

To: Kris Balderston / Irma Martinez (456-2525)
Maria Echaveste / Marge Tarmey (456-1907)
Chris Jennings / Devorah Adler (456-5557)

From: Liz Summy,
Phone: 690-7431

Subject: West Nile-Like Virus Update

Pages : 21 (including Cover Sheet)

Attached is the communication plan
from HHS and USGS (attached) for
West Nile Virus.

Call w/ comments and questions



April 13, 2000

NOTE TO MARIA ECHAVESTE *Maria*

Attached please find CDC's West Nile Virus Communications Plan, including its four key message points which were briefly discussed at the April 5 meeting. The plan outlines CDC's communications strategy in addressing the West Nile Virus with federal, state, and local partners, Congress, media, health professionals, and the public over the next several weeks and months. I want to bring to your attention a few highlights.

- CDC has put a particular focus on coordinating with other federal agencies as they support state and local efforts. Dr. Steve Ostroff, Associate Director for Epidemiologic Science at CDC, will be leading the West Nile Virus Coordinating Committee (WNVCC) comprised of representatives from USDA, EPA, and Interior;
- Briefings for members of Congress and all East Coast legislative staff will be held today. Dr. Ostroff and representatives of the WNVCC will be leading the briefings;
- Secretary Shalala and Steve Ostroff will meet with members of the New York delegation today. This meeting has been scheduled for several weeks and will cover a number of issues, including West Nile virus; and
- CDC will host a scientific media briefing with other federal agencies for East Coast reporters on April 25. (Details are attached.)

I have also provided budget information to respond to the OMB request. The communications plan from USGS is attached. We have not received plans from EPA and USDA.

Please contact me if you have any questions, and thank you for your assistance.

Mary Beth
Mary Beth Donohue

Attachments

cc: Chris Jennings
Kris Balderston



West Nile Virus Communication Plan: Calendar Year 2000

The Centers for Disease Control and Prevention has prepared a communication strategy to address West Nile virus that includes three major components: (1) Communication between CDC and other members of the Executive Branch, (2) Communication with Congress, and (3) Communication with the public. Coordination with States and localities is part of the communication efforts in each of these components.

COMMUNICATION OBJECTIVES

- **Collaboration:** Work collaboratively with other Federal departments to assist State and local public health departments, scientific partners, and health care professionals to communicate timely and accurate information regarding new developments and prevention and control measures related to West Nile virus in the United States.
- **Ongoing Effort:** Keep the media and the public informed of the ongoing coordinated effort at the Federal level to mitigate the public health threat represented by the introduction of the West Nile virus into the Western Hemisphere.
- **Anticipated Media Issues:** Lay the appropriate foundation with media and the public about emerging infectious diseases issues. Prepare the public for the possibility of new mosquito/bird/human cases that might occur outside of the affected areas so that the general public will not become unduly alarmed.
- **Message Development:** Translate upcoming scientific articles or any potential news items into lay messages to ensure the science is widely understood.
- **Individual Action:** Continue to reinforce the message that individuals can help protect themselves from West Nile virus and other arboviruses by taking appropriate preventive actions.
- **Emerging Infectious Disease (EID) Plan:** Explore the West Nile virus introduction in context of the updated CDC *Emerging Infectious Disease* plan.

AUDIENCES

- **Federal, State and local partners** (Department of Health and Human Services, Office of Management and Budget, United States Department of Agriculture, Environmental

Protection Agency, Department of the Interior, and United States Geological Survey; States; localities).

- **Congress** (Congressional delegations of affected areas and others).
- **Media** (Science, health, and recreational for both national and targeted States).
- **Public Health Professionals** (Federal, State, and local).
- **Public** (Targeting East and Gulf-coast States).

KEY MESSAGES

1. **Reassure public** that CDC has been working on West Nile virus all winter with national and international experts from many disciplines to prepare for this year. There is a sound public health plan in place (federal, state, local). Primary responsibility for West Nile virus control and prevention rests at the State and local level, good Federal coordination exists between CDC, USDA, Interior/USGS, and EPA to assist States and localities in these efforts.
2. Because Emerging Infectious Diseases are a continuing public health challenge, there is a **comprehensive Emerging Infectious Disease plan** in place under the leadership of CDC. While "related viruses" have been causing encephalitis disease in the U.S. for years (some more serious than West Nile virus), West Nile virus clearly shows that in this time of global travel new pathogens can easily come to the U.S., and we need to be prepared.
3. While good public health control measures are in place (ie: bird surveillance, testing birds for West Nile virus, urging people to eliminate standing water, using insecticides that kill larva mosquitoes, and training other state public health officials and lab staff to detect West Nile), **there may be some cases of West Nile virus this year**, just as there are cases each year of St. Louis Encephalitis and Eastern Equine Encephalitis. Nonetheless, the chances of becoming seriously ill from a mosquito bite are extremely rare.
4. **Individuals can participate** in the West Nile virus prevention effort by eliminating sources of stagnant water on their property. People can **protect themselves** from mosquitoes by applying insect repellent before going outside at dawn, dusk and during the evening.

COMMUNICATION COMPONENTS

1. **Communication with Federal, State and local partners**

- CDC is working with our Federal partners to establish a West Nile Coordinating Committee to facilitate timely communications with all of these Departments and agencies.
- Weekly conference call between staff in the National Center for Infectious Diseases' (NCID) Office of the Director (OD), NCID's Division of Vector-borne Diseases (DVBD), and CDC's Media Relations are planned.
- Weekly meeting between staff in NCID's OD and CDC/OD.
- Bi-weekly conference calls between DVBD and 19 cooperative agreement recipients (i.e. States and localities).
- Weekly written CDC update from CDC's Executive Secretariat to HHS/OS.
- Other Federal agencies have the lead in diverse areas. For example the following are leads as described: EPA regarding the use of malathion, USGS regarding dead-bird surveillance, and USDA regarding horse and bird health issues. Regular contact with involved agencies is planned regarding communication/media efforts via conference calls and email.

