U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Neonate Assessment Form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention and the Virginia Department of Health

Healthcare Provider: Please return completed form to the local health department by secure fax ______________ or encrypted email (password protected) ___________.

NAD.1. Infant's State/Territory ID ________________	**NAD.2. Mother's State/Territory ID** ________________	**NAD.3. DOB:** ________________ ☐Live birth ☐Stillbirth ≥20 weeks	**NAD.4. Sex:** ☐ Male ☐ Female ☐ Ambiguous/undetermined
NAD.5. Gestational age at delivery: ______ weeks ______ days	**NAD.6. Based on:** (*check all that apply*) ☐ LMP Date:_________ ☐ 1st trimester ultrasound ☐ 2nd trimester ultrasound ☐ 3rd trimester ultrasound ☐ Other_______________		**NAD.7. Maternal age at delivery** ____ years
NAD.8. State/Territory reporting: _______________		**NAD.9. County reporting:** __________________	
NAD.10. Delivery type: ☐ Vaginal ☐ Caesarean section **NAD.11.** Delivery complication: ☐ No ☐ Yes **NAD.12.** If yes, please describe: ____		**NAD.13. Arterial cord blood pH** (*if performed*): _________ **NAD.14. Venous cord blood pH** (*if performed*): _________	
NAD.15. Placental exam (based on path report): ☐ No ☐ Yes **NAD.16.** If yes, ☐ Normal ☐ Abruption ☐ Inflammation ☐ Other abnormality (*please describe*)			
NAD.17. Apgar score: 1 min _______ / 5 min ________		**NAD.18. Infant temp** (*if abnormal*): _______ °F **or** ______ °C	

Physical Examination (record earliest measurements taken)

NAD.19. Birth head circumference: _______☐ cm ________☐ in **NAD.20.** ☐ Molding present **NAD.21.** Physican report: ☐ Normal ☐ Abnormal **NAD.22.** HC percentile:_______	**NAD.23. Birth weight:** _________☐ grams _________☐ lbs/oz **NAD.24.** Birth weight percentile: ________	**NAD.25. Birth length:** _________ ☐ cm _________ ☐ in **NAD.26.** Birth length percentile:________
NAD.27. ***Repeat*** **head circumference:** _______☐ cm _______☐ in **NAD.28.** Date performed: ___________ *or* Age _______ day(s) **NAD.29.** Physican report: ☐ Normal ☐ Abnormal **NAD.30.** HC percentile:________	**NAD.31. Admitted to Neonatal Intensive Care Unit:** ☐ No ☐ Yes *If yes,* reason: ____ **NAD.32. Neonatal death:** ☐ No ☐ Yes **NAD.33.** Date: ________ *or* Age at death_____ days **NAD.34.** Cause of death: _______________________	
NAD.35. Microcephaly (head circumference <3%ile): ☐ No ☐ Yes	**NAD.36. Seizures:** ☐ No ☐ Yes	
NAD.37. Neurologic exam*:* (*check all that apply*) ☐ Not performed ☐ Unknown ☐ Normal ☐ Hypertonia/Spasticity ☐ Hyperreflexia ☐ Irritability ☐ Tremors ☐ Other neurologic abnormalities **NAD.38.** (*please describe below*)		

Infant's State/Territory ID___________________ Mother's State/Territory ID ___________________

U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Neonate Assessment Form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

NAD.39. Splenomegaly *by physical exam*: ☐ No ☐ Yes ☐ Unknown **NAD.40.** (*please describe*)	**NAD.41. Hepatomegaly** *by physical exam*: ☐ No ☐ Yes ☐ Unknown **NAD.42.** (*please describe*)	**NAD.43. Skin rash** *by physical exam:* ☐ No ☐ Yes ☐ Unknown **NAD.44.** (*please describe*)

NAD.45. Other abnormalities identified: *please check all that apply*

☐ Fetal Brain Disruption Sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)
☐ Encephalocele ☐ Anencephaly/ Acrania ☐ Spina bifida ☐ Holoprosencephaly/arhinencephaly
☐ Microphthalmia/Anophthalmia ☐ Arthrogryposis (congenital joint contractures)
☐ Congenital Talipes Equinovarus (clubfoot) ☐ Congenital hip dislocation/developmental dysplasia of the hip
☐ Other abnormalities
NAD.46. (*please describe below*)

Neonate Imaging and Diagnostics

NAD.47. Hearing screening : (Date:______________) *or* Age _______ day(s)

NAD.48. ☐ Pass ☐ Fail ☐ Inconclusive/Needs retest ☐ Not performed

NAD.49. Please describe

NAD.50. Audiological evaluation: ☐ Not performed ☐ Auditory brainstem response (ABR) test performed
☐ Otoacoustic emisions (OAE) test performed ☐ Acoustic stapedius reflex (ASR) test performed
☐ Unknown
NAD.51. If performed: Date: _________ **NAD.52.** ☐ Normal ☐ Abnormal
NAD.53. Please describe

NAD.54. Retinal exam (with dilation): ☐ Not Performed ☐ Performed ☐ Unknown

NAD.55. *If performed:* (Date: _______________) *or* Age _______ day(s)

NAD.56. *please check all that apply:* ☐ Normal

☐ Microphthalmia/Anophthalmia ☐ Coloboma ☐ Cataract ☐ Intraocular calcifications

☐ Chorioretinal atrophy, scarring, macular pallor, gross pigmentary mottling, or retinal hemorrhage, excluding retinopathy of prematurity ☐ Other retinal abnormalities

