

West Nile Virus Program 2003



The following information was submitted on May 23 by the Office of the Chief Medical Officer of Health, Manitoba Health. As such, it reflects the status of the West Nile Virus Program 2003 at that time. As with any emerging disease, the response phase of a program may vary from the planning phase. For more details and the most current information about West Nile virus, or if you would like to inquire about or comment on Manitoba's West Nile Virus Program, please refer to the Manitoba Government web site at <http://www.gov.mb.ca>.

West Nile Virus (WNV) is a relatively new infectious disease. In Manitoba, the risk of WNV so far has been low, but it may increase over time. It is possible that human cases will be detected here this year. Even so, for individual Manitobans the risk of infection is expected to remain low and the risk of serious health effects even lower.

WNV is transmitted by mosquitoes. Most people who are bitten by an infected mosquito do not become ill. For those who do, the symptoms are usually mild. In some cases, serious illness and death can occur.

The overall goals of the Province's West Nile Virus Program are to:

- assess risk; and
- take appropriate measures to limit adverse impacts on human health.

Main elements of the strategy:

- source reduction – elimination of unnecessary standing water on private property;
- surveillance – dead birds of the corvid family, sentinel chickens, horses, mosquitoes and humans;
- personal protection – informing Manitobans about how they can reduce exposure to mosquitoes; and
- insect control – if and where appropriate, larvicide and/or adulticide to control mosquitoes on a priority basis in or near more highly-populated municipalities.

Organization of the program – central:

- Lead responsibility for implementing the program at the provincial level rests with the Office of the Chief Medical Officer of Health, Department of Health.

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All communities in Manitoba are included in the program's main elements, which are private property source water reduction, corvid bird surveillance, and information for the public about personal protection from mosquitoes.

- Other provincial government departments – including Intergovernmental Affairs, Conservation, Agriculture, Government Services and Northern and Aboriginal Affairs have collaborated in the development and implementation of the program.
- Consultation with other partners has included Health Canada, Indian and Northern Affairs Canada, and the Association of Manitoba Municipalities, as well as several other organizations and experts.

Organization of the program – regional
Five Regional Response Teams (RRT) will coordinate program activities in defined areas of the province, organized by groupings of the Regional Health Authorities in

the north, west, central and east sections of the province. Winnipeg will be its own area. Each RRT will be led by a provincially-appointed WNV regional co-ordinator and will be funded by the Department of Health. Each regional response team will have regional representation from the regional health authorities, including a regional medical officer of health, as well as the Departments of Agriculture, Conservation and Intergovernmental Affairs.

As well, representatives from AMM and First Nations communities have been invited to participate. To determine the Regional Response Team to which your municipality belongs and contact information for your RRT co-ordinator, go to the Manitoba Health web site at www.gov.mb.ca. There, you can view a map

of the RRT boundaries or see the document, *West Nile Virus 2003 Planning Information for Municipalities*, that lists the municipalities within each RRT area.

Implementing the program for 2003

All communities in Manitoba are included in the program's main elements, which are private property source water reduction, corvid bird surveillance, and information for the public about personal protection from mosquitoes.

Mosquito surveillance activities to trap adult mosquitoes are underway. Permanent traps will be set in 6 to 10 key locations in southern Manitoba. Additional traps will be kept in reserve to allow for a flexible surveillance response.

Many communities have been prioritized

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for mapping and larval sampling this season, funded and coordinated by the Central Coordination Unit within the Department of Health. The community locations in Manitoba have been prioritized based on several considerations including human population size and density, a 2 km proximity to known or suspected *Culex* mosquito breeding sites, and historical or current WNV surveillance data. As appropriate and as the informa-

tion develops about the West Nile virus, other communities may be considered on a case-by-case basis for mapping or larval sampling in the 2003 season. Municipalities that are not on the priority list for 2003 are not expected to undertake mapping, larval sampling or larviciding activities in the 2003 season, although they may choose to do so independently.

The process of mapping and taking larval

samples in these communities will continue throughout the spring and summer season. Based on the findings of larval sampling, larvicide may be recommended. Approved costs associated with the application of larvicide will be 75% cost-shared by the Province. Following a review of additional information from this year's program, it is expected that mapping will continue next year, at which time other communities and locations will be included.

Considerations for prioritizing applications for cost-shared support for larviciding in relation to the WNV program include the following:

- accessible appropriate bodies of water;
- proximity of bodies of water to people (total numbers and density of population) within 2 km;
- specific characteristics of a body of water (non-flowing, organic material, sun exposure, etc.) that determines the probability of *Culex* breeding;
- time of year and expected life cycle of *Culex* mosquitoes;
- presence of significant numbers of *Culex* larvae in the water (larval sampling results);
- evidence of WNV in the area (surveillance of corvids, horses, etc.); and
- estimated risk of human disease, including evidence of human cases.

Considerations for prioritizing applications for cost-shared support for adulticiding in relation to the WNV program include the following:

- anticipated imminence of human risk based on surveillance and other data;
- perceived risk of WNV and levels of concern in the community;
- numbers of adult *Culex* mosquitoes and the proportion infected with WNV;
- human population numbers and density;
- environmental sensitivities;
- accessibility;
- weather conditions, including temperature, rain and wind; and
- time of year and life cycle of *Culex* mosquitoes.

Application forms and further information about the considerations used to prioritize requests for cost-shared support for insect control are available on the Province of Manitoba web site. Information is available to help people answer questions they may have about private mosquito control options. ●

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