2. Communication with Congress

Federal Agency Coordination

- Formalize and clarify roles of federal agencies to permit easy articulation for Hill (e.g. use one pager on roles, relationships and contacts at respective federal agencies—to be completed by 4/14.)
- Develop and assemble an informal working group to coordinate hill activities.
- Formalize, at least weekly (and where appropriate immediate), notification of significant hill coordination to permit coordinated response.
- FY 2001 Budget
- Identify and Inform Outside Validators
- Inform each congressional delegation about Federal agency contacts for CDC, EPA, Interior/USGS, and USDA.

Regular Communication with the Hill

- CDC will conduct regular periodic briefings for affected delegations, committees of jurisdiction and other interested offices. These will be supplemented by ad hoc briefings

as important events occur. Will keep messages and materials consistent with those used in other settings. Particular emphasis will be placed on active delegations including NY, CT and NJ as well as on states with particular or emerging concerns.

A four-agency federal briefing for NY/CT/NJ delegations will be held in the Capitol on Thursday April 13, 2000. (Room S.C.#6 in the Capitol from 3-4:15 p.m. EST). A briefing for remaining delegations will be held 4:30-6:00 p.m. EST in Room 2362A House Rayburn Building.

These briefings will:

- Update members and staff on CDC and other federal activities related to West Nile virus;
 - Explain coordination with states and localities and involve appropriate coordination with their representatives (E.g. ASTHO/NACCHO)
 - Explain task areas by agency (EPA, Interior/USGS, USDA)
 - Whenever possible involve representatives of other Federal agencies
- CDC will refine and update electronic (email) list of affected members and staff to permit continued rapid updating. (E.g. affected members and staff will be notified of hotlinks to new West Nile virus Guidelines for states this week).
 - CDC will send electronic updates to staff as new information is made available (new activities, guidance, *MMWR* articles, fact sheets, breaking events, grants, press releases, etc.).
 - CDC will continue to actively solicit input from staff and members about most helpful means of communicating with offices (e.g. electronically vs. other means; appropriate contacts with district offices).
 - Designate lead spokespersons/coordinators (Steve Ostroff and James Hughes, NCID) for science and programmatic matters and for Hill liaison (Francie de Peyster; Donald Shriber, CDC/Washington). HHS Office of Legislation will be formal inter-cabinet liaison

Community/District Events

- CDC will begin scheduling field events (perhaps to state and local health departments) for members and staff including viewing and learning about new laboratory diagnostics, mosquito trapping, and surveillance methods (e.g. sentinel chickens).
- Consider offering actual involvement in mosquito reduction campaigns (e.g. at breeding sites near residences).
- Issue invites and plan events around relevant public health and scientific conferences, meetings, workshops, interagency & intergovernmental meetings and include States and localities in appropriate ways at local community meetings.

3. Communication with the Public and Health Professionals

External Coordination

- Website for health professionals. During the 1999 West Nile virus outbreak, channels of information sharing and releases to the public and the media were established or reinforced. CDC created a **West Nile virus conference web site for health professionals** involved in the West Nile virus prevention and control effort. This web site provides automatic access to all new information in a series of scientific disciplines and updates from other federal agencies.
- CDC public web site. Updates of Qs and As, fact sheets, and other relevant materials will be posted to the CDC web site for the public as needed.
- CDC's role is to support local and State health departments as they release outbreak information related to their area, and provide information to State or local health officials, State and territorial epidemiologists, and information specialists. **CDC communicates with state information officers** regularly through email and the web site for the National Public Health Information Coalition.
- CDC is the scientific and public health expert regarding West Nile virus: CDC has and will continue to **publish West Nile virus guidance** on outbreak prevention and control related to human health through the *Morbidity and Mortality Weekly Report (MMWR)*, and the *Emerging Infectious Diseases Journal* (both are available online at CDC's web site).

Proactive Media Outreach

- **April 2000.** Hold media science briefing for East Coast press. (See attached for full description.) This briefing would support the goal of communicating the federal government's coordinated response early in the spring, so that later developments are well understood.
- Update web site with additional Qs and As and fact sheets as issues develop. Web site address: <http://www.cdc.gov/ncidod/dvbid/arbor/arboinfo.htm>
- Develop matte article for national release on mosquito-borne disease prevention. (Pending availability of resources.)
- Release a mosquito-borne disease prevention article to national family and recreational magazines and to local and regional media (radio, print, TV) in the East Coast and Gulf Coast States.

- **May -- June 2000.** Background briefings for interested press as needed, with a special focus on explaining MMWR articles.
- Develop and provide b-roll of Fort Collins facility as it relates to West Nile virus research and investigation. *(Pending availability of resources.)*
- **July 2000.** Invite reporters to attend the CDC annual Emerging Infectious Disease Conference held in Atlanta, which will focus one of the conference days on West Nile virus.
- **July and August, 2000.** Develop press releases and identify spokespersons regarding the four to five articles planned for the *EID Journal* on West Nile virus issues.

Issues/Crisis Management

- Continue to provide emergency media relations guidance and support 7 days a week around the clock. (Pager Number: (404) 318-2380 or CDC Security Number: (404) 639B2888.
- As needed, develop Qs and As and message points regarding public health for all partners as West Nile virus surveillance data is released.
- Alert HHS to impending issues that may garner high media interest, and arrange background briefings with CDC senior scientists as appropriate.
- As needed, provide on-site press officer at Fort Collins or State health departments. *(Pending availability of resources.)*
- As needed, coordinate media responses with other federal departments to ensure that all are speaking with one voice.

Training and Leadership

- **May 2000.** A member of the DVVID will participate in a 3-week training detail with the CDC Media Relations office to act as a surrogate press officer at the CDC, Fort Collins, Colorado facility. *(Pending availability of resources.)*
- Provide media spokesperson training for additional CDC staff as required.

Ongoing Activities

- Continue to coordinate interviews for media regarding public health issues related to West Nile virus.

- Continue to coordinate and refer media to other federal departments as topics dictate.
- Coordinate documentary requests from Discovery, The Learning Channel, and Public television regarding the West Nile virus investigation.
- Develop media materials as needed for West Nile virus update in *MMWR* articles.
- Develop Questions and Answers (Qs and As) and assist State health departments as they release information updates through State information channels.
- Continue clipping service for coverage related to West Nile virus investigation.
- Conduct media content analysis periodically to assess message delivery.

