ASTHO LARC Learning Community
Virtual Learning Session #5

June 25, 2016
2:00-4:00p ET
For Audio: 866-740-1260, ext. 5273187#
LARC Learning Community

LARC Learning Community Cohort 1 States
LARC Learning Community Cohort 2 States
Federal Partners: CDC, CMS, OPA
National Partners: ACOG, AMCHP, NFPRHA
Agenda

2:00  Welcome and Introductions
2:10  Zika Primer, Contraception and Zika
2:50  OPA Zika and LARC Toolkit
3:00  Zika Discussion
3:15  Data, Monitoring and Evaluation Update: Iowa Experience
3:30  Group State Reports: Maryland, Massachusetts
3:45  Next Steps
4:00  Adjourn
Welcome and Introductions

Welcome from ASTHO

- Ellen Pliska, MPH
  Family and Child Health Director
Webinar Objectives

- Review the Zika virus and its implications for women of reproductive age
- Explain the role of contraception, particularly LARC, in preventing Zika exposed pregnancies
- Explore Iowa’s experience with a tool for evaluating progress towards immediate postpartum LARC implementation
- Discuss the success of the Colorado Provider Training Symposium
- Describe state updates since the last LARC virtual learning session
Zika Primer

Irogue Igbinosa, MD
Clinical Team, Pregnancy and Birth Defects Task Force, 2016 CDC Zika Virus Response, CDC
Contraception and Zika

Lisa M. Romero, DrPH, MPH
Deputy Team Lead, Contraception Access Team, Pregnancy and Birth Defects Task Force 2016 CDC Zika Virus Response, CDC

Erin Berry-Bibee MD, MPH
Contraception Access Team, Pregnancy and Birth Defects Task Force, 2016 CDC Zika Virus Response, CDC
Zika Virus Primer

Irogue Igbinosa, MD
Clinical Team, Pregnancy and Birth Defects Task Force
2016 Zika Virus Response
Centers for Disease Control and Prevention

July 25, 2016
“Never before in history has there been a situation where a bite from a mosquito could result in a devastating malformation.”

– Dr. Tom Frieden, CDC Director

*Fortune*, April 13, 2016
Zika: The Basics
What is Zika Virus?

- Disease spread primarily through the bite of an infected *Aedes* species mosquito
  - Aggressive daytime biters, live indoors and outdoors
  - Can also bite at night
How is Zika transmitted?

- Zika can be transmitted through:
  - Mosquito bites
  - From a pregnant woman infected with Zika to her fetus
  - Sexual contact with an infected person
  - Blood transfusion
What are the symptoms?

- The most common symptoms of Zika are
  - Fever
  - Rash
  - Joint pain
  - Conjunctivitis (red eyes)

- Many people infected with Zika virus won’t have symptoms or will only have mild symptoms.
Where is Zika now?

As of July 21, 2016, 50 countries and territories worldwide, including 41 countries and territories in the Americas, are reporting active Zika virus transmission. This includes 41 countries and territories in the Americas, reporting active Zika virus transmission.
As of July 21, 2016
Zika: Pregnancy and Microcephaly
Zika Infection in Pregnancy

- Pregnant women can be infected through
  - A mosquito bite
  - Sex with an infected partner

- If infected around conception
  - Zika might present risk to fetus

- If infected during pregnancy
  - Zika can be passed to the fetus during pregnancy or around the time of birth
What Else Do We Know About Zika in Pregnant Women?

- Limited information demonstrates
  - No evidence of increased risk for Zika in pregnant women
  - No evidence of more severe symptoms in pregnant women
  - Infection can occur in any trimester
  - Proportion of pregnant women who will become infected not fully known
Zika Can Cause Microcephaly
Infants Born With Microcephaly

CT scan images courtesy of Dr. Erin Staples, Division of Vector-Borne Diseases, CDC

*Not for reproduction or dissemination
Zika May Cause Other Problems

- Linked to miscarriage and stillbirth
  - Not enough evidence yet to say Zika virus is the cause

- Besides microcephaly, fetuses infected with Zika virus before birth may have other health and developmental problems after birth:
  - Seizures
  - Developmental delay
  - Intellectual disability
  - Problems with movement and balance
  - Feeding problems, such as difficulty swallowing
  - Hearing loss
  - Vision problems

US Zika Pregnancy Registry

- **Purpose of registry**: To monitor pregnancy and infant outcomes following Zika virus infection during pregnancy and to inform clinical guidance and public health response.

