Stemming the Zika Virus:  
The Importance of Access to Care for Women and Men of Reproductive Age

Introduction
Despite the progress in slowing down the transmission of the Zika virus, it continues to be a public health threat in the United States. Women and men of reproductive age, including pregnant women, who visit countries and territories with a risk of Zika transmission have a higher risk of contracting the virus; however, local transmission of the virus in the continental United States and Hawaii continues to occur at lower rates. This issue brief highlights best practices on how to respond to the Zika outbreak, and describes the variety of ways that state Title V programs fulfill their essential role in preventing Zika transmission through expanding access to reproductive health care for underserved populations.

Overview of the Zika Virus
First identified in 1947, the Zika virus is a member of the flavivirus family, which includes yellow fever, West Nile, and Dengue viruses. Zika is spread primarily through the bite of an infected mosquito (vector-borne) and through sexual contact. Eighty percent of people who contract the virus are asymptomatic or exhibit only mild symptoms; therefore, many cases go unrecognized and undocumented. Individuals at highest risk for contracting the Zika virus include those who reside in or travel to an area with documented Zika cases as well as those who are sexually active with a partner who resides in or travels to an area prone to having Zika. Other identified risk factors include lower socioeconomic status, lower level of educational attainment, people of color, uninsured and underinsured, and the level of public health response efforts.

Health and Cost Implications for the MCH Population
The health implications of Zika virus for the maternal and child health population are potentially devastating. Zika infection may cause miscarriage, stillbirth, and low birth weight. Moreover, women who are exposed to Zika during pregnancy can transmit the virus to their developing fetus. In some cases, Zika can also cause microcephaly—a rare and serious congenital condition in which an infant is born with an abnormally small head and brain. Other health effects may include Guillain-Barre syndrome, vision and hearing impairment, epilepsy, and other neurological disorders. The cost of meeting the long-term, specialized health care needs of children with Zika-related birth defects will be significant. In fact, the World Health Organization has declared that the birth defects associated with Zika infection during pregnancy constitute a "public health emergency of international concern."

* Guillain-Barré syndrome is a neurological disorder, whereby a person’s own immune system damages the nerve cells, causing muscle weakness and sometimes paralysis.
**Prevalence of Zika cases in the U.S. States and Territories**

As of October 17, 2017, the U.S. states and District of Columbia reported 2,246 cases of pregnant women with any laboratory evidence of a possible Zika virus infection and the U.S. territories reported 4,503 cases. Of the nearly 1,000 women in the U.S. with laboratory-confirmed Zika virus who gave birth in 2016, approximately 1 in 10 delivered a baby with a birth defect. Figure 1 identifies laboratory-confirmed symptomatic Zika virus disease cases in the U.S. and territories as of November 2017.

**Centers for Disease Control and Prevention (CDC) Recommendations**

In May 2017, the CDC issued a Zika interim response plan, which describes updated guidance and resources for responding to cases of Zika virus infection in the continental United States and Hawaii. The plan includes guidance for health care professionals who work with women of reproductive age, pregnant women, and infants. Among other recommendations, the CDC advises health care providers to (1) discuss measures for preventing unintended pregnancy and (2) offer the full range of FDA-approved contraceptive methods for women and couples living in areas with Zika risks who wish to delay or prevent pregnancy. The CDC will continue to provide state and local public health agencies — as well as their national partners — educational materials and targeted messaging designed to reach pregnant women, men and women of reproductive age, and their health care providers. These efforts aim to prevent births affected by Zika and lifelong health complications for babies born to Zika-infected pregnant women.

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**Public Health Leaders**

The Association of Maternal and Child Health Programs (AMCHP) and the Association of State and Territorial Health Officials (ASTHO) continue to respond to the Zika crisis by keeping state health departments and MCH programs apprised of the latest research, best practices, and policy efforts to address the virus. This issue brief is a companion document to the AMCHP-ASTHO publication entitled, “Ensuring Coverage for Reproductive Health Services during the Zika Virus Outbreak: The Critical Role of Medicaid,” which was published in September 2017.
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Access to a sustainable source of health care is critical for preventing Zika transmission. Having a patient-provider relationship is the ideal way for women and men of reproductive age to receive education and counseling on Zika prevention. This is especially important for those living in or travelling to Zika-prone areas (or who have partners in the same situation), and women who are pregnant or planning to become pregnant. Access to a trusted provider offers patients the opportunity for screening and follow-up care as well. Insurance coverage is a conduit for access, and particularly for access to contraception. The CDC has determined that family planning is the primary strategy for reducing Zika-related pregnancy complications. To ensure this strategy can be implemented on a widespread basis, it is critical that insurance covers contraception as such; the CDC encourages state Medicaid programs to implement payment and policy approaches that will optimize access and use of highly effective, long-acting reversible contraception (LARC) methods.

