

Massachusetts Department of Public Health

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Massachusetts Arbovirus Surveillance and Response Plan

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Executive Summary

The 2012 Massachusetts Department of Public Health's (MDPH) Arbovirus Surveillance and Response plan provides surveillance and phased response guidance for both West Nile virus (WNV) and eastern equine encephalitis virus (EEE). In the past ten years, there have been 68 cases of WNV infection reported in Massachusetts residents and sixteen human cases of EEE resulting in at least nine deaths. This plan reflects a comprehensive review of surveillance activities, mosquito control efforts, public information and risk communication related to arbovirus control in Massachusetts.

The purpose of the plan is to provide guidance on operational aspects of surveillance and response by state and local agencies responsible for the prevention of mosquito-borne disease in the 2012 season. MDPH will continue to seek advice from its partners and collaborators and modify the plan, as appropriate. This document is open to continual review and evaluation. Information is provided to guide planning and actions to reduce the risk of human disease from EEE and WNV.

Key components of the plan include:

- monitoring trends in EEE and WNV activity in Massachusetts;
- timely collection and dissemination of information on the distribution and intensity of WNV and EEE in the environment;
- laboratory diagnosis of WNV and EEE cases in humans, horses and other animals;
- effective communication, advice and support of activities that may reduce risk of infection;
- phased response to provide measures to suppress the risk of infection.

This document provides information about EEE and WNV disease and program goals, and specific guidelines for mosquito, equine and human surveillance. Additionally, this document provides guidance for the dissemination of information, including routine information; media advisories of positive EEE and WNV findings in mosquitoes, as well as public health alerts related to positive EEE and WNV human cases.

This plan describes MDPH's public outreach efforts to provide helpful and accurate communication with Massachusetts' residents about their risk from arboviral diseases and specific actions that individuals and communities can take to reduce this risk.

I. INTRODUCTION

The Massachusetts Department of Public Health, in collaboration with the State Reclamation and Mosquito Control Board (SRMCB) and regional mosquito control projects (MCP), conducts surveillance for mosquito-borne viruses that pose a risk to human health. Surveillance currently focuses on West Nile and eastern equine encephalitis viruses, which are found in the local environment and are capable of causing serious illness and death in humans, horses and other mammals.

The 2012 Massachusetts Surveillance and Response Plan for mosquito-borne diseases is based on a comprehensive plan initially developed for WNV in 2001 in collaboration with local health agencies, other state agencies, academic institutions, the Centers for Disease Control and Prevention (CDC), and interested groups and individuals. It incorporates components of the state's EEE surveillance activities, which began in the 1950's and have continued since that time. Monitoring for WNV began following a 1999 outbreak of human WNV disease in the New York City area, the first known occurrence of this disease in North America. WNV was identified in birds and mosquitoes in Massachusetts during the summer of 2000 and has been found during each consecutive season.

The updated 2012 plan is the result of analyses of surveillance data collected in Massachusetts and the United States. In order to address the complexity and seriousness of the human disease risk posed by EEE, MDPH convened a panel of experts in the fields of ecology, biology, public health, infectious disease and toxicology to review MDPH's surveillance and response program and make recommendations for enhancing the program. In addition, MDPH continues to promote collaborative

efforts with multiple agencies and interest groups by seeking and accepting comment from stakeholders. The purpose of the plan is to provide guidance on operational aspects of surveillance and response by the state and local agencies with responsibilities for the prevention of mosquito-borne disease. MDPH will continue to seek advice from its partners and collaborators, and modify the plan, as appropriate. This document is open to continual review and evaluation, with changes made when there is opportunity for improvement.

II. DISEASE HISTORY AND BACKGROUND

The two principal mosquito-borne viruses (also known as arboviruses, for **arthropod-borne** viruses) recognized in Massachusetts, and known to cause human and animal disease are eastern equine encephalitis virus with the first human cases to have been identified in Massachusetts in 1938, and West Nile virus, with the first human case identified in the United States in 1999, and in Massachusetts in 2001.

A. Eastern Equine Encephalitis Virus

1. Background

Eastern equine encephalitis is a serious disease which occurs sporadically in Massachusetts, with 30-50% mortality and lifelong neurological disability among many survivors,. The first symptoms of EEE are fever (often 103° to 106°F), stiff neck, headache, and lack of energy. These symptoms show up three to ten days after a bite from an infected mosquito. Inflammation and swelling of the brain, called encephalitis, is the most dangerous and frequent serious complication. The disease gets worse quickly and some patients may go into a coma within a week. There is no treatment for EEE. In Massachusetts, approximately half of the people identified with EEE have died from the infection. People who survive this disease will often be permanently disabled. Few people recover completely.

Historically, clusters of human cases have occurred over a period of 2-3 years, with a variable number of years between clusters. In the years between these case clusters or outbreaks, isolated cases can and do occur. Outbreaks of human EEE disease in Massachusetts occurred in 1938-39, 1955-56, 1972-74, 1982-84, 1990-92, and, 2004-06. Two cases of EEE occurred in both 2010 and 2011; one case each year occurred in visitors to Massachusetts.

Massachusetts Eastern Equine Encephalitis Experience		
Year(s)	Human EEE Cases	Human EEE Deaths
1938-39	35	25
1955-56	16	9
1973-74	6	4
1982-84	10	3
1990-92	4	1
2004-06	13	6
2010	1 (plus 1 non-resident)	0
2011	1 (plus 1 non-resident)	1

The Public Health Service, in collaboration with MDPH, initiated a field surveillance program in 1957; following a 1955-56 outbreak of EEE. The purpose of the program was to gather data to guide prevention and risk reduction of this disease.. This program formed the basis for the Commonwealth's current arbovirus program.

2. Risk Factors for Disease Transmission

Eastern equine encephalitis virus is an enzootic alphavirus found in some passerine (perching) bird species living in and around fresh-water swamp habitats. These habitats also support populations of the primary enzootic mosquito vector, *Culiseta melanura*, which feeds predominantly on birds. Although portions of the ecology of EEE virus have yet to be elucidated, the virus has a cycle of natural infection among bird populations with occasional "incidental" symptomatic infections in susceptible species including humans. The appearance of EEE in late June or early July coincides with the hatching of highly susceptible bird populations. The virus is circulated among the bird population by *Cs. melanura* and under

some circumstances *Cs. morsitans*, another bird-biting mosquito. Depending on when virus circulation begins, the size of the *Culiseta* populations, weather conditions, and probably additional, currently unidentified factors, this virus amplification cycle may eventually spill over and involve secondary, or "bridge", mosquito vectors that feed on both birds and mammals. In the Northeast these bridge vectors are mosquito species such as *Coquillettidia perturbans*, *Ochlerotatus* (formerly *Aedes*) *canadensis*, and *Aedes vexans*. These bridge vectors are presumed to be responsible for the transfer of EEE to incidental hosts, including humans, horses llamas, alpacas, emus and ostriches. The swamp habitats, which support large populations of *Cs. melanura* and are the initial source of EEE, are known as endemic foci.

