CityLights

Emerging MCH Issue | September 2016

LOCAL RESPONSES

Zika Prevention

As the summer has progressed, experts have learned more and more about Zika virus and associated health risks. While more is known, there is more to learn about this emerging health threat; one that's not going away anytime soon.

It's increasingly apparent that **local health professionals are at the forefront of protecting women and families** from exposure to Zika virus.

As such, CityMatCH's role as national membership organization for local Maternal and Child Health (MCH) professionals is to disseminate timely and accurate information to our members; helping them protect women, children and families in their communities from the emerging health issue.

This issue of CityLights highlights the extensive work from our national partners to learn more about Zika virus and provide recommendations, as well as the work of a couple CityMatCH member health departments to respond to the issue at hand. CityMatCH plans to follow this emerging issue closely and disseminate information. View CityMatCH's emerging issue page at http://www.citymatch.org/projects/emerging-mch-issues for more information.

PREPARED FOR THE POSSIBILITY

The Douglas County Health Department assembles a cross-functional team to develop a phased response plan that accounts for the 'what ifs?'

With each passing day more becomes known about Zika virus. This summer has given light to various means of transmission, damaging effects, geographical areas of impact, populations most impacted, and more, ultimately casting a long shadow of concern that touches those in every area of the country.

For women, children and families living in Omaha, NE, the risk and threat locally may seem miniscule compared to other areas of the country, but the level of concern is still real.

The Douglas County Health Department (DCHD) understands that first-hand because they are hearing directly from women and mothers through direct services provided by the health department, such as its Women, Infant, and Children (WIC) program and Immunization and STD clinics. They are hearing the concerns through partner collaborations such as its Maternal, Infant, Child Home Visiting Program, Baby Blossoms work, and its local Fetal Infant Mortality Review team. Additionally, they are hearing from providers.

What's more is that the "what if's" are still real for a community that currently sits on the periphery of possibility for local transmission.

But with each passing day it becomes more apparent that local public health is positioned to shine bright in preventing the spread of this virus.

"Disease prevention is a core responsibility of local public health, and we know it [preventing the spread of Zika Virus] is a challenge," said Kerry Kern, Division Chief, Community Health and Nutrition Services, Douglas County Health Department. "It's our job to ensure our strategies for preventing exposure are informed, and that we are ready educate the community of the immediate level of concern; and it's an ongoing effort.

We've placed a lot of emphasis on identifying the 'what if's,' what could this impact look like in Douglas County, and we've developed a plan internally and with our partners that ensures women, children and families in our community are informed of the risks and empowered to do the preventative components that we recommend they consider."

The health department began receiving calls in January (2016) from people who traveled internationally, physicians, families, and pregnant women—ranging from 'what are the symptoms' and 'what countries have had local transmission,' to 'what are the criteria for testing' and 'how do I test this person?'

"We were in the same position with Ebola, where we were putting together protocols and a database before national recommendations were out; because that takes time to develop," said Carol Allensworh, Division Chief, Health Data & Emergency Preparedness, Douglas County Health Department.



"It was important that we were prepared to handle the inquiries with consistency [how calls are being logged, what questions are being asked, and what is being communicated], knowing that this information could be critical in addressing the issue in our county," Allensworth said.

Early on, the information gathered through these early on human epidemiology surveillance efforts helped the team identify some of the crucial elements that they needed to learn more about and communicate to providers, laboratories, infection prevention partners, and adjacent health department.

"Logging the calls helped us identify the initial concerns," said Ann O'Keefe, Senior Epidemiologist, Douglas County Health Department. "Right away, we used our Health Alert Network (HAN) for the state and our local HAN to communicate with providers about signs and symptoms of exposure, risk factors, places of local transmission, testing that was available [at the time no commercial testing]."

In April, DCHD convened a cross-divisional work group to develop a phased response plan in accordance with the Centers for Disease Control and Prevention (CDC) guidance, and structured it in a way that tapped into the strengths of each division. The county has placed emphasis on convening when new recommendations become available to amend the plan accordingly.

"I'd say it's rare to have a response that crosses all departments, but we knew early on that this would test all of our core functions," said Igor Hadzisulejmanovic, Emergency Response Coordinator, Douglas County Health Department."When we initially came together we weren't trying to reinvent the wheel. These functions aren't specific to Zika.

