**I. Epidemiology of Zika in the U.S. Virgin Islands**

**METHODS**

VIDOH staff called 291 motors, connected with 148, and scheduled 114 appointments. Ten women declined additional services for their infant, 2 of them stating they did not want to be called again. The clinic set-up included: 2 intake, 4 neurology, 3 ophthalmology, 1 audiology, 1 developmental, child health, and 1 pediatrician (Table 1). A data abstraction team of 6 specialists evaluated 88 infants; 65 (73.9%) were female, and 23 (26.1%) were male. Further evaluation on these infants has been recommended based on clinical guidance for infants exposed to Zika virus infection. The results of further evaluation can help to identify the types of hearing loss associated with Zika infection in utero and present opportunities for targeted early intervention.

**RESULTS**

The visiting specialists evaluated 88 infants; 65 (73.9%) in St. Thomas and 23 (26.1%) in St. Croix, 84 (73.7%) appointments and 4 walk-ins.

**Figure 1. Zika Outbreak in the U.S. Virgin Islands from 2016-2018**

**Figure 2. Zika Outbreak in the U.S. Virgin Islands by island**

**Table 1. Demographics of Health Brigade participants and number of referrals by specialty**

**Figure 3. Zika Outbreak in the U.S. Virgin Islands by age and sex**

**Figure 4. Zika Outbreak in the U.S. Virgin Islands by sex and age**

**Figure 5. Health Brigade physicians and support staff**

There were 53 (60.2%) males and 35 (39.8%) females. Eight (9.1%) infants were 0-2 months, 18 (20.5%) were 3-6 months, 40 (45.4%) were 7-12 months, 22 (25.0 %) were 13-24 months. 62 (70.5%) infants were referred for further follow-up; 46 (52.3%) to an audiologist, 25 (28.4%) to Infants and Toddlers program, 13 (14.8%) to early intervention services, 10 (11.4%) to an ophthalmologist, and 10 (11.4%) to a developmental pediatrician (Table 1).

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**BACKGROUND**

Since February 2016, the U.S. Virgin Islands Department of Health (VIDOH) has been monitoring the Zika outbreak and its effects on maternal and child health (Figures 1, 2, 3, and 4). As of March 19, 2018, the territory reported 291 women with confirmed laboratory evidence of Zika virus during pregnancy. Residents had limited access to the recommended pediatric screenings and specialty services related to Zika virus disease. VIDOH requested technical assistance from the U.S. Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration, Family Voices, and American Academy of Pediatrics to provide these services in the USVI in March 2018.

**METHODS**

VIDOH staff called 291 motors, connected with 148, and scheduled 114 appointments. Ten women declined additional services for their infant, 2 of them stating they did not want to be called again. The clinic set-up included: 2 intake, 4 neurology, 3 ophthalmology, 1 audiology, 1 developmental, child health, and 2 exit stations. Infants received comprehensive neurology, developmental, ophthalmology, and audiometry exams and were connected to resources such as Infant and Toddlers: Early Intervention services, Act Early: Learn the Signs, Disability Rights of the Virgin Islands and local specialized physicians. A data abstraction team of 6 reviewed charts for accuracy and abstracted data into both the U.S. Zika Pregnancy Registry forms and the local Zika database (Figure 5).

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**CONCLUSIONS**

The specialty clinic added local capacity in surveillance activities, screening, and case management by identifying cases of interest for follow-up and connection to services. Probable hearing loss was the chief finding in many of the infants screened. Further evaluation on these infants has been recommended based on clinical guidance for infants exposed to Zika virus infection. The results of further evaluation can help to identify the types of hearing loss associated with Zika infection in utero and present opportunities for targeted early intervention.

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