In the Northeast, these endemic foci are large hardwood swamps of mature white cedars and red maples. To grow in the permanently wet swamps, tree roots spread out across the peat soils characteristic of these habitats. These root systems create dark holes, or crypts, that are generally filled with water.. These crypts are the preferred ovipositing (egg-laying) sites for *Cs. melanura* and are where the larvae develop. *Culiseta melanura* survives the winter in these crypts. The amount of rainfall during the summer and fall affects the survival of the larvae during the winter and, in part, determines the population of adult mosquitoes the following year.

The risk of EEE infection in humans varies by geographical area in Massachusetts, as well as in the United States, and is correlated with the location of the necessary swamp habitats. In Massachusetts, these areas are most common in southeastern Massachusetts. The majority of EEE cases have occurred in Norfolk, Bristol, and Plymouth counties with some cases also occurring in Middlesex County. A very few cases have also occurred in Essex County and even more rarely in Worcester County or further west. Historically, Barnstable and the Islands of Martha's Vineyard and Nantucket have not had human cases of EEE.

Currently, it is impossible to predict, with complete accuracy, the appearance of EEE and the probability of human EEE infection in any given year. However, over 50 years of surveillance for EEE in Massachusetts has enabled the development of a mosquito-based, EEE surveillance system and the identification of several factors that help provide an estimate of human risk. These estimates are used to alert the residents of the state and guide mosquito control activities. Risk estimates are based on the current level of EEE activity in both enzootic (bird-biting) and epizootic (mammal-biting) vectors, population levels of these mosquito species, recent and historic levels of EEE activity, timing of virus identification in bird-biting and mammal-biting mosquitoes, and prevailing weather conditions.

Temporally and spatially associated human cases are more likely when multiple factors indicate that risk is increasing. Identification of EEE in the enzootic mosquito vector, *Cs melanura*, is useful for determining areas of virus amplification and as a proxy measure of the amount of EEE virus in the environment. Theoretically, the more virus that is circulating between mosquitoes and birds, the more likely it will be to be picked up by a bridge vector mosquito and transmitted to humans. The intensity of enzootic EEE transmission correlates with the abundance of the enzootic vector, *Cs melanura*. Abundant populations of this species provide greater opportunity for the virus to perpetuate or amplify within the bird population. Identification of EEE in bridge vector mosquito species confirms the presence of infected mosquitoes of a species known to feed on humans. The more virus that has spilled over into bridge vector species, the greater the chance that a person will be exposed to the virus. Warm temperatures increase the rate of both mosquito development and virus replication within mosquitoes. Consistently elevated temperatures increase mosquito populations of all species, speed up virus multiplication within mosquitoes, and therefore act to increase the amount of virus in the environment overall.

Other factors that affect the risk of EEE infection for humans are the abundance of specific kinds of mosquitoes at critical periods of the transmission season, groundwater levels, and the timing of rainfall and flooding during the mosquito season. Long-term weather patterns during the fall and winter that produce high ground water levels and snow cover may enhance survival of *Cs. melanura* larval populations. The abundance of these larval populations may serve as an early indicator of the potential for human disease later in the year.

Multiple factors affect the development, survival, and abundance of mosquitoes. It is not currently possible to predict either the abundance of mosquitoes or the risks for encountering an infected vector later in the season.

B. West Nile Virus

1. Background

West Nile virus (WNV) first appeared in the United States in 1999. Since the initial outbreak in New York City, the virus has spread across the US from east to west. WNV infection may be asymptomatic in some people, but it leads to morbidity and mortality in others. WNV causes sporadic disease of humans, and occasionally significant outbreaks. Nationally, 667 human cases of WNV neuroinvasive disease (meningitis and encephalitis) and WNV fever were reported to the CDC in 2011.

The majority of people who are infected with WNV (approximately 80%) will have no symptoms. A smaller proportion of people who become infected (~ 20%) will have symptoms such as fever, headache, body aches, nausea, vomiting, and sometimes swollen lymph glands. They may also develop a skin rash on the chest, stomach and back. Less than 1% of people infected with WNV will develop severe illness, including encephalitis or meningitis. The symptoms of severe illness can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. Persons older than 50 years of age have a higher risk of developing severe illness. In Massachusetts, there were at least five fatal WNV human cases identified between 2002-2011. All fatalities were in individuals eighty years of age or older.

Following the identification of WNV in birds and mosquitoes in Massachusetts during the summer of 2000, MDPH arranged meetings between local, state and federal officials, academicians and the public to develop recommendations to adapt the arbovirus surveillance and response plan to include activities appropriate for WNV. Four workgroups addressed the issues of surveillance, risk reduction interventions, pesticide toxicity and communication.

2. Risk Factors for Disease Transmission

West Nile virus is amplified by a cycle of continuous transmission between mosquito vectors and bird reservoir hosts. Infected mosquitoes carry virus and transmit it to susceptible bird species. WNV infection can be fatal in some species of birds, particularly American crows and blue jays (corvids). Confirmation of WNV in dead birds historically provided sentinel information used for assessing the risk of human WNV infections. However, the proportion of susceptible birds has decreased over time so that testing dead birds for the presence of virus is no longer an efficient surveillance tool.

The principal mosquito vectors for West Nile virus on the East Coast are members of the genus *Culex*, primarily *C. pipiens* and *C. restuans*. These species may be abundant in urban areas, breeding easily in artificial containers such as birdbaths, discarded tires, buckets, clogged gutters, catch basins and other standing water sources. Both species feed mainly on birds and occasionally on mammals, including humans. Peak feeding activity for these species occurs from dusk into the late evening. Consistently high temperatures and lower precipitation rates are factors that have been associated with higher mosquito infection and human illness rates. Additionally, warmer winter temperature conditions may result in larger numbers of *Culex* species overwintering as adult, with resulting increases in early season *Culex* abundance.

There are additional mosquito species in Massachusetts that can be involved in the transmission of WNV to humans. *Culex salinarius* lives in brackish and freshwater wetlands and feeds on amphibians, birds, and mammals; it is well known for biting humans. *Ochlerotatus japonicus* may be involved in the transmission of both WNV and EEE. This species utilizes natural and artificial containers such as tires and rock pools as larval habitat. It feeds mainly on mammals and is a fierce human biter.

West Nile virus activity varies from year to year. When a large number of infected birds and a high rate of infected mosquitoes occur in a relatively small geographic area, the risk of transmission of virus to humans is increased. In addition, there is evidence that when meteorologic conditions are such that Cx.

restuans populations are increased relative to *Cx. pipiens*, the risk of transmission to humans may be increased. Surveillance evidence indicates that WNV is established in the United States and that virus activity is likely to occur annually.

A summary of current and historical surveillance information for EEE and WNV in Massachusetts is available online at www.mass.gov/dph/wnv.

