

# CDC updates Zika guidance for infant care

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(HealthDay)—The U.S. Centers for Disease Control and Prevention (CDC) has updated its interim guidance for U.S. health care providers caring for infants with possible congenital Zika virus infection,

according to a report published online Oct. 19 in *Morbidity and Mortality Weekly Report*.

Tolulope Adebajo, M.D., from the CDC's Epidemic Intelligence Service in Atlanta, and colleagues write that the guidance was updated based upon recently published guidance for [health care providers](#) caring for pregnant women with possible Zika virus exposure, unknown sensitivity and specificity of currently available diagnostic tests for congenital Zika virus infection, and recognition of additional clinical findings associated with congenital Zika virus infection.

The updated guidance calls for all infants born to mothers with possible Zika virus exposure during pregnancy to receive an evaluation at birth and at each subsequent well-child visit, including a comprehensive physical examination, age-appropriate vision screening, and developmental monitoring and screening using validated tools. They should also undergo newborn hearing screen at birth. For three clinical scenarios, specific laboratory testing and clinical evaluation guidance are provided. For infants with clinical findings consistent with congenital Zika syndrome, regardless of maternal testing results, and infants without clinical findings consistent with congenital Zika syndrome who were born to mothers with laboratory evidence of possible Zika virus infection, further testing and evaluation for Zika virus should occur. For infants with no clinical findings whose mothers didn't have laboratory evidence of possible Zika virus infection, no further testing or evaluation is recommended.

"Health care providers should remain alert for abnormal findings (e.g., postnatal-onset microcephaly and eye abnormalities without microcephaly) in [infants](#) with possible congenital Zika [virus](#) exposure without apparent abnormalities at birth," the authors write.

**More information:** [Abstract/Full Text](#)

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