- **How it works**: The registry is a supplemental surveillance effort coordinated by CDC and dependent on the voluntary collaboration of the state, tribal, local, and territorial health departments.
Number of Pregnant Women Who May Be Affected

400*

Pregnant women with any laboratory evidence of possible Zika virus infection in the US 50 states and DC

378**

Pregnant women with any laboratory evidence of possible Zika virus infection in US territories

*Includes aggregated data reported to the US Zika Pregnancy Registry as of July 14, 2016

**Includes aggregated data from the US territories reported to the US Zika Pregnancy and data from Puerto Rico reported to the Zika Active Pregnancy Surveillance as of July 14, 2016
Reporting Poor Outcomes

- Starting June 16, 2016, CDC began reporting poor outcomes of pregnancies with laboratory evidence of possible Zika virus infection for US states and the District of Columbia (DC).
- As of July 14, 2016, in US states and DC, there were
  - **400** pregnant women reported to the US Zika Pregnancy Registry
  - **12** liveborn infants with birth defects
  - **6** pregnancy losses with birth defects
CDC Recommendations: Prevention
Traveling to Areas with Active Zika Transmission

- Pregnant women should **not** travel to areas with Zika
- If a pregnant woman **must** travel, she should
  - Talk with her healthcare provider before she goes
  - Strictly follow steps to prevent mosquito bites during the trip
  - Take steps to prevent sexual transmission
  - Talk with her healthcare provider after she returns, even if she doesn’t feel sick

Living in or Traveling to Areas with Active Zika Transmission

**Prevent mosquito bites**
- Use insect repellent
  - It's safe and it works! Read the label and follow the directions.
- Cover your skin
  - Wear long-sleeved shirts and long pants. For extra protection, treat clothing with permethrin.*
- Mosquito-proof your home
  - Use screens on windows and doors.
  - Use air conditioning when available.
  - Eliminate standing water.

**Prevent sexual transmission**
- Use a condom
  - Use a condom the right way every time you have vaginal, anal, or oral sex during your pregnancy.
- OR
- Don't have sex
  - Don't have sex with your male partner during your pregnancy.

*Mosquitoes may be resistant to permethrin in some areas.*
<table>
<thead>
<tr>
<th><strong>Women and Their Partners Thinking about Pregnancy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WOMEN</strong></td>
</tr>
<tr>
<td><strong>MEN</strong></td>
</tr>
<tr>
<td><strong>Recent travel to an area with Zika or sex without a condom with an infected partner</strong></td>
</tr>
<tr>
<td><strong>Zika virus disease</strong></td>
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<tr>
<td><strong>Residence in an area with Zika</strong></td>
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<tr>
<td><strong>Zika virus disease</strong></td>
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<tr>
<td><strong>No Zika virus disease</strong></td>
</tr>
</tbody>
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*Italicized text indicates time periods for women based on symptom onset.*
Resources

www.cdc.gov/Zika

*Free materials available to download in English and Spanish
Zika: Pregnancy Planning and Improving Contraceptive Access

Lisa Romero, DrPH, MPH
Deputy Team Lead
Erin Berry-Bibee, MD, MPH
Research Assistant Professor, Obstetrics and Gynecology
Contraception Access Team, Pregnancy and Birth Defects Task Force
2016 Zika Virus Response
Centers for Disease Control and Prevention

July 25, 2016
CDC Recommendations: Conception and Contraception
Primary strategy to reduce Zika-related pregnancy complications is to support women who want to delay or avoid pregnancy.

