THE LANCET Infectious Diseases

Supplementary webappendix

This webappendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Baud D, Van Mieghem T, Musso D, Truttmann AC, Panchaud A, Vouga M. Clinical management of pregnant women exposed to Zika virus. Lancet Infect Dis 2016; published online April 4. http://dx.doi.org/10.1016/S1473-3099(16)30008-1.

FIGURE 1 86 [#] Pregnant women living in ZIKV endemic area or who travelled in area where ZIKV was 87 circulating and which presented or not symptoms of ZIKV infection 88 * Serological screening by ELISA, confirmation by PRNT to be repeated two times 89 ^π Repeat Occipito-frontal circumference at 24 hours use WHO¹/ InterGrowth² charts adjusted 90 91 for gestational age 92 93 Red arrows = abnormal results or investigations 94 Blue arrows = normal results or investigations 95 Routine blood tests: at least CBC, hepatic and renal function. Uniform screening usually performed at 4 days of life in every newborn. 96 97 To exclude other congenital infections, at least a CMV specific PCR in a urine sample should 98 be performed; additional testing may be dependent on maternal status and history. 99 100 **Abbreviations:** 101 ABR, Auditory Brainstem Response; 102 CBC, Complete Blood Count; 103 GA, Gestational Age 104 LCMV, Lymphocytic Choriomeningitis Virus 105 Toxo, Toxoplasma gondii; 106 CMV, cytomegalovirus; 107 VZV, Varicella Zoster virus; 108 HSV, Herpes simplex virus

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OAEs, Otoacoustic emissions;

OFC, Occipito-frontal circumference

- 111 PRNT, Plaque Reduction Neutralization Test;
- 112 US, Ultrasound;
- cUS, cerebral ultrasound;
- 114 WG, Weeks Gestation;
- 115 TOP, Termination of pregnancy
- 116 ZIKV, Zika virus

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- 117 EEG, electroencephalogram.
- 118 CFM, cerebral function monitoring (at least, if EEG is not available)

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132