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United States Senate

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The Honorable Secretary Sylvia Burwell
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Burwell:

As ranking member of the Senate Foreign Relations Africa and Global Health Subcommittee, which has jurisdiction over global health policy, I am writing to inquire about the efforts of the Department of Health and Human Services (HHS) to address the growing threat of the mosquito-borne Zika virus.

Although Zika was first identified in Uganda in 1947, it wasn't until 2013 when it appeared in French Polynesia that health authorities took notice. By 2014, it had showed up in several other South Pacific spots, before being identified in Brazil in May 2015. The Brazilian government estimates that there are between 400,000 and 1.4 million Zika cases in the country. And since October 22, 2015, when the government introduced a mandatory reporting requirement, nearly 4,000 new cases have been identified. Since this virus was reported in Brazil in May 2015, infections have occurred in two dozen countries, resulting in the Centers for Disease Control and Prevention (CDC) issuing a travel warning for the affected areas with active Zika transmission. Various international health officials have highlighted severe and incredibly troubling clinical manifestations of the Zika virus, including a birth defect known as microcephaly that results in babies' born with abnormally small heads and incomplete brain development, as well as Guillain-Barré syndrome (GBS), a rare and chronic nerve condition.

On January 15, 2016, Hawaii reported the first domestic case of microcephaly in a newborn whose mother had lived in Brazil. Days later, Florida, Illinois, and Texas reported several infected individuals, some of whom were pregnant, after international travel. Just this week, residents from Virginia, Minnesota and Arkansas have been identified with the virus. The World Health Organization (WHO) has predicted the virus would spread to nearly all countries across the Americas, and given the widespread endemic nature of the mosquito responsible for the Zika virus throughout much of the southern and eastern part of the United States, we must be prepared for the rapid spread of this infection.

While health officials have recently identified the linkage between Zika virus and birth defects, very little is known about the transmission of this virus from mother to child. Even less

is known about the transmission of this virus through blood or sexual conduct, though limited studies have indicated that this is a potential route of transmission. Because this virus was long thought to be primarily asymptomatic and rarely fatal, there was very little research devoted to developing vaccines or treatments for infection. It is clear that additional and accelerated research is needed to better understand the etiology of this virus and to develop effective vaccines and treatments that can prevent devastating consequences to babies and families around the world.

Traditionally, treatment options for Zika have been limited to relieving the manifested symptoms of the virus. Because the virus is very commonly asymptomatic, individuals may not seek immediate treatment--complicating the ability to effectively surveil the spread of this disease. Additionally, without appropriate outreach and education to raise awareness of this new virus and its presence in the United States, healthcare professionals may not know how to appropriately identify or test for Zika, rendering them unable to make appropriate diagnoses that are necessary for national reporting and surveillance of the disease. Furthermore, because of the sensitive population of pregnant women and their offspring that are most at risk, it is imperative that HHS is appropriately communicating with treatment providers, including hospitals and obstetricians to alert them of this risk and the need to vigilantly keep an eye on any suspected manifestations of the disease.

In light of the abundance of U.S. travelers who are expected to attend the 2016 Olympics in Rio de Janeiro this summer, the frequency with which U.S. travelers visit South and Central America and the Caribbean, and with officials reporting in November that mosquitoes in Mexico have been infected with the virus and have spread it to people, this is clearly an urgent issue for our government. As we learned during the Ebola outbreak, early identification and intervention is critical. Please respond by February 15, 2016 with the plans HHS has to address the threat of the Zika virus, how you are working with other countries to support their efforts and what additional resources HHS might need to help address the risks of this virus.

Sincerely,



Edward J. Markey