Gaps in women’s access to health care are likely to negatively impact Zika prevention, especially in high-risk states such as Florida and Texas. This situation is exacerbated by the “coverage gap” in non-Medicaid expansion states, and women and people of color make up a disproportionate share of those in this category. Without coverage, low-income women face challenges in obtaining birth control, pre-conception planning, prenatal care, and counseling. Further, women who lack coverage are less likely to be connected to any source of health care, and therefore miss an opportunity to be well informed about the Zika virus.

The Title V Response

Title X and Title V Partnership in the Zika Era
Federally funded Title X clinics, which provide family planning and sexual health services, help women and men of reproductive age make informed decisions about family planning, pregnancy and childbirth in the context of Zika. As a critical source of care for low-income, undocumented, uninsured and other vulnerable populations, Title X programs can serve as a vital direct-service partner with Title V, in promoting population health efforts to address Zika.

The MCH population is among the most vulnerable to the effects of the Zika virus. In response, state Title V programs are engaging in a variety of efforts to promote access to care, increase use of contraception, and take other preventive measures to address this public health threat. Set out below are examples of these efforts:

American Samoa

As of January 2017, American Samoa had 1,052 suspected Zika virus and 62 cases confirmed through laboratory testing. Of that total, 28 are pregnant women, according to DOH data. The Zika outbreak in this region prompted local Federally Qualified Health Centers (FQHCs) to waive facility fees and offer free prenatal care, family planning services, and Zika education. At every initial prenatal visit, women receive Zika counseling and prevention kits, which include mosquito nets, condoms, pesticides, water purification tablets, mosquito repellent, and child development milestone booklets. The American Samoa Title V program provides funding to support the delivery of prenatal care in clinic settings. This program works closely with the CDC to develop a consumer-friendly roadmap to help Zika-positive mothers and babies navigate the health care system. In addition, Title V Zika funding has supported care coordination for children and youth with special health care needs, as well as early

† In states that do not expand Medicaid, many adults fall into a “coverage gap,” whereby their incomes are above Medicaid eligibility limits, but below the lower limit for Health Insurance Marketplace premium tax credits.
intervention and newborn hearing and screening services.

**Georgia**

The Georgia Title V program has adopted a variety of effective strategies to address Zika. Title V has supported Georgia public health clinics in their efforts to maximize use of risk assessment tools and provide effective counseling to pregnant women and women who are considering pregnancy. The Georgia Department of Community Health (DCH) promotes and pays for LARCs for all GA Medicaid fee-for-service providers and managed care organizations. DCH has also expanded Medicaid reimbursement to cover LARC insertion for both outpatient and inpatient settings, projecting a savings of $2.3 million over two years per 1,000 Medicaid-eligible women in Georgia. Through a workforce development partnership with the Georgia OB-GYN Society, Georgia Title V is also supporting LARC training for nurse practitioners.

Georgia Title V has expanded its network for distributing condom kits, and is including community health and family planning clinics, all public health districts, environmental groups, and clinics for prevention and treatment of sexually transmitted diseases (STDs). In addition, Georgia DCH offers access to mosquito repellent to all Medicaid beneficiaries, and regulatory changes were made to allow public health nurses to call in Medicaid-covered repellants to pharmacies.

**Louisiana**

When Zika began appearing in the continental United States, Louisiana became the first state to formally implement a Zika prevention strategy within its Medicaid program. The strategy mandates Medicaid coverage of mosquito repellent, as well as all FDA-approved family planning methods, including condoms, for female and male Medicaid beneficiaries of reproductive age, regardless of pregnancy intention. Louisiana (LA) Medicaid now covers Zika testing for Medicaid beneficiaries who have travelled to an area with Zika and show symptoms, as well as for pregnant women who traveled to an area with Zika or have had unprotected sex with a partner who has recently traveled to a Zika affected area. The LA Department of Health also provides Zika prevention education to all primary care providers in the state who treat women of reproductive age. The agency’s efforts to control the spread of Zika are also enhanced by its participation in national efforts to promote broader use of LARCs, through provider training on LARC insertion.

**Mississippi**

With funding from the U.S. Department of Health and Human Services’ Office of Population Affairs, the Mississippi Health Department (MSDH) is enhancing its Zika prevention efforts by expanding access to contraception state-wide. MSDH is building an infrastructure to support clinician expertise in all FDA-approved birth control methods. Mississippi hosts professional development trainings for nurses and physicians throughout the state on contraceptive counseling and LARC insertion. Funds are also being used for Zika prevention kits, which include educational materials about Zika, condoms, and lubricants. The kits have been distributed at colleges and local health departments.

