

**CENTERS FOR DISEASE CONTROL AND PREVENTION**  
**Moderator: Chris Motsek**  
**March 29, 2017**  
**3:00 pm EDT**

Coordinator: Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode. After the presentation, we will conduct a question-and-answer session. To ask a question, please press star - then 1 on your touch-tone phone. You will be prompted to record your first and last name. Today's conference is being recorded. If there are any objections, you may disconnect at this time. I would now like to introduce your host for today's conference, Chris Motsek, Deputy, CDC State Coordination Task Force. Thank you. You may begin.

Chris Motsek: Good morning, good afternoon, good evening wherever you are. This is Chris Motsek, State Coordination Task Force Deputy. I want to welcome everybody to the "Sustaining the Zika Response in 2017 Pregnancy and Birth Defects National Webinar." Invited participants include state health officers; state, local, and territorial preparedness directors; epidemiologists; laboratory staff; and anyone who participates in Zika related activities within their jurisdictions, as well as other staff with Zika related expertise.

We are aware that the invite has been shared with your constituents or other appropriate parties of interest. However, if you represent the media or press, we are going to ask that you please disconnect at this time. Today's discussion has been structured for public health participation. The intent of today's webinar is to provide pregnancy and birth defects overview session on the following Zika preparedness and response activities: recent updates, ongoing pregnancy and birth defects program initiatives, key priorities to support pregnant women and infants affected by Zika, critical issues to address in the

next year, what partners can do to help prepare for the next mosquito season. A functional two-way discussion will follow.

Following today's webinar, tomorrow, there will be two remaining subsequent sessions on the following functional areas: blood safety and medical investigations. Please keep in mind, we will continue to update our guidance as we learn more through research. After today's question-and-answer segment, if you have additional questions, please feel free to email us at [preparedness@cdc.gov](mailto:preparedness@cdc.gov). That's [preparedness@cdc.gov](mailto:preparedness@cdc.gov). Today, Dr. Dana Meaney-Delman will be the subject matter expert representing the Pregnancy and Birth Defects Task Force.

Dr. Dana Meaney-Delman is currently serving as the co-lead of the Pregnancy and Birth Defects Task Force and the clinical deputy for the Pregnancy and Birth Defects Surveillance Team for the CDC Zika response. In her position as a medical officer at CDC, she is the senior medical advisor in the National Center for Emerging and Zoonotic Infectious Diseases at the Centers for Disease Control and Prevention, where she has been extensively involved in infectious disease outbreaks.

Much of her career at CDC has focused on the development of evidence-based clinical guidelines for infectious diseases during pregnancy, including guidelines for anthrax, smallpox, Ebola, and botulism. She has co-authored numerous articles and systematic literature reviews. Dr. Meaney-Delman is a clinically trained, active obstetrician and gynecologist with over 15 years of clinical experience. She holds board certification in obstetrics and gynecology and serves as a board examiner for the American Board of Obstetrics and Gynecology. She is an adjunct assistant professor of obstetrics and gynecology at Emory University School of Medicine. Dr. Meaney-Delman, we thank you for being here today and over to you.

Dana Meaney-Delman: Thank you very much. Really appreciate everyone taking the time to be on the call today. As he's mentioned, this is a series of calls to update all of our key partners about Zika efforts in this past year as well as Zika efforts for the future. So I'm pleased to co-lead the Pregnancy and Birth Defects Task Force, along with Peggy Honein, and hope to give you an update on our activities and our future priorities.

Next slide please.

So our overview will include our lessons learned in 2016, some of our recent updates to the Zika clinical guidance – and I'm hoping some of our partners from the Global Migration Task Force will join us – some of our task force recommendations for 2017, and then really would like to hear from you all about questions and suggestions for the future. So I hope this will be interactive.

So moving on, our Pregnancy and Birth Defects Task Force resides within the Emergency Operations Center and is a group of individuals focused on pregnant women and infants congenitally infected with Zika. These are our primary projects. Many of you are collaborators on these projects. We've stood up during this response pregnancy registries both in the US – CONUS (Continental United States), in territories, and specifically one for Puerto Rico. And we appreciate all the efforts you've all made to make these pregnancy registries successful and helped us collect that information.

