or no Zika virus testing performed on mother
  - Routine care of infant, including appropriate follow-up on any clinical findings

†Microcephaly defined as occipitofrontal circumference less than the third percentile for gestational age and sex based on standard growth curves, not explained by other etiologies.
§Laboratory evidence of Zika virus infection includes 1) detectable Zika virus, Zika virus RNA, or Zika virus antigen in any clinical specimen; or 2) positive Zika virus Immunoglobulin M (IgM) with confirmatory neutralizing antibody titers that are ≥4-fold higher than dengue virus neutralizing antibody titers in serum or cerebrospinal fluid. Testing is considered inconclusive if Zika virus neutralizing antibody titers are <4-fold higher than dengue virus neutralizing antibody titers.


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