



CDC Zika IMS Sustaining the Zika Response in 2017

Vector Issues Team

Tuesday, March 28, 2017

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Opening Remarks

OVERVIEW

- Opening Remarks
- Updates to Zika Guidance
- Q&As
- Closing Remarks

CONUS Vector Control Activities

Preparation – Plan of Action

- Key partners identified?
- Lines of communication worked out?
- Public-facing material developed?
- Workforce trained?
- Plan exercised?
- Prior knowledge of species distribution, abundance, and resistance status?
- Have you identified resources?

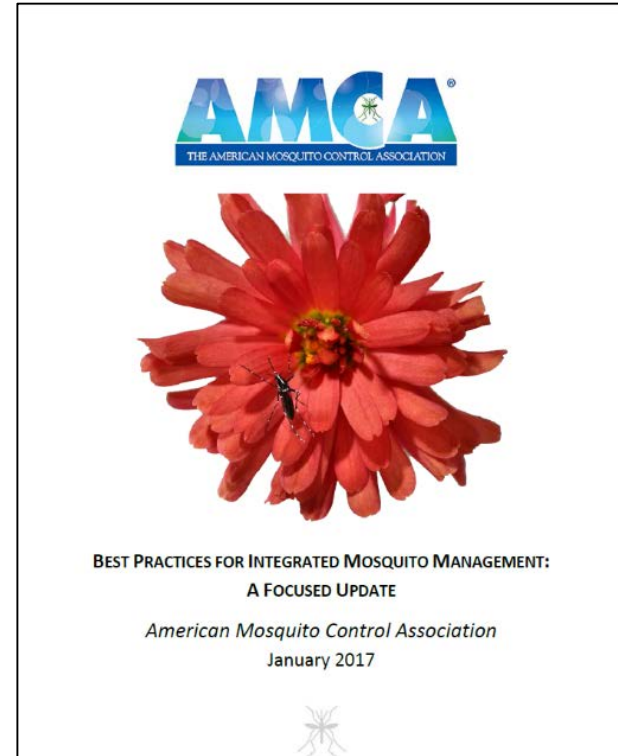
The screenshot displays the CDC website page titled "Mosquito Control". The page features three main content areas:

- Help Control Mosquitoes that Spread Dengue, Chikungunya, and Zika:** A fact sheet with a "B Z Z z" header and three numbered steps (1, 2, 3) for prevention. Below the fact sheet is a list of language options for PDF downloads: English, French, Spanish, Portuguese, Arabic, Tagalog, and Vietnamese.
- Mosquito life cycle:** A diagram showing the life cycle of *Aedes aegypti* with a central illustration of the mosquito. Below the diagram is a list of language options for PDF downloads: English, Spanish, and Portuguese.
- Estimated range of *Aedes albopictus* and *Aedes aegypti* in the United States, 2016:** Two maps of the United States showing the distribution of the mosquito species. Below the maps is a list of language options for PDF downloads: English, Spanish, and Portuguese.