C. Other viruses

Although testing for other arboviruses is not routine, MDPH is prepared to rapidly implement screening for other relevant viruses carried by mosquitoes that may impact human health. These agents include dengue and chikungunya viruses, for example. Decisions to implement surveillance for new viruses will be based on information pertaining to new or unusual activity and/or local environmental detection of mosquito vectors that support new viral agents. This is part of an ongoing risk assessment performed by MDPH and CDC's Arbovirus Surveillance Network.

III. PROGRAM GOALS

Timely and accurate information based on surveillance information is used to provide an estimate of the level of risk for human disease from WNV and EEE. Based on this surveillance information, plans and actions to reduce risk can be developed and implemented when needed. Program activities include:

- Testing mosquitoes, horses, humans and other appropriate animals to identify EEE and WNV infections;
- Tracking trends in incidence and prevalence of EEE and WNV infections by geographic area;
- Estimating viral infection rates in mosquitoes;
- Stratification of risk by geographic areas as a function of relative risk of human disease;
- Conducting surveillance for human and animal disease;
- Educating human and animal medical practitioners on the appropriate procedures for detecting infections and disease caused by mosquito-borne viruses;
- Recommending measures to reduce virus transmission and disease risk;
- Educating the public on mosquito-borne diseases and disease risk, and common-sense precautions to reduce the risk of infection; and
- Participating in the national Arbovirus Surveillance Network.

IV. AGENCY ROLES

A. Massachusetts Department of Public Health (MDPH)

The central purpose of arbovirus surveillance is to provide information that will guide planning and activities to reduce the risk of human disease from EEE and WNV infection. To achieve this, the main objectives are to monitor trends in EEE and WNV in Massachusetts; provide timely information on the distribution and intensity of WNV and EEE activity in the environment; perform laboratory diagnosis of WNV and EEE cases in humans, horses and other animals; communicate effectively with officials and the public; provide guidelines, advice and support on activities that effectively reduce risk for disease; and provide information on the safety, anticipated benefits and potential adverse effects of proposed prevention interventions.

MDPH works cooperatively with the SRMCB, regional mosquito control projects and other agencies to collectively identify and support the use of safe and effective mosquito control measures based on integrated pest management (IPM) principles. The use of pesticides as a means to reduce human risk is one of several methods/strategies.

B. State Reclamation and Mosquito Control Board (SRMCB)

The SRMCB oversees mosquito control programs and activities in the Commonwealth of Massachusetts. The SRMCB consists of three (3) members representing the Department of Agricultural Resources (DAR), Department of Conservation and Recreation (DCR), and Department of Environmental Protection (DEP). Additionally, the SRMCB advises its respective state agency Commissioners on actions to reduce mosquito populations based on MDPH findings and characterization of risk.

The SRMCB's 'Operational Response Plan to Reduce the Risk of Mosquito-Borne Disease in Massachusetts' addresses the issues related to the operational aspects of adult mosquito surveillance and control to prevent and/or reduce the risk of mosquito-borne diseases. The plan may be viewed online at www.mass.gov/agr/mosquito/arbovirus.htm.

In 2006, the SRMCB created a SRMCB Mosquito Advisory Group (MAG). The MAG is composed of scientific experts from the fields of medical entomology, infectious disease, and mosquito control, and provides independent scientific advice to the SRMCB to assist them in evaluating and assessing data from both MDPH and mosquito control projects.

C. Mosquito Control Projects (MCPs)

There are nine (9) organized Mosquito Control Projects or Districts located throughout Massachusetts. All of the mosquito control activities of these organized agencies are performed under the aegis of the SRMCB. MCPs collaborate with local boards of health in their jurisdictions to control mosquitoes. These locally authorized efforts employ a variety of targeted activities for source reduction, larviciding and adulticiding that are in compliance with the SRMCB Operational Response plan. Additional details relating to control strategies may be found within the SRMCB Operational Plan.

V. SURVEILLANCE

A. Massachusetts Department of Public Health

Surveillance of mosquitoes for arboviruses is a core function of MDPH. Monitoring mosquitoes for the presence of virus provides an estimate of risk to humans. Massachusetts has a long-term field surveillance program that was initiated in 1957 for EEE and was enhanced in 2000 to include WNV surveillance. The extensive experience in Massachusetts with surveillance for mosquito-borne disease provides expertise and capacity to guide risk reduction efforts. MDPH uses a comprehensive and flexible strategy that modifies certain surveillance activities in response to trends in disease risk.

On an ongoing basis, MDPH monitors national and regional surveillance data and current scientific literature to assess risk of newly emerging arboviruses in Massachusetts. In addition, defined subsets of mosquito pools will be tested for the presence of new or emerging viruses

1. Fixed and Long-Term Trap Sites

MDPH field staff collect mosquitoes from areas with activity during the previous year, and from long-term trap sites maintained in the EEE high-risk areas of southeastern and eastern Massachusetts (Figure 1). Trapping of gravid mosquitoes for WNV testing is conducted both by MCPs and MDPH field staff at various locations throughout the state during the arbovirus season. At the William A. Hinton State Laboratory Institute (HSLI), MDPH tests samples (pooled sets of 10- 50 mosquitoes) for WNV and EEE. Test results from routine mosquito collections are available within 24 hours after delivery of mosquitoes to HSLI. Fixed and long-term trap sites provide the best available baseline information for detecting trends in mosquito abundance and virus prevalence, and for estimating the relative risk of human infection from EEE virus and WNV. MDPH field staff monitor larvae from select sites in late fall and early spring to determine end-season and pre-season larval abundance. Informal monitoring of larval abundance from these sites continues on a weekly basis during the arbovirus season.

2. Supplemental Trap Sites

When EEE or WNV activity is detected in an area, additional trap sites and/or trap types are used to obtain more information regarding the intensity of virus activity in mosquitoes. The following risk indicators may result in the implementation of more intensive mosquito trapping: 1) virus isolations in mosquitoes; 2) emergence of large numbers of human-biting mosquitoes in an area with a high rate of virus activity and 3) identification of human or animal cases.

3. Mosquito Control Project Trap Sites

Massachusetts Mosquito Control Projects (MCPs), use a variety of available control strategies to impact mosquito abundance. Monitoring mosquito abundance is accomplished through various surveillance methods including but not limited to larval dip counts and the use of light/ CO₂ baited traps and gravid traps.

B. Avian Surveillance

MDPH discontinued avian surveillance for WNV as of April, 2009. When the virus was first introduced into the United States, WNV caused high mortality rates in certain species of birds, particularly corvids, thus reporting and testing of dead birds was a productive way to detect and monitor WNV activity in an area. However, in recent years, the tracking and testing of dead birds has become significantly less useful as a surveillance tool. Monitoring mosquitoes for presence of virus is the primary predictive indicator of human arbovirus disease risk. Therefore, the routine laboratory testing of dead wild birds for West Nile virus (WNV) has been eliminated. This is consistent with recent policy changes in multiple states.