MEDIA OUTREACH EVENT APRIL 2000

Activity/Objective

- Scientific and public health media briefing/teleconference on coordinated federal government West Nile virus activities
- Communicate to key national and regional media the key messages (above)
- Familiarize media with the ongoing federal, state and local roles and activities

Tentative date

- April 25, 2000
- Planned to kickoff the spring surveillance season for West Nile virus (before mosquitoes begin to circulate)

Participants

- CDC staff (Director, CDC; CDC West Nile virus coordinator, Dr. Stephen Ostroff; subject matter experts, as required)
- Interior/USGS staff [TBD]
- USDA staff [TBD]
- EPA staff [TBD]

Topics

- Roles of federal, state and local agencies
- Review of federal government activities since last fall
- Outlook for 2000 (what can we expect this year?)
- Prevention
- Control

Format

- Presentations by panel of West Nile virus scientific experts from all involved federal agencies (CDC, w/USDA, USGS, EPA)
- Q&A sessions following each presentation
- General Q&A session to wrap up

Audience

- Major print media, with focus on New York and Washington, D.C.
- Network TV producers
- Regional and local reporters from throughout U.S. East Coast and Gulf states

Materials

- Media advisory/invitation to event
- Press release on the "scientific briefing" regarding winter work on West Nile virus and update on spring activities by all involved Federal departments
- B-roll (inside look at laboratory work on West Nile virus) for broadcast media
- Backgrounder: Get to know the virus, its history and its clinical presentation in the Western Hemisphere
- Fact Sheets
 - Federal accomplishments over the fall
 - Federal activities planned for spring and summer

- Science and research
- List of federal and local public affairs contacts, experts government and others for future consultation and web sites
- EPA fact sheet on pesticides
- USGS fact sheet on bird/bird migration and the dead-bird surveillance system
- USDA fact sheet on animal involvement and animal importation work
- *CDC's Epidemic/Epizootic West Nile Virus in the United States: Guidelines for Surveillance, Prevention and Control*
- Q/As—From A to Z, the hottest questions about West Nile virus.

**West Nile Virus
Contacts
April 2000**

Department of Health and Human Services

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Jim Hughes, MD 404-639-3401
Director, National Center for Infectious Diseases, CDC

Legislative Contacts:

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Francie DePeyster

Press Contacts:

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Department of Interior (US Geological Service)

Scientific Contacts:

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Dr. Linda Glaser

Legislative Contacts:

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Centers for Disease Control and Prevention
National Center for Infectious Diseases
**Priority Program Needs for the National Response
to the Introduction of West Nile Virus into the U.S.**

The epidemic/epizootic of West Nile (WN) virus in the northeastern U.S. in 1999 was an unprecedented event, underscoring the ease with which emerging infectious pathogens can move into new geographic areas. The outbreak also focused concern on the preparedness and capacity of many local, state and national public health and other federal agencies to deal with epidemics of vector-borne diseases in this country.

CDC was appropriated approximately \$4 million in FY2000 and supplemented this amount with an additional \$1 million (for a total of \$5 million) to address both extramural and intramural needs made evident by the WN virus outbreak. Recently, \$2.7 million of the appropriated funding was awarded to 17 states and 2 cities along the Atlantic and Gulf coasts to enhance the capacity of these health departments to detect WN virus activity. Funds were also provided to the Departments of Interior, Defense, and Agriculture through interagency agreements to assist with the national effort. Intramurally, funds are being used to expand the capacity of CDC to support state and local efforts.

From the current efforts, it is now known that WN virus is present in overwintering mosquitoes in New York City. It is still not known whether WN virus has already or will spread to new geographic locations and what the public health and animal health implications of this introduction will be. However, it is clear that additional funds are critical in order to adequately address this public health crisis.

Summary of Priority Program Needs:

<u>Program Area</u>	<u>Additional Funds Needed Needed (millions)</u>
State and Local Capacity	\$ 8.850
CDC Capacity	\$ 1.775
Epidemic Response	\$10.100
Applied Research	<u>\$ 5.000</u>
Total =	\$25.725

State and Local Capacity (\$8.85 million)

Based on the geographic location of the WN virus outbreak, the initial federal resources and technical assistance have been targeted to 17 states and 2 cities along the Atlantic and Gulf coasts. However, the possibility exists that WN virus could be spread by infected birds throughout the rest of the U.S. as well as into Central and South America. Based on best scientific evidence, once established, WN virus distribution could mirror the distribution of the closely related St. Louis encephalitis (SLE) virus. Nearly 4,500 cases of SLE have been reported in 43 of 48 states in the contiguous U.S. since 1964. Based on observations from the 1999 outbreak, it is likely that WN virus will be more pathogenic than SLE virus for wild animal populations. State and local health departments outside of the initial target area must be provided resources for epidemiologic and laboratory enhancements for identifying the virus and rapidly responding to its introduction. Additionally, while the initial infusion of federal resources have begun to rebuild epidemiologic and laboratory capacities for vector-borne diseases in the

19 targeted jurisdictions, it is clear that additional resources are required to develop and maintain adequate prevention and control strategies.

Further enhanced surveillance to initially targeted states
\$1.5 million

- Surveillance in other states and regions
\$3.1 million
- Educational materials for distribution in states
\$4.25 million

CDC Capacity (\$1.775 million)

CDC must continue to fully address the public health consequences of the emergence of the WN virus and be prepared to mount a national public health prevention and control campaign. Much of the dramatic increase in workload sustained during the 11 week outbreak investigation has not subsided. Additional resources are critical to meet the increasing needs for technical assistance and training from state and local health departments; perform reference laboratory work; collect, analyze, and rapidly disseminate information and data; and develop public health information and education materials.

In addition, it is critical that CDC be prepared to quickly respond to future outbreak situations. As evidenced by the 1999 outbreak, the current capacity of CDC's Arbovirus Diseases Branch will not allow an effective response to a large scale or multiple outbreaks.

