Integration Forum All Partners Call

June 9, 2016

Phone: (877) 666-9610 Access Code: 10709618

Chairs:
Sharon Moffatt (ASTHO)
Ron Yee (NACHC)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 pm ET</td>
<td>Welcome</td>
</tr>
<tr>
<td>3:05 pm ET</td>
<td>Zika Virus Disease – Mitigating Adverse Pregnancy and Birth Outcomes</td>
</tr>
<tr>
<td></td>
<td>Debra Hawks, Senior Director, Practice Activities, Obstetrics and Immunization, at the American College of Obstetricians and Gynecologists (ACOG)</td>
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<td>Caroline Stampfel, MPH, Director, Programs, Association of Maternal and Child Health Programs (AMCHP)</td>
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<tr>
<td>3:30 pm ET</td>
<td>Q&amp;A and Discussion</td>
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<tr>
<td>3:45 pm ET</td>
<td>Introduction of New Partners and Partner Updates</td>
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<tr>
<td>3:55 pm ET</td>
<td>Announcements</td>
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<tr>
<td></td>
<td>• Upcoming Committee Calls</td>
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<td></td>
<td>• Email <a href="mailto:integrationforum@astho.org">integrationforum@astho.org</a> to share information for the newsletter, or for more information on committee calls and upcoming events.</td>
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<tr>
<td>4:00 pm ET</td>
<td>Adjourn</td>
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</tbody>
</table>
Presenters

- **Debra Hawks**, Senior Director, Practice Activities, Obstetrics and Immunization, at the American College of Obstetricians and Gynecologists (ACOG)

- **Caroline Stampfel, MPH**, Director, Programs at the Association of Maternal and Child Health Programs (AMCHP)
ACOG and Zika Virus

- ACOG’s Immunization Expert Work Group is guiding ACOG on Zika guidance
- Nabal Bracero, MD ACOG’s Puerto Rico Section chair and an active leader in Zika in Puerto Rico has also been contributing to ACOG Zika related activities. Dr. Bracero is a special member of ACOG’s IEWG
ACOG’s original Practice Advisory addressing Zika Virus was published online and emailed to all ACOG Fellows on January 21, 2016.

ACOG staff and Zika virus member experts monitor CDC updates published in the MMWR to determine whether updates are needed.

ACOG’s Practice Advisory has been updated, based on new information from CDC, on February 12, 2016, March 31, 2016 and May __________

Page views:
- Over 11,900 in January
- Over 19,800 in February
- Over 7,700 in March
- Over 13,500 in April
ACOG’s Zika Webpage at Acog.org/zika

Features ACOG’s Practice Advisory, US Zika Pregnancy Registry and Testing Information, and CDC hotline for health care providers

- Additional Resources Available: All CDC MMWR’s, CDC Resources for Providers and Pregnant women, SMFM guidance, Zika research articles, updates from FDA

- ACOG staff make daily updates to provide up-to-date information and resources

Page Views:
- 1,300 January
- 7,000 February
- 5,300 March
- 3,300 April
ACOG’s Zika Webpage at Immunizationforwomen.org/zika

ACOG’s immunization website that allows for quick response to provide ACOG members and patients with information early

Links to ACOG’s Practice Advisory, US Zika Pregnancy Registry Information and CDC hotline for health care providers

Page Views:
- 4,000 January
- 2,000 February
- 1,300 March
- 1,800 April
Registry, testing and hotline information for ob-gyns on ACOG’s Zika webpages

US Zika Pregnancy Registry

In order to help the CDC track and manage Zika virus disease in pregnancy, ob-gyn providers will need to report pregnant women with any laboratory evidence of ZIKV infection (positive or inconclusive test results) to the state health department. They can expect follow up from health officials during the pregnancy and at the time of expected birth to collect surveillance data. In addition, any adverse outcome should be reported to the state health department. CDC registry staff will work with state health departments to assist with collection of information. Ob-gyns can also contact the CDC pregnancy hotline to discuss women with laboratory evidence of ZIKV infection. If they contact CDC for clinical consultation, registry staff will ensure that state, tribal, local, or territorial health departments are notified. Click here for CDC's US Pregnancy Registry for Zika Virus Infection. For more information visit CDC's Zika Pregnancy Registry page: US Pregnancy Registry for Zika Virus Infection

CDC Zika Pregnancy Hotline for Healthcare Providers

Contact CDC Zika Pregnancy 24/7 ob-gyn consult line 770-488-7100 or email ZikaPregnancy@cdc.gov for any concerns related to clinical management or the US Zika Pregnancy Registry

Please see CDC fact sheets for ob-gyns and pregnant women.

