The Facts on the Zika Virus

- A virus primarily spread to people through mosquito bites, most often by the Aedes species.
- Transmission is primarily occurring in Central and South America and the Caribbean, but many other areas including the United States are at risk.
- Risks of infection include birth defects and other serious health issues.

Local Health Departments Protect Communities Against Zika and Other Health Threats

Local health departments (LHDs) already perform a variety of Zika response activities making these agencies vital to keeping communities safe from this dangerous virus.

Collaborate with other Zika response partners:
- 69% State health departments
- 46% Environmental health agencies
- 32% Vector control agencies

Increase readiness for the Zika virus:
- Deliver training to LHD staff: 35%
- Create response plans: 34%
- Investigate potential Zika cases: 29%

Provide education and outreach about Zika:
- Educate general public: 47%
- Discuss pregnancy risks with women: 39%
- Share resources with healthcare providers: 35%

For more on the impact of funding and Zika response efforts, read our full report at this link: http://bit.ly/1YwzJpN.
THE ZIKA FUNDING DILEMMA: LOCAL HEALTH DEPARTMENTS LACK CAPACITY FOR EMERGENCIES

Congress has yet to provide additional funding to respond to the Zika Virus threat.

The Centers for Disease Control and Prevention has redirected Public Health Emergency Preparedness (PHEP) funds as a solution.

PHEP funds were taken from local and state health departments, decreasing their response capacity for Zika and other emergencies.

Relevant funds for infectious disease, epidemiology, lab capacity, vector control, and environmental health also remain stagnant.

WITHOUT CONGRESSIONAL APPROVAL FOR ADDITIONAL ZIKA FUNDING, LOCAL HEALTH DEPARTMENTS WILL BE IMPEDED FROM PROTECTING THE COMMUNITIES THEY SERVE...

52% predict an average of cuts to their PHEP funding

8.5% predict a negative impact on staffing due to PHEP funding cuts

LOCAL HEALTH DEPARTMENTS predict the following five vital preparedness activities will be most negatively impacted:

75% community preparedness

48% volunteer management

43% medical countermeasures

38% emergency coordination

36% community recovery

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