



CDC Zika IMS Sustaining the Zika Response in 2017 Pregnancy and Birth Defects Task Force

Wednesday, March 29, 2017

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Centers for Disease Control and Prevention

Opening Remarks

Overview

- 2016 Zika Lessons Learned
- Updates to Zika Guidance
- Task Force Recommendations for Jurisdictional and CDC Actions for 2017
- Q&As
- Closing Remarks

Pregnancy and Birth Defects Task Force

PBDTF Primary Projects

- 1) US Zika Pregnancy Registry (USZPR)
- 2) Clinical Guidance
- 3) Zika Birth Defects Surveillance
- 4) Zika Active Pregnancy Surveillance System (ZAPSS) in Puerto Rico
- 5) Contraception Access
- 6) Colombia Collaboration with Instituto Nacional de Salud (INS)

The Difference a Year Makes

February 2016



What did we want to know?

- Does Zika cause microcephaly and other birth defects?
- Are fetuses of asymptomatic pregnant women also at risk for congenital Zika syndrome?

What were we doing to learn more and protect pregnant women and infants?

- Zika pregnancy registries and birth defects surveillance

What guidance was available for healthcare providers?

- 3 clinical guidance MMWRs

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February 2017

What do we know now?

- Zika during pregnancy is a cause of microcephaly, serious brain abnormalities, and potentially other birth defects
- Clinical phenotype defined for congenital Zika syndrome

How many pregnant women are being monitored?

Rapid birth defects surveillance in 50 US jurisdictions includes:

- > 4,700 pregnant women with Zika in all US states and territories in surveillance
- > 1,200 pregnant women with Zika in Colombia in surveillance

What guidance is now available for healthcare providers?

- 9 clinical guidance MMWRs and 5 HANs; new recommendations for areas with past or likely transmission

Summary

Zika is a cause
of microcephaly,
serious brain
defects and is
associated with
other birth defects

Among pregnant
women with lab
evidence of Zika
virus infection in
USZPR, **about**
6% of fetuses
and infants had
birth defects

**Congenital
Zika syndrome**
is a recognized
pattern of birth
defects associated
with Zika virus
infection

An estimated **20-
fold increase**
in Zika-associated
birth defects has
been observed in
pregnancies with
Zika infections

Building the Evidence Base

9

Clinical Guidance Documents

5

Health Alert Network (HAN) Notices

12

Peer-Reviewed Articles

Original Investigation

FREE

January 3, 2017

Birth Defects Among Fetuses and Infants of US Women With Evidence of Possible Zika Virus Infection During Pregnancy

Margaret A. Honein, PhD¹; April L. Dawson, MPH¹; Emily E. Petersen, MD¹; et al

[» Author Affiliations](#) | [Article Information](#)

JAMA. 2017;317(1):59-68. doi:10.1001/jama.2016.19006

Baseline Prevalence of Birth Defects Associated with Congenital Zika Virus Infection – Massachusetts, North Carolina, and Atlanta, Georgia, 2013–2014

Weekly / March 3, 2017 / 66(8):219–222

[Obstet Gynecol.](#) 2016 Oct;128(4):724-30. doi: 10.1097/AOG.0000000000001625.

Prolonged Detection of Zika Virus RNA in Pregnant Women.