Most birds that are infected with EEE virus survive the viremia, making individual dead bird EEE monitoring impractical. Non-native bird species such as emus, ostriches and exotic game birds are highly susceptible to EEE and infections within farmed flocks have occurred in Massachusetts. Testing of highly suspect bird specimens for EEE and/or WNV infection is done on an as-needed basis as determined by MDPH.

A 24/7 information line (1-866-MassWNV) is maintained during the arbovirus season. Callers receive recorded messages that provide information on why birds are no longer tested, information on WNV/EEE disease and instructions for proper disposal of dead birds. More detailed information on this topic is available on the MDPH website.

C. Animal Surveillance

Specimens from horses and other domestic animals that have severe neurological disease suspected of being caused by EEE or WNV infection are tested at SLI. Testing may take up to nine working days to complete. Veterinarians, DAR, the United States Department of Agriculture (USDA) and Tufts University Cummings School of Veterinary Medicine collaborate with MDPH to identify and report suspect animal cases. In addition, blood and/or tissue samples from animals from other sources, such as zoos, horse stables or the wild are tested, as appropriate. Current information on WNV and EEE infections in horses, along with clinical specimen submission procedures, are disseminated to large animal veterinarians, stable owners and others through various distribution methods and are posted on the MDPH arbovirus website at www.mass.gov/dph/wnv. Horses and other animals can be immunized against infection with WNV and EEE with available veterinary vaccines. Vaccination is the primary means of preventing infection in animals.

D. Human Surveillance

1. Routine surveillance

Specimens from human cases of encephalitis and meningoencephalitis are submitted to MDPH and screened for WNV and EEE. Testing may take up three to seven days to complete. Occasionally, testing

cannot be completed at HSLI and samples are forwarded to the Centers for Disease Control and Prevention (CDC) for additional testing. Time to receipt of final results from CDC is variable. Current information on WNV and EEE infections in humans, along with clinical specimen submission procedures, are disseminated to physicians (infectious disease, emergency medicine and primary care), emergency department directors and hospital infection control practitioners through various distribution methods and are posted on the MDPH arbovirus website at www.mass.gov/dph/wnv.

2. Active surveillance

If surveillance data estimate a high risk of human disease, active surveillance may be instituted in targeted areas. Active surveillance involves regularly contacting local health care facilities to communicate current surveillance information, promoting disease prevention strategies, reviewing specimen submission procedures and highlight the need for testing patients presenting with signs and symptoms possibly representing infection with EEE virus or WNV. The Health and Homeland Alert Network (HHAN), a secure electronic alerting system, is used to send information to local boards of health upon confirmation of EEE or WNV in any specimen.

3. Pesticide related surveillance

Outreach on pesticide illness reporting is coordinated by the MDPH's Bureau of Environmental Health. In the event of an aerial pesticide application, active surveillance efforts will be implemented with emergency departments and intensified outreach efforts will be made to health care providers.

VI. Communication of Surveillance Information

MDPH works with the SRMCB and MCPs to identify and support the use of risk reduction and disease prevention methods that are specific to the causes of disease, and supports planning and practices which incorporate the most appropriate prevention methods. Additionally, MDPH routinely communicates with health agencies in neighboring states to share relevant arbovirus findings.

Prior to the beginning of the arbovirus season, general disease information and specimen submission procedures are provided to local boards of health via the HHAN. The local boards of health (LBOH) are asked to provide routine and emergency contact information for a primary and secondary arbovirus contact during the season. Although routine surveillance specimen notifications are scheduled during normal business hours, test results sometimes become available after hours. General information and fact sheets are posted on the MDPH arbovirus website and are available publicly.

Laboratory confirmation of a human WNV or EEE case is immediately reported by telephone to the submitting physician, and LBOH in the town where the case resides. If the LBOH cannot be reached via telephone in a timely manner, a severe level HHAN alert is sent.

Laboratory confirmation of WNV or EEE in a veterinary specimen is immediately reported by telephone to the submitting veterinarian, the DAR Division of Animal Health, and the LBOH. If the LBOH cannot be reached via telephone in a timely manner, a severe level HHAN alert is sent.

Initial identification of virus in mosquitoes from a given town is reported to the LBOH and MCP by telephone. Adjacent towns are notified via a moderate level HHAN alert. In order to encourage risk communication on a larger focal area level rather than a city/town level, all subsequent positive findings in mosquitoes are reported once daily to all affected towns and adjacent towns, via a moderate level HHAN alert. All subsequent positive mosquito findings will be reported once daily to all MCPs and the SRMCB.

The MDPH Regional Health Office (RHO) in the area will offer assistance with local response. All laboratory confirmed results for WNV and EEE in humans, veterinary specimens, and mosquitoes are provided to the RHO, MCPs and members of the SRMCB once the LBOH has been notified.

At the time of notification, MDPH encourages LBOH to share the information with other local agencies and high-risk populations in their community, as appropriate. MDPH provides LBOH with sample press releases for their use. Depending on the circumstances, MDPH may also issue a public health alert. In

addition, weekly summaries of results from mosquito samples submitted and tested will be posted by town as News Items on the HHAN.

After all appropriate individuals and agencies have been notified, positive surveillance findings are made available to the media and general public on the MDPH Arbovirus website at www.mass.gov/dph/wnv. This website, which also includes links to a variety of educational materials related to mosquito-borne diseases, is updated on a daily basis throughout the arbovirus season. Results are also reported to the CDC's ArboNET reporting system.

MDPH issues public health alerts through the media when surveillance information indicates an increased risk of human disease or if a significant surveillance event occurs (for example, the first arbovirus activity of the season). In general, alerts include current surveillance information and emphasize prevention strategies.

VII. Prevention and Response: Recommendations for Phased Response to Surveillance Data

The guidance provided here is based on current knowledge of risk for human disease, and appropriateness and efficacy of interventions available to reduce that risk. Multiple factors contribute to the risk for mosquito-transmitted human disease. Decisions about risk reduction measures should be made after consideration of surveillance information.

Public awareness of what can be done to reduce risk of infection is of utmost importance. Typically, risk for any individual is expected to be relatively low, and the routine precautions taken by individuals may be sufficient to reduce opportunities for infection. Routine precautions should include:

- avoiding outdoor activity in areas and during times of day with increased mosquito activity;
- use of mosquito repellents containing an FDA-approved active ingredient; and
- use of clothing to reduce mosquito access to skin and
- avoiding outdoor activity in areas and during times of day with increased mosquito activity.

These personal protective measures must form the basis of all risk reduction and the need to utilize them is not alleviated by any mosquito control activities. Risk for mosquito-borne disease persists until the first local hard frost kills all remaining adult mosquitoes.

When multiple factors that indicate an increased risk for transmission to humans are present, additional risk reduction measures may be necessary. These guidelines take into consideration the complexity of reducing risk of human disease from EEE and WNV infection, and form a framework for decision-making by both individuals and agencies.