We've also – our task force along with all our partners in the Emergency Operations Center – have developed clinical guideline documents and continue to review the data and update the clinical guidance as necessary. We've also been able to expand birth defect surveillance from 14 jurisdictions

to 50 jurisdictions throughout the country, which is an exciting development for Zika that will be long lasting for the future. And then obviously, we've worked with our partners both in the continental United States as well as in Puerto Rico to expand contraceptive access. And we're working collaboratively with Colombia on both surveillance data, collecting both surveillance data as well as on a prospective cohort study of pregnant women, and infants affected by Zika.

So, what a difference a year makes. When we started in 2016, back in February of 2016, we weren't sure if Zika in fact caused microcephaly or other birth defects. We didn't know if asymptomatic pregnant women were at risk for Zika and whether their infants were at risk for congenital Zika syndrome. We had just thought about the idea of pregnancy registries and expansion of birth defect surveillance and we're just initiating those activities. And we had published 3 clinical guidance documents but really had very little data upon which to base those recommendations.

Here, now a year later, we do in fact know that Zika during pregnancy is a cause of microcephaly as well as serious brain abnormalities and potentially other birth defects; ocular defects (and) hearing loss have been observed. A clinical phenotype has been defined for congenital Zika syndrome, and we think this represents the most severe cases, but we have a phenotype that we can rely upon to help us understand congenital Zika.

We've enrolled over 4,700 pregnant women with laboratory evidence of Zika in our 50 US states as well as in our territories. And there are approximately 1,200 pregnant women in the Zika surveillance system in Colombia, and we're actively enrolling pregnant women and their partners in our prospective cohort study in Colombia as well.

We've issued 9 clinical guidance documents and 5 health advisory alerts. And again, we're actively looking at the data to determine whether any additional updates are needed prior to the next mosquito season.

So in summary, we, in fact, now know Zika is the cause of microcephaly and birth defects. We've been able to look at our US Zika Pregnancy Registry data, which is a registry of women with laboratory evidence of Zika virus. And among those women in the registry, we've found about 6% of fetuses and infants have demonstrated birth defects, and that was based on a publication back in the early winter. We're updating this information and hope to publish our *Vital Signs*, which has updates to these numbers, on April 4. So stay tuned.

As I mentioned, we have established the congenital Zika virus syndrome as a recognized patterns of birth defects associated with Zika – at least the most severe cases. And then based on comparison of baseline prevalence data, we've been able to demonstrate a 20-fold increase in Zika-associated birth defects in the age of Zika.

So we've built a pretty strong evidence base. Certainly there's much more to do. In addition to the clinical guidance documents and the health advisory alerts, we also have published 12 peer-reviewed articles, and you can see one listed down below, which was a collaboration with all of our state partners looking at the prolonged detection of Zika virus RNA among pregnant women. And this is an area of active ongoing research. Next slide please.

So there's been some recent updates. And I'm hoping, as I said, our colleagues from the Global Migration Task Force will be able to join us. But as of March 10, 2017, CDC updated its travel guidance and now recommends that pregnant women do not travel to any area where there is a risk of Zika virus

infection, including areas where the virus has been newly introduced or reintroduced and areas where the Zika virus was present before 2015, and there is evidence of ongoing transmission.

You can see this purple map here is published on our Traveler's Health website, and the purple indicates an area with a presumed or known Zika risk. Next slide.

In addition, we've recently updated our testing guidance to correlate with what we know about Zika around the world, and you can see this map is specifically about testing for pregnant women. The dark pink areas are areas where there is a known risk of Zika, and a CDC travel notice has been put in place. And in these dark pink areas, pregnant women should be tested for Zika regardless of whether or not they have symptoms.

In addition – in the light pink area – these are areas with Zika risk, an unknown risk, but for which there is no current CDC travel notice. And in these light pink areas, pregnant women should still be tested if they're symptomatic or if there's obvious abnormalities on ultrasound of the fetus during pregnancy. However, because the level of risk of Zika virus is unknown in these areas, we don't recommend routine testing to pregnant women who have traveled to these areas but who don't have symptoms. However, we consider this a permissive testing recommendation, and that testing can be offered on a case-by-case basis. And this map is available on our website under our healthcare provider link.