We do normal mosquito abatement; West Nile virus surveillance; human epidemiology surveillance; response planning; and partner and public outreach all the time. We had a plan for convening a team internally, with people who are subject matter experts in their own regards, to inform our plan at that point and our plan moving forward."

In May, DCHC's vector surveillance team began monitoring for Aedes Albopictus through the county's vector surveillance program. The program is funded through a small grant with the state of Nebraska, and it is primarily a West Nile Virus surveillance program. This year, the team was funded to additional trapping for the species capable of carrying Zika virus. Larry Figgs, Division Chief, Environmental Health, Douglas County Health Department noted that the funding provides the team with the tools to detect the presence of the vector in the county, but acknowledged that given the high presence of the vector—or in event of a locally transmitted case—a more extensive effort may be needed to determine the density and the geography of the mosquito population.

"Sampling knowledge and techniques play into the ability to catch the vector, but ultimately, climate change could play a significant role," said Russ Hadan, Supervisor Environmental Inspections & Lead, Environmental Health, Douglas County Health Department. "We may not see many this year, but next year we could."

All of the knowledge gained through human epidemiology surveillance and vector monitoring efforts has also been crucial in informing the general public.

"This is a relatively new threat in the western hemisphere, so there's an awful lot to be learned about it," said Phil Rooney, Public Information Officer, Douglas County Health Department. "Whether it's our staff, the public, or our partners, it's important to let everyone know that they have a role to play in protecting from this particular situation."

To date Douglas County has recorded cases of travel related transmission, but no local transmission of the Zika Virus. With that said, all interviewed for this article noted that the efforts now are crucial for addressing the possibilities associated with this particular health issue.

"What's happening out there impacts where we are at in our phased plan, and it's possible we may get through the summer with no Aedes Albopictus or without a local transmission," said Hadzisulejmanovic.

"But our community is counting on us to consider all possibilities and be prepared to act."

Contraception is a Key Zika

By Meghan T. Frey, MA, MPH and Charlan D. Kroelinger, PhD
Pregnancy and Birth Defects Task Force, Zika Virus Response, Centers for Disease Control and Prevention

Today's Zika outbreak is unprecedented. Never before in history has the bite of an infected mosquito resulted in a devastating birth defect.[1] Given the confirmation of local transmission in Florida on July 29, 2016,[2] CDC encourages frontline public health leaders at the urban/local level to familiarize themselves with the CDC Interim Zika Response Plan.[3] General information on Zika virus can be found at www.cdc.gov/zika.

Zika virus spreads to people primarily through the bite of an Aedes species mosquito (Ae. aegypti or Ae. albopictus), but other documented modes of transmission include intrauterine and perinatal transmission, sexual transmission, laboratory exposures, and probable blood transfusion.[4,5] There is also potential for transmission through organ or tissue transplantation from living donors.[6] Zika virus RNA has been detected in breast milk, but infection from breastfeeding has not been documented. No instances of Zika virus transmission during fertility treatment have been documented, but transmission through donated gametes or embryos may be possible, given the observed presence of Zika virus in semen and confirmed sexual transmission.[7] Although the clinical disease course for Zika in adults is generally mild, including fever, rash, joint pain, and conjunctivitis as the most common symptoms, there are serious implications for Zika virus infection in women who are pregnant.[8] On April 13, 2016, building on the hard work of many scientists, CDC concluded that Zika virus infection during pregnancy is a cause of microcephaly and other severe fetal brain defects.[9] In addition to microcephaly, other problems have been detected in pregnancies and among fetuses and infants infected with Zika virus before birth, such as miscarriage, stillbirth, absent or poorly developed brain structures, defects of the eye, hearing deficits, limb abnormalities, and impaired growth.[10,11]

For pregnant women, preventing mosquito bites and reducing the risk of acquiring Zika virus from a sex partner are primary prevention strategies. For women at risk for unintended pregnancy, using contraception is especially important to reduce the risk of adverse pregnancy and birth outcomes associated with Zika infection. CDC defines unintended pregnancy as either unwanted—that is, the pregnancy occurred when no children, or no more children, were desired—or mistimed—that is, the pregnancy occurred earlier than desired. The best way for sexually active

Continued on Pages: 7 & 8.