General guidelines are provided for an array of situations as noted in the Surveillance and Response Plan tables that follow. Specific situations must be evaluated individually and options discussed before actions are taken. Estimating risk from mosquito-borne disease(s) is complex and many factors modify specific risk factors. MDPH assesses risk and works with LBOH, MCPs, and the SRMCB to develop the most appropriate response activities to reduce the risk of human disease. There is no single indicator that can provide a precise measure of risk, and no single action that can completely assure prevention of infection.

MDPH works collaboratively with other state agencies, the SRMCB and MCPs to collectively identify and support the use of safe and effective mosquito control measures based on integrated pest management (IPM) principles.

A. MDPH Guidance

MDPH uses data from arbovirus surveillance to assess human risk levels as outlined in the phased response tables of this plan. Risk levels are defined for "focal areas". Focal areas may incorporate multiple communities, towns or cities, and parts thereof. Factors considered in the estimation of human risk in a focal area include: mosquito habitat, prior virus isolations, human population densities, timing of recent isolations of virus in mosquitoes, current and predicted weather patterns and seasonal conditions needed to present risk of human disease.

If the risk for multiple human infections becomes widespread and involves multiple jurisdictions, MDPH will convene the SRMCB, MCPs, and MAG to get their recommendation for appropriate mosquito control interventions to reduce public health risk. The SRMCB will provide recommendations on appropriate pesticide(s), route and means of treatment for the specific treatment areas. Interventions may include state-funded aerial application of mosquito adulticide. Assessment of the need for and utility of, a focal or large-scale aerial application of mosquito adulticide includes evaluating evidence that the seasonal and biological conditions present a persistent risk of human disease, and that those same conditions permit the effective use of an aerially applied pesticide.

B. Risk Reduction and Prevention Guidance for Seasons with Indicators of Increased EEE Risk

Based on historical experience with EEE, MDPH has identified specific critical indicators for overall EEE, risk, and provides specific risk reduction and prevention guidance for seasons with an anticipated increased EEE risk. Activities that may be undertaken in response to indicators of increased risk include:

- MDPH may release public health alerts throughout the season to remind the public of the steps to take to reduce their risk of exposure to mosquitoes.
- Local municipalities may be encouraged to reschedule outdoor evening events to avoid the period between dusk and dawn which correspond to peak mosquito activity.
- MCPs may increase their source reduction activities to reduce mosquito-breeding habitats and to reduce adult mosquito abundance. This may include ground and aerial larviciding.
- After sustained findings of positive mosquito isolates, if not already in progress, adult mosquito control efforts including targeted ground adulticiding operations should be considered. The decision to use ground-based adult mosquito control will depend on critical modifying variables including the time of year, mosquito population abundance and proximity of virus activity to at-risk populations.
- Other intensified efforts may be implemented following coordination between MDPH and other agencies including DEP, DAR, and DCR.

Aerial Adulticide Application in Response to Mosquito-Borne Disease Threat 2012 Multi-Agency Response Flowchart

1. Determination of Response

- When human risk is elevated to a high level of concern as indicated by the MDPH Surveillance and Response Plan; DPH will determine, in consultation with Mosquito Control Projects, SRMCB and the Mosquito Advisory Group whether aerial application is warranted.

2. Characterization of Area of Risk

- Once consensus is obtained, DPH characterizes the area of risk and delineates the perimeter of the spray area based on mosquito and virus surveillance.
- DPH/BID provides the GIS perimeter map to inter-agency collaborators as soon as possible.

3. Commissioner Certification

- DPH/BID requests that the Commissioner of Public Health issue a “Certification that Pesticide Application is Necessary to Protect Public Health”

Action Items 4a-4c Occur Simultaneously:

4a. Determination of Appropriate Pesticide

- Prior to July 1 of each season, DPH/BEH and DAR will determine the type of pesticide to be used in the event that an aerial application will be warranted and obtain any EPA pesticide waivers, if necessary, for use in aerial application.
- In the event that aerial application is warranted, DPH/BEH and DAR will confirm this selected pesticide for use.

4b. Determination of No-Spray Zones

- Aerial no-spray zones (mosquito treatment sensitive areas data layers) defined:
 - 1) Certified organic farms
 - 2) Priority habitats for federally listed endangered and threatened species
 - 3) Surface water supply resource areas
 - 4) Commercial fish hatcheries/aquaculture
- DAR reviews any emergency waivers needed to use pesticides on school property and ensure compliance with pesticide laws.
- DAR/SRMCB will submit a ‘Notice of Intent’ to EPA to obtain an NPDES permit within 30 days of the aerial adulticide event.

4c. Exclusion/Inclusion of Priority Habitats:

- DPH will determine, in consultation with SRMCB, DAR, DEP, and DFW if spraying in mosquito treatment sensitive areas is necessary to protect the public health.
- If spraying in these areas is necessary to reduce the risk to public health then:
 - DPH requests a permit from DFW be issued to DAR for taking endangered, threatened, or special concern species.

5. Preparation of Final GIS Data Map

- DAR coordinates compilation of mosquito treatment sensitive areas data layers (no-spray zones) developed by DAR, DFW, and DEP within designated DPH spray area into a final map.

6. Environmental Monitoring

- DEP, DAR, and DPH/BEH notify partner environmental agency collaborators of planned environmental monitoring to provide opportunity for input/collaboration.
DEP, DAR, and DPH/(BEH/BLS) initiate plans for pre/post-monitoring for public drinking water reservoirs, honey bees, macro-invertebrates, and cranberries in designated spray area.

7. Emergency Room and Poison Control Contacts

- DPH/BEH contacts and provides pesticide illness surveillance protocols to emergency departments, poison control centers, and local health departments.

8. Notification of Date & Time of Application

- DAR and DPH provide public notices regarding the locations, dates, and times of aerial spraying.
- DAR will maintain a website with GIS maps of the aerial spray area and will update this site daily during spray operations.
- DPH will provide recorded hotline information regarding the spray zone, precautionary measures, and telephone numbers to report fish kills or other environmental impacts.

9. Operational Procedures-Aerial Application

- DAR/SRMCB initiates aerial spray operations using collective guidance and consensus developed through multi-agency, cross secretariat process.
- The aerial application operational procedures are followed as described in the SRMCB Operational Response Plan.

