

Local Health Officials Speak Out about Zika

Since January 2016, health officials at the federal, state, and local levels have been concerned about potential spread of the Zika virus in the United States. While most people have only mild symptoms or no symptoms at all when infected with Zika, the virus has a severe and troubling impact on some infected adults and unborn babies. In the absence of Congressional action on Zika emergency funding, the federal government has shifted funds from other programs to pay for Zika. In April, the Centers for Disease Control and Prevention (CDC) moved funds from state and local health departments' emergency preparedness activities to pay for Zika.

Below, health officials from across the nation describe the impact if Congress fails to approve funding to address the Zika threat and restore emergency preparedness funding.

South

Stephen Williams, M.Ed., MPA, Director, Houston Health Department - If funding for Zika is not provided, then we will allow Zika to get a foothold in the mosquito population. This will result in many babies being born with microcephaly...The City of Houston has taken a leadership role in combating Zika in our community but, like many other big cities, does not have the funds to respond to a local transmission event of Zika. Funding will allow us to conduct active surveillance to pinpoint if and where local transmission is occurring. Without increased funding we are blind.

Umair Shah, MD, MPH, Executive Director, Harris Co. (TX) Public Health; NACCHO President-Elect - Our health department has been working tirelessly on Zika in our community for several months. We know we have a responsibility to protect the health and well-being of our community, and thus should not have to choose between funding activities that address Zika vs. other equally important issues such as diabetes. The threat from Zika is real and related birth defects are irreversible and lifelong. Not funding Zika means that local health departments like ours would be left on our own to protect our community without the resources needed to do so.

Zachary Thompson, Director, Dallas County (TX) Health and Human Services Department - It is not if, but when Dallas County will see local transmission of the Zika virus outbreak similar to Florida. The local transmission of the Zika virus is a clear and present public health danger to the residents of Dallas County. I have first-hand experience responding to the first confirmed Ebola cases in the United States. Federal funding is needed now for local health departments to continue to provide public education, contact investigations, and ground/aerial spraying to protect residents, and especially pregnant women, from the Zika virus.

Vinny Taneja, Director, Tarrant County (TX) Public Health; Vice-Chair, Big Cities Health Coalition - More than 20 imported cases of Zika have already been reported in Tarrant County. We are working every day to avoid local transmission in our communities. Our efforts require money for education, source reduction, larviciding and adulticiding. We need Congress to approve the Zika funding bill.



Vincent R. Nathan, PhD, MPH, Interim Health Director, San Antonio Metropolitan Health District - In Texas, and along the Gulf coast, essential (supplemental) funding is needed for local health departments. We cannot spray ourselves out of this problem. Funding should be for: educational campaigns (media and printed materials); purchase of Zika traps for use in high risk areas, sentinel sites to identify mosquito populations, and increased local laboratory capacity.

Northeast

Claude-Alix Jacob, MPH, Chief Public Health Officer, Cambridge Public Health Department; NACCHO President - The urgency to develop a vaccine preventing Zika, particularly for women of child-bearing age, is real. Residents of southern U.S. states, where Zika carrying *Aedes aegypti* mosquitoes are becoming more frequent, need protection. Keep in mind that residents of other states are also at risk when their residents return, infected, from international destinations. Therefore, we urge Congress to act swiftly in order to ensure that the funding is made available to support local communities who may be dealing with these episodes firsthand.

Kevin G. Sumner, Health Officer/Director, Middle-Brook (NJ) Regional Health Commission - Even though local transmission has not yet occurred, the Zika virus is a growing concern in local communities. The concerns are being escalated by the recent reports of the risk to the blood supply and possible transmission of the disease through bodily fluids. Financial resources are needed for research, so we can better understand the disease and the risk it represents to our communities, and for response, so we can act effectively and efficiently to prevent the spread of Zika through environmental control, education of the community, and appropriate communicable disease control activities.

Mary Bassett, MD, MPH, Commissioner, New York City Department of Health and Mental Hygiene - In New York City, 64 pregnant women have tested positive for the Zika virus, and one baby has been born with microcephaly. As an international travel hub, New York City has some of the highest numbers of travel-related Zika cases in the United States, and we do not anticipate these numbers will subside. In the absence of federal funding, New York City has invested millions of dollars in the fight against the Zika virus. But, we need Congress to act to immediately to approve an emergency funding package for a comprehensive public health response to the Zika virus and restore funds cut from the Public Health Emergency Preparedness Program.

