



Local Health Departments Respond to 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 unborn babies. In April 2016, the Centers for Disease Control and Prevention (CDC) announced conclusive evidence that Zika virus causes microcephaly and other serious brain defects in infants, costing up to \$4 million or more per child to treat. After months of travel-associated and sexually transmitted cases of Zika being identified in the

United States, the first cases acquired from mosquitoes in the continental United States were identified in Florida in July 2016. In August 2016, the U.S. Department of Health and Human Services (HHS) declared a public health emergency in Puerto Rico due to Zika.

While the full implications of the Zika virus in the United States are still unfolding, there is much that can be done. Local health departments are engaged in educating the public and health care providers about the Zika virus; performing activities to control mosquito populations; connecting pregnant women with Zika testing; and investigating potential spread of disease.

NACCHO Recommendations

Emergency funding to respond to the Zika virus expires on Sept. 30. To ensure the public's safety and well-being, the National Association of County and City Health Officials (NACCHO) recommends the following:

- In FY2018, Congress should continue support for Zika activities funded through the CDC's public health emergency preparedness program,

epidemiology and lab capacity program, and vector-borne disease program.

- Emergency supplemental funding has supported a full range of activities to fight Zika, including mosquito control and surveillance, increasing lab capacity, public health studies, technical assistance to state and local governments, and diagnostic development.

Federal Programs Critical to the Zika Response

Centers for Disease Control and Prevention

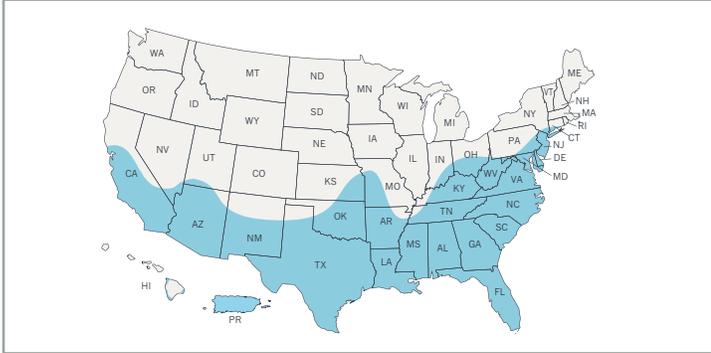
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

(Funded through CDC Public Health Preparedness and Response at \$660 million in FY2017)

PHEP grants are awarded to 50 state, 4 large city (Chicago, Los Angeles County, New York City, and Washington, DC), and eight territorial health departments. PHEP grants strengthen local and state public health

departments' capacity and capability to effectively plan for, respond to, and recover from public health emergencies such as terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. More than half of local health departments rely solely on federal funding for emergency preparedness. State and local public health preparedness programs have been reduced by more than a third since peak levels in 2003. Additionally, funding for hospital and health system emergency preparedness funding has been cut by more than half.

CDC'S ESTIMATED RANGE OF AEDES AEGYPTI IN THE UNITED STATES, 2016



This map shows CDC's best estimate of the potential range of Aedes aegypti, the mosquito that can spread the Zika virus, in the United States in 2016.

EPIDEMIOLOGY AND LAB CAPACITY GRANT PROGRAM

FY17: \$195 million

President's FY18 Budget: \$155 million

FY18 NACCHO Request: \$195 million

The ELC grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 state health departments, six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, DC), Puerto Rico, and the Republic of Palau.

The ELC grants strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

ELC funding was critical to the 2016 response to Zika virus, bolstering capacity at the ground level to detect disease and control its spread, sparing families from devastating birth defects.

VECTOR-BORNE DISEASE PREVENTION

(Funded through CDC Core Infectious Disease Program at \$26 million in FY2017)

The Core Infectious Disease (CID) Program provides funding to 50 states and six cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, DC) to identify and monitor the occurrence of known infectious diseases, identify newly emerging infectious diseases, and identify and respond to outbreaks. CID funding also addresses vector-borne diseases. National

capacity for mosquito surveillance and control, which was previously enhanced to address the West Nile virus, has eroded and requires supplemental funding to rebuild capacity.

New Federal Resources Needed for Local Response

Mosquito Prevention, Surveillance, and Control Programs

Mosquito control programs are funded locally and very inconsistently around the country. A 2016 NACCHO assessment of mosquito control programs found only one-fifth were fully capable of addressing their community's needs. Federal funding is needed to ensure that robust mosquito control programs are in place around the country to address Zika, West Nile, dengue, and chikungunya.

How are local health departments responding to Zika?

Local health departments are doing the following in coordination with healthcare providers and other partners:

- Educating the public about Zika and how to reduce their risk;
- Training health department staff and health care providers;
- Investigating potential Zika cases to stop or minimize the spread of the virus;
- Connecting pregnant women to testing;
- Helping families of Zika-infected babies connect to

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



Public Health

Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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