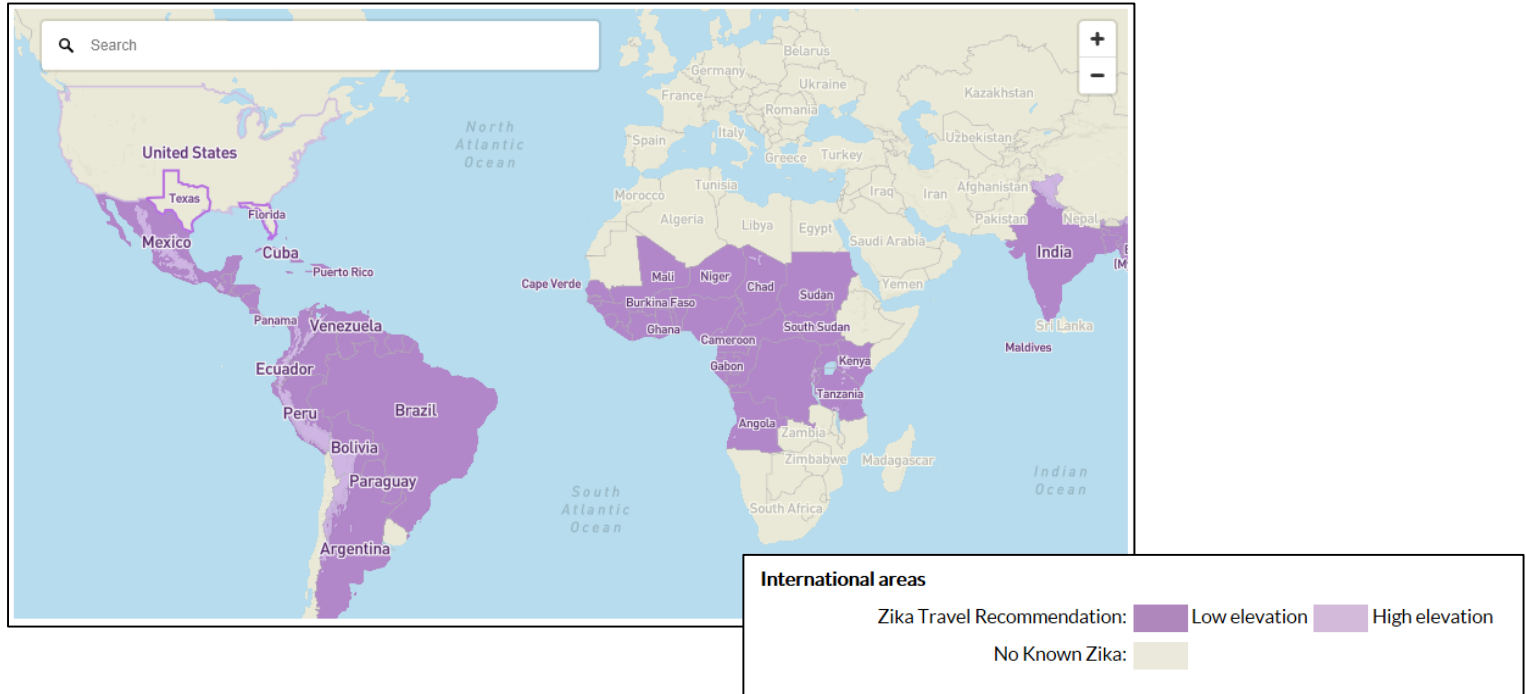
[Meaney-Delman D¹](#), [Oduyebo T](#), [Polen KN](#), [White JL](#), [Bingham AM](#), [Slavinski SA](#), [Heberlein-Larson L](#), [St George K](#), [Rakeman JL](#), [Hills S](#), [Olson CK](#), [Adamski A](#), [Culver Barlow L](#), [Lee EH](#), [Likos AM](#), [Muñoz JL](#), [Petersen EE](#), [Dufort EM](#), [Dean AB](#), [Cortese MM](#), [Santiago GA](#), [Bhatnagar J](#), [Powers AM](#), [Zaki S](#), [Petersen LR](#), [Jamieson DJ](#), [Honein MA](#); U.S. Zika Pregnancy Registry Prolonged Viremia Working Group.