Midwest

Gretchen Musicant, Commissioner of Health, Minneapolis Health Department; Chair-Elect, Big Cities Health Coalition - The lack of designated Zika funding has meant that public health emergency preparedness efforts in Minnesota have been cut by 7%. This funding needs to be restored so that local and state public health agencies are able to respond to unexpected threats to health. Even though there are no locally infected cases of Zika in Minnesota, there have been 47 confirmed travel-associated cases of Zika in Minnesota, and we are expecting that the increase of travelers from Minnesota to Florida and other Southern states over the winter will lead to an escalation of cases.

Julie Morita, MD, Commissioner, Chicago Department of Public Health – Chicago is a major travel hub and so far over 1,000 returned travelers have required Zika testing through our public health labs and hundreds more through commercial labs. We have increased mosquito surveillance and control activities, handled hundreds of telephone calls from health care providers and patients, created and launched a large public education campaign, and tracked outcomes of infected pregnant women and their infants. This has put a strain on our communicable disease, environmental health, maternal and

child health, and public information divisions. Securing funding to fight Zika is crucial to protecting the health of Chicagoans. A coordinated, national public health response is necessary to limit transmission in the highest risk communities and prevent the disease from spreading to other parts of the country.

West

Patty Hayes, RN, MN, Director, Public Health -- Seattle & King County - Public Health – Seattle & King County has had over 525 reports related to possible Zika infection and has tested over 365 people. We've also invested significant time reaching out to health care providers to ensure clear understanding of the ever-changing guidance and responding to questions from labs and providers. During the period of January 1 – June 30, 2016, Public Health staff have spent approximately \$200,000, including about 1,900 hours of staff time—even in an area where mosquitoes do not currently carry the disease.

Public Health – Seattle and King County is 100% reliant upon federal grants to ensure that the health department is ready to respond to emerging health threats and disease outbreaks. Cuts to emergency preparedness funding would result in reductions in staffing for infectious disease monitoring, less capability in field operations, and diminished coordination with healthcare providers.

Sara Cody, MD, Health Officer and Public Health Director, Santa Clara County Public Health Department, CA - In Santa Clara County, our capacity to provide sustained public health disaster planning and response is at risk if emergency preparedness funding is not restored. The reallocation of local public health preparedness funds for Zika preparedness forced our department to cut a Senior Emergency Planner, a position that was charged with conducting and coordinating county disaster planning efforts, as well as overseeing our Training and Exercise Program.

Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer, Southern Nevada Health District - We live in a state and county that currently doesn't have the *Aedes* mosquito, but without these resources we will not be able to keep the mosquito—and the infection—out of the county to keep our citizens and 42 million visitors safe from this disease.

Cynthia Harding, MPH, Interim Director, Los Angeles County Department of Public Health - Los Angeles County Department of Public Health has been working diligently with local vector control agencies and other emergency response partners to respond to Zika and respond to the threat of local transmission. If Zika funding is not approved, our public health system's ability to find cases through laboratory testing and to prevent additional cases through vector management will be diminished, restricting our efforts to prevent local Zika transmission in Los Angeles County. In addition, if public health emergency preparedness funding is not restored as part of the Zika funding, this will impede our ability to respond to other emerging infectious diseases, pandemic flu, acts of bioterrorism, or other such incidents, leaving our public health system less prepared and our communities more vulnerable to further threats that come our way.

Della Vieira, RN, MPH, Director, Alamosa County (CO) Public Health Department - Even though we do not have the species of mosquito that transmits Zika, the rural Rocky Mountain west is still impacted by the failure to pass Zika funding. A percentage of our emergency preparedness dollars has been diverted to Zika preparedness and response activities, leaving us with less funding to complete a "packed" emergency preparedness work plan. In addition, we know that Zika is sexually transmitted, even from individuals without symptoms. So, even in the rural west, we cannot rule out a disease outbreak, and our small public health agencies could quickly exceed capacity. Without Zika funding, it is difficult to

provide comprehensive training to our healthcare partners; in rural communities, healthcare providers frequently rotate through our facilities on a one or two-year cycle, increasing the need for training.

The National Association of County and City Health Officials (NACCHO) is the national nonprofit association representing the approximately 2,800 local health departments in the United States, including city, county, metro, district, and tribal agencies.

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents. Collectively, BCHC member jurisdictions directly impact more than 54 million people, or one in six Americans. The Big Cities Health Coalition is an independent project of NACCHO.