



Public Health Notice
April 3, 2017
Zika Birth Defects Surveillance Announcement

Announcement

The Southern Nevada Health District is excited to announce the initiation of an important new surveillance project for Clark County. With guidance and grant funding from the CDC, SNHD will begin conducting surveillance and investigating certain types of birth defects that may be potentially related to congenital Zika virus exposure.

The purpose of this surveillance is to improve maternal and child health as well as assist in the CDC's efforts to understand the impact of Zika virus during pregnancy on adverse birth outcomes. Additionally, part of this project will be to ensure families are connected to important resources that can help them cope with the realities of raising a child with special needs. SNHD hopes to provide an all encompassing resource guide for families that will address social, medical and economic aspects of the challenges they may face.

SNHD is requesting assistance and cooperation with identifying and reporting fetuses and infants with any of the birth defects listed in the attachment, regardless of the mother's Zika virus exposure status.

There are three ways to report cases to the Office of Epidemiology and Disease Surveillance (OEDS) program:

- Fax: 702-759-1414
- Phone: 702-759-1300
- Online healthcare provider reporting:
<https://www.southernnevadahealthdistrict.org/diseasereports/forms/disease-reporting>

Please see the attached list of conditions under surveillance and please contact OEDS at 702-759-1300 if there are any questions.

Guidance for reporting of birth defects potentially related to Zika

The following list details the inclusion criteria for brain abnormalities and other adverse outcomes potentially related to Zika virus infection during pregnancy for Zika Birth Defects Surveillance. For the Zika Pregnancy Registries (US Zika Pregnancy Registry, Zika Active Pregnancy Surveillance System), all pregnancy outcomes are monitored, but national reporting of adverse outcomes by CDC is limited to those meeting the below criteria. All prenatal and postnatal adverse outcomes are reported for the Zika Pregnancy Registries and Zika Birth Defects Surveillance; however, case finding methods dictate some differences in specific case definitions.

Brain abnormalities with and without microcephaly

- Confirmed or possible congenital microcephaly*
- Intracranial calcifications
- Cerebral atrophy
- Abnormal cortical formation (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia)
- Corpus callosum abnormalities
- Cerebellar abnormalities
- Porencephaly
- Hydranencephaly
- Ventriculomegaly / hydrocephaly (excluding “mild” ventriculomegaly without other brain abnormalities)
- Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)
- Other major brain abnormalities, including intraventricular hemorrhage *in utero* (excluding postnatal IVH)

Neural tube defects and other early brain malformations

- Neural tube defects (NTD)
 - Anencephaly / Acrania
 - Encephalocele
 - Spina bifida
- Holoprosencephaly / Arhinencephaly

Eye abnormalities

- Microphthalmia / Anophthalmia
- Coloboma
- Cataract
- Intraocular calcifications
- Chorioretinal anomalies involving the macula (e.g., chorioretinal atrophy and scarring, macular pallor, gross pigmentary mottling and retinal hemorrhage); excluding retinopathy of prematurity
- Optic nerve atrophy, pallor, and other optic nerve abnormalities

Consequences of central nervous system (CNS) dysfunction

- Congenital contractures (e.g., arthrogryposis, club foot, congenital hip dysplasia) with associated brain abnormalities
- Congenital deafness documented by postnatal testing

*Live births: measured head circumference (HC) adjusted for gestational age and sex <3rd percentile at birth, or if not measured at birth, within first 2 weeks of life; pregnancy loss: prenatal HC more than 3 SD below the mean based on ultrasound or postnatal HC <3rd percentile. Birth measurements based on [intergrowth21 standards](http://intergrowth21.ndog.ox.ac.uk/) (<http://intergrowth21.ndog.ox.ac.uk/>) which are based on measurements within 24 hours of birth, and therefore measurements within 24 hours of birth are appropriate for this assessment.