

New Hampshire Department of Health and Human Services Division of Public Health Services Bureau of Infectious Disease Control

Arboviral Illness Risk

New Hampshire, October 6, 2015

Current Arboviral Risk Level

- Baseline/No Data*
- Low
- Moderate
- High
- Very High

*Indicates no current activity detected and/or no current mosquito surveillance

2015 Positive Cases

- Mosquito (EEE)
- Mosquito (WNV)
- ✈

 - Bird (WNV)

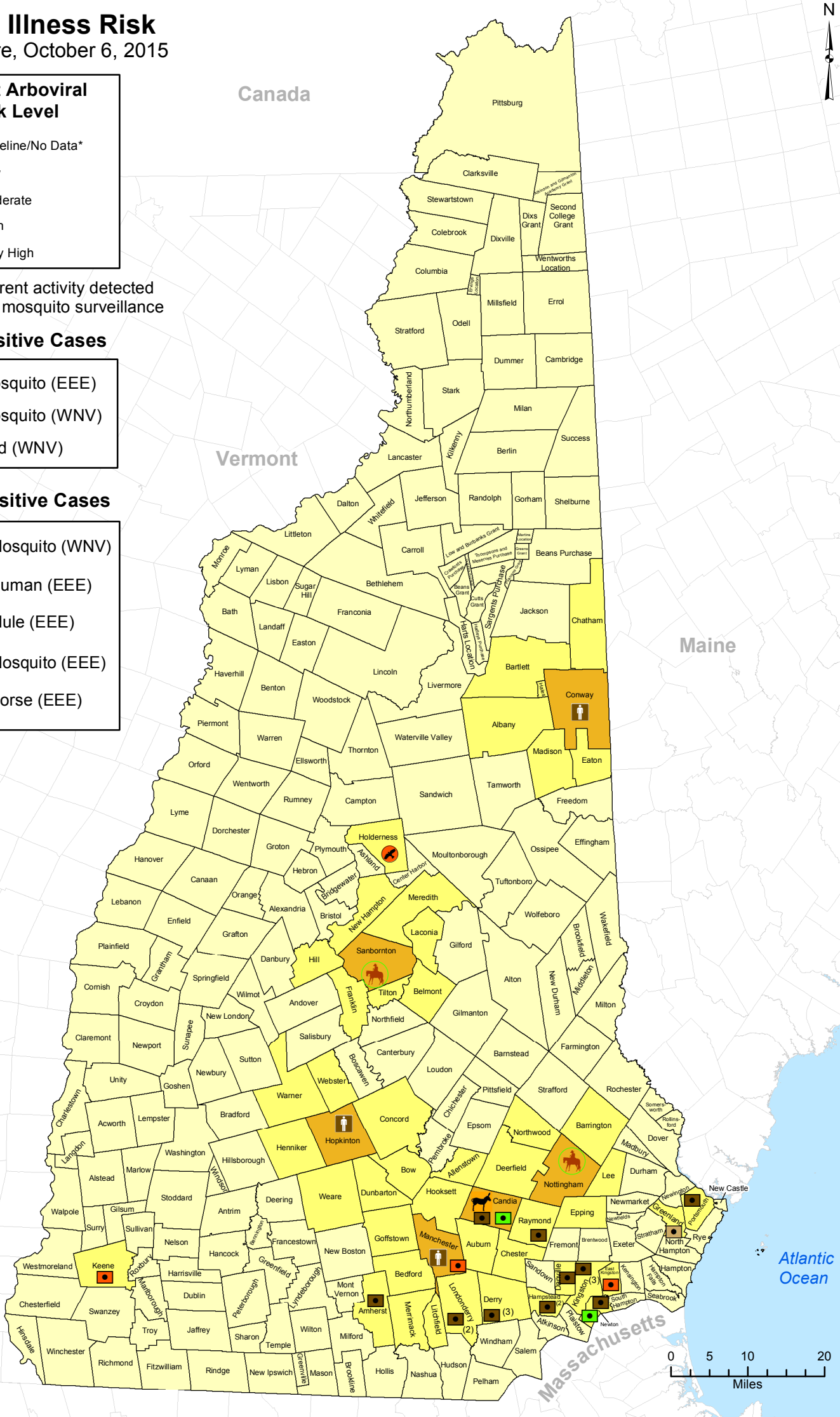
2014 Positive Cases

- - Mosquito (WNV)
- ♀

 - Human (EEE)
- 🐎

 - Mule (EEE)
- - Mosquito (EEE)
- 🐎

 - Horse (EEE)



See current Arboviral Illness Surveillance, Prevention and Response Plan:

<http://www.dhhs.nh.gov/dphs/cdcs/arboviral/documents/arboviralresponse.pdf>

for additional information on how the NH DHHS estimates risk levels and community and individual prevention activities to reduce the risk of human illness from arboviral virus.

