FY 2017 President’s Budget Request Overview for the National Center on Birth Defects and Developmental Disabilities

Sascha Chaney
Associate Director for Policy (Acting)

February 22, 2016
FY 2017 President’s Budget Request | $136 Million

- FY16 Request
  - BA: $68M
  - PPHF: $64M
- FY16 Enacted
  - BA: $136M
- FY17 Request
  - BA: $68M
  - PPHF: $68M

Total: $136 Million
### President's Budget FY 2017

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<thead>
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<th>Category</th>
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<th>FY 2017 President’s Budget</th>
<th>FY 2017 +/- FY 2016</th>
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**Proposed shifts to ACA/PPHF funding**
# SAVING BABIES
Through Birth Defects Prevention and Research

## Child Health & Development
$65.800M

<table>
<thead>
<tr>
<th>Budget Activity/Description</th>
<th>FY 2015</th>
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<th>FY 2017</th>
<th>OMB Decision</th>
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## Health & Development with Disability

$54.710M

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HELPING CHILDREN
Live to the Fullest by Understanding Developmental Disabilities

Health & Development with Disability

Major Change Since FY2015

Disability and Health: +$2M
### PROTECTING PEOPLE
Preventing Complications of Blood Disorders

#### Blood Disorders
$15.100M

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<td>+/- FY16</td>
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<td>-- Thalasemia</td>
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Click for shareable factsheet on NCBDDD’s FY2017 Budget Request
Friends of NCBDD
Zika Virus Briefing

Coleen Boyle, PhD, MSHyg
Director

February 22, 2016
January 22, 2016: CDC activated its Emergency Operations Center (EOC).

February 1, 2016: World Health Organization declared a Public Health Emergency of International Concern (PHEIC) because of clusters of microcephaly and other neurological disorders in some areas affected by Zika.

February 8, 2016: CDC elevated its EOC activation to a Level 1—the highest level of response—reserved for critical emergencies.

February 8, 2016: President Obama announced request for $1.8 billion in emergency funds.
What is Zika virus disease (Zika)?

- Virus closely related to dengue, yellow fever, Japanese encephalitis, and West Nile viruses.
- Spread primarily through the bite of an *Aedes* mosquito infected with Zika virus.
- 4 out of 5 people don’t even know they have Zika.
- Symptoms are mild and last for several days to a week.

*Aedes aegypti* mosquito
How is Zika transmitted?

- Zika can be transmitted through:
  - Mosquito bites
  - Maternal-fetal
  - Sexual contact
  - Blood transfusion
Evaluation and diagnosis of Zika virus infection

- Diagnosis based on a combination of travel history, clinical signs and symptoms, and specialized laboratory blood tests.
- Testing performed at the CDC Arbovirus Diagnostic Laboratory and a few state health departments.
- Healthcare providers advised to contact their state and local health department to facilitate testing.
- No commercially available diagnostic tests.
Where has Zika been found?

- Prior to 2015, Zika outbreaks occurred in Africa, Southeast Asia, and the Pacific Islands.
- Currently, outbreaks are occurring in many countries the Americas.

Last updated February 18, 2016
Zika virus epidemiology

- First isolated from a monkey in Uganda in 1947.
- Prior to 2007, only sporadic human disease cases reported from Africa and southeast Asia.
- In 2007, first outbreak reported on Yap Island, Federated States of Micronesia.
- In 2013–2014, >28,000 suspected cases reported from French Polynesia*

Zika Virus in the continental United States

- Local, mosquito-borne transmission of Zika virus has not been reported in the continental United States.
- With current outbreaks in the Americas, cases among U.S. travelers will most likely increase.
- CDC is not able to predict how much Zika virus would spread in the continental United States.
How does Zika affect pregnant women?

- Limited information is available.
- Existing data show:
  - No evidence of increased susceptibility.
  - Infection can occur in any trimester.
  - Incidence of Zika virus in this population is not known.
  - No evidence of more severe disease.
- No transmission associated with breastfeeding.
What is microcephaly?

