

Supplemental Table 1. Surveillance case definitions used to classify laboratory-confirmed neonatal herpes cases by clinical syndrome: New York City, 2006-2015

Clinical syndrome	Laboratory detection of herpes simplex virus (HSV) required?	Case definition	Comment
Congenital infection	Yes	Infant has signs of HSV-related illness noted at birth (including microcephaly, micro-opthalmia, retinal scarring), OR HSV detected in specimens collected ≤ 24 hours of birth Infant has elevated liver function tests (AST/SGOT > 65 U/L or ALT/SGPT > 53 U/L),	Classification as congenital infection supersedes classification as disseminated, CNS, or SEM infection
Disseminated infection	Yes	OR HSV detected in tissue(s) other than skin, eye, mucus membranes, or central nervous system (e.g. blood, lung, liver, etc.)	Can have no evidence of congenital infection Classification as disseminated infection supersedes classification as CNS or SEM infection
Central nervous system (CNS) infection	Yes	HSV detected in cerebral spinal fluid or other neurological tissue, OR Abnormal brain imaging study AND HSV detected in any specimen	Can have no evidence of congenital or disseminated infection Classification as CNS infection supersedes classification as SEM infection
Skin, eye, mucus membrane infection (SEM)	Yes	Infant has skin lesions and/or HSV is detected in a specimen from the skin, eyes, or mucous membranes	Can have no evidence of congenital, disseminated, or CNS infection
Unknown	Yes	Information needed to assign clinical syndrome is incomplete or missing	