Source: www.cdc.gov/zika/fs-posters/index.html

Preparation – AMCA Training

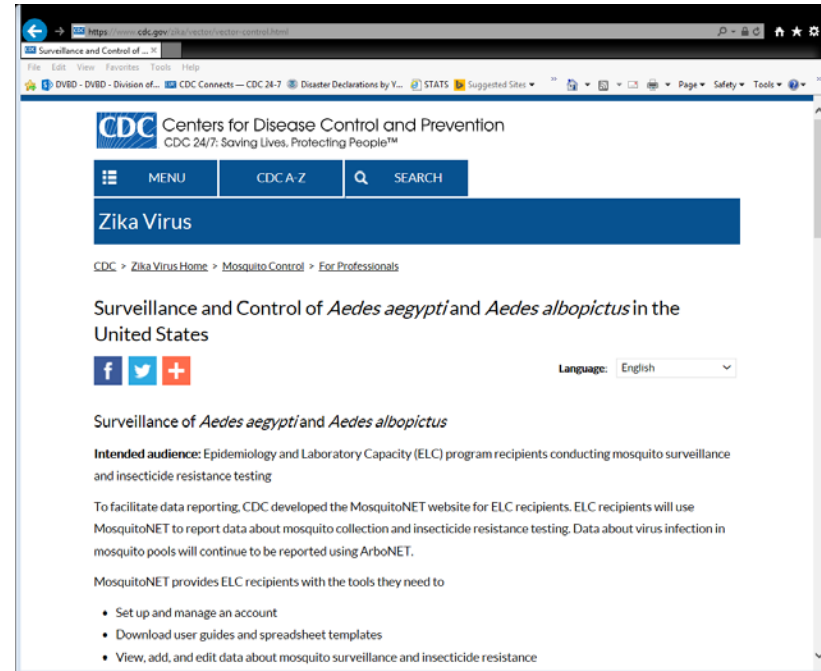
- New Best Management Practices
- Master Trainers
- 10 Regional “Train the trainers” events
- Web-based training and certification in development
- Visit www.mosquito.org for more information



Source: www.mosquito.org

Suspected and Confirmed Cases

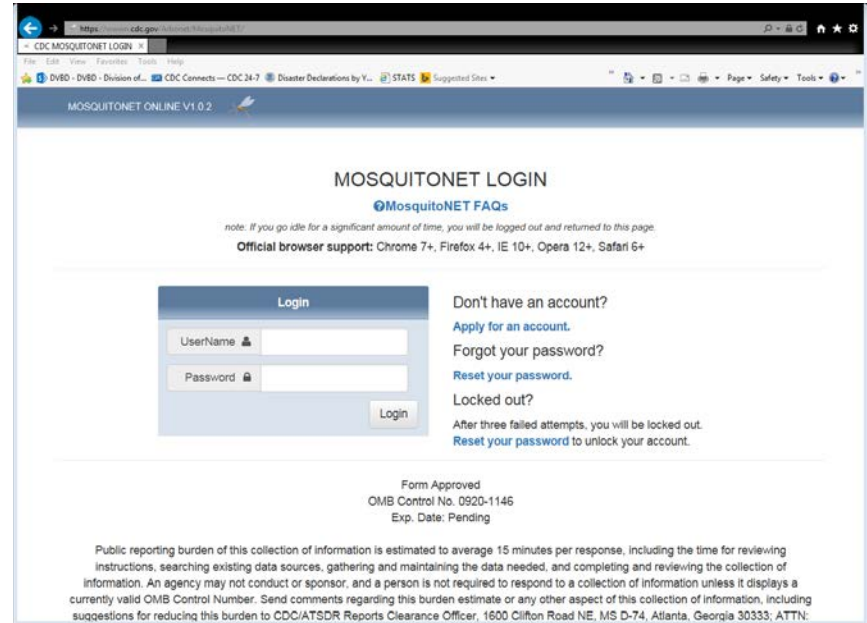
- Initiate vector control within 150m radius of case
- The same integrated approach is used for 1 case, a small cluster, and widespread cases
- Intensity of control and geographic scale will vary based on the situation and may change over time