[1] Dr. Tom Frieden, CDC Director, Fortune, April 13, 2016
[2] Health Alert Network (HAN) No. 393 – CDC Guidance for Travel of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Investigation for Local Mosquito-borne Zika Virus Transmission in Miami-Dade and Broward Counties, Florida. http://emergency.cdc.gov/han/han00393.asp
[3] https://www.cdc.gov/zika/public-health-partners/index.html
[4] Barjas-Castro ML et al. Probable transfusion-associated Zika virus in Brazil. Transfusion 2016 Jun 21. http://www.ncbi.nlm.nih.gov/pubmed/27329551
[5] Motta IJ et al. Evidence for transmission of Zika virus by platelet transfusion. NEJM 2016 Aug 17.
[6] Food and Drug Administration. Donor screening recommendations to reduce the risk of transmission of Zika virus by human cells, tissues, and cellular and tissue-based products. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administration; 2016. http://www.fda.gov/downloads/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/tissue/ucm488582.pdf
[7] Petersen EE et al. Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure – United States, 2016. MMWR 2016 65.12:315-322.
[8] Meaney-Delman D, Rasmussen SA, Staples JE, et al. Zika virus and pregnancy: what obstetric health care providers need to know. Obstet Gynecol 2016;127:642–8. DOI:10.1097/AOG.0000000000001378
[9] Rasmussen SA et al. Zika virus and birth defects—reviewing the evidence for causality. N Engl J Med 2016 Apr 13. http://www.nejm.org/doi/full/10.1056/NEJMsr1604338#t=article
[10] Meaney-Delman D, Rasmussen SA, Staples JE, et al. Zika virus and pregnancy: what obstetric health care providers need to know. Obstet Gynecol 2016;127:642–8. DOI:10.1097/AOG.0000000000001378
[11] Rasmussen SA et al. Zika virus and birth defects—reviewing the evidence for causality. N Engl J Med 2016 Apr 13. http://www.nejm.org/doi/full/10.1056/NEJMsr1604338#t=article
[12] Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive Use Among Nonpregnant and Postpartum Women at Risk for Unintended Pregnancy, and Female High School Students, in the Context of Zika Preparedness — United States, 2011–2013 and 2015. MMWR Morb Mortal Wkly Rep 2016;65:780–787. DOI: http://dx.doi.org/10.15585/mmwr.mm6530e2.
[13] Parks C, Peipert JF. Eliminating health disparities in unintended pregnancy with long-acting reversible contraception (LARC). Am J Obstet Gynecol. 2016 Jun;214(6):681-8.
[14] Kumar N, Brown JD. Access Barriers to Long Acting Reversible Contraceptives for Adolescents. J Adolesc Health. 2016 May 28.
[15] http://www.cdc.gov/zika/hc-providers/registry.html
[16] http://www.cdc.gov/zika/public-health-partners/zapss.html
[17] http://www.cdc.gov/zika/hc-providers/index.html
[18] CDC's 6|18 Initiative: Evidence Summary to Prevent Unintended Pregnancy. CDC, Atlanta, GA http://www.cdc.gov sixeighteen/docs/6-18-evidence-summary-pregnancy.pdf

Strategy

women and their partners to reduce the risk of unintended pregnancy is to use effective birth control consistently and correctly.

In August 2016, CDC released a new report estimating contraception use among sexually active US women of reproductive age, including female high school students, living in states where mosquito-borne Zika virus transmission is possible. Contraceptive use varied across states. Use of long-acting reversible contraception (LARC, including intrauterine devices and implants)—the most effective method to prevent unintended pregnancy—remains lower than use of less effective reversible methods, such as oral contraceptive pills and condoms, in states where local transmission of Zika is possible.[12] Efforts to increase availability of and access to the full range of Food and Drug Administration (FDA)-approved contraceptive methods, especially highly effective methods like LARC, can reduce unintended pregnancies among women who choose to delay or avoid pregnancy, and may lead to fewer Zika-associated adverse pregnancy and birth outcomes. Because of the potential risks associated with Zika virus infection during pregnancy, states, territories, and local jurisdictions where Zika virus transmission could occur can implement strategies to increase access to contraceptive services.