So these are our most recent updates. In terms of couples trying to conceive in areas with a risk of Zika and a Zika travel notice, we do continue to recommend that women wait 8 weeks after their last possible exposure or after symptom onset before trying to conceive. And if they do engage in sexual

activity during this time, we recommend condoms. If the male partner was exposed by travel, they should wait 6 months after the last possible exposure or after symptom onset before trying to conceive. So these are the dark pink areas on the map that I just showed you.

For couples trying to conceive that have traveled to areas with a Zika risk but that don't currently have a CDC travel notice, this is a much more complicated decision. The level of risk in these areas is unknown, and the information about the risk of infection around the time of conception is very limited. We based our weighting recommendations upon other congenital infections, and we are continuing to look at the risk peri-conceptually. For this reason, couples who have traveled to areas with Zika risk but without a CDC travel notice – these couples should talk with their healthcare provider about their plans for pregnancy, their travel plans, the risks of Zika virus infection, the possible health effects on the Zika virus, and ways to prevent Zika. It's a much more complex decision. Next slide please.

So in terms of our ongoing Zika activities, we will continue to monitor pregnant women through our surveillance systems. We will continue to collect data during pregnancy as well as for the infants, and this varies – and that length of time that we monitor infants varies in our registries. We are following children out for 3 years, for example, in our Puerto Rico registry. So we'll continue to collect data and continue to use these data to inform clinical guidance, and we're committed to getting you the information as quickly as possible.

And as I mentioned, we are anticipating an upcoming *Vital Signs* on April 4, which will report the new data from 2016 from the U.S. Zika Pregnancy Registry. Next slide.

Another initiative that we have started and will continue in 2017 is our local Health Department Initiative. The goal of the Local Health Department Initiative is to improve Zika pregnancy and birth defect surveillance and reporting of data, to engage with partners on Zika both educating them and assessing their needs as they care for pregnant women and infants affected, engaging with critical partners who are concerned about Zika, and the effects on pregnant women and infants. And then ensuring that families affected by Zika are referred to the appropriate specialist for clinical care and clinical services.

So these are the current local health departments that are part of our initiative. On April 10, we will be releasing a second phase of the Local Health Department Initiative that will allow new local health departments – up to 10 – to apply for field assignees in their local health department. These field assignees assess in all 4 of these domains listed on this slide.

In addition, we have initiated a program called Zika Care Connect, and the goal behind this program is to improve access to clinical services for families affected by Zika. The program has two overarching components. The first is a provider network for families affected by Zika. This will involve a website and a helpline that families can access to identify specialty healthcare providers that are committed and voluntarily enrolling in the network.

This is available and will be available on April 17. The website and the helpline will be available starting next week. This is planned in 10 jurisdictions, and we're hoping to expand to additional jurisdictions in 2017. The Zika Care Connect Program will also include, in the future, a lab testing web portal for healthcare providers, and this will ensure healthcare providers, in the future, will be able to identify laboratories that test for Zika. It will be a voluntary enrollment of laboratories to ensure that healthcare providers can



access testing, as testing becomes more widely available through commercial labs.

In addition, we're committed to increasing access to contraception for couples and women who live in areas with local transmission, or couples who are interested in delaying or avoiding becoming pregnant. And this involves educating providers, assessing availability, and developing plans along with our partners.

So our key priorities for 2017 on the Pregnancy and Birth Defects Task Force include continued surveillance – so continuing to monitor the frequency of Zika infections among pregnant women in the US, understanding the effects of Zika on birth defects, and identifying the full range of disabilities linked to congenital Zika virus infection. As I mentioned, we have a severe phenotype. We still have a lot to learn about the full spectrum of disease or disability that may result from congenital Zika virus infection.

We are committed to continuing to update guidance for healthcare providers, pregnant women, reproductive age couples, and families. And we hope to continue to engage with all of our partners to make this happen and to streamline our guidance in 2017. We'll continue to update and disseminate our guidance, and we will continue to provide educational and public health tools.

Listed here are some of the educational tools we have already for healthcare providers caring for pregnant women, including our interactive testing algorithm. And many of these tools were suggestions from healthcare providers. As we went through the Zika response this past year, we had many calls with many different providers. And as needs arose, we developed new tools and will continue to do so, as new needs emerge in the 2017 mosquito season.