Recent Updates

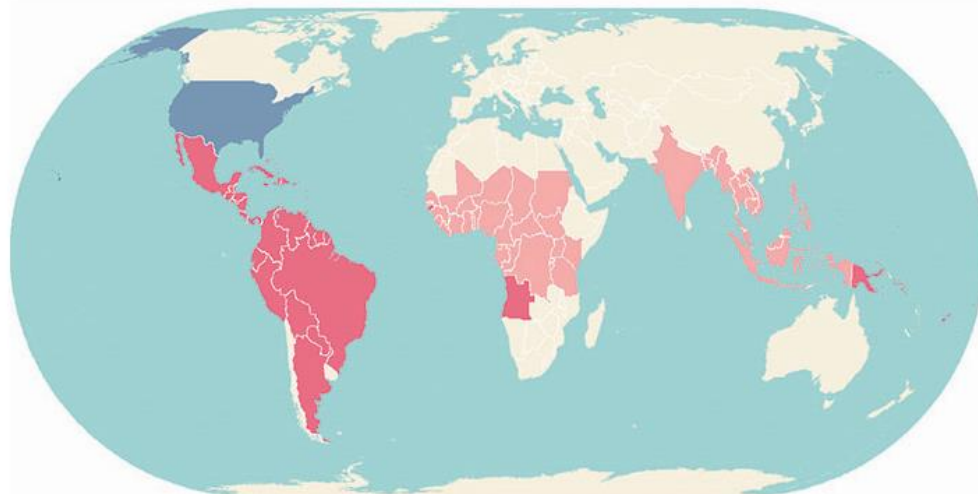
Updated Guidance: Travel

On March 10, 2017, CDC updated its travel guidance:

Pregnant women should not travel to any area with a risk of Zika



Updated Guidance: Testing for Pregnant Women



Areas with risk of Zika and CDC travel notice: Pregnant women should be tested for Zika, regardless of whether or not they have symptoms.

For exposure in the United States, visit [CDC's website](#) for current maps and guidance.

Areas with Zika risk but no CDC Zika travel notice: Pregnant women should be tested if symptomatic or if their fetus has abnormalities on an ultrasound that may be related to Zika infection. Because the level of risk of Zika virus infection is unknown in these areas, routine testing is not recommended for pregnant women who have traveled to those areas but who do not have symptoms. However, testing may be offered on a case-by-case basis.

Updated Guidance: Couples Trying to Conceive

Areas with risk of Zika and CDC travel notice:

If the **female** partner was exposed to this area*, wait at least **8 weeks** after the last possible exposure or after symptoms start (if she developed symptoms) before trying to conceive. During this waiting period, use condoms or do not have sex.

If the **male** partner was exposed to this area*, wait at least **6 months** after the last possible exposure* or after symptoms start (if he developed symptoms) before trying to conceive. During this waiting period, use condoms or do not have sex.

Areas with Zika risk but no CDC Zika travel notice:

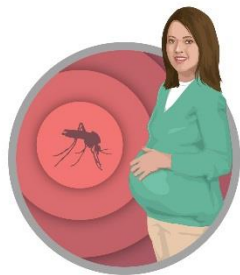
Because the level of risk in this area is unknown and information is limited about the risk of infection around the time of conception, couples should talk with their healthcare provider about plans for pregnancy, travel plans, risk of Zika virus infection, the possible health effects of Zika virus infection on a baby, and ways to prevent Zika.

Ongoing Zika Activities

Collecting Data To Inform Public Health Recommendations

Pregnancy and Birth Defects Surveillance for Zika

US Zika Pregnancy Registry



Zika Active Pregnancy Surveillance System (Puerto Rico)