Healthcare providers should:

✓ Discuss prevention of unintended pregnancy with women and couples who want to delay or avoid becoming pregnant.
✓ Provide information about birth control methods that best meet their needs (including long-acting reversible contraceptives).
Considerations for Couples Interested in Conceiving
Living in an Area With Active Zika Virus Transmission

- Reproductive life plan
- Environmental risk of exposure
- Personal measures to prevent mosquito bites
- Personal measures to prevent sexual transmission
- Education about Zika virus infection during pregnancy
- Risks and benefits of pregnancy at this time
Tools for Healthcare Providers and Couples Who Want to Conceive

www.cdc.gov/Zika

*Free online materials available to download in English and Spanish
Recommendations for Couples Interested in Conceiving
Living in an Area With Active Zika Virus Transmission

- If couples decide to attempt conception
  - Prevent mosquito bites through
    - Use of EPA-registered insect repellent during pregnancy
    - Wearing long-sleeves/pants
    - Removing standing water,
    - Staying in rooms with screens on windows/doors
    - Staying and sleeping in air-conditioned rooms or under bed nets
  - After successful conception, prevent sexual transmission through correct and consistent use of condoms or abstaining from sex for duration of pregnancy.
Recommendations for Couples Interested in Conceiving
Living in an Area With Active Zika Transmission & Waiting to Conceive

- If couples decide to wait to conceive, healthcare providers should discuss
  - Strategies to prevent unintended pregnancy
  - Use of the most effective contraceptive methods that can be used correctly and consistently
  - Role of correct and consistent use of condoms in reducing the risk for sexually transmitted infections, including Zika
Most Effective Family Planning Methods
Contraceptive Access in the US
Contraceptive Access in the United States

61 million women in the US between 15-44 years of age\(^1\)
- 43 million are at risk for unintended pregnancy\(^2\)
- 62% currently use some type of contraceptive method\(^1\)
  - Pill (16.0%)
  - Female sterilization (15.5%)
  - Male condoms (9.4%)
  - Long-acting reversible contraceptives (7.2%)
  - Male sterilization (5.1%)
  - Injection, ring, patch (4.4%)
  - All other (4.1%)
- 38% were not currently using a method.

Unintended Pregnancy in States Potentially Impacted by Zika

Long-Acting Reversible Contraception

- Intrauterine devices (IUD) & Implant
- Most effective type of reversible birth control
- Safe, no effort after insertion, and can prevent pregnancy for 3-10 years
- Nationally, use of LARC is low
- Barriers to LARC use

Cost of Births

- Unintended pregnancies associated with adverse outcomes for mother and child that may lead to increased cost.
  - Delayed prenatal care
  - Preterm birth
  - Poor maternal health
    - Hypertension and heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases (STDs), tobacco use and alcohol abuse, inadequate nutrition, unhealthy weight
  - Negative physical and mental health effects for children

Potential Cost Savings of Increasing Access to Contraceptive Services

- $7 saved for every $1 spent on family planning services to prevent unintended pregnancies
- Improved use of LARC generates health-care cost savings by reducing inconsistent contraceptive use
  - $288 million per year saved in total health-sector costs if 10% of women (20–29 years) switched from oral contraceptive pills to LARC
  - Immediate post-partum LARC provision is cost-saving: $6.50 saved for every $1 spent on an adolescent immediate postpartum implant program


Increasing Contraceptive Access in Puerto Rico: Private-Public Partnership
Access to Contraception is Limited in Puerto Rico


<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>15–19</th>
<th>Approximate no. of women</th>
<th>20–44</th>
<th>Approximate no. of women</th>
<th>Total no. of contraceptives needed for 1 yr supply</th>
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<tbody>
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<td>55,000</td>
<td>100</td>
<td>83,000</td>
<td>138,000</td>
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</table>

* Includes women who are sexually active, fertile, and not sterilized nor using one of the most effective or moderately effective reversible contraceptive methods.
† Percent of contraceptive methods = distribution observed in CHOICE project for women aged 15–19 years (http://www.nejm.org/doi/pdf/10.1056/NEJMo1400506).
§ Percent of contraceptive methods = distribution observed in CHOICE project for women aged 20–44 years (http://europepmc.org/articles/pmc4216614).
Barriers to Contraception in Puerto Rico

- Limited number of contraceptive methods available to women
- High *de facto* out-of-pocket costs for patients
- Insurance reimbursement/perceptions of reimbursement of providers
- Logistical barriers that limit same-day provision
- Lack of patient education
- Shortage of physicians trained in insertion and removal of long-acting reversible contraceptives (i.e., intrauterine devices (IUDs) and implants)
- Cultural and other factors
Improving Access to Contraception in Puerto Rico

- A collaboration between the CDC Foundation, with CDC technical assistance, the Puerto Rico Department of Health and other local organizations to improve access to women who desire contraception.