Guidelines for Phased Response to Arbovirus Surveillance Data

| Risk Category | Probability of Human Illness | Recommended Response for State Agencies and Town Officials | Recommend Response for the Public and Individuals in Affected Areas |
|---------------|------------------------------|---|---|
| 1 | Baseline /No Data | <ol style="list-style-type: none"> 1. Educational efforts directed to the general public on personal protection and source reduction. 2. Routine human and veterinary surveillance. 3. Assess local ecology for mosquito abundance. 4. Consider larval and adult mosquito monitoring with routine collection and testing of mosquitoes. | <ol style="list-style-type: none"> 1. Repair Screens 2. Dump standing water weekly 3. Wear mosquito repellent when outdoors during peak mosquito hours (from dusk to dawn) 4. Wear long sleeves and long pants when outdoors during peak mosquito hours (from dusk to dawn) 5. Use mosquito netting on baby carriages and playpens when outdoors |
| 2 | Low | <p>Incorporates previous category response, plus:</p> <ol style="list-style-type: none"> 1. Expand community outreach and public education programs focused on risk potential and personal protection, emphasizing source reduction. 2. Assess mosquito populations, monitor larval and adult mosquito abundance, submit samples to PHL for virus testing. 3. Use larvicides at specific sources identified by entomologic survey and targeted at vector species. If appropriate, consider source reduction techniques. If current year activity includes EEE virus isolates in mosquitoes, may consider adulticiding based on current regional epidemiology and surveillance efforts. 4. Enhance human and veterinary surveillance. | <ol style="list-style-type: none"> 6. Arrange neighborhood clean-ups to get rid of mosquito breeding sites 7. Be aware of stagnant water on property (e.g., unused swimming pools) and consult local health officer 8. Clean roof gutters so that rainwater cannot collect in them. 9. Do not attempt to drain or alter natural water bodies such as ponds, marshlands, and wetlands as they are regulated under state law and any alterations may require the approval of state and possibly federal agencies. |
| 3 | Moderate | <p>Incorporates previous category response, plus:</p> <ol style="list-style-type: none"> 1. Increase larval control, source reduction, and public education emphasizing personal protection measures. 2. Actions to prevent disease may include targeted larviciding, and if current year activity, possibly ground adulticiding targeted at likely bridge vector species. 3. Enhance human surveillance and activities to further quantify epizootic activity. | |
| 4 | High | <p>Incorporates previous category response, plus:</p> <ol style="list-style-type: none"> 1. Intensify public education on personal protection measures <ol style="list-style-type: none"> a. Utilize multimedia messages including press releases, local newspaper articles, cable channel interviews, etc. b. Actively seek out high-risk populations (nursing homes, schools, etc.) and educate them on personal protection. c. Issue advisory information on adulticide spraying. 2. Consider intensifying larviciding and/or adulticiding control measures as indicated by surveillance. 3. DHHS will confer with local health officials to determine if the risk of disease transmission threatens to cause multiple human cases. If surveillance indicates a continuing risk of human disease and potential for an outbreak, intensified ground-based adult mosquito control may be recommended. | <p>Incorporates previous category response, plus:</p> <ol style="list-style-type: none"> 1. Avoid areas with heavy mosquito activity 2. Adjust outdoor activity to avoid peak mosquito hours (from dusk to dawn) |

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| 5 | Very High | <p>Incorporates previous category response, plus:</p> <ol style="list-style-type: none"> 1. Continued highly intensified public outreach messages through community leaders and the media emphasizing the urgency of personal protection. 2. If risk of outbreak is widespread and covers multiple jurisdictions, DHHS will confer with local health officials and Arboviral Illness Task Force members to discuss the use of intensive mosquito control methods. A State of Emergency may be declared pursuant to RSA 21-P:35. <p>Factors to be considered in making this decision include the cyclical, seasonal and biological conditions needed to present a continuing high risk of EEE human disease.</p> <p>The declaration of an emergency may trigger application of mosquito adulticide. DHHS may define targeted treatment areas for vector control following the declaration of an emergency.</p> <ol style="list-style-type: none"> 3. Ground-based adulticide applications may be repeated as necessary to achieve adequate control. | <p>Incorporates previous category response, plus:</p> <ol style="list-style-type: none"> 1. Consider cancelling or rescheduling outdoor gatherings, organized sporting events, etc., during peak mosquito hours |
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