On this slide are some of the educational tools for both healthcare providers and for families affected by Zika. So our critical issues to address in 2017 are listed on this slide. We want to remove barriers to testing, and we've come a long way to doing so. We want to improve access to contraception. We want to understand the implications of Zika virus RNA persistence among pregnant women and determine whether or not this is a predictor for adverse outcomes.

We want to determine the optimal testing strategies and to promote new diagnostics. We want to continue to use our data to inform public health recommendations and guidance, and we want to continue to improve the linkage between different types of clinical care, specifically linking OB to pediatric care. And then in the center is really our main focus, which is to identify the full range of health outcomes that are associated with Zika virus infection during pregnancy.

So we have a lot still to do. We really, really appreciate all of the collaboration over this past year. We've all come a long way together in understanding congenital Zika virus syndrome, but the work is not finished, and there's much more to do.

So we've listed here some questions where we'd like to hear from you. We want to hear what you see as the greatest need in 2017; what you see as barriers to testing pregnant women and infants in your jurisdiction; challenges you may face in collecting data for either the US Zika Pregnancy Registry or Birth Defects Surveillance, as well as things that have helped; what you see as unmet needs for clinical services for affected families. And, most importantly, we stand ready to help you in any way that you need. And so tell us what additional assistance you anticipate needing in 2017.

So I think we'll open it up to questions.

Chris Motsek: Thank you, Dr. Meaney-Delman. So Dory, if you could, could we please start opening up the line for questions?

Coordinator: Yes, thank you. At this time, if you would like to ask a question please press star - then 1. You will be prompted to record your first and last name. To withdraw your request, press star - then 2. Once again, to ask a question press star - then 1 now. Stand by for our first question.  
This question comes from (Ted Tsai). Your line is open.

(Ted Tsai): Thank you. I wondered if you could comment on the *New England Journal* on Brazil that found adverse events associated with pregnancy or with the infant, I think, up to a month or several months after delivery in the range of 40% to 50%. And those exposures occurred all through pregnancy in the second and third trimesters. You focused on the first trimester exposure. Could you comment on what you think are the consequences of exposure later in pregnancy?

Dana Meaney-Delman: So I think it's a really, really important question. You're right. From our data, we've seen mainly first and second trimesters be associated with the severe phenotype, but we have not really been able to clearly look at the third trimester to exclude any possibility of adverse outcomes. I think we still have a lot more to do to determine whether or not third trimester infections lead to adverse outcomes.

I'm familiar with the paper that you're referring to, the *New England Journal of Medicine* paper. I think one of the things about the paper – it's a very well done paper but they're looking at MRI findings on these infants, and I think we don't know the clinical significance of some of those findings on MRI. I

think we'll learn a lot in the upcoming years about the clinical significance of those findings, but I don't think we know yet. We just haven't had enough time to establish the developmental outcomes and the potential for learning disabilities, et cetera, that may emerge.

So I think the jury's not out yet in terms of what we can anticipate or expect from third trimester infections, which is why we don't differentiate our travel recommendations by trimester. We tell all pregnant women that in all trimesters of pregnancy that they shouldn't travel, because we just don't know yet about the potential consequences of third trimester infections. Does that answer your question?

(Ted Tsai): Yes, thank you.

Coordinator: Thank you. Our next question comes from Alfonso Rodriguez. Your line is open.

Alfonso Rodriguez: Hi. Thank you for the presentation, and I have a question about pregnant women and the registry in the continental US. Do you have any details about differences by race, ethnicity, or by country of travel? Are Latinas, for example, more likely to have a diagnosis with Zika during pregnancy, or a specific country have higher rates based on the information that we have - countries of travel in the information available on the Zika registry. Thank you.

Dana Meaney-Delman: Sure, thanks. So, I don't think we have robust enough data to really tease out various different risks by ethnicity, but I can say that we are seeing birth defects and adverse outcomes among women from many different countries. So I think at last count, it was something like 16 different countries that we've

seen adverse events. So at this point, I don't think there's a way to discriminate by ethnicity or country of origin.

Jim Crockett: Dori, while we have you on the line, could you see if you can move over (Dr. Ali Walker) over to the speaker's room.

Coordinator: One moment.