Diagnostic Testing Diagnostic Testing on CDC.gov

Zika virus disease can often be diagnosed by performing reverse transcriptase-polymerase chain reaction (RT-PCR) on serum. Testing is performed at the CDC Arbovirus Diagnostic Laboratory and a few state health departments.

Contact your state health department for local direction on handling specimens for testing. To find your state contact refer to this Zika state contact list from CDC (members-only PDF).
ACOG Member Email Blasts

- ACOG email blasts allow for quick communication to all ACOG members
- “ACOG Update on Zika Virus” sent on January 16, 2016
- “CDC Issues Health Alert on Sexual Transmission of Zika Virus” sent on February 28, 2016
- “US Pregnancy Registry for Confirmed Zika Virus Infection” sent on April 8, 2016

In order to help the CDC track and manage Zika virus disease in pregnancy, ob-gyn providers will need to report pregnant women with any laboratory evidence of ZIKV infection (positive or inconclusive test results) to the state health department. They can expect follow up from health officials during the pregnancy and at the time of expected birth to collect surveillance data. In addition, any adverse outcome should be reported to the state health department. CDC registry staff will work with state health departments to assist with collection of information. Ob-gyns can also contact the CDC registry hotline to discuss women with laboratory evidence of ZIKV infection. If they contact CDC for clinical consultation, registry staff will ensure that state, tribal, local, or territorial health departments are notified. Click here for CDC’s US Pregnancy Registry for Zika Virus Infection.

Ob-gyns can contact the CDC Zika Pregnancy Hotline at 770-488-7100 or email ZikaPregnancy@cdc.gov for more information or to contact CDC Registry staff.
Ongoing Promotion of Key Links in OB Journals, Web, Media, Email Blasts

Obstetrician-gynecologists and other obstetric providers are encouraged to visit the following resources for detailed guidance and information regarding Zika, including breaking developments.

ACOG’s Zika webpage: www.acog.org/zika

CDC Zika Virus Website: www.cdc.gov/zika

CDC Zika Pregnancy Hotline for Healthcare Providers: Obstetrician-gynecologists can contact the CDC Zika Pregnancy Hotline at 770-488-7100 or email ZikaPregnancy@cdc.gov for any concerns related to clinical management or the US Zika Pregnancy Registry.”
Ongoing Promotion of Key Links in OB Journals, Web, Media, Email Blasts cont’d

ACOG/SMFM Practice Advisory on Zika [http://www.acog.org/About-ACOG/News-Room/Practice-Advisories](http://www.acog.org/About-ACOG/News-Room/Practice-Advisories)

State Health Department Contact list for ob-gyns (members only) for questions on CDC’s Zika Registry: [http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus](http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus) (members only pdf)

State Health Department Contact list for ob-gyns (members only) for questions on testing: [http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus](http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus) (members only pdf)
2016 ACOG Annual Meeting Talks on Zika

- **Cutting Edge Topics in Ob-Gyn** with Society for Maternal-Fetal Medicine, Monday, May 16
- **Late Breaking Lecture: The Latest on the Zika Virus: Ob/Gyn Response in This World of Uncertainty** – Denise J. Jamieson, MD and Laura E. Riley, MD, Sunday, May 15
  - This session presented an overview of what is known about Zika virus with particular attention paid to pregnancy implications. This lecture also reviewed what is not known about the pathogenesis of the virus. In this time of uncertainty, guidance on prevention, screening, and treatment was also discussed.

- **Lunch With the Experts** session with Denise J. Jamieson, MD, titled “Zika, Ebola and other Outbreak Responses at the CDC: An Ob-Gyn’s Perspective” on Tuesday, May 17
Collaboration

- CDC and ACOG have communicated and consulted regularly since the inception of the Zika outbreak. This includes clinical guidance and resources for ob-gyns, patients and their families.
- CDC developed state specific contact lists for ob-gyns on the Zika registry and on testing.
- ACOG shared state ob-gyn Zika contacts for CDC and state health departments.
- ACOG and SMFM have been in close communication and all Practice Advisories have been jointly published clinical guidance.
Collaboration

- ACOG has collaborated with the American Academy of Pediatrics, Association of State and Territory Health Officials, American College of Nurse-Midwives, and March of Dimes on various issues related to Zika virus such as clinical guidance, health care provider education, advocacy efforts for Congressional funding and Zika prevention.