Increasing Access to Contraception and Contraceptive Services

Local health departments play an essential role in increasing access to contraceptive services, including highly effective contraception. Barriers to the access and availability of LARC methods may include the high costs of these contraceptive devices, limited provider reimbursement, lack of healthcare provider training on insertion and removal, lack of knowledge or misperceptions about LARC methods, limited availability of youth friendly services that address adolescent confidentiality concerns, and low consumer awareness of the most effective contraceptive methods.[13,14] Multiple state- and jurisdiction-level strategies exist to increase women's access to LARC, including the following:

• Facilitating partnerships among private and public insurers, device manufacturers, and state agencies to improve acquisition management, streamline service provision, increase efficiency in product purchase, and reduce per capita costs.

• Reimbursing providers for the full range of contraceptive services including screening for pregnancy intention, providing client-centered contraception counseling, funding the full cost of LARC device insertion, removal, and replacement, and compensating providers for device re-insertion and follow up.

• Removing logistical and administrative barriers for contraceptive services supplies, including limited stocking of highly effective contraceptive devices in hospitals and clinics and policies requiring pre-approval, and step therapy restriction (i.e., required use of generic drugs before brand-name medication).

• Training healthcare providers on current techniques for inserting and removing LARC, ensuring providers use CDC's evidence-based contraceptive guidance, supporting provider family planning services, and increasing provider awareness of appropriate use of LARC, including adolescents or nulliparous women.

• Supporting youth-friendly reproductive health services through provider education on confidentiality concerns of female adolescents/minors, withholding distribution of the explanation of benefits to the primary payer, offering extended and weekend hours, and providing teen-focused, culturally appropriate materials during healthcare visits.

• Engaging smaller or rural facilities, including community healthcare centers, to ensure adequate provider training and supply of LARC and to develop partnerships with larger facilities to implement contraceptive services.

• Assessing client satisfaction with service provision and increasing consumer awareness by implementing public/private campaigns and providing comprehensive sexual health education in secondary schools to provide the knowledge foundation for maturing adolescents.

CDC's and Other Organizations' Zika Activities

CDC and other organizations are working as quickly as possible to better understand the effects of Zika on pregnancy and to prevent future infection among pregnant women and women who may become pregnant. Activities include the following:

• In collaboration with state, tribal, local, and territorial health departments, CDC established the US Zika Pregnancy Registry.[15] CDC is working to collect information about women with laboratory evidence of possible Zika virus infection during pregnancy in the United States and their infants. CDC has partnered with the Puerto Rico Department of Health to develop a similar system in Puerto Rico, called the Zika Active Pregnancy Surveillance System.[16]

• CDC is supporting rapid birth defects surveillance. Data collected will be used to update recommendations for clinical care, plan for services for pregnant women and families affected by Zika, and improve prevention of Zika infection during pregnancy.

With urban/local health department staff involved, state health departments and federal agencies can better engage the public, promote the national preparedness response plan, and advance primary prevention of Zika infection in the United States.

• CDC continues to publish updated guidelines for the evaluation and clinical management of pregnant women and infants with possible Zika virus infection and has developed tools and resources for healthcare providers, available online.[17]

• The CDC Foundation established the Zika Contraception Access Network (Z-CAN) to ensure that women in Puerto Rico have access to effective contraception during the Zika virus outbreak. Z-CAN is a network of physicians at clinics across Puerto Rico trained to provide same day access to the full range of FDA-approved contraceptive methods at no cost to women who choose to delay or avoid pregnancy during the Zika virus outbreak.

CDC has also implemented a number of national-level activities addressing barriers to contraceptive access and unintended pregnancy. CDC's 6/18 initiative is working to address inadequate reimbursement rates, to expand coverage, and to remove administrative and logistical barriers to LARC.[18] Additionally, CDC has partnered with the Association of State and Territorial Health Officials, the Office of Population Affairs, and the Centers for Medicare and Medicaid Services to implement a Learning Community on increasing contraceptive access, including LARC.

MCH Leaders Have A Central Role in Responding to Zika

By Aaron Lopata, MD
Chief Medical Officer, HRSA Maternal and Child Health Bureau

With the arrival of summer heralding both warmer days and increased numbers of mosquitos, Federal, State, and local public health agencies, offices, and organizations across the country continue to work urgently to prevent the spread of Zika and in particular the catastrophic outcomes associated with maternal Zika infections. As the world's experts in responding to and tracking emerging public health threats, the Centers for Disease Control and Prevention (CDC) has been and continues to lead the nation's coordinated response to Zika. However, because those most adversely impacted by Zika are women and children, it must be noted that Maternal and Child Health (MCH) leaders and organizations have a unique responsibility to protect and support MCH populations in their state and communities. State and local MCH organizations, more than any other federal, state, and local public health organizations, are uniquely positioned to reach out to and communicate with MCH populations, particularly underserved families that are oftentimes difficult to reach.