- Additional DVBID laboratory, epidemiologic, and program staff -- Laboratory Technicians (6); Epidemiologists/Medical Officers (2); Public health advisors (2); Data management (3); Communication/education specialists (2)
\$775,000
- Antigen, antibody, and control reagent production contracts
\$300,000
- Laboratory and office supplies
\$200,000
- Laboratory equipment
\$500,000

Epidemic Response (\$10.1 million)

Mosquito control efforts needed to respond to WN virus activity are very costly. In the event of an outbreak, depending on the size of the effected areas, it is unlikely that individual states will have the resources to mount an effective control response. Federal funds will be necessary to assist states in their response efforts.

- Mosquito control and related state/local response efforts
\$10,000,000
- CDC travel and epidemic aid activities
\$100,000

Research (\$5 million)

An extramural research program is needed to determine the impact of this virus introduction on animals and humans and to develop effective surveillance, prevention and control strategies.

The following critical areas have been identified:

- I. Defining the current and future geographic distribution of WN virus and the contributions of bird migration;
- II. Identifying virus persistence mechanisms;
- III. Developing mosquito surveillance and control methodologies and other prevention strategies;
- IV. Improving laboratory diagnostic tests;
- V. Determining the clinical spectrum of disease and long-term prognosis in humans;
- VI. Identifying risk factors for infection;
- VII. Determining the molecular basis of virulence and pathogenesis;
- VIII. Developing WN virus vaccines and antiviral therapy for animals and humans;
Determining the economic impact of WN virus.

**U.S. Geological Survey West Nile Virus Activities
Partnerships/Congressional/Media/Budget Information
April 12, 2000**

Role of USGS National Wildlife Health Center:

The U.S. Geological Survey (USGS) National Wildlife Health Center in Madison, WI, provides diagnostic assistance and consultations on wildlife diseases to federal and state agencies nationwide. USGS became involved in the West Nile Virus investigation when the New York State Department of Environmental Conservation requested diagnostic assistance on crow mortality occurring in New York City in early September 1999. Once the bird mortality was linked to the concurrent human encephalitis outbreak in New York City, USGS established an agreement with the Centers for Disease Control to share information and technology on laboratory testing and results.

USGS mounted a field investigation of wild birds in the New York City area in September, and issued a Wildlife Health Alert to a network of wildlife professionals and agencies, requesting their assistance in reporting unusual bird mortality. Later, USGS expanded the surveillance of bird mortality in collaboration with CDC to include state public health and animal health agencies in 20 eastern states. In addition, USGS initiated an active bird surveillance effort in cooperation with Wildlife Services (WS) of APHIS/USDA and state and federal wildlife agencies to utilize their staff to assist with collections of blood samples from live birds in the Atlantic coastal states. These surveillance efforts and the diagnostic support for testing birds and samples continued throughout the winter months, with USGS testing roughly 1,000 birds from October to March. The Center expects to receive thousands of birds during the next six months from states along the Atlantic and Gulf Coasts from Maine to Texas.

Role of birds in spread of West Nile Virus

The surveillance network is important because birds are natural hosts for the virus, which can be transmitted from infected birds to humans and other animals through bites of infected mosquitoes. By monitoring birds, USGS and wildlife authorities can help provide public health agencies with an early warning system for a possible virus outbreak in humans this year.

Congressional testimony:

Dr. Robert G. McLean, Director of the USGS National Wildlife Health Center, Madison, WI, testified at a Senate Environment and Public Works Committee field hearing on the West Nile Virus, December 14, 1999, at Fairfield University, Fairfield, Ct. The hearing was chaired by U.S. Sen. Joe Lieberman (D-Ct), who said he would pursue the issue further to determine the appropriate federal role, possible legislation and the development of coalitions. Lieberman's staff asked to be informed of USGS budget initiatives for FY 2001 to address the ongoing need for monitoring bird populations for West Nile Virus and for maintaining surveillance networks.

Congressional contacts:

On March 16, 2000, Dr. McLean made a number of Capitol Hill courtesy visits to update staff on USGS West Nile Virus wildlife investigations and to provide information on the USGS FY 2001 budget initiative of \$1 million for Fish and Wildlife Disease investigations.

Dr. McLean briefed: legislative aides Christy Johnson, U.S. Sen. Joe Lieberman, D-CT; Brooke Jamison, U.S. Sen. Charles Schumer, D-NY; Paul Pimentel, U.S. Rep. Christopher Shays, R-CT; Nadine Berg, U.S. Rep. Jose Serrano, D-NY; Sally Schaeffer, U.S. Rep. Louise Slaughter, D-NY; Erica Richardson, U.S. Rep. Sam Gejdenson, D-CT; Anne Georges, U.S. Rep. Rosa DeLauro, D-CT;

Information packets were left for aides with the following offices: U.S. Sen. Herb Kohl, D-WI; U.S. Russell Feingold, D-WI; U.S. Rep. Tammy Baldwin, D-WI; U.S. Sen. Christopher Dodd, D-CT; U.S. Rep. Jim Saxton, R-NJ; U.S. Sen. Frank Lautenberg, D-NJ; U.S. Sen. Robert Torricelli, D-NJ; U.S. Sen. Daniel Moynihan, D-NY; U.S. Rep. Michael Forbes, R-NY; U.S. Rep. Charles Rangel, D-NY; U.S. Rep. Nita Lowey, D-NY.

We anticipate providing these offices and others with continuing updates as requested and as needed. Contact: Olivia Ferriter, USGS Office of External Affairs, 703-648-4054 or Dr. Robert McLean, USGS National Wildlife Health Center, 608-270-2401.

Communicating with partners, the media and the public:

The USGS National Wildlife Health Center (USGS-NWHC) routinely shares information about the virus and testing results with its federal, state and local partners. Information is also provided to the media and public through news releases and the USGS web site. Partners are routinely provided the information in advance of press releases. Staff at the USGS-NWHC respond to media inquiries and calls from the public for information about West Nile Virus – almost on a daily basis. Typically, Dr. Robert G. McLean, Center Director, takes the lead for many media requests for interviews because of his extensive knowledge of and experience with mosquito-borne viruses. The USGS Office of External Affairs in Reston, Virginia, also handles both media and congressional inquiries related to West Nile Virus.

USGS periodically issues Wildlife Health Alerts to partner agencies and state and federal wildlife biologists and managers. Wildlife Health Alerts are brief notices that advise or update the natural resource community of wildlife and/or zoonotic disease threats, provide information and request assistance in reporting or controlling the problem.