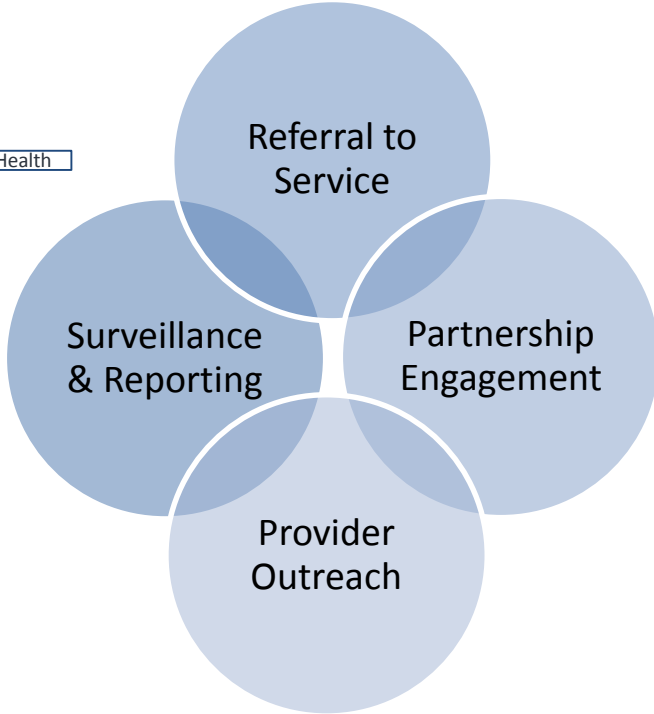
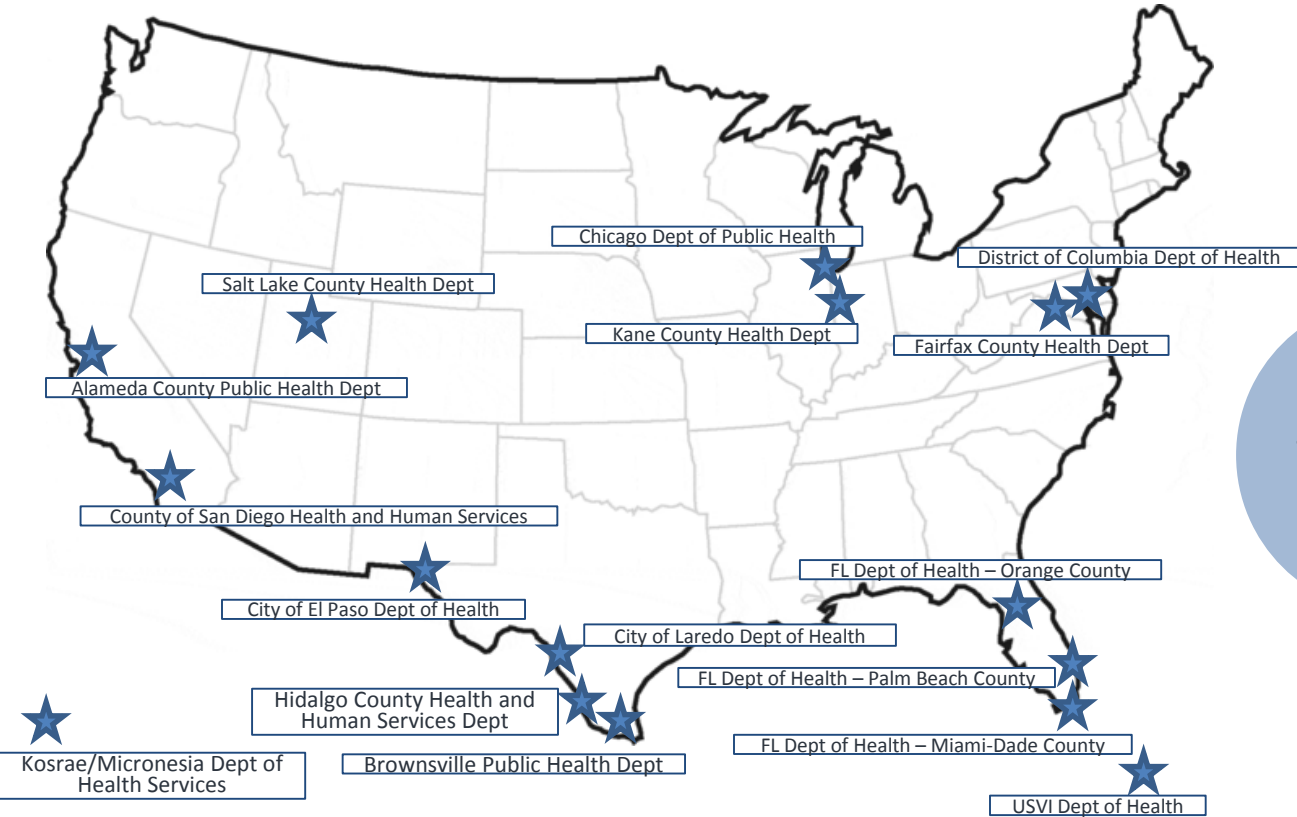
US Zika-Related Birth Defects Surveillance



Proyecto Vigilancia de Embarazadas con Zika (Colombia)



Local Health Department (LHD) Initiative



Zika Care Connect: Improving Access to Clinical Services

Two program components:

1. Provider Network for Families Affected by Zika

Identify specialty healthcare providers (1,200 providers in network initially)

- Maternal-fetal medicine, pediatric neurology, pediatric ophthalmology, pediatric radiology, audiology, mental health services, early intervention services, developmental pediatrics, physical therapy, and occupational therapy
- Planned expansion in mid-2017

2. Laboratory Testing Web Portal for Healthcare Providers

Identify laboratories that can test for Zika

Zika Care Connect will be accessible via website and HelpLine, hosted in collaboration with the March of Dimes, and will launch in April 2017.

