

Combat Zika through effective contraception

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As a former state health commissioner (Oklahoma) and deputy secretary of health (Florida), I follow public-health issues with rapt attention. We think of Florida as a long, narrow peninsula, with North Florida hundreds of miles distant from Miami, and even further culturally. But the rapidly emerging Zika epidemic threatens our entire state, not just the southern half — and we all share a common state bird, the *Aedes* mosquito.

In part, the challenge exposes our inadequate statewide public health infrastructure, as well as our limited will to follow basic scientific precepts. Sure, we need epidemiologists, virologists and entomologists to facilitate a robust public health response to Zika. But what we lack most acutely are the family planning services that will protect Floridians from the demonstrated tragedies of this epidemic.

For 80 percent of those infected, Zika is an illness without symptoms. Yet the experience in Brazil has shown that Zika is a cause of congenital microcephaly, a rare and devastating birth defect, as well as other birth-related neurologic developmental complications.

This occurs when pregnant women transmit the virus to their offspring. Avoiding pregnancy as recommended by public health officials when living in or visiting a Zika-infested area seems like straightforward common sense. However, according to the U.S. Centers for Disease Control and Prevention, almost half of all pregnancies in this country are unintended.

This is where neglected infrastructure increases our vulnerabilities. According to the CDC, Florida leads the nation in the percentage of women of reproductive age relying on less-effective or no contraception — nearly 60 percent. Translation: A perfect storm of the non-hurricane variety is headed our way. Florida and the families living here — never mind the tourists — are unnecessarily at risk for catastrophic poor-birth outcomes.

Contraception not only protects against the potential devastations of Zika, but also provides many additional health benefits to the women and families receiving services. We avoid needless preventable family tragedies and the millions of dollars for lifelong medical expenses caring for microcephalic infants.

Family planning enables women and their families to better space their pregnancies, reducing the rates of low-birth-weight births — closely associated with higher rates of infant deaths and disabilities. Furthermore, according to the Lancet Blog, there is a return on investment for providing contraceptive services: \$1.50 for every \$1 invested.

Why would we not take all possible steps to protect women of childbearing age and their families as we face the Zika epidemic? Yes, we should use all possible means to control mosquito populations, but shouldn't we protect ourselves where we are, in fact, most vulnerable — the nearly 60 percent of Florida's more than 1.3 million women of childbearing age with inadequate contraception?

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