Future communications:

In the next month, USGS-NWHC will provide partners with results of recent wildlife tests and plans for the upcoming surveillance season. USGS data will be summarized in map form to monitor occurrence of disease in wildlife species and movement of disease infections. Maps,

general disease information, and summary data will be presented on a web site for access by the general public, wildlife managers, and public health officials.

USGS will continue to provide fact sheets on West Nile Virus work to partner agencies and to the public via the Internet – explaining any significant new developments related to ongoing or new studies.

Other anticipated activities:

USGS-NWHC will continue its solid working relationship with CDC in Ft. Collins, Colorado, working with them to assist a number of the states that received CDC cooperative funding for enhanced surveillance. USGS will collaborate with U.S. Fish and Wildlife Service to test bird carcasses from the many federal refuges and with the Department of Defense to test specimens from military installations along the Atlantic and Gulf coast states. In addition, the Center will continue to collaborate with Wildlife Services of USDA to conduct active surveillance throughout these same states by testing blood samples from free-ranging birds for virus infection. The testing results will be reported first to the submitting state and federal agencies, then CDC and the Department of Interior.

West Nile virus positive specimens from new states and new circumstances will be submitted to CDC for further testing and confirmation. Cooperative efforts with the federal and state agencies are expanding and improving. The combined expertise and resources of each agency complement one another and the joint effort has and will continue to exceed what any one agency could accomplish alone.

CONTACTS:

WEST NILE VIRUS ACTIVITIES

CONTACTS FOR U.S. GEOLOGICAL SURVEY (USGS):

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Web site:

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USGS National Wildlife Health Center Funding for West Nile Virus Activity

I. Expenditures for last 6 months (October 1999 through March 2000)

Field Investigation in New York City area, New Jersey, & Maryland	\$35,000
Laboratory supplies, reagents, and equipment	\$62,000
Salaries	
Salaries funded from base funds	\$268,000
Salaries for additional personnel hours	\$5,000
TOTAL FOR SIX-MONTH PERIOD:	\$370,000

II. Estimated expenditures for next 6 months (April through September 2000)

Anticipated field investigations	\$75,000
Laboratory supplies, reagents, and equipment	\$185,000
Experimental infection studies of native wildlife species	\$55,000
Salaries	\$350,000
TOTAL ESTIMATE FOR NEXT SIX MONTHS:	\$665,000

55648



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

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COMMENTS:

____ Pages [including this cover]



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

TO: Maria Echaveste *Maria*
FROM: Mary Beth Donahue *Mary Beth*
RE: West Nile Virus Communications Plan – revised
DATE: May 11, 2000

Attached, per your request, is an abbreviated version of the Communications Plan for West Nile Virus. Please contact me if you have further questions.

Thank you!



DRAFT
**West Nile Virus Communication Plan:
Calendar Year 2000**

The Centers for Disease Control and Prevention has prepared a communication strategy to address West Nile virus that includes three major components: (1) Communication between CDC and other members of the Executive Branch, who are represented on the West Nile Virus Coordinating Committee led by Dr. Steve Ostroff at CDC (2) Communication with Congress, and (3) Communication with the public. The following synopsis highlights communications with the media and the public, although some congressional outreach strategies are included. CDC is working hard, as with all disease outbreaks, to respond to questions about West Nile Virus as quickly and completely as possible. Because outbreaks are unpredictable, this communications plan focuses equally on crisis management, proactive communications, and coordination with local public health officials.

KEY MESSAGES

1. CDC has been working on West Nile virus all winter with national and international experts from many disciplines to prepare for this year. There is a sound public health plan in place (federal, state, local). **CDC, USDA, Interior/USGS, and EPA are working closely together to assist States and localities in these efforts.**
2. Because Emerging Infectious Diseases are a continuing public health challenge, there is a **comprehensive Emerging Infectious Disease plan** in place under the leadership of CDC. While "related viruses" have been causing encephalitis disease in the U.S. for years (some more serious than West Nile virus), West Nile virus clearly shows that in this time of global travel new pathogens can easily come to the U.S., and we need to be prepared.
3. While good public health control measures are in place (ie: bird surveillance, testing birds for West Nile virus, urging people to eliminate standing water, using insecticides that kill larva mosquitoes, and training other state public health officials and lab staff to detect West Nile), **there may be some cases of West Nile virus this year, just as there are cases each year of St. Louis Encephalitis and Eastern Equine Encephalitis. Nonetheless, the chances of becoming seriously ill from a mosquito bite are extremely rare.**
4. **Individuals can participate** in the West Nile virus prevention effort by eliminating sources of stagnant water on their property. People can **protect themselves** from mosquitoes by applying insect repellent before going outside at dawn, dusk and during the evening.

Issues/Crisis Management

- Continue to provide emergency media relations guidance and support 7 days a week around the clock. Pager Number: (404) 318-2380 or CDC Security Number: (404) 639-2888)
- Develop Qs and As and message points regarding public health for all partners as West Nile virus surveillance data is released.
- As needed, provide on-site press officer at Fort Collins or State health departments.
- Coordinate media responses with other federal departments to ensure that all are speaking with one voice.

Proactive Media Outreach

- **April 2000.** Held media science briefing for East Coast press with agency representation from the West Nile Virus Coordinating Committee. This briefing communicated the federal government's coordinated response early in the spring, so that later developments are well understood.
- Update web site with additional Qs and As and fact sheets as issues develop. Web site address: <http://www.cdc.gov/ncidod/dvbid/arbor/arboinfo.htm>
- Developed an article on mosquito-borne disease prevention to be released to national family and recreational magazines, and to local and regional media (radio, print, TV) on the East Coast and Gulf Coast States. The article focuses on education and prevention and will appear over the summer months in these publications.
- **May -- June 2000.** Background briefings for interested press as needed, with a special focus on explaining MMWR articles.
- Develop and provide b-roll of Fort Collins facility as it relates to West Nile virus research and investigation to broadcast television media. (*Pending availability of resources.*)
- **July 2000.** Invite reporters to attend the CDC annual Emerging Infectious Disease Conference held in Atlanta, which will focus one of the conference days on West Nile virus.
- **July and August, 2000.** Develop press releases and identify spokespersons regarding the four to five articles planned for the *Emerging Infectious Diseases Journal* on West Nile virus issues.

