

Change	Specific Text from Plan	Effects	Page
Notice of work being done to try to identify criteria for re-evaluating late season risk of EEE	Criteria for re-evaluating late season risk in communities that reached high or critical levels of risk from EEE are not clearly defined. MDPH is working with mosquito and disease experts to assess whether or not surveillance and/or temperature data can be used to accurately predict declining risk, toward the end of the mosquito season and prior to the occurrence of a hard frost. Multiple challenges to this exist including potentially increasing infection rates among surviving late-season mosquitoes, yet decreasing trapping success as evenings cool. This limits data available to assess accurate mosquito abundance and infection rates. Any actionable information will be released as an addendum to the plan.	None at this time	11
Addition of a new section to cover: recent geographic expansion of EEE activity	As indicated by virus activity surveillance, the geographic area of risk for EEE has increased outside the historical areas of southeastern Massachusetts. Human and animal cases have occurred in Essex, Franklin and Hampshire counties. EEE risk has also increased throughout New England; New Hampshire, Maine and Vermont have all detected unusual activity. Based on the surveillance data tracked by MDPH, there are communities outside of the Southeastern Region of the state that either do not belong to an established MCP, or do not have an MCP operating in their region, that are now at increased risk for EEE virus activity. Expansion of the current mosquito virus surveillance network is required to provide adequate surveillance data to assess the public's risk for arboviral diseases.	Promote awareness of recently observed expansion of risk	13
Addition of a new section to cover: risk of introduced mosquito species	MDPH is taking proactive measures to conduct surveillance for mosquito species that are expanding northward. <i>Aedes albopictus</i> is an aggressive mammal biting species that was introduced to North America from Asia around 1985; it has been implicated in the transmission of arboviruses to humans. The adult mosquitoes are black with distinctive white stripes on their legs and thorax and are sometimes referred to as "Asian tiger mosquitoes" (ATM). While the ATM has displaced native mosquito species across the southern US, its establishment in northern latitudes has been limited to date. There is currently no evidence that there is an established ATM population able to over winter in Massachusetts. However, there is evidence that the range for the ATM is expanding to the Northeast likely due to changes in the climate. Coupled with their ability to be vectors for a variety of human infections, these mosquitoes are aggressive biters that actively seek out mammals, including humans, during <b>daytime</b> hours and, thus, pose a particular challenge for public health risk reduction. Surveillance specifically targeting the adult stage of this species in Massachusetts began in 2008. In 2014, MDPH is coordinating with MCP's to increase these efforts using a systematic ATM survey. This survey will center on areas and activities known to correlate with ATM introduction in other states. The identified areas will be closely monitored using traps specifically designed to capture both adult ATM and their eggs. As part of this baseline survey, some of these mosquitoes will be tested for the presence of WNV and EEE. If any virus activity is identified in the ATM population and deemed to be of public health importance, both mosquito control and public health measures may be necessary. Appropriate responses will be determined in collaborative efforts between state and local health and the Mosquito Control Projects.	Promote awareness of the risk for introduction of new mosquito species	13
Addition of a new section to cover: risk of introduced mosquito-borne diseases	MDPH is continuing to work with its partner agencies to monitor for emerging arboviral diseases. Every year, some Massachusetts residents traveling abroad, become infected with mosquito-borne diseases such as dengue, malaria and chikungunya. Given the species of mosquitoes that are currently found in Massachusetts, it is not likely that these diseases could become established at this time. However, the diagnosis of any arboviral disease in Massachusetts residents is reportable to MDPH ( <a href="http://www.mass.gov/eohhs/docs/dph/cdc/reporting/rprtbdiseases-lboh.pdf">http://www.mass.gov/eohhs/docs/dph/cdc/reporting/rprtbdiseases-lboh.pdf</a> ) and requires public health investigation. If an investigation indicates that the disease was acquired locally (NOT acquired through foreign travel), MDPH may test banked mosquito specimens for the presence of the organism and/or perform enhanced mosquito surveillance, alone or in conjunction with a local MCP, in order to assess the risk to public health. Specific surveillance and response activities will be situation dependent and will be determined drawing on the expertise of all partners. Specific public health risk messages will be developed, shared with local partners, and communicated to the public as indicated. In addition, MDPH, as part of its routine surveillance, has the potential to test a portion of trapped and submitted mosquitoes with a non-specific screening test which, if positive, would trigger more specific testing to detect an introduced or emerging disease. Although testing for non-endemic arboviruses is not routine, MDPH is prepared to rapidly implement screening tests for them. These arboviruses include, but are not limited to, Jamestown Canyon, dengue and chikungunya viruses. Decisions to perform surveillance for any of these viruses will be based on information indicating 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.	Promote awareness of the risk for introduction of new mosquito-borne disease	

2014 calendar with recommended closing times for evening outdoor events in communities at high or critical risk for EEE	<b>See plan</b>	Allows for coordination between communities	26
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