- ACOG has broadly disseminated its Practice Advisories and webpages with partner organizations

- ACOG looks forward to future collaboration with these and other organizations as Zika initiatives continue and increase.
Frequently Asked Questions (Obstetrics)

How often is Zika symptomatic versus asymptomatic?

In pregnancy, is symptomatic Zika infection worse than asymptomatic infection?

Is there any trimester where becoming infected with Zika is worse?

If I see patients in an area of active Zika transmission (AZT), do I have to offer universal Zika testing in pregnancy?

When do I have to test pregnant women for Zika if I live in an area of AZT?

Can maternal serum or urine test for Zika be negative and still have a fetus affected by the virus?

How do I counsel a woman who is contemplating getting pregnant?

How do I counsel a woman who is considering assisted reproductive technology?
ACOG Zika Staff

Debra Hawks, MPH, Senior Director Practice Activities, Obstetrics, & Immunization
dhawks@acog.org

Margaret Villalonga, Director, Obstetrics and Genetics
scarroll@acog.org

Valerie Echeveste, Program Specialist, Immunization
vecheveste@acog.org
AMCHP Presentation
Supporting MCH and CSHCN Programs around Zika
June 9, 2016
Agenda:

I. Introduction and Overview
II. AMCHP Policy and Legislative Activities
III. Programmatic Activities
IV. What Title V and CSHCN Directors are saying
V. Open Dialogue
Agenda:

I. Introduction and Overview
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### Table 1. Supplemental Funding Amounts for Zika Response for FY2016:
Comparison of Administration Request with Senate and House Proposals

<table>
<thead>
<tr>
<th>Agency</th>
<th>Administration Request</th>
<th>S.Amdt. 3900 as Passed in Senate</th>
<th>H.R. 5243 as Passed in House</th>
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</thead>
<tbody>
<tr>
<td>CDC Subtotal</td>
<td>828.0</td>
<td>449.0a</td>
<td>170.0bc</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>0.0d</td>
<td>(5.0)</td>
<td>0.0c</td>
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<tr>
<td>HRSA Subtotal</td>
<td>0.0</td>
<td>51.0</td>
<td>0.0</td>
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<tr>
<td>PHSSEF: Social Services Block Grant for territories (non-add)</td>
<td>0.0</td>
<td>(75.0)e</td>
<td>0.0</td>
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<tr>
<td>PHSSEF: Other (non-add)</td>
<td>(295.0)d</td>
<td>(75.0)e</td>
<td>(103.0)</td>
</tr>
<tr>
<td>PHSSEF Subtotal</td>
<td>295.0</td>
<td>150.0</td>
<td>103.0</td>
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<tr>
<td>NIH/NIH 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><strong>HHS Total</strong></td>
<td><strong>1,509.0</strong></td>
<td><strong>850.0b</strong></td>
<td><strong>503.0</strong></td>
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**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>
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</thead>
<tbody>
<tr>
<td><strong>Period of Availability of Funds</strong></td>
<td></td>
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<td></td>
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<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>
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Clinical Phenotype with Presumed Congenital Zika Virus Infection

Photo: EPA/Antonio Lacerda

Photo: Felipe Dana, AP

Photo: Felipe Dana, AP

Photo: Percio Campos, EPA

Photo: Anderson Stevens
Brazil For Mailonline

Photo: Daniel Ramalho
For The Globe and Mail

Photo: EPA/Antonio Lacerda

Photo: Anderson Stevens
For Mailonline

Photo: Anderson Stevens
For Mailonline
Agenda:

I. **Introduction** and Overview
II. **AMCHP Policy and Legislative Activities**
III. **Programmatic Activities**
IV. **What Title V and CSHCN Directors are saying**
V. **Open Dialogue**
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](https://www.cdc.gov/zika/pregnancy/eligibility.html).
- 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.
Agenda:

II. Introduction and Overview
II. AMCHP Policy and Legislative Activities
III. Programmatic Activities
IV. What Title V and CSHCN Directors are saying
V. Open Dialogue
Agenda:

I. Introduction and Overview
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Thank you!
Questions and Discussion
Next Steps and Announcements:

- Introduction of New Partners
- Partner Updates
- Announcements
Thank You!

Questions or Ideas?
E-mail nslaughter@astho.org