Increasing Access To Contraception

To support increasing access to contraception for women and couples who live in areas with risk of Zika and who want to delay or avoid becoming pregnant:

Educate providers

Assess availability

Develop plans

For more information, visit:

https://www.cdc.gov/zika/pdfs/zika_increasing_access_larc.pdf

CDC's Response to Zika

INCREASING ACCESS TO CONTRACEPTION IN THE CONTEXT OF ZIKA PREPAREDNESS

State and Jurisdictional-level Strategies

Helping women who want to delay or avoid pregnancy during the Zika virus outbreak is a primary strategy to reduce Zika-related adverse pregnancy and birth outcomes, including microcephaly and severe fetal brain defects. The best way to reduce the risk of unintended pregnancy is for sexually active women and their partners to correctly and consistently use effective birth control. Long-acting reversible contraception (LARC), specifically IUDs and implants, is the most effective type of reversible birth control.

LARC can be inserted or implanted in a woman and remains highly effective at preventing pregnancy for many years. LARC is safe for most women to use, including female adolescents.

To increase access to and availability of LARC, state and jurisdictional level-strategies can be implemented by state, local, and territorial agencies, health systems, and healthcare providers.

Seven Strategies to Increase Access to Long-acting Reversible Contraception

- Train healthcare providers on current insertion and removal techniques for LARC**
 - Support use of CDC's evidence-based contraceptive guidance, and provide quality family planning services.
 - Increase healthcare provider awareness on appropriateness of LARC for most clients of all ages
- Remove logistical and administrative barriers for contraceptive services and supplies**
 - Eliminate policies requiring pre-approval
 - Decrease step therapy restriction or required use of generic drugs before brand-name medication
 - Stock LARC in all hospitals and clinics
- Engage smaller or rural facilities including community healthcare centers**
 - Ensure adequate healthcare provider training and supply of LARC
 - Partner with larger facilities to implement contraceptive services
- Reimburse healthcare providers for the full range of contraceptive services, including:**
 - Client-oriented contraception counseling
 - Screening for pregnancy intention
 - Full cost of LARC device insertion, removal, and replacement
 - Device reinsertion and follow-up
- Support youth-friendly reproductive health services**
 - Educate healthcare providers on confidentiality concerns of adolescents/minors
 - Withhold automated distribution of explanation of benefits (EOB) to the primary payer
 - Offer extended and weekend hours
 - Provide teen-focused, culturally appropriate materials during health care visits
- Facilitate partnerships among private and public insurers, device manufacturers, and state agencies**
 - Improve acquisition management
 - Streamline service provision
 - Increase efficiency in product purchase
 - Reduce per capita costs
- Increase consumer awareness of contraception options and assesses client satisfaction with service delivery**
 - Implement public/private campaigns
 - Provide comprehensive sexual health education in secondary schools

David S. Hagen (U), Miron D., et al. Contraceptive Use Among Pregnant and Postpartum Women at Risk for Unintended Pregnancy and Fetal High Involvement, in the Context of Zika Preparedness - United States, 2011-2014 and 2015. Morbidity and Mortality Weekly Report 2016;165:1000-1006. DOI: 10.1093/mwr/165.1000

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

CS27056-A 9 September 22, 2016

CDC's Key Priorities to Address Zika in 2017

Selected Priorities for Continued Surveillance

- Monitoring the frequency of Zika infections in pregnant women in the US
- Understanding the effect of Zika on birth defects consistent with congenital Zika infection
- Identifying the full range of disabilities linked to congenital Zika infection

Continue to Update Guidance for Healthcare Providers, Pregnant Women, Reproductive Age Couples, and Families