- **Goal**: to reduce Zika-related pregnancy complications and birth defects by providing the full range of contraceptive methods to women living in Puerto Rico who want to delay or avoid pregnancy.
Improving Access to Contraception in Puerto Rico

Key Strategies:

- Increase physician awareness of the need to screen reproductive-aged women at every encounter about their pregnancy plans during the Zika outbreak and provide access to contraceptive methods if they desire to delay or avoid pregnancy.
- Increase the supply of the full range of contraceptive methods to physicians and clinics in Puerto Rico, including IUDs, implants, injections, pills, patches, vaginal rings, and condoms.
- Increase education of physicians and clinic support staff (e.g., nurse, health educator) on client-centered contraceptive counseling.
- Increase training of physicians on the insertion and removal of LARC methods.
Engaging Commercial Health Plans & Medicaid MCOs

- Discussions to address access barriers to contraception for women in Puerto Rico
- Develop action steps and implementation plans to reduce contraception access barriers (immediate and long-term)
Immediate Action Items

- Improve same-day access to services by removing requirements for:
  - testing before initiation of contraceptive methods (i.e., Pap Smear, STD)
  - referral to limited number of centralized clinics

- Scale-up short-acting methods while simultaneously working on introduction and sustainability of LARCs
Long-term sustainability

- Train physicians on provision of the full range of contraceptive methods, including LARC insertion and removal
- Increase physician awareness of need to screen women about their desire to achieve, delay, or avoid pregnancy
- Increase patient demand for the most effective contraception methods
- Initiate discussions about the insufficient provider reimbursement rate and administrative and logistical barriers.
- Work collaboratively on the Medicaid Cap concerns with Congress
What State and Local Health Departments Can Do
Prior to local transmission

- Educate providers about the importance of discussing contraception with women and couples who live in or travel to areas with local Zika transmission and who want to delay or avoid becoming pregnant.
- Assess contraceptive access for women of reproductive age on your Health Plan who want to avoid or delay pregnancy during a local Zika outbreak.
- Identify and address the contraceptive access barriers.
- Identify underserved geographic areas or vulnerable populations in your Health Plan that are not accessing contraceptive services.
Once local transmission has occurred

- Inform 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 ensure that couples who want to delay or avoid pregnancy are informed about birth control methods that best meet their needs, including LARC methods (IUD and implant).
- Implement plans to provide contraceptive access to geographic areas or vulnerable populations in your Health Plan who are not accessing contraceptive services.
What CDC is doing
Assessing Access to Contraception in the US

  - Surveillance project of CDC and state health departments
  - Collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy
  - Covers 78% of all US births
  - Assesses unintended pregnancy and postpartum contraceptive use

- Planning comprehensive assessment of contraceptive access and unintended pregnancy in states and territories.
1. Reimburse providers for actual cost of providing contraceptive services for women of childbearing age.
   - Screening for pregnancy intention
   - Contraception counseling
   - Insertion, removal, replacement, or reinsertion of LARC
   - Follow-up

2. Reimburse providers for the actual cost of LARC or other contraceptive devices to provide the full range of contraceptive methods.

3. Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.

4. Remove administrative and logistical barriers to LARC.
   - Prior authorization requirements
   - Medical management
   - High acquisition & stocking costs
Improving Access to Contraception in Continental US: CDC’s Role Within the Larger HHS Context

CDC’s 6/18 Initiative
- 4 states funded to implement evidence-based payment strategies to improve health outcomes and reduce costs

CDC’s ASTHO LARC Learning Community
- 13 states to identify the opportunities, challenges, and TA needs using a multi-pronged approach to policy implementation of post-partum LARC.

