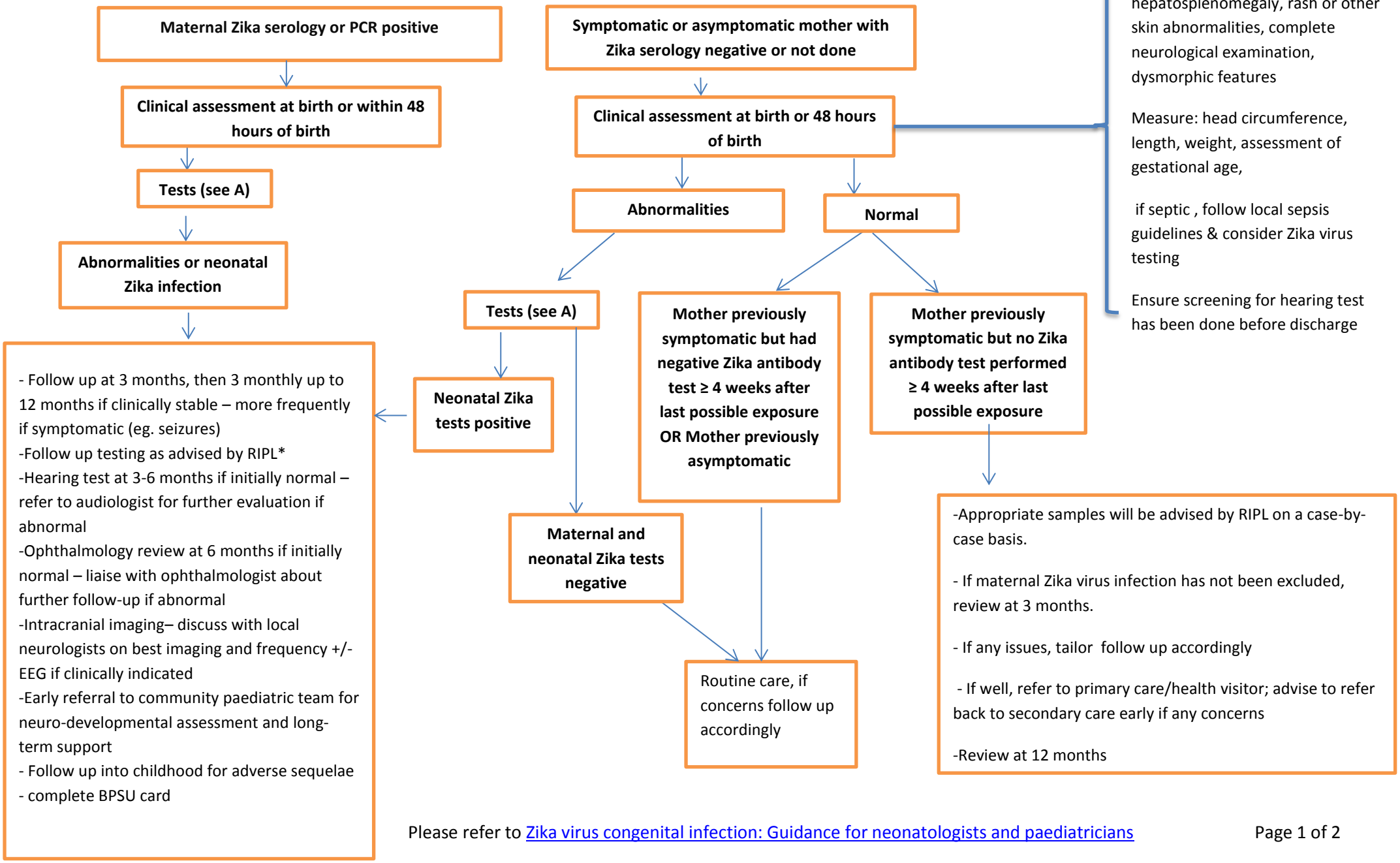
Recommendations for neonates whose mother has travelled to a country with risk for Zika transmission during pregnancy or within 8 weeks before conception

In case of abnormalities or maternal Zika virus infection, neonatologists and obstetricians to collaborate prenatally and follow agreed plan for investigations



Please refer to Zika virus congenital infection: Guidance for neonatologists and paediatricians

A) At birth or within 48 hours of birth

1) Histopathological examination of the placenta and umbilical cord
2) Check that placental tissue and umbilical cord tissue have been obtained
3) Collect neonatal samples for Zika virus testing according to the prenatally agreed plan
4) Confirm with local Infection specialist that they are liaising with RIPL to arrange testing of all the appropriate maternal and neonatal samples.
5) If no plan has been agreed prenatally , the case should be discussed urgently with the local Infection specialist to ensure collection of appropriate neonatal and maternal samples
6) Clinicians should refer to PHE's sample testing advice webpage for information on sample types required and the tests available for different patient groups. Sample testing advice will be regularly reviewed and updated accordingly. www.gov.uk/guidance/zika-virus-sample-testing-advice
7) Neonatal samples for testing for syphilis, toxoplasma, rubella, cytomegalovirus and herpes simplex virus infections (if the baby has abnormalities)
8) FBC, clotting, U&E, LFT, CRP
9) Cranial Ultrasound, if microcephaly or intracranial abnormalities, arrange MRI brain
10) Ophthalmologic evaluation, including examination of the retina, before discharge from the hospital, if abnormal, repeat (as per ophthalmological decision)
11) Referral for more targeted hearing screening as outpatient if indicated
12) Consider other evaluations specific to the infant's clinical presentation
13) Consider investigations for differential diagnosis of microcephaly eg chromosomal, genetic, metabolic, environmental exposure to toxins, radiation etc
14) Consider consultation with paediatric geneticist, infectious disease specialist, neurologist, endocrinologist according to test results

* Note that a normal baby whose mother tested positive for Zika virus by PCR or serology is likely to test positive for Zika IgG because of placental transfer. Serological follow up will be required until loss of maternal antibody is observed.

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