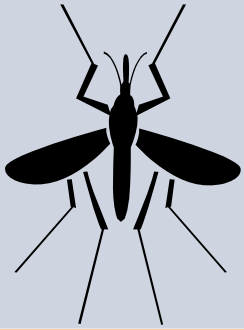

MMVCA Newsletter

MISSOURI MOSQUITO AND VECTOR CONTROL ASSOCIATION

FEBRUARY 9, 2007 VOLUME 1, NUMBER 2

Disclaimer

This newsletter is presented by the Missouri Mosquito and Vector Control Association. Missouri Dept of Health and Senior Services is not responsible for the articles in this newsletter, however, reports and statistics are used by MDHSS and other government associations.

In March the MMVCA will have an election of new directors for the 2007-2008 year.
If interested in becoming a member of the MMVCA, please email Barry McCauley at bmccauley@mailwin.org

In this issue:

What's New! - Karen Yates – MDHSS vector borne disease.

Recent budget cuts by the federal government have resulted in substantially reduced funding for West Nile virus (WNV) surveillance in Missouri for 2007. CDC has advised DHSS that Epidemiology and Laboratory Capacity (ELC) cooperative agreement funds are being cut by almost half. Because of this reduction, DHSS will reduce funding support to LPHAs conducting mosquito-trapping surveillance for the prevention and control of human infections. In addition, DHSS is shutting down the dead bird-testing program.

Since 2001, federal ELC funds have supported ecological surveillance of birds and mosquitoes in Missouri. This sentinel, non-human surveillance can be useful in detecting early trends in WNV transmission each spring, allowing LPHAs to target limited prevention and control resources. ELC funds also have supported human arboviral testing at the State Public Health Laboratory (SPHL).

The surveillance network created by ELC funding allowed DHSS to document the explosion of statewide WNV activity in 2002. With the exception of the 2006 transmission season, continued human and ecological surveillance since 2002 showed an apparent yearly decrease in transmission; however, the downward trend in Missouri's human case reports was reversed in 2006 when more that 60 human cases were identified, which is more than double the reports of 2005. This unexpected increase in human disease cases underscores the problem that how intensely WNV will reemerge in the future is uncertain.

In parts of the United States where mosquito-borne disease is a significant annual concern, local governments or multi-jurisdictional districts conduct arboviral surveillance and mosquito control programs. Local taxes and fees are typical funding sources for these programs. CDC program managers have told DHSS that the pressure of reduced funding forced them to redistribute federal assistance to states with consistently high levels of viral activity, particularly the upper Great Plains states of North and South Dakota and Nebraska.

DHSS' reduced WNV surveillance budget preserves support for SPHL diagnosis of human WNV infections. However, SPHL testing of specimens for infrequently seen arboviral infections (eastern equine, western equine, and California group viruses) will be conducted only in the course of case investigations.

For questions or additions, to MMVCA newsletter, please contact:

Natasha Sullivan Public Relations: potten@lpha.dhss.mo.gov.

PRESIDENTS MESSAGE:

President's Message

Hello everyone,

We made it through another mosquito season and are getting ready for the next one. Part of that process is assessing what happened last year as we prepare for 2007. In our particular county, August was the month with the highest percentage of WNV + *Culex* pools at 15 %. Our overall season average was 9%. That's lower than in previous years. Nevertheless, mosquito surveillance shows us that West Nile Virus is everywhere and is showing up earlier each year. Infected individuals and their families tell me how debilitating are the effects of WNV. So we must continue getting the message out to minimize exposure to mosquito bites. The tiny mosquito can wreak havoc with our health and well-being.

Nuances in technique affect trap results. We tried some new bait formulations for our gravid traps, using chicken manure, grass clippings, brewers yeast and straw. Wow, our trap counts doubled in some cases; our motto is-- if they are out there, we want to catch them. However, changing the bait means we lack consistency in how we are collecting data. Also, the size of the pan that holds the stink bait also affects trap counts as well as where we place the trap—at the edge of vegetation, a couple of feet into it or far from the edge. My point is it is important to be aware of and acknowledge how our trapping technique affects results.

We all know this but it's okay to hear it again--it is essential to base mosquito control, the application of pesticides, on surveillance results. Proper application includes using the right product, at the correct application rate, and using personal protective equipment (PPE). Read the pesticide label and follow it.

I just returned from the renowned Dodd Short Course for mosquito control sponsored by the Florida Mosquito Control Association. If you ever get the chance, consider participating in this very worthwhile program.

I'm looking forward to seeing you at the annual meeting in March. For the first time, MMVCA has a full board. That means more input and more discussion and that's a good thing.

See you soon.

