

-----Original Message-----

From: Wright, Richard L HQ02
Sent: Tuesday, March 20, 2001 2:59 PM
To: Higgins, Paula M NAN02; Warren, Brenda A LRDOR; Cordes, Gordon E MVD; King, Gary W SAD; Hay, Mary B SAD; Haskins, Jerry W ERDC-SO-MS
Cc: Lewis, Darrell E HQ02; Austin, Stephen B HQ02; DeWitte, Connie K HQ02; Stout, Robert E HQ02; Wright, Richard L HQ02; Trent, Frank W HQ02; Testerman, Samuel G HQ02; 'Cannon, Charles E LTC CHPPM North-Ft Meade'
Subject: West Nile Virus Information
Importance: High

CENAD, CELRD, CESAD, CEMVD and ERDC SOHO Staff (please provide to your District/Lab SOHO staff):

“West Nile virus” made headlines across the East Coast last summer. In order to ensure the USACE is prepared for a possible recurrence of last spring and summer’s West Nile virus activity, the following information and guidance is provided. This information is being provided to the proposed area of concern this year; to the CENAD; CESAD, CELRD, CEMVD and ERDC regions via the safety and health staff and operations/natural resources staff functions:

West Nile encephalitis is an infection of the brain caused by West Nile virus, a virus commonly found in Africa, West Asia, and the Middle East. It is closely related to St. Louis encephalitis virus found in the United States. In the United States, West Nile virus (WNV) is transmitted by infected mosquitoes, primarily members of the Culex species. It rarely causes death or severe illness, although generally this has occurred only in elderly or immuno-compromised individuals. Details concerning WNV can be found at the CDC WNV homepage at <http://www.cdc.gov/ncidod/dvbid/westnile/>

According to the Centers for Disease Control, WNV activity will likely continue it’s spread south and westward from the United States East Coast during the spring and summer of 2001. This may in part occur because several species of the Culex mosquito, “overwinter”, i.e. live through the winter to continue the spread of the virus in the spring. Because widespread WNV epizootic (the disease carrier/vector) activity probably will persist and expand in the United States, larger outbreaks of WNV infection and human illness are possible if adequate surveillance, prevention activities, and mosquito control are not established and maintained. In 1999, four states reported WNV epizootic activity (Connecticut, Maryland, New Jersey, and New York) In 2000, epizootic activity in birds and/or mosquitoes was reported from 12 states (Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Vermont, and Virginia) and the District of Columbia. Of the 13 jurisdictions, seven also reported severe neurologic WNV infections in humans, horses, and/or other mammal species. This report presents surveillance data reported to CDC from January 1 through November 15, 2000. Although the WNV epizootic has persisted in the four states originally affected in 1999 and expanded into eight additional states and the District of Columbia, only 18 humans with severe neurologic illness attributed to WNV were reported in 2000 compared with 62 in 1999. This may indicate that preventive measures taken slowed the viruses impact, or that the virus and disease occurrence may be variable and sporadic (This information was pulled from the CDC

Report: Update: West Nile Virus Activity --- Eastern United States, 2000,
<<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4946a2.htm>> .)

The USACE should be prepared for WNV to continue it's south and westward spread in 2001, and potentially present a hazard to our employees and visitors at our projects and recreation centers throughout the impacted areas.

Personal Protective measures are our 1st line of defense. The CDC published recommended measures on the CDC WNV website at
<<http://www.cdc.gov/ncidod/dvbid/westnile/q&a.htm>> They are:

Stay indoors at dawn, dusk, and in the early evening.

Wear long-sleeved shirts and long pants whenever you are outdoors.

Spray clothing with repellents containing permethrin or DEET since mosquitoes may bite through thin clothing.

Apply insect repellent sparingly to exposed skin. An effective repellent will contain 35% DEET (N,N-diethyl-meta-toluamide).

DEET in high concentrations (greater than 35%) provides no additional protection.

Repellents may irritate the eyes and mouth, so avoid applying repellent to the hands of children.

Whenever you use an insecticide or insect repellent, be sure to read and follow the manufacturer's DIRECTIONS FOR USE, as printed on the product.

Note: Vitamin B and "ultrasonic" devices are NOT effective in preventing mosquito bites.

These preventive measures are generally in line with the measures the USACE published in our Lyme disease prevention guidance found in EC 385-1-217, <<http://www.usace.army.mil/inet/usace-docs/eng-circulars/ec385-1-217/toc.htm>>. Therefore by following the guidance previously published for the prevention of Lyme disease, we will also be protecting our staff from WNV. Recommend alerting visitors to an area/project with confirmed WNV activity, and providing them with information concerning personal protective measures as stated above (CDC recommendations) to protect themselves. The authorized public health authority (state, county, etc.) may develop this guidance for the area at risk.

Pest management / pesticide spraying programs may form a part of the USACE WNV prevention program. ER 1130-2-540, Project Operations - Environmental Stewardship Operations and Maintenance Policies, prescribes the procedures to be followed when enacting pest management programs at our civil works projects and recreation centers. Specific pesticide spraying / pest management programs directed at the prevention of WNV transmission is covered in Chapter 3, para. 3-2.e. "Corps of Engineers policy on vector control is to respond whenever a duly authorized public health agency declares an emergency health hazard involving Corps managed property. Nuisance pest and mosquito

programs shall only be performed on Corps managed public recreation areas, or lands adjacent to those areas, operation and maintenance areas, and certain dredge material disposal areas.” Reduction in standing water areas (i.e. filling holes, ensuring tires/buckets, etc. are not filled with water) will help to reduce mosquito-breeding areas.