CMCS’ Maternal and Infant Health Initiative
- 14 states funded to facilitate data collection/report on contraceptive measure

CMMI’s Payer-Provider Summit
- 4 states brought together to identify promising alternative payment strategies

MCHB’s COIIN focused on reducing infant mortality
- 29 states are addressing increased access to contraception

OPA’s Quality Improvement Initiative
- 15-20 Title X grantees aligned with the state Medicaid programs funded by CMCS

HRSA’s Bureau of Primary Health Care
- Strengthening the quality of contraceptive services provided by community health centers

• Centers for Medicaid/CHIP Services (CMCS); Maternal and Infant Health Initiative (MIHI); Maternal and Child Health Bureau (MCHB); Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality (COIIN); Office of Population Affairs (OPA); Health Resources and Service Administration (HRSA).
State, Territory, and Jurisdictional-level Strategies

- Facilitate cross-sector partnership among private and public insurers, device manufacturers, and state agencies.
  - Improve acquisition management, streamline service provision, increase efficiency in product purchase, and reduce per capita costs.

- Reimburse providers for the full range of contraceptive services.
  - e.g., screening for pregnancy intention, client-centered contraception counseling, insertion, removal, and replacement, or re-insertion of LARCs, and follow-up.

- Remove logistical and administrative barriers for contraceptive services and supplies.
  - Policies requiring pre-approval, step therapy restriction or required use of generic drugs prior to brand-name medication, and limited stocking of highly effective contraceptive devices.
State, Territory, and Jurisdictional-level Strategies

- Train healthcare-providers on current insertion and removal techniques for LARCs using CDC’s evidence-based contraceptive guidance.
  - Selected Practice Recommendations, Medical Eligibility Criteria, and Quality Family Planning Services Recommendations.
- Engage smaller and rural facilities, including community health care centers.
  - Ensure adequate provider training and supply of highly effective methods.
  - Partnership with larger facilities to implement client-centered counseling on the range of methods available.
- Assess client satisfaction with service provision, and increase consumer awareness of effective methods through public/private campaigns.
Resources and Information for Women


Resources and Information for Providers


For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
OPA Zika and LARC Toolkit: Providing Family Planning Care for Non-Pregnant Women and Men of Reproductive Age in the Context of Zika

Lorrie Gavin, PhD, MPH
Senior Research Scientist
Office of Population Affairs
Zika Toolkit:
Expanding Access to
Quality Family Planning
and Zika-related Care

July 25, 2016
Zika & Reproductive Health

- The emergence of the Zika virus poses a serious threat to Americans’ reproductive health.
- Contraception is a key component of efforts to mitigate the impact of Zika.
- Zika will change the way in which contraceptive and other family planning services are provided. For example:
  - More women and men may decide to delay pregnancy after they learn about the potential risks of Zika transmission
  - More women may decide to put a higher priority on the more effective methods of contraception;
  - Clients who decide to get pregnant will need to be counseled about how to reduce their risk of infection during pregnancy.
Components of OPA’s Response to Zika

OPA’s efforts are focused on the needs of non-pregnant women and men of reproductive age.

- Webinar series
- Zika toolkit
- In-person provider training
- Outreach
- Monitoring
Zika Toolkit

- Synthesizes key CDC recommendations for non-pregnant clients into a user-friendly format
- Integrates Zika education into the family planning visit, using a client-centered approach
- Includes anticipatory guidance, job aids, patient education tools, community outreach materials
- Updated on a regular basis, as new research and CDC guidance is released
- Tailored for areas:
  - With local transmission of Zika
  - Without local transmission of Zika
Figure 1: Family Planning Counseling Process

1. Assess reproductive goals
2. Provide Zika risk assessment and education in context of goals
3. Provide counseling to optimize reproductive health in context of Zika risk
   - Client-centered contraceptive counseling
   - Pre-conception care
4. Ensure all clients have received information about strategies to prevent Zika infection
Zika Toolkit for Healthcare Providers

Job Aid 01: Family Planning Counseling Process in Areas with Zika

Ask Female Clients: “Do you want to get pregnant now?”