Joan Bradford, President
Missouri Mosquito and Vector Control Association

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Treasurer:

Barry McCauley, St Charles Co Health

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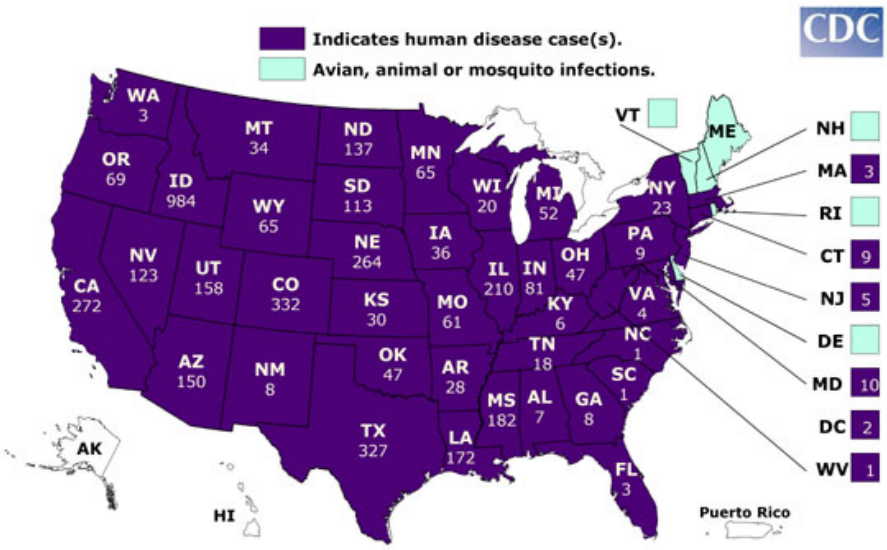
Next MMVCA meeting:

Watch for email

National and State Statistics for WNV and other mosquito borne diseases.

2006 West Nile Virus Activity in the United States (Reported to CDC as of January 3, 2007*)



March 16th

MMVCA Annual Conference- Columbia MO

9am-3pm

Columbia/Boone Co Health Dept

Conference Sign Ups: Contact:

Melanie Hein: 660-882-2626

heinm@lpha.dhss.mo.gov.

*Please pre-register early. Lunch will be provided.

Topics include:

- ***Integrated Pest Management.***
- ***Panel discussion on larvacide and adulticide labels and how to correctly read them and the exposure to employees.***
- ***Bioterrorism and vector control (hantavirus, tick borne diseases, tularemia, and mosquito borne diseases.***
- ***Rodents? How do we deal with them?***

***Lunch will be served provided by Clarke Mosquito**

***Breaks will be sponsored by Adapco Mosquito**

Door prizes will be given at end of conference!

Want to become a member?

Dues are only $10 a year per member.

Please send checks to Barry McCauley at 1012 Picardy Ln St Charles Mo. 63301

Web links

American Mosquito Association: www.mosquito.org. Missouri Dept of Health and Senior Services. www.dhss.mo.gov. Missouri Mosquito and Vector Control Assoc. www.mmvca.net. Center for Disease Control. www.cdc.gov. World Health Organization. www.who.ch/. Entomological Society of America. www.entsoc.org.

Lone Star Tick a Concern, but Not for Lyme Disease

Recent media reports have generated some confusion about the lone star tick and its relationship to Lyme disease.

The lone star tick does not transmit Lyme disease. Patients bitten by lone star ticks will occasionally develop a circular rash similar to the rash of early Lyme disease. The cause of this rash has not been determined; however, studies have shown that is not caused by *Borrelia burgdorferi*, the bacterium that causes Lyme disease. The rash may be accompanied by fatigue, headache, fever, and muscle and joint pains. This condition has been named southern tick-associated rash illness (STARI). In the cases of STARI studied to date, the rash and accompanying symptoms have resolved following treatment with oral antibiotics. STARI has not been linked to any arthritic, neurological, or chronic symptoms.

The lone star tick, *Amblyomma americanum*, is found throughout the southeastern and south-central states. The distribution, range and abundance of the lone star tick have increased over the past 20-30 years, and lone star ticks have been recorded in large numbers as far north as Maine and as far west as central Texas and Oklahoma. All three life stages (larva, nymph, adult) of the lone star tick will feed on humans, and may be quite aggressive. Lone star ticks will also feed readily on other animals, including dogs and cats, and may be brought into the home on pets. The saliva from lone star ticks can be irritating; redness and discomfort at a bite site does not necessarily indicate an infection.

Tick-borne illness may be prevented by avoiding tick habitat (dense woods and brushy areas), using insect repellents containing DEET or permethrin, wearing long pants and socks, and performing tick checks and promptly removing ticks after outdoor activity. Persons should monitor their health closely after any tick bite, and should consult their physician if they experience a rash, fever, headache, joint or muscle pains, or swollen lymph nodes within 30 days of a tick bite.

CDC is conducting studies to learn more about STARI. Physicians seeing patients with a recent lone star tick bite and an expanding rash at least 5 centimeters in diameter are encouraged to contact CDC at 970-221-6400 for more information. Patients must be at least 4 years old to participate.

source:cdc