Chris Motsek: And we do have a comment online too from – it looks like a (Venita Lidam). It says, “I think that collecting data for undocumented people is challenging, and they are not necessarily getting the follow-up care or testing they need. And they are high risk.”

Dana Meaney-Delman: Yes, thank you very much for that comment. I think that's always a concern, and we do want to make sure that everyone gets the care that they need. I think there are efforts underway, by other federal agencies, to ensure that healthcare services are available for folks that need it. So we hope Zika Care Connect will, in fact, allow individuals to find the care that they need.

Coordinator: And excuse me, this is Dori. Dr. Walker, if you're online, if you could please press star then 0, we'll go ahead and open your line. Once again, Dr. Walker, if you could press star - then 0, we'll go ahead and open your line.

Jim Crockett: Well, Dori, let's move ahead on any other questions you may have. Do you have any other in the queue?

Coordinator: Okay, Dr. Walker's line is opened - and yes, we do have additional - an additional participant for questions. Our next question comes from (Jessica Ugg). Your line is open.

(Jessica Ugg): Hi, this is (Jessica Ugg) for Fairfax County Health Department. We were wondering. How are you locating the Zika specialists for Zika Care Connect? Do they need any special qualifications, and are local health departments providing a list?

Dana Meaney-Delman: That's a wonderful question. So we have been in contact with the state health departments that fall under Zika Care Connect and have asked for their input and trying to connect with some of the Title 5 programs that are already in existence, particularly on the infant side of things, as well as the audiological services that are provided.

So we requested that the health departments coordinate with us, and it's been overwhelmingly positive response that we've received from the health departments. We've also worked through the professional organizations - so specifically through ACOG and the Society for Maternal Fetal Medicine on the OB side of things, and then with the American Academy of Pediatrics and various other specialty groups to identify the high risk specialists. And they've been kind enough to communicate by email with their constituents to tell them about the program.

We do ask a series of questions of our healthcare providers before they are enrolled, but there isn't a screening procedure necessarily. They are committing to seeing patients with Zika as well as committing to staying up to date on the Zika guidance, and we are facilitating that by providing materials as they are published regarding new guidance, or new data, or important new resources. So it's a voluntary service, but there is a component of ensuring they have up to date information. And we actually just spoke with the American Board of OBGYN yesterday. And for certain providers, they may be able to get maintenance of certification credit for being part of a coordinated care center for Zika. So we're also working with the board

organizations as well, but there isn't *per se* a specific criteria to enroll. We have about 150 providers that have enrolled thus far with a large preponderance of them being OBGYNs.

(Jessica Ugg): Great. Thank you.

Coordinator: And once again, to ask a question or make a comment, press star - then 1, and record your name. At this time, I'm showing no questions. We have a question that just came into queue. One moment. Our next question comes from Allison Romano. Your line is open.

Allison Romano: Yes, hello. I'm looking - I'm googling Zika Care Connect, and I'm not finding it anywhere. Will it be launched from the CDC website? How will we - or tell people to - how to access this?

Dana Meaney-Delman: Sure, thanks for that question. So the anticipated launch dates for the website is April 17. I'm really hoping we make that target, and it will be hosted by the March of Dimes on their website, but it will be an all-inclusive microsite that links to March of Dimes. So you're not finding it, because it's not quite ready yet. But as of April 17, it will be, and we can follow-up with an email to all the participants on this call with that website information once it does go live. Does that sound okay?

Allison Romano: Yes, great. Thank you very much.

Dana Meaney-Delman: Sure.

Jim Crockett: We'll facilitate socializing that if you all (unintelligible) across the range here. So we had more questions that came in.

Chris Motsek: Yes, there's another question coming online. It asks will Zika Care Connect be in Spanish as well.

Dana Meaney-Delman: It will. So the website is intended to be in Spanish as well as in English.

Jim Crockett: So Dory, and for those online, we have questions kind of posed from some further discussion here. If there's anyone online that wants to discuss any of those questions on the slide – that's available at this point in time also, but we'll stand by for further discussion and a few more questions, Dory.

Coordinator: Thank you. And once again, to ask a question or make a comment, please press star - then 1. Our next question comes from (Ted Tsai). Your line is open.

(Ted Tsai): Thanks. Are physicians in areas other than the 10 that have been designated so far – can they also enroll as providers in this Zika Care Connect?

