Supplemental 1. Surveillance Case Classification

Zika-associated birth defects: selected structural brain anomalies (intracranial calcifications, cerebral or cortical atrophy, abnormal cortical gyral patterns, corpus callosum abnormalities, cerebellar abnormalities, porencephaly, hydranencephaly, or ventriculomegaly/hydrocephaly) and selected eye anomalies (microphthalmia or anophthalmia; coloboma; cataract; intraocular calcifications; chorioretinal anomalies involving the macula, excluding retinopathy of prematurity; and optic nerve atrophy, pallor, and other optic nerve abnormalities) from birth to 2 years of age and/or microcephaly at birth (birth head circumference below the third percentile for infant sex and gestational age based on INTERGROWTH-21st online percentile calculator unless infants meet criteria of possible measurement inaccuracy. Microcephaly at birth, with or without low birth weight, was also included as a structural anomaly.

Neurologic sequelae

Hearing abnormalities: Hearing loss or deafness documented by testing, most frequently auditory brainstem response (ABR). Includes a sensorineural hearing loss, mixed hearing loss, and hearing loss not otherwise specified. Failed new hearing screen is not sufficient for diagnosis.

Congenital contractures: multiple contractures (arthrogryposis) and isolated clubfoot documented at birth. Brain anomalies must be documented for isolated clubfoot, but not for arthrogryposis.

Seizures: documented by electroenecephalogram or physician report. Includes epilepsy or seizures not otherwise specified; excludes febrile seizures.

Body tone abnormalities: hypertonia or hypotonia documented at any age in conjunction with 1) a failed screen or assessment for gross motor function; 2) suspicion or diagnosis of cerebral palsy from age 1 year to age 2 years; or 3) assessment by a physician or other medical professional, such as a physical therapist

Movement abnormalities: Dyskinesia or dystonia at any age; suspicion or diagnosis of cerebral palsy from age 1 year to age 2 years.

Swallowing abnormalities: Documented by instrumented or non-instrumented evaluation, presence of a gastrostomy tube, or physician report.

Visual impairment: Diagnosis of visual impairment by an ophthalmologist, documentation of visual evoked potentials, or measures of visual acuity, or diagnosis of cortical visual impairment/blindness.

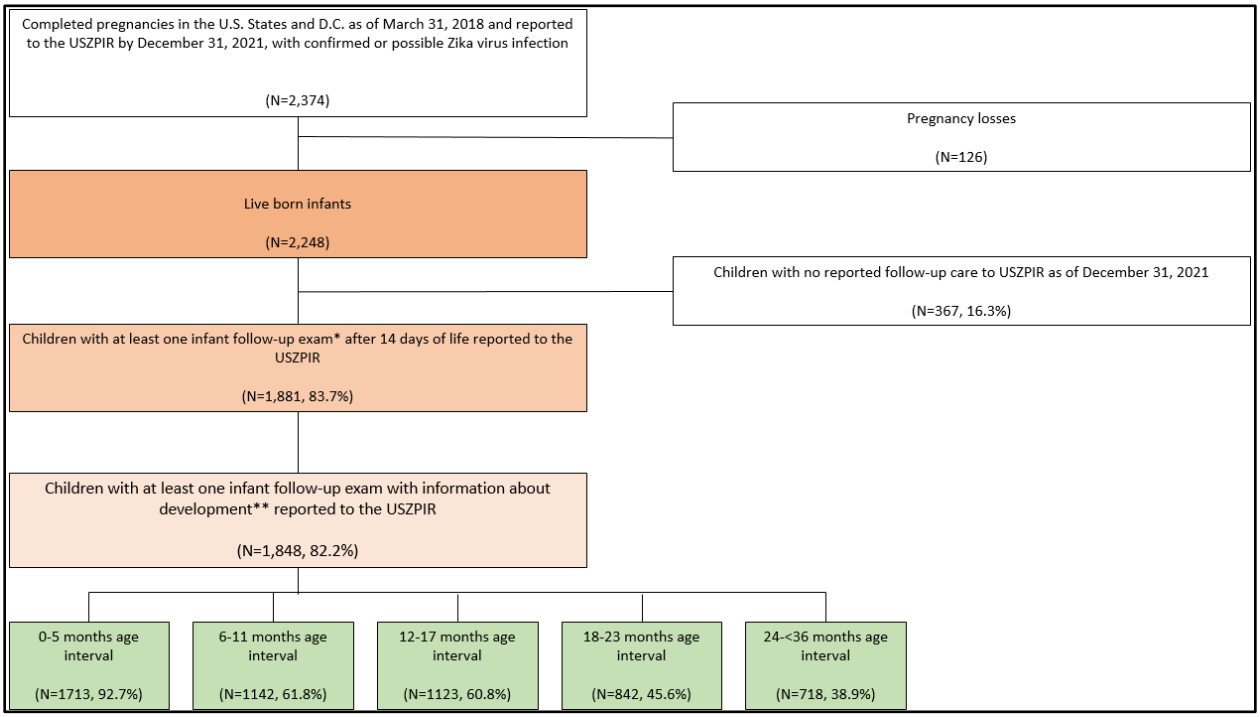
Developmental delay

Possible developmental delay: 1) Failing ≥1 domain on a validated screener at ≥1 timepoint or 2) failing either the gross motor domain or ≥2 other domains noted as abnormal at ≥2 timepoints but not reported as a validated screener*.

Confirmed developmental delay: ≥2 domains failed documented at ≥2 time points (even if not a validated screener or assessment), plus one of the following: 1) mention of receipt of early intervention or therapy (i.e., physical, occupational, or speech therapy), 2) abnormal neuroimaging findings, or 3) extreme premature birth (<28 weeks gestational age).

* Validated screening tools included Ages and Stages Questionnaire®, Parents' Evaluation of Developmental Status, etc.

Supplemental 2. Flowchart of the pregnant people and infants included in the analysis from the U.S. Zika Pregnancy and Infant Registry (USZPIR), U.S. States and DC.



* follow-up exam or care includes any of the following: physical examination, developmental assessment, auditory or vision screening

** information may be from validated screeners, unknown screeners, or notations in medical records