Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on "U.S. Public Health Response to the Zika Virus: Continuing Challenges"
May 23, 2017

(As approved for delivery)

Today the Subcommittee continues its examination of the U.S. public health response to the Zika virus. The Subcommittee first examined the Zika virus last year during the early stages of the outbreak across Central and South America. As this year's mosquito season is about to begin, the time has come to review what has been done—and what we have learned—since then, and to examine the challenges that our federal health agencies continue to face.

To date, every state in the continental United States, minus Alaska, has reported cases of the Zika virus, and two states—Florida and Texas—have reported cases of locally acquired mosquito-borne transmission. As of March 2017, there were 84 countries, territories, or subnational areas with evidence of vector-borne Zika virus and 13 countries have reported evidence of person-to-person transmission of the virus. A recent report released by the Centers for Disease Control and Prevention (CDC) found that one in ten women in the United States with a confirmed Zika virus infection during a pregnancy had a baby with a virus-related birth defect.

Emerging infectious diseases present unique challenges to public health systems here and around the world. When the Committee held its hearing on Zika in March of last year, much was unknown about the virus and its impact on public health. I want to commend our public health agencies for the work they have done. Diagnostic tools were quickly developed and approved under Emergency Use Authority, and more are in the pipeline now. Multiple vaccine candidates are in development, and much research into the virus and its effects have taken place. When instances of local transmission occurred in Florida and Texas, the CDC acted quickly in tandem with state and local partners to contain the spread.

But despite these efforts, the unknowns of this disease still outnumber the knowns. We don't know the actual number of infections in the United States. We don't know the long-term impact of Zika infection during pregnancy on children born to

infected mothers. We don't know about the long-term impacts of infection on men, or on people who exhibit no symptoms of Zika. There are difficulties with the diagnostic tests we have in use today. And we don't have good information or modeling on how the virus will spread this year, let alone beyond that.

The GAO is here today reporting on its evaluation of the U.S. public health response to Zika—work commissioned by this Committee. This is not the first time GAO has done such an analysis in response to emerging infectious diseases. And each time, GAO has found that HHS was reactive in its response to outbreak prevention, preparedness, detection, and response. Once again, GAO has shown that we were not fully prepared at the outset of the outbreak.

The GAO evaluated the U.S. public health response to Zika in three key areas: (1) case-definition and an understanding of how the disease spreads into community and the factors that affect this distribution; (2) the development and use of diagnostic tools; and (3) methods of mosquito control. The GAO findings are sobering: while there have been many advances, actions are needed to address major challenges.

According to the GAO, the lack of a standardized Zika case definition at the beginning of the outbreak complicated the collection of consistent and timely data. The diagnostic tests varied in their ability to detect the virus and provide accurate test results. Manufacturers of diagnostic tests faced multiple challenges including gaining access to FDA-authorized tests for comparison use, and users of the tests could not even determine the most accurate diagnostic test based on the information provided.

And, of great concern, the GAO report raises questions about CDC's and FDA's disclosure of test information and the treatment of CDC's own subject matter expert who was removed and then reinstated to his position after dissenting over concerns about the CDC Zika diagnostic test being provided to labs.

With regard to state and local mosquito control efforts, CDC developed technical guidance and provided funding and technical assistance. GAO identified challenges here as well for federal agencies, including the need to effectively communicate information about the geographical distribution of the mosquito that primarily transmits the Zika virus. Much of the money appropriated by Congress last year to respond to Zika went to states and localities in the form of grants, and

effective communication is critical to ensure that our federal tax dollars are spent wisely.

It is clear that we have much to discuss today. We will hear from a panel of distinguished federal witnesses, including the Centers of Disease Control and Prevention, the National Institutes of Health, the Food and Drug Administration, the Biomedical Advanced Research and Development Authority, as well as the Government Accountability Office.

I would like to thank all of our witnesses for joining us this morning. I now recognize the Ranking Member of the Subcommittee, Ms. DeGette, for a five-minute opening statement.