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

Wednesday, March 29, 2017

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Chief, Birth Defects Branch
Centers for Disease Control and Prevention
Overview

- 2016 Zika Lessons Learned
- Updates to Zika Guidance
- Task Force Recommendations for Jurisdictional and CDC Actions for 2017
- Q&As
- Closing Remarks
PBDTOF 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
The Difference a Year Makes

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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
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

- Clinical Guidance Documents: 9
- Health Alert Network (HAN) Notices: 5
- Peer-Reviewed Articles: 12

Original Investigation
January 3, 2017
Birth Defects Among Fetuses and Infants of US Women With Evidence of Possible Zika Virus Infection During Pregnancy
Margaret A. Honein, PhD; April L. Dawson, MPH; Emily E. Petersen, MD; et al.

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

Prolonged Detection of Zika Virus RNA in Pregnant Women.
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](https://www.cdc.gov) 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)
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 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
- #ZapZika Videos
- Information about USZPR ZAPSS
- Clinical Guidance
- Pregnant Women
- Interactive Testing Algorithm
- Specimen Collection: Fetal & At Birth
- Pretesting Counseling
- Grand Rounds: Pregnancy Slides & Script
Educational Tools: HCPs Caring for Infants

- Information & Materials for Parents
- Care for Babies with CZS
- Resources for Affected Families
- Guidance & Materials for HCPs
- Information about birth defects
- Specimen Collection: Fetal & At Birth
- Infant Guidance Webcast
- Head Circumference Video
- Grand Rounds: Pediatrics Slides & Script

Infants

Information about BD surveillance
Critical Issues to Address in 2017

- Improve linkage between care
- Use data to inform guidance
- Determine optimal testing & promote new diagnostics
- Identify full range of health outcomes
- Remove barriers to testing
- Improve access to contraception
- Understand implications of Zika RNA persistence
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
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Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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.