Therefore; USACE MSC’s and Commands in the regions identified above should closely monitor the local authorized public health agency for information regarding the prevention of WNV transmission, and use the appropriate emergency pest management control program that is deemed necessary by the authority. This may include pesticide spraying programs as well as WNV surveillance and reporting as required. Although community pressure to enact pesticide-spraying programs to respond to a perceived WNV threat may occur, recommend that spraying programs specifically aimed at the prevention of WNV transmission be conducted only if deemed appropriate by the authorized public health agency. Spraying to control “nuisance mosquitoes” should not be confused with a program specifically designed to thwart transmission and spread of WNV. Costs for pest management /spraying programs are taken out of the local command O&M budget. Projected costs for future programs would be extremely hard to develop at this time because of the variability in spread and degree/infection rate of WNV during the upcoming mosquito season.

West Nile virus surveillance activity should also form a large part of the Corps preventive measures. This may be dictated by the authorized public health agency as stated above. The US Army Center for Health Promotion and Preventive Medicine (USACHPPM), Direct Support Activity (DSA)-North, located at Ft. Meade, MD, has indicated they will support the USACE by providing bird and mosquito surveillance support at our northeastern / east coast projects and facilities. This will include assisting in identifying WNV in dead birds (generally crows) found within a 2-mile radius of our facilities, and if found positive, assist in identifying WNV carrying mosquitoes on facilities. This would help provide the information needed to thwart the spread of WNV. Assistance concerning public health action levels can also be provided by USACHPPM. **Questions concerning dead bird and mosquito surveillance support can be addressed to LTC Charles Cannon, at 301-677-3466 or Mr. Ben Pagac, 301-677-39323; both of USACHPPM, DSA-North.** (Please have just one POC per District/Lab command requesting assistance/information from USACHPPM). Further information will be provided later this spring once mosquito activity levels are established by the concerned public health agencies.

If there are further questions please contact Mr. Richard Wright, CIH
HQUSACE Safety and Occupational Health Office, 202-761-8565;
richard.l.wright@usace.ary.mil.

-----Original Message-----

From: Wright, Richard L HQ02
Sent: Thursday, August 09, 2001 10:19 AM
To: Wright, Richard L HQ02; Higgins, Paula M NAN02; Warren, Brenda A LRDOR; Vandegriff, Bob SWT; Cordes, Gordon E MVD; King, Gary W SAD; Hay, Mary B SAD; Haskins, Jerry W ERDC -SO-MS
Cc: Lewis, Darrell E HQ02; Austin, Stephen B HQ02; DeWitte, Connie K HQ02; Stout, Robert E HQ02; Trent, Frank W HQ02; Testerman, Samuel G HQ02; 'Cannon, Charles E LTC CHPPM North-Ft Meade'; Toplisek, Timothy R HQ02
Subject: RE: Updated West Nile Virus (WNV) Information
Importance: High

Addresses; Please provide this message to your District / Division / Center staffs as appropriate. This is an update to my WNV message sent out in March. WNV continues to spread along the East coast. So far we have not heard of any USACE staff being infected (please let me know if this is incorrect).

The CDC has provided updated West Nile Virus information at <http://www.cdc.gov/ncidod/dybid/westnile/2001spotlight.htm>

The US Army Center for Health Promotion and Preventive Medicine also provides WNV info at: <http://chppm-www.apgea.army.mil/ento/westnile.htm>

Continue to follow the preventive measures posted in the message below and at the websites indicated. Continue to provide dead-bird surveillance as indicated in the message below.

Questions concerning dead bird and mosquito surveillance support can be addressed to LTC Charles Cannon, at 301-677-3466 or Mr. Ben Pagac, 301-677-39323; both of USACHPPM, DSA-North.

Let me know if you have any further questions or concerns.
Rich Wright, CESO, 202-761-8565

-----Original Message-----

From: Wright, Richard L HQ02
Sent: Friday, September 28, 2001 11:46 AM
To: CDL-SAFETYIH; CDL-Safety-Offices
Cc: Lewis, Darrell E HQ02; Austin, Stephen B HQ02
Subject: Lyme Disease and West Nile Virus Update and Info
Importance: High

USACE SOH and Natural Resources personnel:

Engineer Circular (EC) 385-1-217, Lyme Disease Prevention, Education and Vaccination Program, has expired. USACE EC's have a two-year time limit of publication. Until we republish this guidance in another form (ER possibly), please continue to follow the guidance prescribed in it. We have been waiting for an update from the FDA concerning the potential for administering booster shots of the LymeRix vaccine. Existing data suggest boosters might be needed, but additional data is required to make recommendations regarding booster schedules. Once this information is available we will update the guidance and republish. For the time being, continue to follow the EC and the recommendations concerning vaccinations from your local health department as specified in the EC. The EC will continue to be posted at:

<http://www.usace.army.mil/inet/usace-docs/eng-circulars/ec385-1-217/toc.htm>

Also, updated Lyme disease and vaccination information can be found at the CDC website:

<http://www.cdc.gov/ncidod/dvbid/lyme/index.htm>

West Nile virus continues to be found across increasing areas of the country.

Please continue to follow the guidance I sent out on e-mail on 9 Aug, attached below. The info in the message continues to be valid.