Ongoing Activities

- Continue to coordinate interviews for media regarding public health issues related to West Nile virus.
- Continue to coordinate and refer media to other federal departments as topics dictate.

- Coordinate documentary requests from Discovery, The Learning Channel, and public television regarding the West Nile virus investigation.
- Develop media materials as needed for West Nile virus update in *MMWR* articles.
- Update Qs and As, fact sheets, and other relevant materials and post to the CDC web site for the public as needed.
- Continue clipping service for coverage related to West Nile virus investigation.
- Conduct media content analysis periodically to assess message delivery.

Regular Communication with the Hill

- Conduct regular periodic briefings for affected delegations, committees of jurisdiction and other interested offices. These will be supplemented by ad hoc briefings as important events occur. Particular emphasis will be placed on active delegations including NY, CT and NJ as well as on states with particular or emerging concerns.
- Send electronic updates to staff as new information is made available (new activities, guidance, *MMWR* articles, fact sheets, breaking events, grants, press releases, etc.).

External Coordination

- During the 1999 West Nile virus outbreak, channels of information sharing and releases to the public and the media were established or reinforced. CDC created a **West Nile virus conference web site for health professionals** involved in the West Nile virus prevention and control effort. This web site provides automatic access to all new information in a series of scientific disciplines and updates from other federal agencies.
- Develop Questions and Answers (Qs and As) and assist State health departments as they release information updates through State information channels.
- CDC's role is to support local and State health departments as they release outbreak information related to their area, and provide information to State or local health officials, State and territorial epidemiologists, and information specialists. **CDC communicates with state information officers** regularly through email and the web site for the National Public Health Information Coalition.

**West Nile Virus
Contacts
April 2000**

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

FACSIMILE

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9/30/98

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Chris Jennings
Maria Echaveste
Kris Balterston/Irma Martinez

FAX#:

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456-5557
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FROM: Elizabeth Summy
Deputy Chief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

West Nile - like Virus Outbreak

3

Pages [including this cover]

WEST NILE-LIKE VIRUS OUTBREAK
New York City, New York State, and Connecticut Area
Prepared by the Centers for Disease Control and Prevention (CDC)
September 30, 1999

- Since late August 1999, New York City has been experiencing an outbreak of arboviral (mosquito-borne) encephalitis. Previously, diagnostic tests on serum from human cases in this outbreak were reported as consistent with St. Louis encephalitis virus infection. The standard diagnostic test panel, against which serum and tissue samples from suspected encephalitis cases in the United States are routinely tested, are viruses that are indigenous to the U.S., i.e., St. Louis, Eastern equine, Western equine, LaCrosse, and Powassan viruses. Because the clinical and epidemiological aspects of these cases were compatible with SLE virus infection, the diagnosis of SLE was made.
- Serum and cerebrospinal fluid of suspected encephalitis cases in the New York area are being re-tested using West Nile antigen. The results are compatible with infection with West Nile-like virus. As of September 30, 47 encephalitis patients, with 5 deaths, have been diagnosed with West Nile-like infection in New York City, and Westchester and Nassau counties in New York State. West Nile-like viruses have now been identified in the brain tissue of four fatal cases; the other fatal case has been confirmed by detection of West Nile-specific IgM antibody in the cerebrospinal fluid.
- Virus isolations have been made from four pools of Culex species mosquitoes collected in New York City from September 12-15, 1999, (the first mosquito control program was in progress at this time). The virus identification is in progress; growth characteristics are compatible with West Nile-like virus. The mosquito control and public health measures conducted in response to the suspected SLE epidemic are also effective against West Nile-like virus.
- West Nile-like viruses have been identified in mosquito pools (Culex and Aedes) and in one crow, all collected in Connecticut. CDC had also identified West Nile-like viruses that had been isolated by the National Veterinary Services Laboratory (NVSL), U.S. Department of Agriculture (USDA), in Ames, Iowa, from birds found in and around the Bronx Zoo.
- West Nile-like viruses have also been identified in 16 birds collected in New York City; Nassau, Suffolk, and Westchester counties in New York, and in Westport, Connecticut. Preliminary results indicate that West Nile-like virus specific neutralizing antibodies are widespread in several bird species in New York City.
- Since early September, CDC has sent nine staff to the NYC area to assist in the investigation, including five epidemiologists currently in NYC, to conduct epidemiologic case follow up to determine etiology, dissemination, and possible risk factors for West Nile-like virus infection, and to collect avian serum samples and mosquitoes. More than 50 CDC staff (professional, technical, and administrative) at the CDC facility in Atlanta and the CDC

facility in Fort Collins, Colorado, are working on the West Nile-like outbreak.

- CDC is working with USDA and the U.S. Department of Interior's Fish, Wildlife, and Parks Service, and the Geological Survey National Wildlife Health Center in Madison, Wisconsin, State wildlife agencies, and State and local health and vector control agencies which are conducting surveillance of birds and mosquitoes that may be infected with West Nile virus in the United States to guide further extension of control measures, as needed, outside the affected areas.

- A *Morbidity and Mortality Weekly Report (MMWR)* will be published on October 1, 1999 and can be viewed: <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml>

Note: The number of confirmed West Nile-like Virus encephalitis cases and deaths have increased since the *MMWR* went to press.



