Special AMCHP Teleconference on Zika for Title V Leaders

May 26, 2016
Agenda:

I. **Introduction** and Overview

II. **Update on Congressional Funding Package and current FOAs**— amounts, purposes, timing, and opportunities for coordination

III. **Status of Pregnancy Registry Development** – discussing how Title V leaders are involved, identifying barriers and solutions

IV. **Assessing Planning for CYSHCN Directors** – how to best link to registry development to assure identification leads to service assurance and coordination? What services will Title V programs offer to affected families? What more is needed?

V. **Open Dialogue** – what are states’ leading questions, concerns, requests for support?
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<table>
<thead>
<tr>
<th>Agency</th>
<th>Administration Request</th>
<th>S. Amtd. 3900 as Passed in Senate</th>
<th>H.R. 5243 as Passed in House</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC Subtotal</td>
<td>828.0</td>
<td>449.0a</td>
<td>170.0e</td>
</tr>
<tr>
<td>HRSA: Community Health Centers for territories (non-add)</td>
<td>0.0</td>
<td>(40.0)</td>
<td>0.0</td>
</tr>
<tr>
<td>HRSA: National Health Service Corps for territories (non-add)</td>
<td>0.0d</td>
<td>(6.0)</td>
<td>0.0</td>
</tr>
<tr>
<td>HRSA: Maternal and Child Health Block Grant (non-add)</td>
<td>0.0b</td>
<td>(5.0)</td>
<td>0.0f</td>
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<tr>
<td>HRSA Subtotal</td>
<td>0.0</td>
<td>51.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PHS/SEF: Social Services Block Grant for territories (non-add)</td>
<td>0.0</td>
<td>(75.0)</td>
<td>0.0</td>
</tr>
<tr>
<td>PHS/SEF: Other (non-add)</td>
<td>(295.0)d</td>
<td>(75.0)d</td>
<td>(103.0)</td>
</tr>
<tr>
<td>PHS/SEF Subtotal</td>
<td>295.0</td>
<td>150.0</td>
<td>103.0</td>
</tr>
<tr>
<td>NIH/NIAID Subtotal</td>
<td>130.0</td>
<td>200.0</td>
<td>230.0</td>
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<tr>
<td>FDA Subtotal</td>
<td>10.0</td>
<td>0.0</td>
<td>0.0f</td>
</tr>
<tr>
<td>CMS Subtotal (Medicaid federal matching rate)</td>
<td>246.0</td>
<td>no provision</td>
<td>no provision</td>
</tr>
<tr>
<td>HHS Total</td>
<td>1,509.0</td>
<td>850.0b</td>
<td>503.0</td>
</tr>
</tbody>
</table>


Notes: Numbers in parentheses are included in subtotals.

a. Of the CDC funds provided, $88 million may be used to reimburse prior Zika response spending.
b. Of the CDC funds provided, up to $500,000 each must be transferred to the HHS Office of Inspector General and the Comptroller General for oversight activities.
c. Up to $50.0 million of the CDC funds provided may be transferred to HRSA MCH for specified activities.
<table>
<thead>
<tr>
<th>Provision</th>
<th>Administration Request</th>
<th>Senate (S.Amdt. 3900)</th>
<th>House (H.R. 5243 IH)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Period of Availability of Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHS Funds</td>
<td>Until expended.</td>
<td>Until Sept. 30, 2017.</td>
<td><strong>Until Sept. 30, 2016.</strong></td>
</tr>
<tr>
<td><strong>Scope of Use of Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Funds</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally.</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.</td>
<td>To prevent, prepare for, and respond to Zika virus, domestically and internationally.</td>
</tr>
<tr>
<td>HRSA Funds</td>
<td>(Scope for PHSSEF funds would apply to any funds transferred to HRSA.)</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.</td>
<td>(Scope for CDC funds would apply to any funds transferred to HRSA.)</td>
</tr>
<tr>
<td>NIH Funds</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally.</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.</td>
<td>For development of vaccines for the Zika virus.</td>
</tr>
<tr>
<td>PHSSEF Funds</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally.</td>
<td>To prevent, prepare for, and respond to Zika virus, other vector-borne diseases, and related health outcomes, domestically and internationally.</td>
<td>To respond to Zika virus, domestically and internationally.</td>
</tr>
</tbody>
</table>
Surveillance, intervention, and referral to services activities for infants with microcephaly or other adverse outcomes linked with the Zika virus

CDC-RFA-DD16-1605
Application Due Date: 06/24/2016
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May 26, 2016
Zika virus infection during pregnancy has been linked to pregnancy loss and microcephaly, absent or poorly developed brain structures, defects of the eye and impaired growth in fetuses and infants. Information about the timing, absolute risk, and spectrum of outcomes associated with Zika virus infection during pregnancy is needed to guide testing, clinical evaluation, and management and public health action related to Zika virus.

**US Zika Pregnancy Registry**

CDC established the US Zika Pregnancy Registry and is collaborating with state, tribal, local, and territorial health departments to collect and share information about Zika virus infection during pregnancy. The data collected through this Registry will complement notifiable disease case reporting and 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.

**Reasons to Participate**

Reporting to the US Zika Pregnancy Registry will allow aggregate data to inform public health efforts at the local level as well as broader recommendations. Some states have already implemented enhanced surveillance for pregnant women and infants. The US Zika Pregnancy Registry staff can help by notifying states and territories of new Zika virus cases among pregnant women that come to Registry staff's attention when healthcare providers contact CDC for clinical consultation. Registry staff are also available to help with follow-up data collection, if requested.

**How to Participate**

State, tribal, local, and territorial health departments can participate in the US Zika Pregnancy Registry by:

- Identifying pregnant women and infants eligible for Zika virus testing in accordance with state or CDC guidelines.
- Coordinating testing at a State Public Health Laboratory or CDC for those eligible.
- Reporting cases of Zika virus infection among pregnant women and infants who meet the CSTE case definitions for Zika virus disease and congenital Zika virus infection to ArboNET (information will be sent to the US Zika Pregnancy Registry).
- Collecting enhanced surveillance data about cases of pregnant women and their infants who are eligible for the Registry.
- Working with CDC to determine state-specific methods for collecting and sharing data.
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Clinical Phenotype with Presumed Congenital Zika Virus Infection
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Thank you!