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“NOT IF, BUT WHEN”

—EXPERTS ADDRESS 2016 PREPAREDNESS SUMMIT ON ZIKA VIRUS DISEASE; HIGHLIGHT LATEST INFORMATION AND FRONT-LINE RESPONSE ACTIVITIES—

Dallas, Texas, April 21, 2016—Representatives from major public health organizations addressed attendees at the National Association of County and City Health Officials’ Preparedness Summit in a late-breaking session that succinctly addressed the threats of Zika virus disease, as well as the latest scientific information and front-line response activities from both states and the federal government.

The numbers growing daily show the sheer breadth of the disease: There could be up to four million cases this year, just eight months after the first case was reported in Brazil. There are 30 countries with active virus transmission. As of April 13, the CDC reports that there were 358 confirmed cases of travel-associated Zika virus disease in the United States.

The speakers—representing state health departments, the Association of Public Health Laboratories (APHL), and federal agencies including the Centers for Disease Control and Prevention, the Food and Drug Administration, and the U.S. Department of Health and Human Services—brought a wealth of expertise and urgency to the meeting, discussing diagnostics, efforts to address at-risk populations, risk communications, surveillance, and vector control.

The experts (titles and affiliations listed below) brought a much-needed perspective to understanding the Zika virus disease. Christine Kosmos, CDC, said, “We didn’t even have time to deactivate after Ebola before we had to deal with Zika; we haven’t seen a virus that causes birth defects since measles.” She presented the CDC’s current response actions, including surveillance, laboratory testing and diagnostics, and vector surveillance and control, noting that “no supplemental funding has been given to CDC, but the one thing I talked to our prep directors about is that if we learned a lesson from Ebola, it was that the speed and the scale in which you can respond to a public health emergency has a lot to do with the trajectory of the illness, and how you can impact that trajectory.” CDC’s response actions include a phased risk-based plan for states; vector control, and communication planning. “Zika could explode through the Americas and spread to the U.S., and these could be devastating and lifelong,” Ms. Kosmos said. “We have learned a great deal, and it’s been a unique response, bringing together “response partners that haven’t traditionally worked together... in what is an extraordinarily complex, dynamic, and challenging response.”

Dr. Sally Philips of the U.S. Department of Health and Human Services said that “HHS is taking a very proactive stance, using a strategy of requiring better diagnostics, getting guidance and communications into the hands of healthcare providers, vector control, identifying parties to create capacity and service, screening blood, ensuring case management, and ascertaining lab capacity.

Dr. John Hellerstedt, commissioner of the Texas Department of State Health Services, said that “the gulf states are the longstanding vector for the mosquitos we’re worried about; our planning isn’t ‘if’; it’s ‘when,’ and we hope we can do everything we can with vector control agencies to postpone or prevent [widespread Zika infections] from happening. The crux of the problem is that it’s very challenging to understand what kind of response we’ll have... How will we meet the demand in testing pregnant women if we have mass infections? Some of the challenges specific to Texas are that we don’t have statewide surveillance system, so cities and counties are responsible for the first type of response needed. We’d love to know the risk in a statistical sense; this creates the real challenge. We know the devastating effects for women of childbearing age, and that risk will only increase, but we don’t have any statistical way of explaining what that risk might be.”

Brooke Courtney, Senior Regulatory Counsel, Office of Counterterrorism and Emerging Threats, for the FDA, said “Like others in the federal family, we’re fully engaged with our partners and with the international community.” The FDA is engaged in blood safety, clinical diagnostic tests, vaccine development, vector control, and monitoring for fraudulent products. Currently, no FDA-approved, -licensed, or -cleared medical products are available to prevent, treat, or diagnose Zika virus. The FDA is also exploring genetically engineered mosquitos and reviewing proposals for innovative vector control strategies — this may cut down on the mosquito population, but not the disease.

Scott Becker, MS, executive director of the Association of Public Health Laboratories, shared the lab response to the crisis, noting that ongoing needs and challenges require money. “The Administration has been doing a great job of making the case, but we need to let Congress know that we really need this money. The new normal is that there will be an EOC [emergency operations center] throughout the year.” APHL has been engaged in a highly rigorous response in incident management driven by science with the goal of supporting public health labs; offering technical assistance; conducting assessments to understand capability and capacity; creating partnerships; engaging in public policy with briefings for key congressional staff and regulatory discussions with the FDA; and responding to media requests to explain the role of public health labs and capabilities.

“We can’t spray our way out of this,” said Umair Shah, MD, MPH executive director of Harris County Public Health and Environmental Services (Houston), as he gave the local perspective, discussed Texas’ highly diverse population, and added that “what we do together really matters.” With urgency, Dr. Shah said that currently, the community is experiencing the worst flooding in years, and this “brings to light some of the challenges related to Zika and the *Aedes Aegypti* mosquito.

“The story of our mosquito control, primarily against the *Culex* mosquito, is that all of these activities fall in line with what we do... Shifting attention from *Culex* to *Aedes* is highly challenging, because people are still going die from West Nile.” Texas and Harris County have a multidisciplinary approach: understanding the *Aedes* vector in the region; recognizing the need to shift from a primarily *Culex*-based program to incorporate *Aedes* as a targeted vector; appreciating the importance of public education and personal protection; and assuring that the health equity lens is involved to the evolving multidisciplinary response. Harris County is:

- Engaged in mosquito surveillance using historical data on *Aedes* combined with expanded surveillance, including predictive modeling within 268 operational areas;
- Generating GIS maps indicating key metrics, such as mosquito population density levels of *Aedes*, Zika-confirmed mosquito samples, local cases of human infections, and sources of breeding;
- Conducting necessary staff training for inspectors, larvicide applicators, and other support personnel;
- Acquiring testing materials and lab equipment for mosquito virology lab for Zika; and
- Working with partners and community members on key issues around reducing mosquito habitats.

Speakers:

Christine Kosmos, RN, BSN, MS—Director, Division of State and Local Readiness, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention, Atlanta, GA

Sally Phillips, PhD—Deputy Assistant Secretary for Policy, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, DC

John W. Hellerstedt, MD—Commissioner, Texas Department of State Health Services, Austin, TX

Brooke Courtney, JD, MPH—Senior Regulatory Counsel, Office of Counterterrorism and Emerging Threats, Food and Drug Administration, Silver Spring, MD

Scott Becker, MS—Executive Director, Association of Public Health Laboratories, Silver Spring, MD

Umair Shah, MD, MPH—Executive Director, Harris County Public Health and Environmental Services, Houston, Texas (Representing the Association of State and Territorial Health Officials)

Moderator: Dr. E. Oscar Alleyne, MPH, DrPH—NACCHO Senior Advisor, Programs, and former Director of Epidemiology and Public Health Planning, Rockland County Department of Health, Pomona, NY