DPH- Department of Public Health

BID- Bureau of Infectious Diseases

BEH- Bureau of Environmental Health

BLS- Bureau of Laboratory Sciences

DAR- Department of Agricultural Resources

SRMCB- State Reclamation and Mosquito Control Board

DFG-Department of Fish and Game

DFW- Division of Fisheries and Wildlife

Table 1. Guidelines for Phased Response to WNV Surveillance Data

Risk Category	Probability of locally acquired human disease	Definition of Risk Category for a Focal Area ¹	Recommended Response
1	Remote	<p>All of the following conditions must be met:</p> <p><u>Prior Year</u> No prior year WNV activity detected in the focal area.</p> <p>And</p> <p><u>Current Year</u> No current surveillance findings indicating WNV activity in mosquitoes in the focal area</p> <p>And</p> <p>No animal or human cases.</p>	<ol style="list-style-type: none"> 1. MDPH staff provides educational materials and clinical specimen submission protocols to targeted groups involved in arbovirus surveillance, including, but not limited to, local boards of health, physicians, veterinarians, animal control officers, and stable owners. 2. Educational efforts directed to the general public on personal prevention steps and source reduction, particularly to those populations at higher risk for severe disease (e.g., the elderly). 3. MDPH provides recorded information on WNV/EEE disease, and disposal of dead birds via MDPH WNV information line (1-866-MASS-WNV). 4. Assess mosquito populations, monitor larval and adult mosquito density. 5. Routine collection and testing of mosquitoes. 6. Initiate source reduction; use larvicides at specific sites identified by entomologic survey. In making a decision to use larvicide consider the abundance of <i>Culex</i> larvae, intensity of prior virus activity and weather. 7. Locally determined, standard, adult mosquito control activities are implemented. No specific supplemental control efforts are recommended. 8. Passive human and horse surveillance. 9. Emphasize the need for schools to comply with MA requirements for filing outdoor IPM plans.

¹ Focal Area- May incorporate multiple communities, towns or cities, or parts thereof. Factors considered in determination of human risk in a focal area include mosquito habitat, prior isolations, human population densities, timing of current isolations of virus in mosquitoes, weather patterns, time of season conditions needed to present risk of human disease

2	Low	<p><u>Prior Year</u> Any WNV activity in mosquitoes in the community or focal area</p> <p>Or</p> <p><u>Current Year</u> 1. Sporadic WNV activity in mosquitoes in the focal area. And</p> <p>2. No animal or human cases</p> <p>Definitions: Sporadic WNV activity- when 1-2 mosquito isolates are detected during non-consecutive weeks within one focal area. Sustained WNV activity- when mosquito isolates are detected for 2 or more consecutive weeks within one focal area.</p>	<p>Response as in category 1, plus:</p> <ol style="list-style-type: none"> 1. Expand community outreach and public education programs, particularly among high-risk populations, focused on risk potential and personal protection, emphasizing source reduction. 2. Increase larval control and source reduction measures. 3. Public health alert sent out by MDPH in response to first WNV virus positive mosquito pool detected during the season. The alert will summarize current surveillance information and emphasize personal prevention strategies. 4. Locally determined standard adult mosquito control activities continue.
3	Moderate	<p><u>Prior Year</u> Confirmation of one or more human or animal WNV cases; or sustained WNV activity in mosquitoes for 2 or more weeks.</p> <p>Or</p> <p><u>Current year</u> 1. Sustained WNV activity or multiple isolations during the same week plus at least one multiple meteorological or ecological conditions (such as above average temperatures, dry conditions, or larval abundance) associated with increased abundance and increased risk of human disease.</p> <p>And</p> <p>3. No animal or human WNV cases</p>	<p>Response as in category 2, plus:</p> <ol style="list-style-type: none"> 1. Outreach and public health educational efforts are intensified including media alerts as needed. 2. If not already in progress, standard, locally determined adult mosquito control efforts including targeted ground adulticiding operations should be considered against <i>Culex</i> mosquitoes and other potential vectors, as appropriate. The decision to use ground-based adult mosquito control will depend on critical modifying variables including the time of year, mosquito population abundance and proximity of virus activity to at-risk populations. 3. Duly authorized local officials may request that DPH Commissioner issue a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests. 4. Supplemental mosquito trapping and testing may be performed in areas with positive WNV findings. 5. Local boards of health are contacted via phone or HHAN (Health and Homeland Alert Network) upon confirmation of WNV in any specimen. Advise health care facilities of increased risk status and corresponding need to send specimens to SLI for testing.

4	High	<p><u>Current Year</u></p> <p>1. Sustained or increasing WNV activity in mosquitoes plus multiple meteorological or ecological conditions (such as above average temperatures, dry conditions, increased larval abundance) associated with elevated mosquito abundance; and increasing minimum infection rates.</p> <p>And/or</p> <p>2. MDPH confirmation of WNV in an animal at any time</p> <p>And/ or,</p> <p>3. MDPH confirmation of WNV in a human at any time</p>	<p>Response as in category 3, plus:</p> <p>1. Intensify public education on personal protection measures including avoiding outdoor activity during peak mosquito hours, wearing appropriate clothing, using repellents and source reduction.</p> <p>a. Utilize multimedia messages including public health alerts from MDPH, press releases from local boards of health, local newspaper articles, cable channel interviews, etc.</p> <p>b. Encourage local boards of health to actively seek out high-risk populations in their communities (nursing homes, schools, etc.) and educate them on personal protection</p> <p>d. Advisory information on pesticides provided by MDPH Bureau of Environmental Health.</p> <p>e. Urge towns and schools to consider rescheduling outdoor events.</p> <p>2. Intensify and expand active surveillance for human cases.</p> <p>3. Intensify larviciding and/or adulticiding control measures where surveillance indicates human risk. Local, ground- based ULV applications of adulticide may be repeated as necessary to achieve adequate mosquito control. Town or city may request preemption of homeowner private property no-spray requests.</p> <p>4. Local officials should evaluate all quantitative indicators including population density and time of year and may proceed with focal area aerial adulticiding.</p> <p>5. Duly authorized local officials may request that the DPH Commissioner issue a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests.</p> <p>6. MDPH will confer with local health officials, SRMCB and Mosquito Control Projects to determine if the risk of disease transmission threatens to cause multiple human cases and warrants classification as level 5.</p>
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5	Critical	<p><u>Current Year</u></p> <p>1. More than 1 confirmed human or animal case in a community or focal area</p> <p>Or</p> <p>2. Multiple quantitative measures indicating critical risk of human infection (e.g. early season positive surveillance indicators, and sustained elevated field mosquito infection rates, and horse or mammal cases indicating escalating epizootic activity)</p>	<p>Response as in category 4, plus:</p> <ol style="list-style-type: none"> 1. Continued highly intensified public outreach messages on personal protective measures. Frequent media updates and intensified community level education and outreach efforts. 2. MDPH will confer with local health agencies, SRMCB and Mosquito Control Projects to discuss the use of intensive mosquito control methods and determine if measures need to be taken by the agencies to allow for and assure that the most appropriate mosquito control interventions are applied to reduce risk of human infection. These interventions may include state-funded aerial application of mosquito adulticide. <p>Factors to be considered in making this decision include the seasonal and biological conditions needed to present a continuing high risk of WNV human disease and that those same conditions permit the effective use of an aerially applied pesticide.</p> <p>Once critical human risk has been identified, the SRMCB will determine the adulticide activities that should be implemented in response to identified risk by making recommendations on:</p> <ol style="list-style-type: none"> A. Appropriate pesticide B. Extent, route and means of treatment C. Targeted treatment areas <ol style="list-style-type: none"> 3. MDPH Bureau of Environmental Health will initiate active surveillance via emergency departments and with health care providers only if aerial spraying commences. 4. MDPH will designate high-risk areas where it has issued a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests. If this becomes necessary, notification will be given to the public. 5. MDPH recommends restriction of group outdoor activities, during peak mosquito activity hours, in areas of intensive virus activity. 6. MDPH will communicate with health care providers in the affected area regarding surveillance findings and encourage prompt sample submission from all clinically suspect cases.
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Table 2. Guidelines for Phased Response to EEE Surveillance Data