- Conduct assessment for current and future risk for Zika infection (Job Aids 02 and 03):
  - Assess travel to areas with Zika transmission by client and her past and current male partner(s).
  - Inquire about current or recent symptoms of Zika experienced by client and/or her partner(s).
  - Perform testing for Zika among women who experience signs/symptoms of Zika within 2 weeks of possible exposure.
- Provide education about Zika virus, the risks associated with it, and its transmission in the context of client’s pregnancy goals and current and future risk (Client Handout #1 for all clients. Client Handout #2 if risk identified).

Discuss timing of possible pregnancy in context of Zika risk, if present (Client Handout #2 if risk identified).
- Consider temporary pregnancy prevention if pregnancy planned or desired.
- Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid 04 and Client Handouts #3 if risk identified), as well as potential for transmission to pregnancy.
- Choose a pregnancy method.

If temporary pregnancy prevention desired:
- Discuss options for temporary pregnancy prevention if pregnancy planned or desired.
- Discuss strategies to prevent Zika infection and education about symptoms of Zika infection as appropriate for identified level of risk (Job Aid 04 and Client Handout #2 if risk identified).

Provide client-centered contraceptive counseling (Job Aids 04 & 05):
- Consider method effectiveness in preventing Zika risk.

Welcome to prevent pregnancy.
- Ask clear intentions.
- Discuss risk.
- Discuss strategies to prevent Zika infection as appropriate for identified level of risk (Job Aid 04 and Client Handouts #3 if risk identified), as well as potential for transmission to pregnancy.
- Choose a pregnancy method.

Discuss whether information and risk assessment changes views on future pregnancy.

Zika Toolkit for Healthcare Providers
Initiaal Screening Questions for Female and Male Clients in Areas WITHOUT Zika

Initial screening questions for all female clients prior to the visit:
1. Have you traveled outside the continental US in the past 8 weeks?
   - Yes
   - No
2. Have you or any man you are dating or have dated in the past 8 weeks, traveled outside the continental US in the past 8 months?
   - Yes
   - No
3. Do you or any man you are dating plan to travel outside the continental US in the next year?
   - Yes
   - No

Initial screening questions for all male clients prior to the visit:
1. Have you traveled outside the continental US in the past 6 months?
   - Yes
   - No
2. Do you plan to travel outside the continental US in the next year?
   - Yes
   - No
Counseling Female Clients about Risk of Zika Infection in Areas WITHOUT Local Transmission

Evaluating current and future risk

Job questions like:

1. Have you traveled to an area with active Zika transmission in the past 8 weeks? (Travel log to determine)
2. Are you having sex (including vaginal, anal, or oral sex), or have you had sex (in the past 8 weeks, with a man who is at risk for spreading Zika? (Consider the following points)
   - If any male sex partner traveled to an area with Zika in the past 8 weeks prior to sex
   - If, whether he experienced symptoms within two weeks of travel
   - If he did not experience symptoms, whether the client had sex with him less than 8 weeks after exposure
   - Whether the client, or the client, is seeing a condom, every time with any potentially exposed partner
3. If “yes” to either of recent travel to an area with Zika or sex without a condom with a man at risk of Zika:
   - Did you have any of the following symptoms of Zika infection within 2 weeks of any time you might have gotten Zika?
     - Fever
     - Joint pain
     - Rash
     - Red eyes
4. Do you, or any man you have sex with, plan to travel to an area with Zika?

Educating Clients

See Client Handbook #1 and #2 (for women and #3 for men) for plain language and images to use when educating clients about the key messages. These handbooks also serve as take-home materials for clients.

