The Virgin Islands Consortium

# With Over 1,800 Pregnant Women Infected, Puerto Rico Doctors Brace For Zika Babies

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As of Sept. 23, the Puerto Rico Department of Health reported 22,358 cases of Zika exposure, including 1,871 pregnant women. The Centers for Disease Control and Prevention's latest statistics, as of Sept. 15, list 1,348 pregnant women with "any laboratory evidence of possible Zika virus infection" in United States territories and 749 in the United States.

This makes Puerto Rico by far the U.S. location with the most pregnant women infected with the virus (to compare, the U.S. Virgin Islands has 48 such cases, according to the V.I. Department of Health), and doctors in the commonwealth of roughly 3.5 million people have been bracing for the babies set to be born from infected mothers.

“This is not like any other outbreak or epidemic,” said Dr. Fernando Ysern, a pediatrician in Caguas, Puerto Rico, who is the president of the Puerto Rico chapter of the American Academy of Pediatrics, speaking with The New York Times.

According to experts, exposure to Zika while pregnant does not mean a child definitely will be born with microcephaly, an unusually small brain and head, or have Zika-related health problems. But the risk is real, and pediatricians are trying to figure out how to follow these children, and how to take care of the ones who do have problems. While nobody knows the actual risk of Zika exposure to a fetus, studies have suggested that between 1 percent and 13 percent of pregnant women infected with Zika in the first trimester will have a child with microcephaly, but more could have children with more subtle developmental problems related to in utero exposure to the virus, according to The Times.

But for the children born with microcephaly, whose fetal brain growth has clearly been disrupted by the virus, the recommendations draw on the very recent and quickly evolving experience of doctors in Brazil. These babies are at risk for seizures, feeding problems, tightly contracted joints, thyroid problems, eye problems, and developmental delays. They need regular neurological examinations, hearing tests, vision tests, hormone tests and lots of medical backup.

“If you see a child who has such significant microcephaly, you know the issues,” said Dr. Fan Tait, a pediatric neurologist who is one of the associate directors at the A.A.P. and took part in the meeting.

To provide decent care for these children, to support their families, requires subspecialists, coordination, and a profound commitment to complex care. That kind of care is not always available, especially for children from less advantaged homes, and there’s a concern that Zika, like so many other diseases, may play out along the lines of privilege, with poor people more likely to be exposed, either because of less protected living situations or jobs that keep them outside.

“No one’s really sure of the magnitude of what we will be dealing with,” said Dr. Tait, speaking to The Times.

And what about the children with normal sized heads at birth, who are known to have been exposed to this virus, which targets the developing brain? Dr. Sonja Rasmussen, a pediatrician and clinical geneticist who is the director of the Division of Public Health Information Dissemination at the C.D.C. asked, “Is the microcephaly just the tip of the iceberg or are those kids without microcephaly at birth going to be just fine?” What kind of monitoring is necessary when the babies look normal?

It’s a delicate balance, that watching and waiting, because you don’t want to label children, or create extra parental anxiety. But on the other hand, the less visible developmental problems are exactly where all our experience shows that early watchful diagnosis may make a difference.

**Source:** The New York Times.