Risk Category	Probability of locally acquired human disease	Definition of Risk Category for a Focal Area ²	Recommended Response
1	Remote	<p>All of the following conditions must be met:</p> <p><u>Prior Year</u> No EEE activity detected in a community or focal area</p> <p>And</p> <p><u>Current Year</u> No current surveillance findings indicating EEE activity in mosquitoes in the focal area</p> <p>And</p> <p>No animal or human EEE cases.</p>	<ol style="list-style-type: none"> 1. MDPH staff provides educational materials and clinical specimen submission protocols to targeted groups involved in arbovirus surveillance, including, but not limited to, local boards of health, physicians, veterinarians, animal control officers, and stable owners. 2. Educational efforts directed to the general public on personal prevention steps and source reduction, particularly to those populations at higher risk for severe disease (e.g., the elderly). 3. Routine collection and testing of mosquitoes. 4. Assess mosquito populations, monitor larval and adult mosquito density. 5. Initiate source reduction; use larvicides at specific sites identified by entomologic survey and targeted at the likely amplifying bridge vector species. In making a decision to use larvicide consider the prevalence of Culiseta and bridge vector larvae, intensity of prior virus activity, and weather. 6. Locally established, standard, adult mosquito control activities are implemented. No specific supplemental control efforts are recommended. 7. Passive human and animal surveillance. 8. Emphasize the need for schools to comply with MA requirements for filing outdoor IPM plans.

² Focal Area- May incorporate multiple communities, towns or cities, or parts thereof. Factors considered in determination of human risk in a focal area include mosquito habitat, prior isolations, human population densities, timing of current isolations of virus in mosquitoes, weather patterns, time of season conditions needed to present risk of human disease

2	Low	<p><u>Prior Year</u> EEE activity in bird biting mosquitoes only in the prior year in the focal area</p> <p>Or</p> <p><u>Current Year</u> 1. Sporadic EEE isolations in <i>Cs. melanura</i> mosquito in the community or focal area after July 1</p> <p>And</p> <p>2. No animal or human cases.</p> <p>Definitions: Sporadic EEE activity- when 1-2 mosquito isolates are detected during non-consecutive weeks within one focal area. Sustained EEE activity- when mosquito isolates are detected for 2 or more consecutive weeks within one focal area.</p>	<p>Response as in category 1, plus:</p> <ol style="list-style-type: none"> 1. Expand community outreach and public education programs, particularly among high-risk populations, focused on risk potential and personal protection, emphasizing source reduction. 2. Increase larval control and source reduction measures. 3. Locally established standard adult mosquito control activities continue 4. Public health alert sent out by MDPH in response to first EEE mosquito isolate detected during the season. The alert will summarize current surveillance information and emphasize personal prevention strategies.
3	Moderate	<p><u>Prior Year</u> Confirmation of one human or animal EEE case in the community or focal area; sustained EEE activity in bird-biting mosquitoes; or EEE isolate from mammal-biting mosquitoes.</p> <p>Or</p> <p><u>Current year</u> 1. No animal or human EEE cases in current year</p> <p>And</p> <p>2. A single positive EEE isolate in any mosquito species prior to July 1</p> <p>Or</p> <p>3. Sustained EEE activity in <i>Cs. melanura</i> after July 1 with minimum infection rates that are at or below mean levels for focal area trap sites</p> <p>Or</p> <p>3. A single EEE isolate from mammal-biting mosquitoes (bridge vector species)</p> <p>Or</p> <p>4. Sustained EEE activity plus at least one multiple meteorological or ecological condition (rainfall, temperature, seasonal conditions, or larval abundance) associated with elevated mosquito abundance and thus likely to increase the risk of human disease</p>	<p>Response as in category 2, plus:</p> <ol style="list-style-type: none"> 1. Outreach and public health educational efforts are intensified including media alerts as needed. 2. If not already in progress, standard, locally established adult mosquito control efforts including targeted ground adulticiding operations should be considered. The decision to use ground-based adult mosquito control will depend on critical modifying variables including the time of year, mosquito population abundance and proximity of virus activity to at-risk populations. 3. Duly authorized local officials may request that the DPH Commissioner issue a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests. 4. Supplemental mosquito trapping and testing in areas with positive EEE findings. Notify all boards of health of positive findings. 5. Public health alert sent out by MDPH in response to first pool of EEE positive mammal-biting mosquitoes detected during the season. The alert will summarize current surveillance information and emphasize personal prevention strategies. 6. HHAN (Health and Homeland Alert Network) alerts or phone calls are provided to local boards of health upon confirmation of EEE in any specimen; advise health care facilities of increased risk status and corresponding needs to send specimens to SLI for testing.

4	High	<p><u>Current Year</u></p> <p>1. Sustained or increasing EEE activity in <i>Cs. melanura</i> with weekly mosquito minimum infection rates above the mean.</p> <p>Or</p> <p>2. 2 or more EEE isolates from mammal-biting mosquitoes</p> <p>And/or</p> <p>3. Sustained or increasing EEE activity in mosquitoes plus multiple meteorological or ecological conditions (rainfall, temperature, seasonal conditions, or larval abundance) associated with elevated mosquito abundance and thus very likely to increase the risk of human disease.</p>	<p>Response as in category 3, plus:</p> <p>1. Intensify public education on personal protection measures including avoiding outdoor activity during peak mosquito hours, wearing appropriate clothing, using repellents and source reduction.</p> <p>a. Utilize multimedia messages including public health alerts from MDPH, press releases from local boards of health, local newspaper articles, cable channel interviews, etc.</p> <p>b. Encourage local boards of health to actively seek out high-risk populations in their communities (nursing homes, schools, workers employed in outdoor occupations, etc.) and educate them on personal protection</p> <p>d. Advisory information on pesticides provided by MDPH Bureau of Environmental Health.</p> <p>e. Urge towns and schools to consider rescheduling outdoor, evening events.†</p> <p>2. Intensify larviciding and/or adulticiding control measures where surveillance indicates human risk. Local, ground-based ULV applications of adulticide may be repeated as necessary to achieve adequate mosquito control. Town or city may request preemption of homeowner private property no-spray requests.</p> <p>3. Active surveillance for human cases is intensified. Health care facilities are advised of increased risk status and corresponding needs to send specimens to HSLI for testing.</p> <p>4. Local officials should evaluate all quantitative indicators including population density and time of year and may proceed with focal area aerial adulticiding.</p> <p>5. Duly authorized local officials may request that the DPH Commissioner issue a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests.</p> <p>6. MDPH will confer with local health officials, SRMCB and MCPs to determine if the risk of disease transmission warrants classification as level 5.</p> <p>7. MDPH will confer with local health agencies, SRMCB and Mosquito Control Projects to discuss the use of intensive mosquito control methods. If elevated risk is assessed in multiple jurisdictions and evidence exists that risk is likely to either increase (based on time of season, weather patterns, etc.) or remain persistently elevated, the interventions may include state-funded aerial application of mosquito adulticide.</p>
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† See Appendix 2 for schedule of recommended cancellation time for use