Recommendations

- If a female is exposed to Zika through travel or sexual activity and has no symptoms, she should wait at least 8 weeks after exposure to attempt conception.
- If a female is exposed to Zika through travel or sexual activity and has confirmed Zika virus or clinical illness consistent with Zika, she should wait at least 8 weeks after onset of symptoms to attempt conception.
- If a male partner is exposed to Zika and has no symptoms, the couple should delay attempts at conception for at least 8 weeks and should consider using condoms for at least 8 weeks after exposure to prevent sexual transmission.
- If a male partner is exposed to Zika and has symptoms, the couple should delay attempts at conception for at least 8 weeks and should consider using condoms for at least 8 weeks to prevent sexual transmission.
- Women who could be pregnant and who might (or whose male partner might) travel to an area with Zika should consider CDC recommendations regarding use of condoms and avoiding conception after possible Zika exposure.
- If travel is planned, provide information about Zika prevention, including strategies to prevent mosquito bites.
Protecting Yourself and Others from Zika

For women living in areas without Zika:

- If you are pregnant, use condoms or abstain from sex during the entire pregnancy.
- If you are pregnant or trying to get pregnant, use condoms or abstain from sex.
- If you are not pregnant, use condoms or abstain from sex.

How to protect yourself and others:

Prevent getting Zika from sex:

- Prevent getting Zika from having sex with a man who has traveled to, lived in, or been in an area with Zika.
- Use condoms every time.
- Use condoms correctly every time.
- Use condoms every time.

Prevent getting Zika from mosquitoes:

- A woman may be exposed to Zika before she ever knows she is pregnant.
- Zika can be transmitted through mosquito bite.
- Use mosquito repellent on exposed skin.
- Use insect repellent on exposed skin.
- Use insect repellent on exposed skin.

Use birth control if you wish to prevent pregnancy:

- If you are pregnant, talk to your healthcare provider about what is most important to you and your partner.
- Use a combination pill, patch, or ring.
- Use a contraceptive implant.
- Use an intrauterine device.
- Use a vaginal ring.

How the risk of Zika may affect pregnancy plans:

- Women and couples should plan for Zika exposure to delay pregnancy until more is known about the virus.
- Pregnant women are advised not to travel to areas with Zika.
- If a woman has been exposed to Zika through sexual activity, she should wait at least 8 weeks before trying to get pregnant. If she develops symptoms of Zika, she should wait at least 6 weeks after the symptoms stop.
- If a man has been exposed to Zika, but has had no symptoms of the virus, the couple should wait at least 8 weeks after possible exposure before trying to get pregnant, and use condoms or another method during this time.
- If a man has one or more symptoms of Zika, they should wait at least 6 weeks after the symptoms stop before trying to get pregnant, and use condoms or another method during this time. This is because Zika can still be in a man’s semen many months after he has had the virus.

What are your thoughts about pregnancy?

- Talk to your healthcare provider about your future plans for pregnancy, and options for birth control if you are not ready to start trying to get pregnant.

Symptoms of Zika:

- Fever
- Headache
- Joint pain
- Rash
# Birth Control Method Options

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<tr>
<th>Method</th>
<th>Most Effective</th>
<th>Least Effective</th>
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<tbody>
<tr>
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<tr>
<td><strong>Effective</strong></td>
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<td></td>
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<tr>
<td>Intrauterine device (IUD)</td>
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<tr>
<td>Contraceptive patch</td>
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<tr>
<td>Contraceptive ring</td>
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<tr>
<td>Oral contraceptives (pill)</td>
<td></td>
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<tr>
<td>Condom</td>
<td></td>
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<tr>
<td>Spermicides</td>
<td></td>
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</tr>
<tr>
<td><strong>Risk of pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very low</td>
<td>5 out of 100</td>
<td>5 out of 100</td>
</tr>
<tr>
<td>Low</td>
<td>15 out of 100</td>
<td>18 out of 100</td>
</tr>
<tr>
<td>Moderate</td>
<td>20 out of 100</td>
<td>22 out of 100</td>
</tr>
<tr>
<td>High</td>
<td>30 out of 100</td>
<td>28 out of 100</td>
</tr>
<tr>
<td>Very high</td>
<td>40 out of 100</td>
<td>26 out of 100</td>
</tr>
</tbody>
</table>

**How the method is used**

- **Intrauterine device (IUD)**: Surgical procedure
- **Contraceptive patch**: Placement on skin
- **Contraceptive ring**: Insertion into upper arm
- **Oral contraceptives (pill)**: Taken daily
- **Condom**: Use with spermicide
- **Spermicides**: Use with condom