Source: <https://www.cdc.gov/zika/vector/vector-control.html>

Surveillance

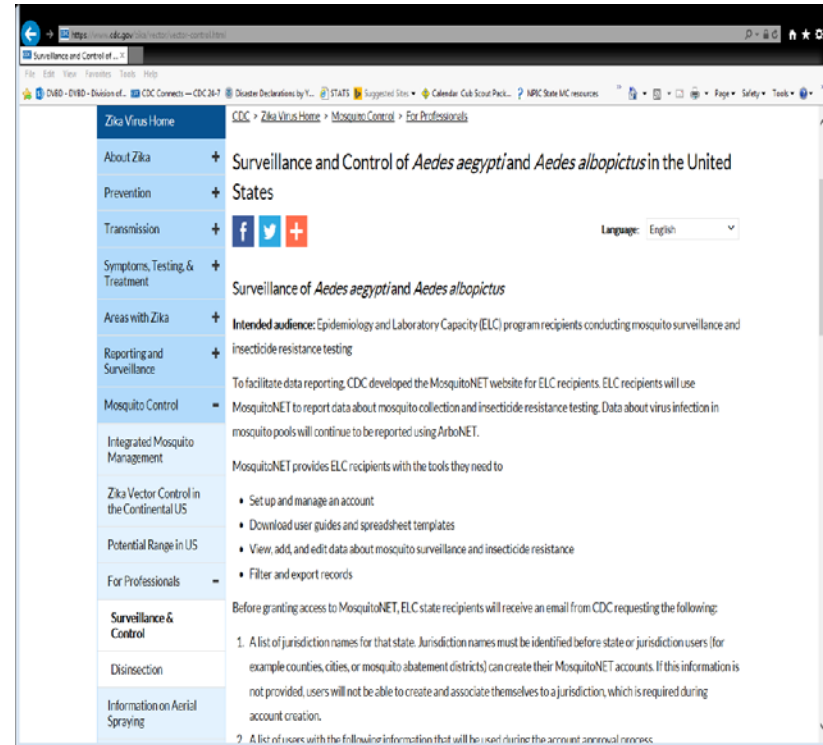
- First wave of ELC money to support surveillance went out in early August 2016, supplemental funds in December 2016
- MosquitoNet beta tested in Nov/Dec 2016
- January 2017, started enrolling users
- Repeated survey of distribution of *Stegomyia* species in Dec



Source: <https://www.cdc.gov/Arbonet/MosquitoNET/>

Surveillance

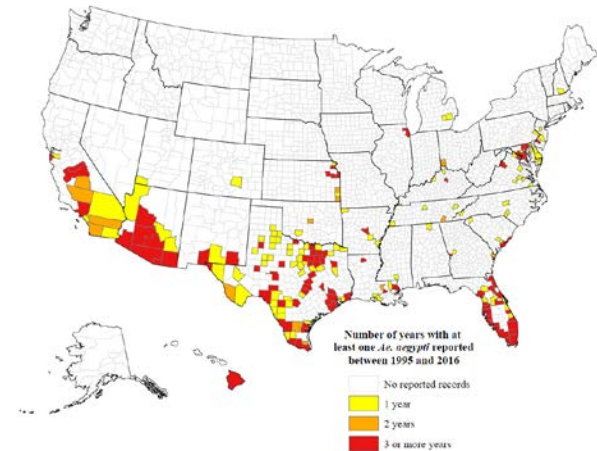
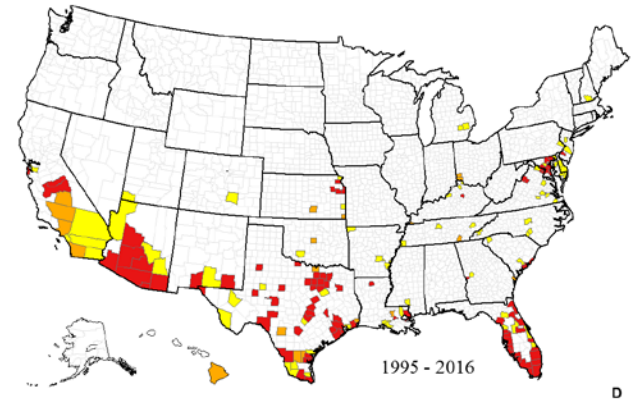
- ELC funds were distributed to develop or enhance mosquito vector surveillance and insecticide resistance testing
- Data compiled will be used to:
 - Develop more accurate knowledge of where and during what time of the year *Ae. aegypti* and *Ae. albopictus* occur in the United States and are most abundant
 - Define the extent of insecticide resistance of Zika virus mosquito vectors throughout the United States