Continue to engage with STLT health officials, healthcare providers, partner organizations and the public

Update and disseminate new guidance

Provide educational and public health tools

Educational Tools: HCPs Caring for Pregnant Women

[Information & Materials for Pregnant Women](#)

[Clinical Guidance](#)

[Specimen Collection: Fetal & At Birth](#)

[#ZapZika Videos](#)

Pregnant Women

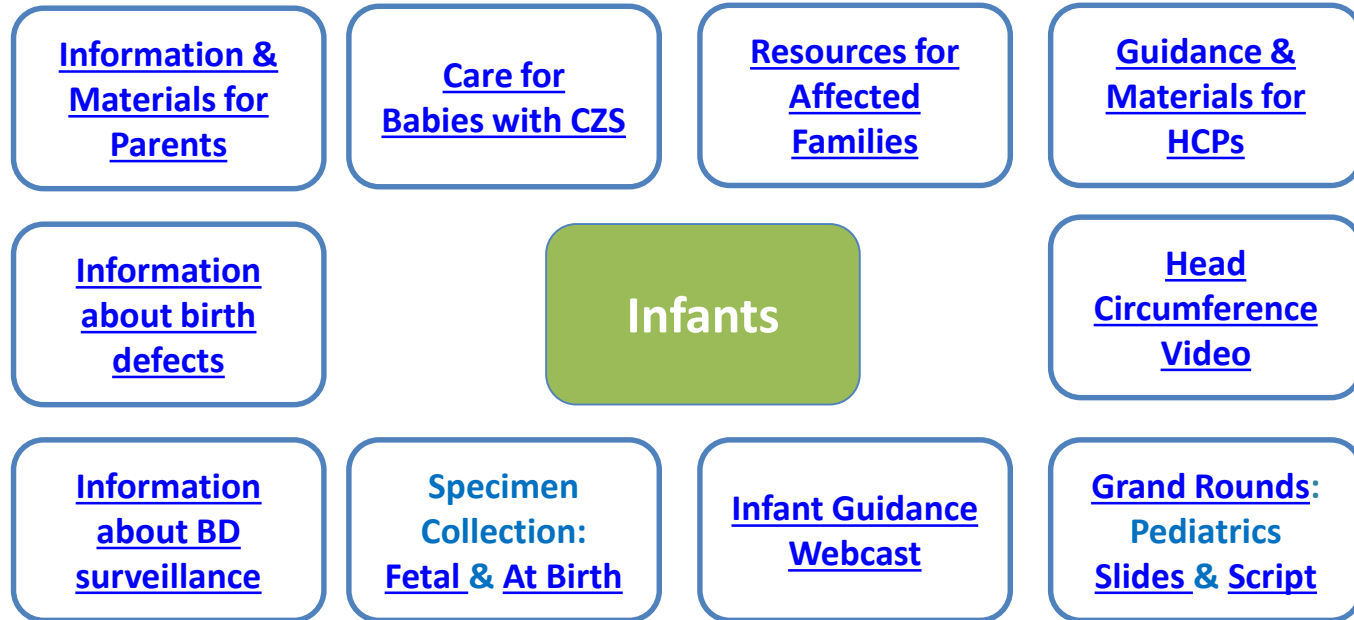
[Pretesting Counseling](#)

[Information about USZPR ZAPSS](#)