**New York**

The New York State Department of Health (NYS-DOH) is addressing the Zika threat by helping people gain better access to health care, which includes family planning services for women and men of reproductive age. The NYS-DOH supplies
condoms and other contraceptive methods to physician practices and clinics throughout the state. Since 2013, NYS-DOH has directed a LARC quality improvement initiative with physician practices to increase LARC access. NYS-DOH Family Planning Program requires family planning clinics to engage in community outreach and education on Zika, and advises providers to identify male and female clinic patients who have traveled or plan to travel to at-risk Zika countries. The NYS-DOH engages providers and the public with Zika messaging through the state’s home visiting program, the MCH Collaborative, and the early intervention program. The DOH has promoted insurance coverage of Zika testing and mosquito repellant, and has also funded media campaigns to provide target populations with accurate information about Zika transmission.

Texas

Texas has reported that 427 individuals were added to the CDC’s Zika Pregnancy Registry as of October 10, 2017. The Texas Department of State Health Services (DSHS) provides these data to the Zika Pregnancy Registry on a weekly basis. Texas Title V has responded aggressively to this public health threat. In partnership with the Texas American College of Obstetricians and Gynecologists (ACOG) chapter, the Texas DSHS developed the “Texas LARC Toolkit,” a provider education resource designed to increase the availability of LARCs for women throughout the reproductive life cycle. DSHS has released a web-based "quick course" for providers about LARC, which explains how to integrate LARC education into routine clinical practice. DSHS has promoted the course to state managed care organizations and has encouraged them to share it with their provider networks.

The state has also created a Zika preparedness and response plan, which guides the state’s Zika surveillance and control efforts and emphasizes the need to protect pregnant women. The plan amplifies public education and outreach efforts; provides consistent, timely and accurate information to partners, stakeholders and the public; and facilitates coordination between DSHS, health care providers and emergency management personnel. Texas has also partnered with the Mexican Border Authority to engage community health workers in their efforts to prevent Zika and link women to care.

**Critical Zika Prevention Tasks for State Title V Programs:**

- Educate providers about the importance of discussing contraception with women and couples who live in areas with local Zika transmission and who want to delay or avoid becoming pregnant
- Recommend that providers inform patients about birth control methods that best meet their needs, including long-acting reversible contraceptives
- Identify geographic areas that may not have access to contraceptive services for women who wish to avoid or delay pregnancy during a local Zika outbreak
- Develop plans to provide contraceptive access for underserved populations during a local Zika outbreak

**Continued Challenges**

**Public Awareness of Zika Transmission Modes**

A recent national survey demonstrated the need for access to provider education and counseling on Zika, particularly for young adults of reproductive age. The survey, which was conducted by the March of Dimes and The Associated Press-NORC Center for Public Affairs Research, demonstrates the varying degrees of knowledge among Americans regarding Zika transmission and associated adverse health outcomes. According to the survey, 9 in 10 Americans are aware that a person can contract Zika from being bitten by an
infected mosquito, and 8 in 10 know that Zika is associated with birth defects in babies. However, 58 percent of Americans are unaware that Zika can be sexually transmitted, and 48 percent do not know that a test for the Zika virus is available. Many young adults, especially unmarried and/or low-income women, are also unaware of recommendations to delay pregnancy if Zika exposure has occurred.

**Provider Training on Zika Prevention, with an Emphasis on Contraception**

Many public health departments are concerned about the lack of providers in their states who are appropriately trained in Zika prevention, and specifically in the use of effective contraceptive methods. Support from Title V and professional organizations such as ACOG can facilitate provider training on contraceptive counseling and LARC insertion. Professional training for hospital and office-based providers on contraception counseling can expand to include home visiting nurses, community health center providers, and school-based health center staff, to improve access to care for individuals of reproductive age and prevent the spread of Zika.

**Conclusion**

Among women and men of reproductive age in U.S. states and territories, the risk of contracting the Zika virus remains a concern. State Title V programs are responding with a variety of Zika public awareness and health promotion efforts. Moreover, Title V programs are engaging in efforts to expand access to providers with expertise in effective contraceptive methods to reduce Zika transmission. Expanding access to care can help reduce the rate of unintended pregnancies and adverse pregnancy outcomes associated with the Zika virus, reinforce the importance of early intervention, and bridge the knowledge gap for underserved populations living in high-risk Zika areas.

**Resources**

- **Association of State & Territorial Health Officials:** [www.astho.org/zika](http://www.astho.org/zika)
- **Centers for Medicare & Medicaid Services:** [www.cms.gov](http://www.cms.gov)
- **Medicaid:** [www.medicaid.gov](http://www.medicaid.gov)
- **U.S. Centers for Disease Control & Prevention:** [www.cdc.gov/zika](http://www.cdc.gov/zika)
- **Zika Care Connect:** [www.zikacareconnect.org](http://www.zikacareconnect.org)

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**AMCHP Contact Information**

For more information, please visit the AMCHP website at [www.amchp.org](http://www.amchp.org) or contact a member of the AMCHP staff at info@amchp.org.
End Notes


