

About the Zika Virus Planning Resources

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Introduction

The intent of these planning resource documents is to enhance healthcare coalition and healthcare system preparedness and response to a domestic Zika virus disease outbreak by highlighting some of the anticipated hospital, primary and outpatient care, and social service resource needs essential to caring for affected adults and children. Planning for this emerging outbreak is important given the potential for severe birth outcomes and post-viral neurologic sequelae. The planning matrices are meant to provide a starting point for healthcare system surge planning related to a real or potential Zika virus outbreak. There may be increased localized demand for maternal and child health practitioners, along with specialists in neurology. In higher risk areas, there may also be an increased need for screening and testing for Zika virus. The management of Zika related patients will include care delivered across the entire spectrum of the healthcare system, and will involve outpatient and acute care settings, home healthcare and rehabilitative services, and case management and social services. Healthcare systems and coalitions are not required to use the resources, but are encouraged to consider how available resources may be affected by an increase in demand for specialty services and care.

Understanding the Framework used in the Resource Guide

A Zika outbreak is unlikely to result in large numbers of acutely ill patients needing simultaneous care, making surge planning for Zika unique from that of conventional disaster events, including those with an infectious disease component (e.g. pandemic influenza, Ebola). In contrast, the known and suspected complications of Zika infection (including Guillain-Barré syndrome, microcephaly, and other neurological disorders) are likely to disproportionately affect certain patient populations, most notably pregnant women and their developing fetuses. Treatment of these complications will likely require the participation of healthcare specialties and social services that may have limited experience with preparedness activities.

Three distinct scenarios might arise in the context of a Zika virus outbreak, each of which builds in scope and magnitude. The first scenario envisions sporadic, localized transmission of cases or the importation of a few cases from an endemic region. The second scenario involves cluster transmission with limited spread. The third scenario, and the one deemed least likely to occur, is the widespread transmission of Zika virus. From a clinical care planning perspective, concerns with having to manage a medical surge event are not as significant as are the diagnostic and long-term therapeutic challenges posed by this emerging infectious outbreak. A surge in the number of cases requiring emergent hospitalization is not likely to occur. In the worst case

scenario widespread transmission could lead to “contingency surge” response, in which shortages of key resources may require substitution, adaptation, or conservation of these resources. “Adaptation” encourages clinicians to adapt current practices in order to better steward available resources. “Substitution” allows for clinicians to substitute one product for another, while “conservation” suggests that clinicians take steps to limit the use of certain resources in short supply.

The first two scenarios (sporadic cases or localized and cluster transmission) are not likely to require the implementation of any of these strategies or exceed a “conventional surge” response. These resource guides are designed to aid states, particularly those most likely to be affected by Zika virus as they proactively evaluate their available resources and determine their potential medical surge planning needs. For regions in which Zika is not a pressing concern, these planning resources may simply be useful as an adjunct to other planning efforts.

Intended Audience

The intended audience for these documents includes clinicians, administrators, healthcare facilities, healthcare coalitions, laboratory facilities, case managers, social workers, social support staff, and other key stakeholders in the delivery of healthcare services related to Zika virus infections. This guidance encourages planners to engage with healthcare system partners who may have had limited experience with preparedness activities but are essential to an effective response to a Zika virus outbreak, including specialists in maternal and child health, neurology, and social services.

The Spectrum of Patient Care Needs

These planning resources represent a spectrum of patient care needs. The *High Risk Pregnancy and Microcephaly Planning Resource* is focused on the management of pregnancies that may be affected by Zika virus infection. Because of the documented linkage to microcephaly and other neurological deficits, it is important to mobilize the necessary health and medical resources needed to support these pregnancies early. Many of these resources reside in both the hospital and outpatient setting, and preparations for both are strongly encouraged.

The *Supporting Children with Special Health Care Needs Planning Resource* serves as a compendium of federally funded social service programs that may be available to help support the medical consequences of Zika-related infections, especially those connected to adverse birth events.

For More Information

[Zika: Resources at Your Fingertips](https://asprtracie.hhs.gov/documents/ASPR-TRACIE-Zika-Virus-Disease-Resources-At-Your-Fingertips.pdf). US Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. February 28, 2016. Updated May 9, 2016. <https://asprtracie.hhs.gov/documents/ASPR-TRACIE-Zika-Virus-Disease-Resources-At-Your-Fingertips.pdf>

ZAP Summit Follow Up Teleconference. US Department of Health and Human Services, Centers for Disease Control and Prevention. <http://www.cdc.gov/zika/public-health-partners/zap-teleconferences.html>.

Title V, Maternal and Child Health Service Block Grant, promotes comprehensive prenatal and postnatal care, health assessments and follow up diagnostic care and treatment services, and family-centered care coordination for children with special healthcare needs:
<http://mchb.hrsa.gov/programs/titlevgrants/>

Individuals with Disabilities Education Act (IDEA) Part C helps improve services and outcomes for infants and toddlers through age 2 developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays:
<http://idea.ed.gov/part-c/search/new>

Family Voices aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities. Family-centered care is community-based, coordinated, culturally and linguistically competency, and guided by what is best for each child and family.
<http://www.familyvoices.org/states>



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