Source: www.cdc.gov/zika/vector/control.html

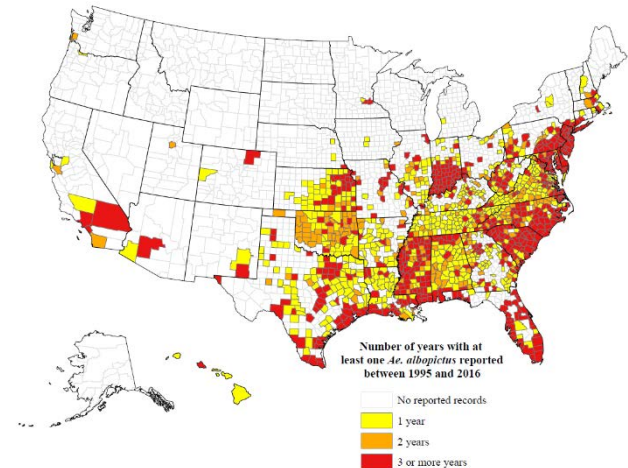
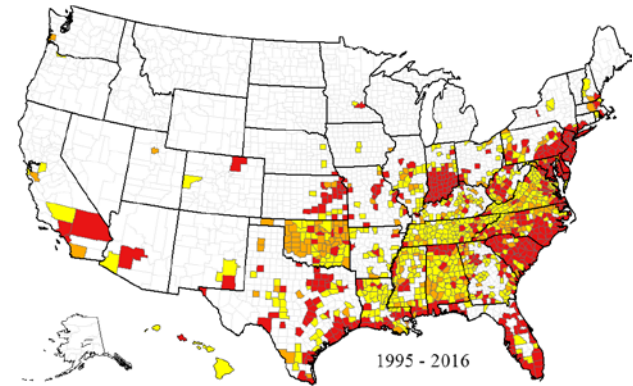
Aedes aegypti

- 38 new county records since spring survey, primarily from Texas
- Illinois and Alabama added their first county records
- Represents a 21% increase in reported counties
- 40 counties added additional year records



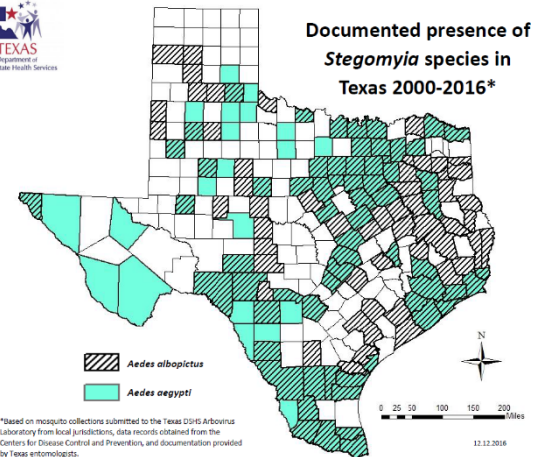
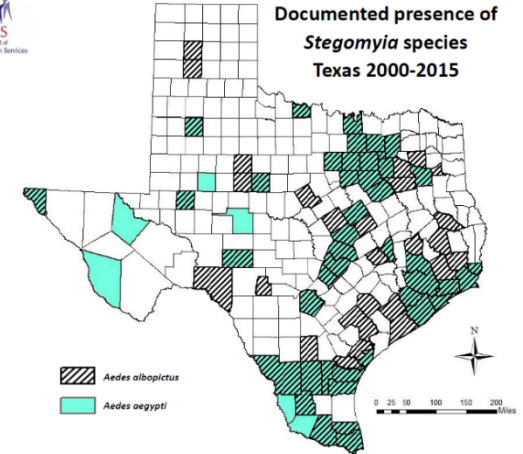
Aedes albopictus

- 127 new counties since spring survey, primarily from Kansas, Texas, Mississippi, Arkansas
- Represents a 10% increase
- 183 counties have added additional year data.