☐ Optic nerve atrophy, pallor ☐ Other optic nerve abnormalities

NAD.57. (*please describe below)*

NAD.58. Imaging study: ☐ Cranial ultrasound ☐ MRI ☐ CT ☐ Not Performed

NAD.59. (Date: _______________) *or* Age _______ day(s)
NAD.60. Findings: *check all that apply* ☐ Normal

☐ Microcephaly ☐ Intracranial calcification ☐ Cerebral / cortical atrophy

U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Neonate Assessment Form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

☐ Abnormal cortical gyral patterns (lissencephaly, pachygyria, agyria, microgyria, polymicrogyria, schizencephaly)

☐ Corpus callosum abnormalities ☐ Cerebellar abnormalities ☐ Porencephaly

☐ Hydranencephaly ☐ Moderate or severe ventriculomegaly/hydrocephaly

☐ Fetal Brain Disruption Sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)
☐ Other major brain abnormalities

☐ Encephalocele ☐ Holoprosencephaly/ Arhinencephaly

☐ Other abnormalities

NAD.61. (*please describe below*)

NAD.62. Imaging study: ☐ Cranial ultrasound ☐ MRI ☐ CT ☐ Not Performed

NAD.63. (Date: ________________) *or* Age _______ day(s)

NAD.64. Findings: *check all that apply* ☐ Normal

☐ Microcephaly ☐ Intracranial calcification ☐ Cerebral / cortical atrophy

☐ Abnormal cortical gyral patterns (lissencephaly, pachygyria, agyria, microgyria, polymicrogyria, schizencephaly)

☐ Corpus callosum abnormalities ☐ Cerebellar abnormalities ☐ Porencephaly

☐ Hydranencephaly ☐ Moderate or severe ventriculomegaly/hydrocephaly

☐ Fetal Brain Disruption Sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)
☐ Other major brain abnormalities

☐ Encephalocele ☐ Holoprosencephaly/ Arhinencephaly

☐ Other abnormalities

NAD.65. (*please describe below*)

NAD.66. Imaging study: ☐ Cranial ultrasound ☐ MRI ☐ CT ☐ Not Performed

NAD.67. (Date: ________________) *or* Age _______ day(s)

NAD.68. Findings: *check all that apply* ☐ Normal

☐ Microcephaly ☐ Intracranial calcification ☐ Cerebral / cortical atrophy

☐ Abnormal cortical gyral patterns (lissencephaly, pachygyria, agyria, microgyria, polymicrogyria, schizencephaly)

☐ Corpus callosum abnormalities ☐ Cerebellar abnormalities ☐ Porencephaly

☐ Hydranencephaly ☐ Moderate or severe ventriculomegaly/hydrocephaly

☐ Fetal Brain Disruption Sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)
☐ Other major brain abnormalities

☐ Encephalocele ☐ Holoprosencephaly/ Arhinencephaly

U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Neonate Assessment Form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

☐ Other abnormalities
NAD.69. (*please describe below*)

NAD.70. Was a lumbar puncture performed: ☐ Yes ☐ No ☐ Unknown **NAD.71.** (Date: _________________) *or* Age _______ day(s)

Postnatal Infection Testing (includes urine culture for CMV)		
NAD.72.	Toxoplasmosis infection:	☐ No ☐ Yes ☐ Unknown
NAD.73.	Cytomegalovirus infection:	☐ No ☐ Yes ☐ Unknown
NAD.74.	Herpes Simplex infection:	☐ No ☐ Yes ☐ Unknown
NAD.75.	Rubella infection:	☐ No ☐ Yes ☐ Unknown
NAD.76.	Lymphocytic choriomeningitis virus infection:	☐ No ☐ Yes ☐ Unknown
NAD.77.	Syphilis infection:	☐ No ☐ Yes ☐ Unknown

NAD.78. If yes for any postnatal infection testing, please describe results:

Postnatal (Infant) Cytogenetic Testing

NAD.79. Cytogenetic Test	**NAD.80. Date:**	**NAD.82. Specimen**	**NAD.83. Test Result**
☐ Karyotype ☐ FISH ☐ CGH microarray ☐ Other, specify ____________________	_______________ **NAD.81. Infant Age:** _____ **months**	☐ Cord blood ☐ Peripheral blood ☐ Tissue ☐ Other, specify ____________________	☐ Normal ☐ Abnormal ☐ Unknown

NAD.84. Description of cytogenetic test findings (verbatim):

Infant's State/Territory ID____________________ Mother's State/Territory ID ___________________

U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Neonate Assessment Form

These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

NAD.85. Other tests/results/diagnosis (*include dates*):

Birth Defects Diagnosed or Suspected (Include Chromosomal Abnormalities and Syndromes)

Diagnostic Code	Certainty	Verbatim Description
	☐Definite ☐Possible/Probable	
	☐Definite ☐Possible/Probable	
	☐Definite ☐Possible/Probable	
	☐Definite ☐Possible/Probable	
	☐Definite ☐Possible/Probable	
	☐Definite ☐Possible/Probable	

Health Department Information

NAD.86. Name of person completing form: ____

NAD.87. Phone: _______________

NAD.88. Email: _________________________ **NAD.89. Date of form completion**_______________

FOR INTERNAL CDC USE ONLY
Mother ID: **State/territory ID:**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-1101)