



September 27, 2016

Dominic Mancini  
Deputy Director  
Office of Information and Regulatory Affairs  
Office of Management and Budget  
Washington, DC

Subject: Request for Emergency Review and Clearance

Dear Mr. Mancini:

Pursuant to Office of Management and Budget (OMB) procedures established at 5 CFR Part 1320, *Controlling Paperwork Burdens on the Public*, I request that the proposed information collection project, "Zika en Embarazadas y Niños en Colombia (ZEN Colombia)" be processed in accordance with section 1320.13, Emergency Processing.

I have determined that this information must be collected prior to the expiration of time periods established under Part 1320, and that this information is essential to the CDC's Zika Emergency Response. As the premier public health agency, CDC is looked to for the most up-to-date evidence-based scientific information. As part of its Zika response efforts, CDC is collaborating with the National Institute of Health (INS) in Colombia, which has had the second-most cases of the mosquito-borne Zika virus after Brazil. The large number of cases and stage of the outbreak in Colombia provides an opportunity to collect actionable information on a shorter timeframe than is possible elsewhere. This collaboration is expected to provide critical scientific information to help the United States, Colombia, and other countries prepare for the unprecedented challenges posed by Zika.

CDC has been at the forefront of the Zika response; however, many questions still remain unanswered for which studies are needed. Based on information from case reports, case series, and animal models to date, CDC has made the determination that Zika virus is a cause of microcephaly; however, limited epidemiologic data are available to confirm this relationship. Further, the evidence to date linking Zika infection in pregnant women to microcephaly and other cerebral anomalies in their newborns, shows that the mothers had been infected during their first trimester of pregnancy. As of August 2016, Colombia has reported over 102,000 suspected Zika virus cases, over 18,000 of them among pregnant women. The ZEN Colombia Study involves rapid enrollment and follow-up data collection on 5,000 pregnant Colombian women in their first trimester of pregnancy, their male partners, and their infants to investigate the relationship between Zika virus infection and adverse maternal, fetal and infant outcomes such as microcephaly. This study is designed to answer urgent questions about Zika virus infection in pregnancy: the full spectrum of adverse health outcomes in pregnant women, fetuses, and infants associated with ZIKV infection; the relative contributions of sexual transmission and mosquito-borne transmission to occurrence of infections in pregnancy; variability in the risk of adverse fetal outcomes by gestational week of maternal infection or symptoms of infection.

CDC cannot reasonably comply with the normal clearance given the high numbers of pregnant women with Zika virus infection in Colombia because the window during which the ZEN Colombia study can be conducted is narrow. We anticipate new infections with Zika virus to occur in the coming months in Colombia. However, since reinfection with Zika of an individual who was previously infected is unlikely



to occur, there will be a point in the future when Zika virus will become endemic in Colombia and there will be relatively few new infections among pregnant women. Therefore, launching ZEN soon is critically important. A delayed start would limit the numbers of infected women that could be enrolled early in pregnancy and the resulting low statistical power would affect our ability to draw meaningful conclusions from the findings. It is critical that the ZEN Colombia study begins as soon as possible to ensure that a large number of pregnant women with Zika virus infection in the first trimester can be enrolled and followed up to assess outcomes. Beginning data collection for the study at the start of the peak season for Zika infection will help to ensure that CDC can enroll a large enough cohort of women infected in their first trimester to meet the necessary 10% infection rate indicated by sample size calculations.

Because the enrollment of pregnant women in Colombia is projected to begin on October 24, 2016, accelerated OMB review is requested. This will allow for participant enrollment to coincide with the expected second wave of Zika virus cases in Colombia, the peak time for infection, and will provide CDC with the ability to rapidly answer the most urgent remaining questions that will shape the course of this public health emergency response. Therefore, CDC requests a 180-day emergency clearance to launch enrollment of pregnant women, their partners, and infants within the necessary time frame.

Please provide an approval/disapproval determination of this request to collect information under an emergency clearance by close of business October 7, 2016.

Respectfully,

A handwritten signature in blue ink that reads "Beth P. Bell".

Beth P. Bell, MD, MPH  
Director, National Center for Emerging and Zoonotic  
Infectious Diseases (NCEZID), Centers for Disease Control  
and Prevention (CDC)