Dana Meaney-Delman: So that's a great question. We are maintaining a list of providers that are not in those 10 jurisdictions with the idea being that we are hoping to expand that, so that once we do have the expansion that that list can be populated very, very easily. The goal is to really expand the network to all areas where we think Zika may be possible based upon the vector being present. But we are maintaining a list, so that if a family were to move, say, to an area that the vector is not present that they could still identify a provider.

And what also generates interest in identifying new providers is, if a patient calls the line and says I'm moving to Seattle, Washington, and I need a provider, then that will generate - based on that patient inquiry - a search for a provider for that particular patient. So it's being responsive to who actually calls as well.



(Ted Tsai): Because there would be some specialists in developmental pediatrics, physical therapy, and so forth, who might be consulted in a secondary or tertiary care center elsewhere. So how would such interested practitioners offer up their names?

Dana Meaney-Delman: So can we go back to that slide and see if (Lindsey's) email is on there? I can't remember if (Lindsey's) email is on there. I thought we put the email contact on there, but if we didn't, we can follow-up with an email. Yes, no it's not quite there yet. So it's one ahead. So we'll follow-up after this and give you the contacts of the project manager. So the two project managers, (Chrissie Hillard) and (Lindsey Rectman) and they are actively recruiting providers now. So it's just a quick email to them and the process gets started.

(Ted Tsai): Thank you.

Coordinator: Our next question or comment comes from (Kima Gamusa). Your line is open.

(Kima Gamusa): Hello, this is (Kima) from American Samoa. Some of our babies that are being born to identified Zika mothers have missed the opportunity to a thyroid function test at day 10 or 2 weeks old. How important is it to have them tested if they're going on 12 months old?

Dana Meaney-Delman: So it's a good question. I think it's very difficult to differentiate. As the child ages in an area where there is known local transmission of the virus, it would be difficult to differentiate in an older infant prenatal infection versus postnatal infection. The other question that comes up, I think, is if you're testing an infant, there isn't any treatment for the infant. However, if the test

were to become positive, it would make sense to look at the brain and do an image of the brain – be it a head ultrasound or some other modality.

So the bottom line is: we do have recommendations in our infant testing algorithm that focus on earlier testing. But situations in which there are older individuals, we recommend calling CDC and letting us work through what is the best sequence of events for those infants, and which specific tests to do. We do think as children age, the maternal antibodies decline over time. So it may be that a neutralization antibody test may be a better test in an older infant.

But we handle those on a case-by-case basis with our laboratory team. So if you have a specific infant, we'd be happy to walk through the given clinical scenario with you. And we maintain a hotline here at CDC that we can also send out as a follow-up to this email. But you can also email any one of us directly, and we can get you on the phone and walk through a specific case.

Coordinator: At this time, I am showing no additional questions.

Chris Motsek: We have another comment. The exact date of the launch of Zika Care Connect, we were saying...

Dana Meaney-Delman: April 17 is the website. We anticipate the helpline will be available sometime next week, but I don't have a firm date on that yet. But April 17 is the target date for Zika Care Connect, and the Local Health Department Initiative target date, for the second phase, is April 10. That's when applications will reopen for Phase 2.

Chris Motsek: Can you repeat the number to the helpline again?

Dana Meaney-Delman: Yes, we're going to have to send it. I can't remember if off the top of my head. If you call CDC-INFO, you can always get directed to the Medical Investigations Clinical Helpline, but I don't remember the number off the top of my head. Sorry.

Chris Motsek: And as a reminder too, as well, you can also email your questions to [preparedness@cdc.gov](mailto:preparedness@cdc.gov), and we will get the questions out to the appropriate people to track your questions down as well. So that's another option that you can use. Just again, it's [preparedness@cdc.gov](mailto:preparedness@cdc.gov).

Jim Crockett: So Dana, we can do – as those become available – the information – we had the actual release date. When we're ready to go, we can send out the live sites – a link to a variety of sources here, reach out to our partner organizations. So we'll make that happen. So Dory why don't we give it another 2 or 3 minutes, to see if we have any additional comments, questions, or discussion items. Again, some questions you think about are on the screen there. So if there's any identified greatest need, please let us know.

And we have a question in the room, I think.