Mosquito Surveillance in Texas – a ELC Funding at Work

- Based on data from 2000-2016, 141 counties in Texas have documented the presence of one or both *Stegomyia* species (*Ae. aegypti* and *Ae. albopictus*):
 - 65 counties have documented the presence of both species
 - 55 counties have documented the presence of *Ae. albopictus* only
 - 21 counties have documented the presence of *Ae. aegypti* only
- *Stegomyia* surveillance project participants added species documentation to 56 counties in 2016.

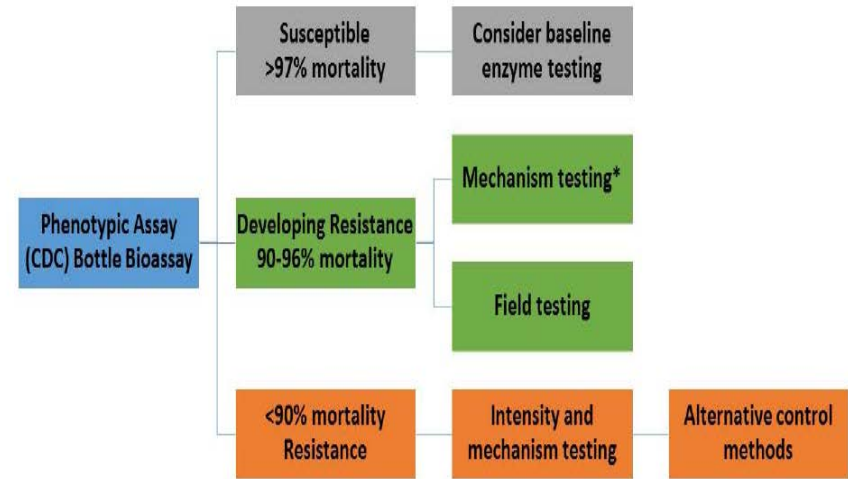


*Based on mosquito collections submitted to the Texas DSHS Arbovirus Laboratory from local jurisdictions; data records obtained from the Centers for Disease Control and Prevention, and documentation provided by Texas entomologists.

12.12.2016

Insecticide Resistance

- **Widespread but focal problem**
- **Not well documented across United States**
- **Starting with easiest, most basic test for mosquito control districts to adopt: CDC bottle bioassay**



*Mechanism testing options: enzymes, molecular assays, bottle bioassay with inhibitors

Vector Control Activities

- **Trap and equipment purchases**
- **Chemical purchases**
- **Supplemental contracts**
- **Entomologic expertise**



Photos courtesy of Ed Freytag, City of New Orleans Mosquito & Termite Control Board

Questions/Discussion

Closing Remarks

TELECONFERENCE OVERVIEW	DATE/TIME/LOCATION
Laboratory Task Force Eddie Ades, Robert Lanciotti, Christy Ottendorfer	Wed 3/15/2017 / 2pm–3pm EDT - Domestic Wed 3/15/2017 / 5 pm–6 pm EDT - Islands Bridge Line: 1(888)972-6716/ Passcode: 6721430
Joint Information Center/Communications Cathy Young	Wed 3/22/2017 / 2pm–3pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Epidemiology Task Force Carolyn Gould, Michael Johansson	Thurs 3/23/2017 / 2pm–3pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Vector Issues Team Janet McAllister	Tues 3/28/2017 / 2pm–3pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Policy and Partnerships Melody Stevens	Wed 3/29/2017 / 1:30pm–2:30pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Pregnancy and Birth Defects Task Force (including surveillance) Dana Meaney-Delman	Wed 3/29/2017 / 3pm–4pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Blood Safety Task Force Sustainment Strategy Discussions Koo Chung, Matt Kuhnert, Craig Hooper	Thurs 3/30/2017 / 2pm–3pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430
Medical Investigations Team Sustainment Strategy Discussions Maleeka Glover	Thurs 3/30/2017 / 3:30pm–4:30pm / Rm 5116 Bridge Line: 1(888)972-6716/ Passcode: 6721430

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

