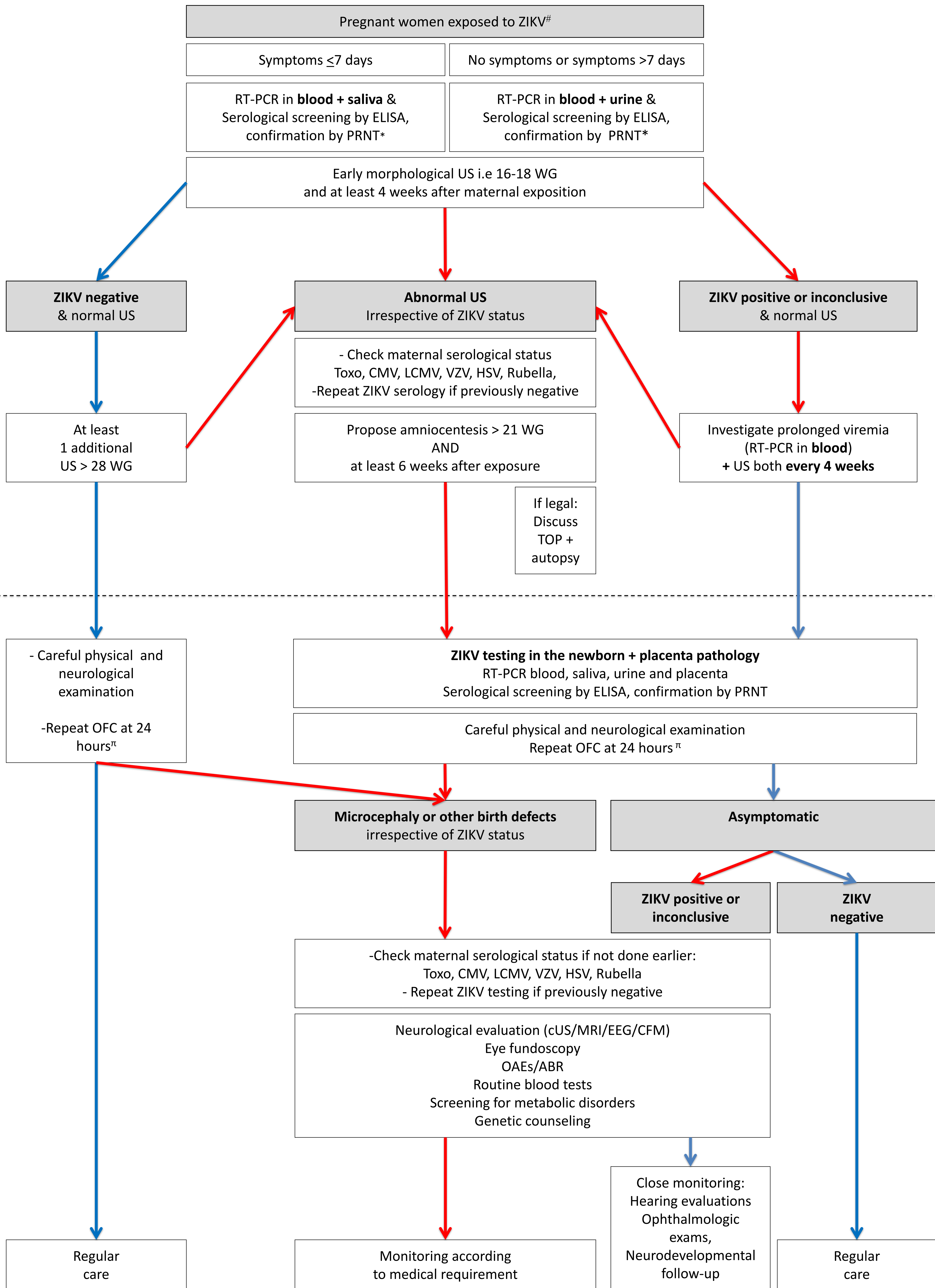


POSTNATAL PRENATAL



Pregnant women exposed to ZIKV#

Symptoms ≤7 days

No symptoms or symptoms >7 days

RT-PCR in **blood + saliva** & Serological screening by ELISA, confirmation by PRNT*

RT-PCR in **blood + urine** & Serological screening by ELISA, confirmation by PRNT*

Early morphological US i.e 16-18 WG and at least 4 weeks after maternal exposition

ZIKV negative & normal US

Abnormal US
Irrespective of ZIKV status

ZIKV positive or inconclusive & normal US

At least 1 additional US > 28 WG

- Check maternal serological status Toxo, CMV, LCMV, VZV, HSV, Rubella, -Repeat ZIKV serology if previously negative

Propose amniocentesis > 21 WG AND at least 6 weeks after exposure

Investigate prolonged viremia (RT-PCR in **blood**) + US both **every 4 weeks**

If legal: Discuss TOP + autopsy

- Careful physical and neurological examination
-Repeat OFC at 24 hours^π

ZIKV testing in the newborn + placenta pathology
RT-PCR blood, saliva, urine and placenta
Serological screening by ELISA, confirmation by PRNT

Careful physical and neurological examination
Repeat OFC at 24 hours^π

Microcephaly or other birth defects
irrespective of ZIKV status

Asymptomatic

ZIKV positive or inconclusive

ZIKV negative

-Check maternal serological status if not done earlier: Toxo, CMV, LCMV, VZV, HSV, Rubella
- Repeat ZIKV testing if previously negative

Neurological evaluation (cUS/MRI/EEG/CFM)
Eye fundoscopy
OAEs/ABR
Routine blood tests
Screening for metabolic disorders
Genetic counseling

Close monitoring:
Hearing evaluations
Ophthalmologic exams,
Neurodevelopmental follow-up

Regular care

Monitoring according to medical requirement

Regular care