DEPARTMENT OF HEALTH & HUMAN SERVICES

CHIEF OF STAFF

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Washington, D.C. 20201

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DATE: 9/30/99
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FROM: Elizabeth Summy
Deputy Chief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

West Nile - like Virus Outbreak

3 Pages [including this cover]

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TO: Kris Balderston/Irma Martinez (456-2525)
Chris Jennings/Devorah Adler (456-5557)
Maria Echaveste/Marge Tarmey (456-1907)

FROM: Liz Summy
Deputy Chief of Staff, HHS
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RE: CDC Press 9/30; NYC Final release

Pages: 4 (including cover)

West Nile info



Press Release

New York City Department of Health
Office of Public Affairs

IMMEDIATE RELEASE:

Wednesday, September 29, 1999

Contact: Sandra Mullin/John Gadd
(212) 788-5290

HEALTH OFFICIALS PROVIDE UPDATE ON NEW YORK CITY OUTBREAK OF WEST NILE-LIKE VIRUS

*31 laboratory confirmed cases of West Nile-like virus (including 4 deaths);
165 case reports are under investigation*

*CDC and DOH to perform study in Northern Queens
to better understand extent of the outbreak*

At a press conference held today at City Hall, health officials provided an update on the outbreak of a West Nile-like virus in New York City. Specimens from 31 individuals have now been classified as laboratory positive cases of a West Nile-like virus in New York City, including four deaths in New York City, all of whom were Queens residents. The fourth death confirmed to be associated with a West Nile-like virus is of a 79 year-old female from Queens who died on September 11. 165 reported cases are now under investigation.

It was also announced that the U.S. Centers for Disease Control and Prevention (CDC), with the assistance of the New York City Department of Health (DOH), will conduct a community-based research study in northern Queens to help officials better understand the nature of this outbreak and prevent future recurrences of this virus.

Of the 31 laboratory positive cases of West Nile-like virus, 21 were discharged from hospitals, 6 are hospitalized, and 4 are deceased. Of the 31 laboratory positive cases, 25 are age 60 or over, and 3 are in their 50s. The other 3 cases include a 15 year-old, a 38 year-old, and a 40 year-old. Of the 31 laboratory positive cases, 23 are from Queens, 6 are from the Bronx, 1 is from Brooklyn, and 1 is from Manhattan.

Health Commissioner Neal L. Cohen, M.D., was joined by the Mayor's Office of Emergency Management Director Jerome Hauer; and Ned Hayes, M.D., of the CDC, to provide an update of the ongoing investigation of this outbreak.

Dr. Cohen said, "As we continue to learn more about this outbreak of a West Nile-like virus, which has never before been seen in the United States, it is helpful to keep in mind that the additional cases confirmed today do not represent new illnesses, but rather cases which were previously investigated and have been reclassified. We are continuing to work closely with the CDC, the State, and with other local governments to implement effective, coordinated responses, including our ongoing mosquito surveillance and spraying strategies. In addition, New Yorkers are reminded to take appropriate precautions to reduce the risk of exposure to mosquitoes."

The Mayor's Office of Emergency Management Director Jerome Hauer said, "The CDC's positive test results of infected mosquitoes collected after the first round of spraying show that our decision to

perform additional rounds of aerial and ground spraying of pesticides throughout the City was a prudent course of action. As a precaution, we will take the same proactive efforts we have taken over the past three weeks to control the mosquito population, and to reduce the likelihood of new infections. Tonight, we will conduct targeted spraying in Powell's Cove Park, Queens, where we have found evidence of an upsurge in the mosquito population. Additionally, in the coming days, weather permitting, additional targeted spraying efforts may be undertaken to continue to reduce the number of mosquitoes that are potential carriers of this virus."

Dr. Ned Hayes, CDC Medical Epidemiologist and a coordinator of the study, described the community-based research study to be conducted in northern Queens this weekend. "Over the next two to three weeks, public health investigators from the CDC and DOH will conduct door-to-door surveys of households in several neighborhoods in northern Queens to help determine the proportion of individuals in this area who may have been infected with a West Nile-like virus. Households will be selected at random, and participation in the study is voluntary and anonymous. A small amount of blood will be collected from those who agree to participate in the study.

"The study aims to determine the infection rate in the area where the virus was first identified and to determine the infection rate in different age groups. Blood samples will be tested for antibodies to the virus. The presence of antibodies would indicate that a person was infected by the virus, but did not necessarily become sick and will not now become sick from the virus. We hope to get a better understanding of the symptoms caused by West Nile virus, as well as possible risk factors for infection. This understanding will improve the effectiveness of prevention and control strategies for the future," Dr. Hayes concluded.

The study will begin this Friday evening, October 1, and will be conducted by Health Department teams over the next two to three weeks in parts of the northern Queens neighborhoods of Auburndale, Linden Hill, Murray Hill, and Whitestone (parts of areas with zipcodes 11354, 11357, and 11358). The DOH and CDC will distribute information about West Nile-like virus and the study, prepared in English, Chinese, French, Hindi, Korean, Russian, Spanish, and Urdu languages; place ads in community newspapers; and work with local elected officials to inform neighborhood residents about the study. Queens residents with questions about the study can call the Mayor's Office of Emergency Management Hotline at 1-888-663-6692.

In addition, the State of New York and the CDC are conducting tests on dead birds from New York City and surrounding states and counties to discern the extent to which a West Nile-like virus may have spread. As such, City health officials are collecting information about bird deaths reported to the Mayor's Office of Emergency Management Hotline at 1-888-663-6692. Samples of the reported birds are being collected and submitted to the State Health Department and the CDC for testing.

Although there is no risk of directly contracting viruses from dead birds, individuals are advised that, in general, when handling dead animals including dead birds, barehand contact should be avoided. Birds should be placed in garbage cans or double plastic bags, using gloves.

The Mayor's Office of Emergency Management Hotline, 1-888-663-6692, will address questions from the public on the CDC study, as well as continue to provide information on spraying schedules, bird collection recommendations, and on precautions to reduce the risk of exposure to mosquitoes. Individuals with questions from outside of New York City should contact their local health agencies. Since September 3 at 4:00 p.m., when the Hotline was established, the Hotline has received over 136,000 calls.

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OFFICE OF COMMUNICATION

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MEDIA RELATIONS

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Updated September 30, 1999
Contact: CDC, Media Relations
(404) 639-3286

CDC has now made the link between the West Nile-like virus found in birds in New York City and the ongoing human encephalitis outbreak in the area. Late Friday, CDC identified a West Nile-like virus in tissue sample from a New York City resident who recently died from encephalitis. Last week, CDC identified West Nile-like virus from birds that died in New York City and were submitted for testing by the Bronx Zoo.

In addition, CDC confirmed that birds and mosquitoes in Connecticut also have been infected with West Nile-like virus. CDC, in collaboration with the New York State, New York City and Connecticut health departments, continues to investigate this outbreak.