**Monetary side effects**

- **Intrauterine device (IUD)**: None
- **Contraceptive patch**: Spots, skin irritation, weight gain
- **Contraceptive ring**: Spots, skin irritation, weight gain
- **Oral contraceptives (pill)**: Spots, skin irritation, weight gain
- **Condom**: None
- **Spermicides**: None

**Other considerations**

- **Intrauterine device (IUD)**: Provides permanent protection against an unintended pregnancy
- **Contraceptive patch**: LNG no estradiol, may reduce spotting, reduced dryness
- **Contraceptive ring**: Copper IUD, no hormones, may reduce menstrual cramps
- **Oral contraceptives (pill)**: LNG estradiol, may reduce menstrual cramps, increases risk of ovarian and uterine cancer
- **Condom**: No hormones, no prescription necessary
- **Spermicides**: None

Counsel all clients about the use of condoms to reduce the risk of STIs, including HIV infection.
What Men Need to Know about Zika

For people living in areas without Zika

- In some places, Zika is spread by mosquitoes.
- Zika can also be passed through sexual contact and during birth.
- A man with Zika can spread the virus to his female and male sex partners.
- Zika virus can affect men and women of all ages.

A man’s risk of getting and spreading Zika

If you live in, or travel to, an area with Zika, you may be exposed to Zika through mosquito bites. You must know about any Zika virus you may have infected your partner if you have had sex with them while you had no symptoms.

How to protect yourself and others from Zika

If you live in or travel to areas with Zika, protect yourself from mosquito bites when you are and help prevent spreading Zika during sexual activity and male sex partners by using condoms.

Prevent mosquito bites

- Use insect repellent (20% DEET) regularly and as needed.
- Wear long-sleeved shirts and long pants.
- Use insect repellent indoors.
- Stay in air-conditioned rooms or windows and doors are closed.
- Keep your skin clean and free of mosquito bites.

If you have had sex with your partner while you had no symptoms, you should not have sex during sexual activity and for at least 6 months if you have had symptoms of Zika.

Symptoms of Zika

Most people with Zika don’t know they have it. The illness is usually mild with symptoms lasting for several days to a week. Common symptoms are:

- Fever
- Rash
- Joint pain
- Conjunctivitis

If you have been exposed to Zika and you have no symptoms, you may be able to spread the virus for up to 2 days before you become ill.

How to protect yourself and others from Zika

If you live in or travel to an area without Zika, help prevent spreading Zika during sexual activity and use condoms for vaginal and anal sex, or be not having sex while you are there.

If you live in an area with Zika and want to live in an area without Zika, you should wait before trying to get your partner pregnant.

- For at least 6 months after your partner’s viral symptoms were confirmed, if you do not have symptoms of Zika.
- For at least 6 months after your symptoms were confirmed, if you do not have symptoms of Zika.

For more information and services, contact:

- Zika virus hotline: 1-800-842-8170
- Visit the CDC’s website: cdc.gov/zika

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Zika Toolkit for Healthcare Providers
Areas with Zika Transmission

• Relevant information provided throughout toolkit, including:
  • Recommendation to use condoms while Zika is in the area if not attempting conception
  • Strategies to minimize risk of mosquito bites
  • Considerations if interested in attempting pregnancy, including both partners’ ability to use strategies to avoid infection

• Full packet of:
  • Job Aids
  • Educational materials
FPNTC.ORG

Zika Toolkit: Expanding Access to Quality Family Planning and Zika-related Care - New Date

Zika virus can be passed from a pregnant woman to her fetus and cause miscarriage or serious birth defects including microcephaly. How can we help both women and men who may be at risk for Zika infection? For more information and on the event and the toolkit...

NEW DATE!
WEBINAR
Zika Toolkit:
Expanding Access to Quality Family Planning and Zika-related Care
Wednesday, July 13, 2016
1:00 – 2:00 PM Eastern Time (EDT)

Continuing Education will be provided.
Zika Virus
Community of Practice (CoP)

Special “Ask the Expert” Opportunity

Join us at:
http://fpntc.org/cop/zika-virus