5	Critical	<p><u>Current Year</u></p> <p>1. Multiple quantitative measures indicating critical risk of human infection (e.g. early season positive surveillance indicators, and sustained high mosquito infection rates, and horse or mammal case indicating escalating epizootic activity)</p> <p>Or</p> <p>2. A single confirmed EEE human or animal case</p>	<p>Response as in category 4, plus:</p> <p>1. Continued highly intensified public outreach messages on personal protective measures. Frequent media updates and intensified community level education an outreach efforts. Strong recommendation for rescheduling of outdoor, evening events.†</p> <p>2. MDPH will confer with local health agencies, SRMCB and Mosquito Control Projects to discuss the use of intensive mosquito control methods and determine the measures needed to be taken by the agencies to allow for and assure that the most appropriate mosquito control interventions are applied to reduce risk of human infection. These interventions may include state-funded aerial application of mosquito adulticide.</p> <p>Factors to be considered in making this decision include the seasonal and biological conditions needed to present a continuing high risk of EEE human disease and that those same conditions permit the effective use of an aerially applied pesticide.</p> <p>Once critical human risk has been identified, the SRMCB will determine the adulticide activities that should be implemented in response to identified risk by making recommendations on:</p> <p>A. Appropriate pesticide B. Extent, route and means of treatment C. Targeted treatment areas</p> <p>3. MDPH Bureau of Environmental Health will initiate active surveillance via emergency departments and with health care providers only if aerial spraying commences.</p> <p>4. MDPH will designate high-risk areas where individual no spray requests may be preempted by local and state officials based on this risk level. If this becomes necessary, notification will be given to the public.</p> <p>5. MDPH recommends restriction of group outdoor activities, during peak mosquito activity hours, in areas of intensive virus activity.</p> <p>6. MDPH will communicate with health care providers in the affected area regarding surveillance findings and encourage prompt sample submission from all clinically suspect cases.</p>
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† See Appendix 2 for schedule of recommended cancellation time for use

References:

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Appendix 1: Mosquitoes Associated with Arboviral Activity in Massachusetts

Aedes vexans – Is a common nuisance mosquito. Temporary flooded areas such as woodland pools and natural depressions are the preferred larval habitat of this mosquito. It feeds on mammals and is a fierce human biter. This species is typically collected from May to October. *Ae vexans* is an epizootic (bridge) vector of eastern equine encephalitis (EEE) virus.

Coquillettidia perturbans - Cattail marshes are the primary larval habitat of this mosquito. It feeds on both birds and mammals. It is a persistent human biter and one of the most common mosquitoes in Massachusetts. This species is typically collected from June to September. *Cq perturbans* is an epizootic (bridge) vector of EEE virus.

Culex pipiens – Artificial containers are the preferred larval habitat of this mosquito. It feeds mainly on birds and occasionally on mammals. It will bite humans, typically from dusk into the evening. This species is regularly collected from May to October but can be found year round as it readily overwinters in man-made structures. *Cx pipiens* is the primary vector of West Nile Virus (WNV).

Culex restuans – Natural and artificial containers are the preferred larval habitat of this mosquito. It feeds almost primarily on birds but has been known to bite humans on occasion. This species is typically collected from May to October but can be found year round as it readily overwinters in man-made structures. *Cx restuans* has been implicated as a vector of WNV.

Culex salinarius – Brackish and freshwater wetlands are the preferred habitat of this mosquito. It feeds on birds, mammals, and amphibians and is well known for biting humans. This species is typically collected from May to October but can be found year round as it readily overwinters in natural and man-made structures. *Cx salinarius* may be involved in the transmission of both WNV and EEE.

Culiseta melanura – White cedar and red maple swamps are the preferred larval habitat of this mosquito. It feeds almost exclusively on birds. This species is typically collected from May to October. *Cs melanura* is the primary enzootic vector of EEE.

Ochlerotatus canadensis – Shaded woodland pools are the preferred larval habitat of this mosquito. It feeds mainly on birds and mammals but is also known to take blood meals from amphibians and reptiles. This mosquito can be a fierce human biter near its larval habitat. This species is typically collected from May to October. *Oc canadensis* is an epizootic (bridge) vector of eastern equine encephalitis EEE virus.

Ochlerotatus japonicus – Natural and artificial containers such as tires, catch basins, and rock pools are the preferred larval habitat of this mosquito. It feeds mainly on mammals and is a fierce human biter. This species is typically collected from May to October. *Oc japonicus* may be involved in the transmission of both WNV and EEE.

APPENDIX 2: RECOMMENDED CANCELLATION TIMES FOR OUTDOOR ACTIVITIES IN AREAS OF HIGH RISK FOR EASTERN EQUINE ENCEPHALITIS (EEE)

The types of mosquitoes most likely to transmit EEE infection are likely to be out searching for food (an animal to bite) at dusk, the time period between when the sun sets and it gets completely dark (and continue to be active thereafter). **The exact timing of this increased activity is influenced by many factors including temperature, cloud cover, wind and precipitation and cannot be predicted precisely for any given day.** Here, the approximate time of sunset was used to establish standardized recommendations for cancellation times of outdoor activities during periods of high EEE risk.

This does not eliminate risk nor does it alleviate the need for the use of repellants or clothing for

August 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
July 29	July 30	July 31	1	2	3	4
←			8:00 PM	→		
5	6	7	8	9	10	11
←			8:00 PM	→		
12	13	14	15	16	17	18
←			7:30 PM	→		
19	20	21	22	23	24	25
←			7:30 PM	→		
26	27	28	29	30	31	Sept 1
←			7:00 PM	→		

September 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6	7	8
←			7:00 PM	→		
9	10	11	12	13	14	15
←			6:45 PM	→		
16	17	18	19	20	21	22
←			6:45 PM	→		
23	24	25	26	27	28	29
←			6:15 PM	→		

October 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
Sept 30	1	2	3	4	5	6
←			6:15 PM	→		
7	8	9	10	11	12	13
←			6:00 PM	→		
14	15	16	17	18	19	20
←			6:00 PM	→		
21	22	23	24	25	26	27
←			5:30 PM	→		
28	29	30	31	Nov 1	Nov 2	Nov 3
←			5:30 PM	→		

Figure 1: Location of MDPH EEE Long-Term Mosquito Trap Sites