Woman 1: Have anybody tested if the presence of Zika antibodies in breast milk? And if there is confirmed protection through postpartum, if the mother is breastfeeding, a mother that has been infected with zika?

Dana Meaney-Delman: So we know Zika virus RNA and Zika virus has been detected in breast milk, but there are no cases of transmission via breast milk at the moment that have been detected. So we do recommend women continue to breastfeed. We do not have, that I'm aware of at least, data on antibody within the breast milk. But we know that RGA is the predominant antibody in breast milk. But in terms of looking at the protection conferred versus the risk, we know there are

many benefits to breastfeeding, which is why we recommend that women continue to breastfeed.

Woman 1: It would be interesting if we could see the percentage of children postpartum that become infected with Zika, and if there is any correlation with those that are breastfeeding (unintelligible)?

Dana Meaney-Delman: And I believe there are ongoing studies. Our task force doesn't address postnatal infection. That's more of the children's health team. But I know there are ongoing studies looking at issues such as that both in Puerto Rico and in Colombia.

Coordinator: And once again, if you would like to ask a question or make a comment, press star then 1. Please stand by for our next question. Our next question comes from (Emily). Your line is open.

(Emily): Hi, this is (Emily) from the Indiana State Department of Health. Is the Zika Care Connect in the laboratory testing web portal. I was wondering how those labs are being identified, and if we – should we do anything at the state level for that?

Dana Meaney-Delman: It's a great question. This is just moving forward to the expansion phase, but once we start launching that expansion phase, we would be contacting all of the state's public health labs, as well as the commercial labs by email and working with our lab team and AAPHL to identify the current labs that exist. So you should be receiving an email about that probably in the next month. And we're trying to roll out the provider piece first, since that was Phase 1, and then the lab piece would be to follow.

So you should – any of the state public health labs that are doing Zika testing should receive an email requesting them to enroll and then to be part of the lab component piece. Does that make sense?

(Emily): Yes, that's great. Thank you.

Chris Motsek: And just as a reminder, you can also send your questions to [preparedness@cdc.gov](mailto:preparedness@cdc.gov).

Jim Crockett: Dori, back to you, status?

Coordinator: Thank you. We have no one in queue currently.

Jim Crockett: Why don't we take an effort to go and close this now. Give us a second inside the room to obtain any final comments from you and your team, please, Dana.

Dana Meaney-Delman: So, I think my final comment is just a moment of appreciation for all the incredible work that's happened over 2016; and how this really has brought together the public health community, the clinical community, and just the incredible work that's been done to protect pregnant women and families. When I sit back and think about all that's happened over the past year, it's an incredible amount of work, and we're making a huge difference in the lives of Americans. So thank you all for being such incredible partners and for all of your incredible commitment over the past year. And thanks for those who I've worked personally with, I really appreciate it, and our team really appreciate it, and CDC really appreciates it.

Chris Motsek: Thank you, Dr. Meaney-Delman. Just again, just want to remind everyone that the webinar slides, the transcripts, and audio recordings are going to be posted to the Zika web page on a rolling basis. What we're trying to do is post it the

subsequent week, about seven days after the closure of this, get it on the Zika webpage. If it's a little bit later, it will get on there. Just remember, it's a great resource or tool if you don't get to attend the session. So go ahead and share that. As you can see before you, we do have two sustainment discussions tomorrow, one from blood safety taskforce, and one from the medical investigations team. So go ahead and share those, and we hope to see you on those as well.

Also, the link to access the previous webinars are also going to be provided to our awardees in the Division of State and Local Readiness in our Friday update and also to our partners from the State Coordination Task Force shared functional mailbox. I just want to say thank you for participating in today's webinar. And also - just as a reminder, to increase our outreach efforts, please feel free to forward emails to additional parties you think that should attend.

Also, again, please send any additional questions that you have to [preparedness@cdc.gov](mailto:preparedness@cdc.gov). That's [preparedness@cdc.gov](mailto:preparedness@cdc.gov). Just want to say thank you, and have a great rest of the day wherever you are.

Man 1: Thank you for joining and Dory, we'll stand by. We'll talk to you.

Coordinator: Thank you. Thank you for joining today's conference. That does conclude the call at this time. All participants may disconnect.

END