MCH leaders therefore have a critical role to play in reducing the risk posed by Zika among women of child bearing age and preventing the devastating birth defects caused by Zika infections during pregnancies.

At the federal level, the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) has been working closely with CDC to track Zika cases and disseminate up-to-date information about Zika (prevention, screening, and testing) to our state and local grantees. More broadly, the MCHB response to Zika is made up of three key pillars. First, MCHB is working with its grantees (State Title V offices, State Home Visiting grantees, and Healthy Start grantees) to conduct extensive outreach and get information on how to prevent Zika into the hands of pregnant women and all women of child bearing age. Second, MCHB is working to ensure that healthcare providers who care for women and children receive up-to-date clinical guidance, including when to screen pregnant women for Zika and how to evaluate newborns and infants exposed to Zika in-utero. Third, MCHB is developing strategies and best practices for MCH health professionals to ensure that all children born with microcephaly or select central nervous system (CNS) defects are connected to and receive the healthcare, early intervention, and support services that they and their families require.

MCHB is also working with CDC's National Center on Birth Defects and Developmental Disabilities to assist, when requested, state and local MCH organizations with developing or strengthening partnerships with State health departments, including State labs, epidemiologists, and birth defects surveillance programs. Such partnerships will better enable MCH organizations and professionals to participate in CDC-centralized clinical and surveillance data projects such as the U.S. Zika Pregnancy Registry (https://www.cdc.gov/zika/hc-providers/registry.html). Participation in such centralized, pooled clinical data projects should facilitate the development of rapid "real-time" data collection and reporting of both microcephaly and select birth defects potentially linked to Zika virus. Such data could then be utilized to improve public health monitoring and inform the effectiveness of local prevention and intervention strategies.

MCHB also encourages all MCH organizations and professionals to reach out to their State health departments and Title V offices and inquire about and participate in State Zika response plans. Working with their State health departments will provide local MCH organizations more opportunities to participate in Zika prevention efforts and facilitate sharing of "real time" data on the effectiveness of Zika prevention and outreach efforts in their communities. Reaching out to and partnering with their State Title V offices, and with their Title V Children with Special Health Care Needs programs, will help to facilitate the sharing of best practices and care coordination strategies that help to ensure infants affected by Zika and their families have access to and are receiving the comprehensive, community-based, care and support they require. Most importantly, it is critical that MCH leaders and organizations take a central role in their state's response to Zika as their unique ability to reach out to and communicate with women, children, and families makes them indispensable partners in preventing the spread of Zika and protecting the lives of those most vulnerable.

EDUCATE INFORM EMPOWER

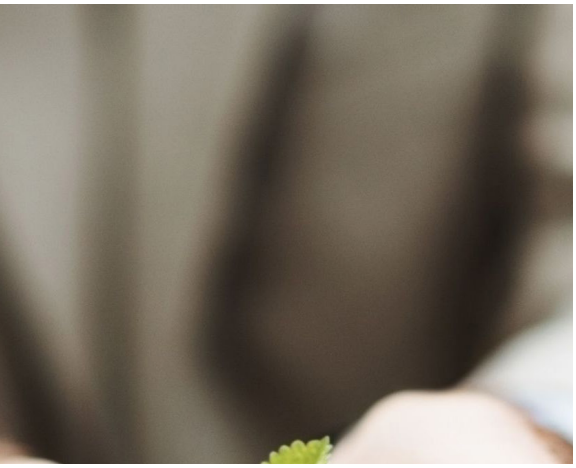
New York City Department of Health and Mental Hygiene empowers individuals by educating and informing community.

