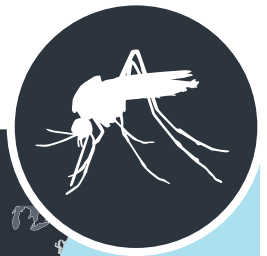


FIGHTING ZIKA 24/7



CDC's Response to Zika

Today's Zika outbreak is unprecedented. Although it was first identified almost 70 years ago, Zika virus has only now been identified as a cause of microcephaly and other severe fetal brain defects. Never before in history has there been a situation where a bite from a mosquito could result in a devastating malformation. It has spread to over 50 countries/territories throughout the world, including the United States.

CDC's knowledge of Zika is evolving daily; we are acting based on what we know now, while at the same time, discovering more so we can continue to improve our ability to prevent, detect, and respond to Zika.

CDC HAS DEPLOYED TO
4 STATES, 3 TERRITORIES, AND 19 COUNTRIES



Timeline of Response

| JAN 22, 2016 | FEB 8, 2016 | APR 6, 2016 | SEPT 28, 2016 |
|--|--|--|--|
| CDC Activated its Emergency Operations Center to respond to outbreaks occurring in the Americas and the adverse outcomes associated with Zika virus. | President Obama announced a request for \$1.9 billion in emergency funds for several agencies to accelerate research into a vaccine and educate populations at risk for disease. | HHS shifted hundreds of millions of dollars from critical public health programs, including the fight to stop the spread of Ebola, to respond to Zika. | Congress approved supplemental funding to continue the response to Zika. |

Impact Fiscal Year (FY) 2016

CDC used \$300M in redirected resources for a full range of activities to fight Zika, including mosquito control and surveillance, increasing lab capacity, public health studies, technical assistance to state and local governments, and diagnostic development.

Supporting States, Cities, and Territories

- CDC provided over \$115 million in resources directly to support states, cities, and territories in their efforts to combat Zika
- CDC Emergency Response Teams (CERTs) deployed to 4 states (Alabama, Florida, Texas, and Utah)
- In collaboration with CDC Foundation, built and disseminated approximately 14,000 Zika Prevention Kits to territories experiencing local transmission of Zika virus (American Samoa, Puerto Rico and the U.S. Virgin Islands)

Discovery

- Established causal links between Zika and microcephaly
- Established sexual transmission of Zika virus

Laboratory Innovation

- Developed and received FDA Emergency Use Authorizations

for molecular and serologic tests, which have been distributed to more than 100 countries

- Identified new sample types (e.g. urine, whole blood) that can be used for diagnosis

Educational Outreach

- In collaboration with Florida, developed the first ever travel advisory for the contiguous US
- Disseminated and updated over a dozen guidance documents related to diagnostic testing, monitoring of pregnant women and women with Zika and vector control

Monitoring

- Set up Zika Pregnancy Registries in all 50 states, D.C., and the territories to collect information about adverse pregnancy outcomes to better inform clinical care and plan for services for pregnant women and families affected by Zika virus

Accomplishments Zika by the Numbers



2,000+
total staff involved in CDC's Zika Response deployments



48
states, Washington DC, and Puerto Rico have capacity to test for Zika virus



57
travel health notices posted



120,000+
specimens tested for evidence of current or previous Zika virus infection by CDC and the Laboratory Response Network



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FY 2017 Zika Funding Snapshot

The Supplemental provided CDC an additional \$350 million to perform the following critical work needed to prevent, detect, and respond to Zika; launch new public health studies to better understand health impacts; and find innovative ways to prevent and detect Zika.

Public Health Emergency Preparedness

- CDC will continue to support rapid response teams, which can be deployed quickly to areas experiencing transmission; these highly-trained teams provide valuable, on-the-ground subject matter technical and epidemiologic assistance, risk communication, vector control, and logistical support to state, local and territorial health departments.
- CDC continues to provide flexible and adaptable support for state, local, tribal and territorial health departments for emergency preparedness and response. Specifically, the funding will bolster emergency management activities, and risk communications and community resilience efforts at the state and local levels

Public Health Outreach and Control

- Working directly with the states, CDC will increase support for communication and outreach, broadening the reach and increasing the understanding of complex Zika messages.

Vector Surveillance and Control

- CDC is establishing vector-borne disease (VBD) regional centers of excellence (COEs) aimed at building the capacity to address the problem of emerging and exotic vector-borne diseases in the U.S. The ultimate objective is for these centers to help generate the necessary knowledge and capacity to enable appropriate and timely local public health action for VBD throughout the U.S., given significant regional differences in vector ecology, disease transmission dynamics and resources.
- CDC continues to fund a vector control unit in Puerto Rico to oversee and implement comprehensive vector control activities in Puerto Rico.
- CDC continues support to state and other jurisdictions to improve their ability to effectively control the mosquito vectors that transmit Zika virus; CDC is providing funding for capacity building and continual surveillance of vector presence and local insecticide resistance through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) agreement.

Laboratory Capacity, Acceleration, Equipment

- CDC continues its support of state, local and territorial health departments to enhance laboratory diagnostic capacity; activities ensure rapid identification and follow-up of Zika virus infections.
- CDC continues to fund activities, such as staffing and laboratory equipment, to support of states and territories for on-going Zika-response activities.
- CDC will launch research and innovation via contracts and grants to states, universities, and various vendors to better understand changes in virulence and other Zika virus characteristics and improve diagnostic technology for Zika virus and other arboviral diseases.

Surveillance, Epidemiology, and Public Health Investigations

- CDC continues its support to states, local and territorial health departments for the Zika Pregnancy Registry, which collects information about pregnancy and infant outcomes following laboratory evidence of Zika virus infection during pregnancy. The data collected through this registry will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy.
- CDC continues its support to states and cities for birth defects surveillance programs that enhance and maintain rapid population-based monitoring of microcephaly and other adverse outcomes possibly linked to Zika virus infection during pregnancy; surveillance will ensure affected infants and families are referred to services and will assess health and developmental outcomes of these children.
- CDC supports the newly created Zika Active Pregnancy Surveillance System (ZAPSS)/Sistema de Vigilancia Activa de Zika en Embarazos (SVAZE). The surveillance system in Puerto Rico will be used to evaluate the association between Zika virus infection during pregnancy and adverse outcomes during pregnancy, birth, and early childhood up to 3 years old.
- CDC will conduct public health studies to improve understanding of adverse outcomes such as Guillain-Barre syndrome and birth defects) related to Zika virus infection and better define modes of transmission and period of risk.