New Zika guidance highlights the need for pediatricians to be vigilant
by Melissa Jenco, News Content Editor

Pediatricians need to be even more vigilant about evaluating newborns with possible in utero Zika virus exposure in light of new guidance from federal health officials.

The Centers for Disease Control and Prevention (CDC) has released new recommendations that will likely reduce the number of pregnant women routinely tested.

"We don't know the full spectrum of Zika's effects on infants and we probably won't know until these children age, therefore monitoring of children whose mothers were exposed to Zika during pregnancy is of critical importance," said Dana Meaney-Delman, M.D., co-author of the new guidance published in the Morbidity and Mortality Weekly Report (MMWR).

Following the 2015-'16 Zika outbreak in the Americas, prevalence of the virus has been declining this year. There have been false-positive tests with the expectation to see more in light of the declining trends in transmission, according to the CDC.

In addition, researchers have learned that Zika virus immunoglobulin M antibodies can persist for months, making it difficult to determine if a woman was infected before or during pregnancy. This distinction is critical because the risk of congenital Zika syndrome results from infection during pregnancy or the periconception period.

These findings prompted updated guidance regarding the testing of pregnant women for Zika and interpretation of serologic test results. Under the new recommendations, asymptomatic pregnant women with limited exposure through travel or sex would not be routinely tested, although testing may be appropriate after discussing risks, benefits and limitations of tests with their doctor.

Therefore "... it is critical that pediatric health care providers inquire about possible maternal and congenital Zika virus exposure for every newborn," according to the report.

Zika has been shown to cause severe brain abnormalities and microcephaly, and has been associated with eye abnormalities, hearing loss and other central nervous system problems. Previous research has shown too few infants are receiving all recommended tests.

For infants whose mothers were potentially exposed but not tested, a comprehensive physical exam, including measurement of head circumference and follow-up of newborn hearing screening is critical. Depending on the level of possible Zika exposure and other risk factors, the infant also may need a head ultrasound, ophthalmologic assessment and Zika testing.

Pediatricians should follow the same protocol for infants whose mothers tested negative despite ongoing exposure or whose exposure was more than 12 weeks before they were tested. The CDC has additional testing guidance including infants whose mothers have laboratory evidence of Zika infection at http://bit.ly/2tvGBuA.

Pediatricians should report suspected congenital Zika virus cases to their local health department and to CDC's Zika Pregnancy and Infant Registry.

The Academy continues to partner with the CDC and the American College of Obstetricians and Gynecologists on recommendations for the clinical evaluation and management of infants potentially affected by Zika virus and will be working with CDC to discuss potential updates.
The CDC will hold a Clinician Outreach and Communication Activity call on the new guidance at 2 p.m. EDT on July 27.

- AAP resources including videos for pediatricians and families
- CDC Zika guidance for health care providers on testing infants
- AAP News Zika primer
- Information for parents