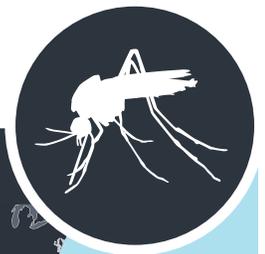


# FIGHTING ZIKA 24/7



## CDC's Response to Zika

The current Zika outbreak is unprecedented. Although it was first identified almost 70 years ago, Zika virus has only recently been identified as a cause of microcephaly and other severe fetal brain defects. Never before in history has a bite from a mosquito been known to cause a devastating birth defect. Zika has spread to over 50 countries/territories throughout the world, including the United States.

CDC is leveraging its expertise and partnerships to protect the public, especially pregnant women and their fetuses, against Zika. We are acting on what we know today and discovering new ways to prevent, detect, and respond to this unprecedented threat to human health.

**CDC HAS DEPLOYED DOMESTICALLY AND ABROAD TO SUPPORT EFFORTS TO COMBAT ZIKA VIRUS**



## Timeline of Response Funding

JAN 15, 2016	FEB 8, 2016	APR 6, 2016	SEP 29, 2016
CDC issued its first travel guidance recommending pregnant women postpone travel to countries with ongoing Zika virus transmission – CDC activated its Emergency Operations Center on January 22.	The Administration 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 public health programs, including the fight to stop the spread of Ebola, to respond to Zika.	On September 29, 2016, the President signed a continuing resolution that provided \$1.1 billion in emergency funding for Zika response.

## Impact Fiscal Year 2016

CDC used \$300 million 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 \$115 million in resources to directly 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 the 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 US Virgin Islands)

### Discovery

- Established a causal link 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 guidance for the continental 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, DC, and the territories to collect information on pregnant women and their infants, including 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



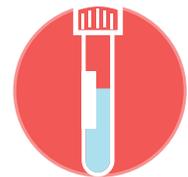
**2,000+**  
total staff involved in CDC's Zika Response



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



**60+**  
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

# Fiscal Year 2017 Zika Activities

The supplemental funding 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 **emergency response teams**, which can be deployed quickly to areas experiencing transmission. These highly trained teams provide valuable on-the-ground technical assistance in epidemiology, risk communication, mosquito control, and logistics 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 continue 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 and US territories, CDC will increase support for **communication and outreach**, broadening the reach and increasing the understanding of complex Zika messages.

## Vector Surveillance and Control

- CDC will establish **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 United States. The ultimate objective is for COEs to help generate the necessary knowledge and capacity to enable appropriate and timely local public health action for VBD throughout the United States, given significant regional differences in vector ecology, disease transmission dynamics, and resources.
- CDC will continue to fund a **vector control unit** in Puerto Rico to oversee and implement comprehensive vector control activities there.
- CDC continues support to state and other jurisdictions to improve their ability to effectively control the mosquito vectors that transmit Zika virus. CDC will provide funding for capacity building and continued **surveillance of the mosquitoes** that transmit Zika virus through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) agreement.

## Laboratory Capacity, Acceleration, and Equipment

- CDC continues its support of state, local, and territorial health departments to **enhance laboratory diagnostic capacity**. These activities ensure rapid identification and follow-up of Zika virus infections.
- CDC continues to fund activities, such as staffing and the purchase of laboratory equipment, to support states and territories for ongoing Zika response activities.
- CDC will support **research and innovation** by funding states, universities, and vendors to better understand the characteristics of Zika virus 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 **US 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-Barré syndrome and birth defects) related to Zika virus infection and better define modes of transmission and period of risk.

# FY 2016 and 2017 Funding Snapshot

In FY 2016, CDC obligated **\$273.7 million** from redirected resources to support activities to fight Zika, including mosquito control and surveillance, laboratory support, and public health studies and surveillance for adverse health outcomes.

As of February 28, 2017, CDC has obligated **\$285.0 million** of the funding that Congress appropriated through September 30, 2017. CDC has plans for all of its supplemental funding, including needs that may arise with the upcoming mosquito season.

## Highlights FY 2016

**Epidemiology and Laboratory Capacity for Infectious Diseases** \$71.5 million

**Public Health Preparedness and Response: Zika** \$25.0 million

**Birth Defects Surveillance Cooperative Agreements** \$18.8 million

**Puerto Rico Vector Control Unit** \$13.8 million

**International Response Activities** \$56.7 million

## Highlights FY 2017 to date

**Epidemiology and Laboratory Capacity for Infectious Diseases** \$96.7 million

**Public Health Preparedness and Response: Zika** \$25.0 million

**Birth Defects Surveillance Cooperative Agreements** \$8.9 million

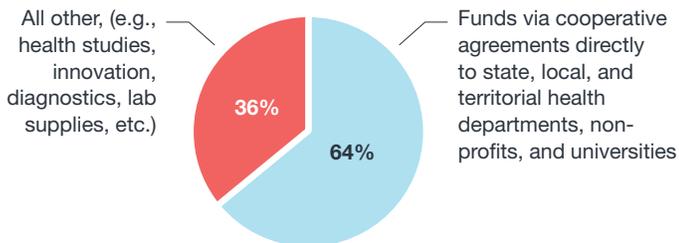
**Puerto Rico Vector Control Unit** \$14.0 million

**Vector-Borne Disease Regional Centers of Excellence** \$40.0 million

**Public Health Emergency Preparedness Reimbursement** \$44.0 million

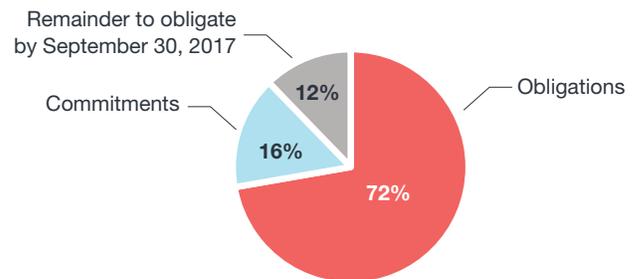
Of the **domestic** Zika funding, 64% went directly to state, local, and territorial health departments; non-profits; and universities via cooperative agreements.

**CDC FY 2016 DOMESTIC ZIKA FUNDING**



**CDC'S ZIKA SUPPLEMENTAL OBLIGATIONS**

(As of February 28, 2017)



## State and Territorial Spotlight

CDC directed emergency funding to areas with the greatest needs. As of February 28, CDC has provided the following Zika-specific funding, separate from Public Health Emergency Preparedness (PHEP) funding that can be used toward Zika response efforts:

**Florida:**

- \$45.7 million
- Nearly \$10 million to the University of Florida for a Vector-borne Regional Center of Excellence

**Texas:**

- \$25.9 million, plus \$4.4 million to Houston
- Nearly \$10 million to the University of Texas Medical Branch at Galveston for a Vector-borne Regional Center of Excellence

**Puerto Rico:**

- \$18.1 million
- \$27.8 million for the Puerto Rico Vector Control Unit

Vector-borne Regional Centers of Excellence will work with public health organizations at federal, state, and local levels to develop and evaluate vector prevention and control methods, train public health entomologists, and ensure collaboration on vector surveillance, prevention, and response.