By Aileen Langston, MD MPH,
City Medical Specialist, NYC DOHMH—BMIRH

Zika virus has rapidly spread through the Americas since its identification in Brazil in early 2015. Transmitted primarily through the bite of infected Aedes mosquitoes, Zika virus infection during pregnancy can cause spontaneous fetal demise and birth defects, including microcephaly.1,2 Because of the large number of immigrants from and travelers to areas with active Zika virus transmission, the New York City Department of Health and Mental Hygiene (NYC DOHMH) began developing and implementing plans for managing Zika virus in November 2015 and activated its Incident Command System (ICS), on February 1, 2016. The ICS is an agency structure to respond to public health needs created by an emergency and assure that adequate resources are made available for the response.

Within the NYC DOHMH, the Division of Family and Child Health's Bureau of Maternal, Infant and Reproductive Health (BMIRH) has contributed to the work of the ICS, specifically focusing on women who are pregnant or may become pregnant, affected infants, and the health care professionals caring for them. Maternal and child health-related work has focused on four key areas: 1) education of providers, 2) education of the community, 3) support for providers with Zika-positive pregnant patients and 4) engaging local maternal and child health experts and leaders in the preparedness process.

To educate and inform health care providers, NYC DOHMH has employed a broad, multi-faceted approach, including in-person, online, print and live teleconference resources and educational events. We have conducted Zika updates through public conference calls, including a panel of NYC DOHMH experts for question-and-answer sessions; organized community outreach teams to distribute educational materials; created educational materials for providers concerning Zika infections in pregnant and non-pregnant patients, including the appropriate management of perinatal Zika Virus infections; and conducted in-person 'Grand Rounds' presentations at local hospitals. Early in the preparedness process, the ICS team sought out leaders and experts in the fields of maternal and child health as well as medical ethics



and pediatric neurology to inform the overall strategy and establish relationships for future communication and assistance. Building on relationships established in other work on maternal and child health, such as our breastfeeding/Baby-Friendly Hospitals programs, NYC DOHMH convened a meeting of all the Regional Perinatal Centers tasked with caring for high-risk pregnancies in NYC communities to facilitate caring for families affected by perinatal Zika infection. Informational materials are updated frequently, reflecting the dynamic state of knowledge and research on this topic at this time.

To educate and inform the local communities, NYC DOHMH created messaging on Zika in print, online, via media campaigns and public events. Posters for display in clinical sites, as well as patient fliers, have been produced and updated in English and 11 other languages. The NYC DOHMH website has a dedicated Zika link, connecting any person with internet access to information and downloadable resources about Zika: testing, symptoms, recommendations for travel, prevention strategies, sexual transmission and pregnancy. Community events are planned, including a Zika Awareness Day in June.

As of June 10, 2016, 20 pregnant patients have been diagnosed with Zika infection in NYC. The NYC DOHMH follows up with the clinicians of these patients, as well as clinicians of patients who are likely infected but for whom there is no confirmatory laboratory data. Clinicians receive advice on testing, interpreting test results, follow-up evaluation for continuing pregnancies and resulting live births, as well as pregnancy termination options. Surveillance data collected also inform future local work and contribute to the national CDC Zika Registry.

Because Zika infection has the most devastating impact on pregnancy, messaging to both providers and the public has focused on accessing high-quality reproductive health care, including all FDA-approved contraceptive methods, prenatal care, high-risk pregnancy services and induced abortion services. Such care gives individuals and families the opportunity to decide if and when to have a baby, as well as to decide not to have a baby, with access to patient-centered resources for continuing a pregnancy, preventing a pregnancy or ending a pregnancy.

[1] Pan American Health Organization. Epidemiological alert: neurological syndrome, congenital malformations, and Zika virus infection. Implications for public health in the Americas. Washington, DC: World Health Organization, Pan American Health Organization; 2015; Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=32405.

[2] Rasmussen SA, Jamieson DJ, Honein MA, Petersen LR. Zika Virus and Birth Defects - Reviewing the Evidence for Causality. The New England journal of medicine. 2016 Apr 13.

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Zika Sessions

2016 CityMatCH Leadership and MCH Epidemiology Conference

Wednesday, Sept. 14 | 12:00 - 1:15 PM
Table Topic and Networking Lunch -
Zika Epi & Data Table
Zika Local & State Response & Coordination Table

Thursday, Sept. 15 | 1:45 - 3:15 PM
Reproductive Health in Emergency Preparedness and Response

Friday, Sept. 16 | 8:00 - 9:30 AM
CDC Clinical Guidelines for the Care of Pregnant Women and Infants with Zika Infection

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