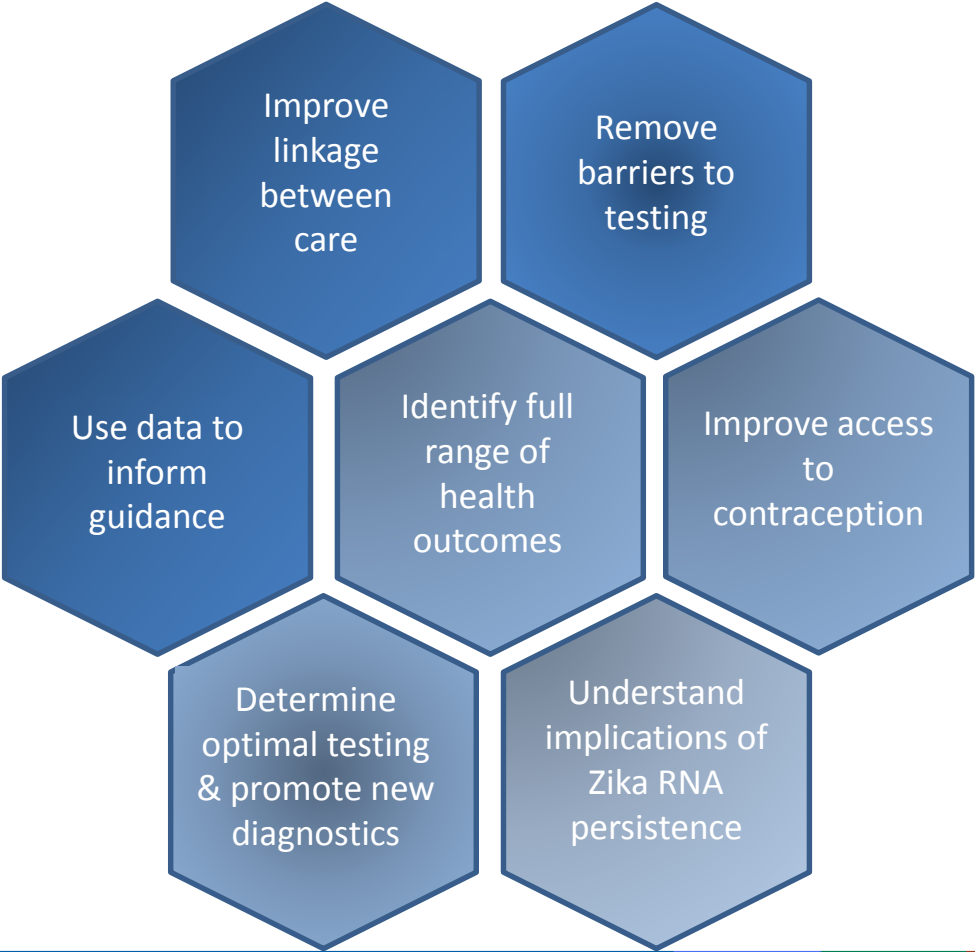
[Interactive Testing Algorithm](#)

[Grand Rounds: Pregnancy Slides & Script](#)

Educational Tools: HCPs Caring for Infants



Critical Issues to Address in 2017



What's Next?

Discussion Questions

- What do you see is the greatest need for 2017?
- What are barriers in testing pregnant women and infants in your jurisdiction?
- What challenges do you face in collecting data for the US Zika Pregnancy Registry or Birth Defects Surveillance?
 - What has helped?
 - What are barriers to timely reporting?
- What are the unmet needs for clinical services for affected families?
- What additional assistance could you use from CDC?
- Others?

Questions/Discussion

Closing Remarks

TELECONFERENCE OVERVIEW	DATE/TIME/LOCATION
Laboratory Task Force Eddie Ades, Robert Lanciotti, Christy Ottendorfer	Wed 3/15/2017 / 2pm–3pm EDT - Domestic Wed 3/15/2017 / 5 pm–6 pm EDT - Islands Bridge Line: 1(888)972-6716/ Passcode: 6721430
Joint Information Center/Communications Cathy Young	Wed 3/22/2017 / 2pm–3pm EDT / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Epidemiology Task Force Carolyn Gould, Michael Johansson	Thurs 3/23/2017 / 2pm–3pm EDT/ Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Vector Issues Team Janet McAllister	Tues 3/28/2017 / 2pm–3pm EDT/ Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Policy and Partnerships Melody Stevens	Wed 3/29/2017 / 1:30pm–2:30pm EDT/ Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Pregnancy and Birth Defects Task Force (including surveillance) Dana Meaney-Delman	Wed 3/29/2017 / 3pm–4pm EDT/ Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Blood Safety Task Force Sustainment Strategy Discussions Koo Chung	Thurs 3/30/2017 / 2pm–3pm EDT/ Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Medical Investigations Team Sustainment Strategy Discussions Maleeka Glover	Thurs 3/30/2017 / 3:30pm–4:30pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode:6721430

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