- Clinical finding of a small head when compared to infants of same sex and age.
- Reliable assessment of intracranial brain volume.
- Microcephaly has been linked to:
  - Seizures
  - Developmental delays
  - Intellectual disabilities
  - Problems with movement and balance
  - Feeding problems
  - Hearing loss
  - Vision problems
- Can be primary due to poor brain growth (often with a genetic etiology but some environmental) or secondary due to destruction of previously-formed brain tissue (due to infection, vascular disruption)
Microcephaly surveillance and monitoring

- Difficult birth defect to monitor because of inconsistent definition and use of terminology.
- Typically, in the US, below the third percentile on a standard growth chart identifies infants with microcephaly. However, standards can vary.
  - The CDC guidelines for evaluation and testing of infants with possible congenital Zika virus infection provide a standard case definition for microcephaly.
Zika and microcephaly

- **What we know**
  - Laboratory tests of a small number of cases in Brazil suggest a link between Zika in pregnancy and microcephaly.

- **Investigating the link**
  - Congenital defects have not been reported with other flavivirus infections in pregnancy.
  - Identifying a new viral cause of a major birth defects is extremely rare.

- **Research underway to understand:**
  - Causal relationship between Zika virus and microcephaly.
  - Factors that may influence risk:
    - Impact of timing in pregnancy when Zika.
    - Severity of illness.
Does Zika cause Guillain-Barré syndrome (GBS)?

- We do not yet know if there is a connection between GBS and Zika virus infection.
- GBS is a rare disorder where a person’s own immune system damages the nerve cells, causing muscle weakness and sometimes paralysis.
- The Brazil Ministry of Health (MOH) is reporting an increased number of people affected with GBS.
- CDC is working with Brazil’s MOH to determine if having Zika makes getting GBS more likely.
Zika virus preventive measures

- No vaccine or medication to prevent infection or disease.
- Primary prevention measure is to reduce mosquito exposure.
  - Use EPA-registered insect repellent.
    - EPA-registered repellents, including DEET are safe and effective for pregnant women.
  - Wear long-sleeved shirts and long pants to cover exposed skin.
  - Wear permethrin-treated clothes.
  - Stay and sleep in screened-in or air-conditioned rooms.
  - Practice mosquito prevention strategies indoors and outdoors throughout the entire day.
CDC Recommendations: Women considering travel

- Pregnant women in any trimester should consider postponing travel to areas where Zika is present.
  - If a woman must travel to one of these areas, she should talk to her healthcare provider first and strictly follow steps to prevent mosquito bites during the trip.
  - If she has a male partner who lives in or has traveled to an area where Zika is spreading, either do not have sex or use condoms the right way, every time, during her pregnancy.

- Women trying to get pregnant
  - Before she or her male partner travel, she should talk to her healthcare provider about their plans to become pregnant and the risk of Zika virus infection.
  - She and her male partner should strictly follow steps to prevent mosquito bites during the trip.
Zika Travel Information

For the most current information about Zika virus, please visit www.cdc.gov/zika.

Zika Travel Notices

- Zika Virus in Cape Verde
- Zika Virus in the Caribbean
  Currently includes: Aruba; Barbados; Bonaire; Curaçao; Dominican Republic; Guadeloupe; Haiti; Jamaica; Martinique; the Commonwealth of Puerto Rico, a U.S. territory; Saint Martin; U.S. Virgin Islands
- Zika Virus in Central America
  Currently includes: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama
- Zika Virus in Mexico
- Zika Virus in the Pacific Islands
  Currently includes: American Samoa, Samoa, Tonga
- Zika Virus in South America
CDC Guidelines for Healthcare Providers

MMWR

- **Sexual Transmission**
  - “Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016” (Feb. 5, 2016)

- **For Obstetrical Health Care Providers**
  - “Interim Guidelines for Pregnant Women During a Zika Virus Outbreak — United States, 2016” (Jan. 22, 2016)
  - “Update: Interim Guidelines for Healthcare Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016” (Feb. 5, 2016)

- **For Pediatric Health Care Providers**
  - Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection — United States, 2016 (Jan. 29, 2016)
  - Update: Interim Guidelines for Health Care Providers Caring for Infants and Children with Possible Zika Virus Infection — United States, February 2016 (Feb. 19, 2016)
What is CDC doing?

- Working with partners to:
  - Educate healthcare providers and the public about Zika.
  - Post travel notices and other travel-related guidance.
  - Provide state and territorial health laboratories with diagnostic tests.
  - Detect and report cases.
  - Support mosquito control programs both in the United States and around the world.
NCBDDD Activities

- NCBDDD staff and scientists deployed to
  - EOC at CDC headquarters
  - Brazil
  - Colombia
  - Puerto Rico
- Developing clinical guidance
- Providing expertise on birth defects surveillance
- Supporting communication
- Working with our partners
Questions