



Spotlight on Illinois Department of Public Health



Cross-cutting Zika Collaboration

When it comes to Zika virus infection (Zika), every state needs to be vigilant because of the severe health risks for babies born to mothers infected with Zika during pregnancy.

In Illinois, state health officials are following cases of mothers with travel-associated Zika. “Our biggest challenge is that we have a lot of women who travel to and from South and Central America.” says Jane Fornoff, D. Phil., manager of the Adverse Pregnancy Outcomes Reporting System (APORS) for the Illinois Department of Public Health. Currently, all but one Zika case in Illinois are travel-associated, and the one non-travel-related case was through sexual exposure to a person who traveled to an area with risk of Zika.

Embracing Collaboration Early On

Well before the first Zika cases reached US cities, the Illinois Department of Public Health tackled the Zika surveillance and outreach challenge by partnering with colleagues within the state and local health departments.

“We already had a collaborative relationship with the Communicable Disease Control Section for more than 25 years. That’s a strength for us – we didn’t have to wait for Zika to have a wide range of collaborative relationships,” says Fornoff. The APORS team oversees data collection on birth defects and other adverse pregnancy outcomes and flags Zika cases for local health departments, which manage the cases. The Communicable Disease Control Section monitors everyone who tests positive for Zika and collects data on symptoms and exposure using the Illinois National Electronic Disease Surveillance System, or I-NEDSS. Debbie Freeman, the program manager in Communicable Diseases, considers Fornoff and the APORS team critical to her group’s ability to coordinate Zika surveillance and follow through with local health departments.

Partnering with Largest City Health Department

Both Freeman and Fornoff work closely with all Illinois local health jurisdictions, including the Chicago Department of Public Health (CDPH), with each group sharing information and making sure they don’t duplicate efforts. Freeman’s group coordinates specimen submission for public health laboratory testing and surveillance activities, including reporting of pregnant women to the US Zika Pregnancy Registry, while Fornoff’s team reports data from follow-up assessments of babies at 2, 6, and 12 months of age.

Leveraging CDC Funding

All three groups have received CDC funding to bolster their capacities. Communicable Diseases was able to hire another full-time employee to assist with surveillance work, along with additional laboratory staff to test specimens. APORS’ CDC funds are being used to enhance its surveillance and referral service activities for babies with problems linked to Zika. CDC funding also is supporting a Zika education campaign to help women in nine community health agencies.

“The CDC funding was the impetus for having a lot of these conversations and for us to get to know each other and plan things together rather than in siloes,” says Lisa Masinter, MD, MPH, FACOG, medical director, Maternal, Infant, Child and Adolescent Health, CDPH.

Data to Action

When CDPH reported challenges rapidly reporting newborns with possible Zika-related birth defects to CDC, Fornoff and Masinter worked together to develop a system. IDPH added a field in the APORS database to quickly alert CDPH to infants who needed nursing and community services while CDPH staff worked throughout the city to educate hospitals about the need to rapidly report birth defects to IDPH. This allowed IDPH to focus on data and surveillance and CDPH to focus on patient and health provider outreach. Dr. Masinter says having a shared vision of what everyone wants to accomplish is helpful, as well as being receptive to new ideas. “We share communication strategies with them and even our media campaigns. We are happy to share – we are all in.”



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