West Nile virus is an arbovirus closely related to St. Louis encephalitis virus, but generally causes a milder disease in humans. Both viruses are transmitted through the bite of a mosquito that becomes infected with the virus by feeding on an infected bird. Like St. Louis encephalitis, West Nile virus is not transmitted from person to person or from birds to persons. West Nile virus never before has been recognized in the United States or any other area of the Western Hemisphere.

Since late August, New York City has been experiencing an outbreak of arboviral (mosquito-borne) encephalitis. Previously, diagnostic tests on serum from human cases in this outbreak were reported as consistent with St. Louis encephalitis virus infection. Because St. Louis encephalitis and West Nile are genetically similar, cross reactivity occurs in the diagnostic tests for these infections. CDC performed further serologic testing on diagnostic specimens from suspected encephalitis cases using West Nile reagents: results were compatible with West Nile infection. To support this ongoing investigation, CDC has provided six medical or technical assistants to work in the New York area and is continuing laboratory tests for West Nile-like virus infection in humans, birds and mosquitoes.

CDC and city and state health departments emphasize that current mosquito control efforts by individuals and communities are appropriate because the same mosquito species transmit both viruses.

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Individuals should continue to do the following to reduce their contact with mosquitoes:

- When outdoors, wear clothing that covers the skin such as long sleeve shirts and pants; spray clothing and exposed skin with insect repellent.
- Curb outside activity at dawn, dusk and during the evening.

Communities should continue to do the following:

- Raise public awareness about the outbreak, control measures, and personal protection.
- Continue current efforts for mosquito control.

For more information:

<http://www.cdc.gov/ncidod/dvbid/arbor/arboinfo.htm>

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This page last reviewed Thu Sep 30 09:06:29 GMT-0400 (EDT) 1999

URL:

<http://www.cdc.gov/od/oc/media/pressrel/r990924.htm>

Centers for Disease Control and Prevention
Office of Communication



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COMMENTS:

additional info. of interest re: West Nile
Virus

1. CDC answers questions
2. Q & A's (internal)

5 Pages [including this cover]



CDC answers your questions about WEST NILE ENCEPHALITIS



Q. What is West Nile encephalitis?

A. "Encephalitis" means an inflammation of the brain and can be caused by head injury, bacterial infections, and, most commonly, viral infections, including viruses transmitted by mosquitoes. West Nile encephalitis is an infection of the brain caused by West Nile virus, a flavivirus commonly found in Africa and West Asia and closely related to St. Louis encephalitis virus found in the United States.

Q. How do people get West Nile encephalitis?

A. By the bite of a mosquito (primarily the *Culex* species) that is infected with West Nile virus.

Q. What is the basic transmission cycle?

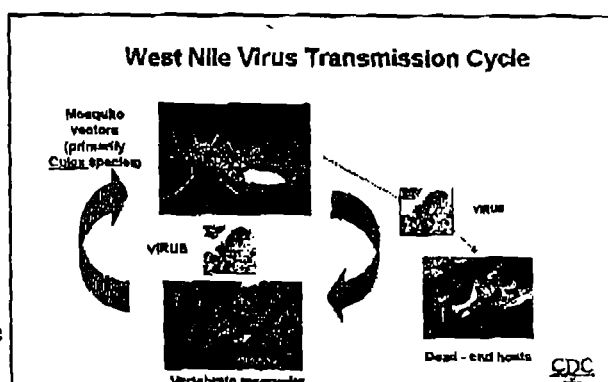
A. Mosquitoes become infected by feeding on birds infected with the West Nile virus. Infected mosquitoes then transmit the West Nile virus to humans and animals when taking a bloodmeal.

Q. Can you get West Nile encephalitis from another person?

A. No. West Nile encephalitis is NOT transmitted from person-to-person. For example, you cannot get the virus that causes West Nile encephalitis from touching or kissing a person who has the disease, or from a health care worker who has treated someone with the disease.

Q. Can you get West Nile encephalitis directly from birds or from insects other than mosquitoes?

A. No. Only infected mosquitoes can transmit West Nile virus.



Q. What are the symptoms of West Nile encephalitis?

A. Mild infections are common and include fever, headache, and body aches, often with skin rash and swollen lymph glands. More severe infection is marked by headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions, and paralysis.

Q. What is the incubation period of West Nile encephalitis?

A. Usually 5 to 15 days.

Q. What can I do to reduce my risk of contracting West Nile encephalitis?

A.

- Stay indoors at dawn, dusk, and in the early evening.
- Wear long-sleeved shirts and long pants whenever you are outdoors.
- Apply insect repellent sparingly to exposed skin. An effective repellent will contain 20% to 30% DEET (N,N-diethyl-meta-toluamide). DEET in high concentrations (greater than 30%) may cause side effects, particularly in children; avoid products containing more than 30% DEET.
- Repellents may irritate the eyes and mouth, so avoid applying repellent to the hands of children. Insect repellents should not be applied to very young children (< 3 years old).
- Spray clothing with repellents containing permethrin or DEET, as mosquitoes may bite through thin clothing.
- 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.

Q. What is the mortality rate of West Nile encephalitis?

A. Case-fatality rates range from 3% to 15% (especially in the elderly).

Q. How many cases of West Nile encephalitis occur in the U.S.?

A. No cases have previously been reported in the U.S. No reliable estimates are available for the number of cases of West Nile encephalitis that occur internationally.

Q. Do birds naturally infected with West Nile virus die or become ill?

A. This has not been previously reported.

Q. How is West Nile encephalitis treated?

A. There is no specific therapy. Intensive supportive therapy is indicated in more severe cases.

Q. Is the disease seasonal in its occurrence?

A. In temperate areas of the world, West Nile encephalitis cases occur primarily in the late summer or early fall. In the southern climates where temperatures are milder, West Nile encephalitis can occur year round.

Q. Who is at risk for getting West Nile encephalitis?

A. All residents of areas where active cases have been identified are at risk of getting West Nile encephalitis, but persons > 50 years of age have the highest risk.

Q. Historically, where has West Nile encephalitis occurred worldwide?

A. See map:

Q. Is there a vaccine against West Nile encephalitis?

A. No.

Q. Where can I get more information on mosquito-borne viral encephalitis?

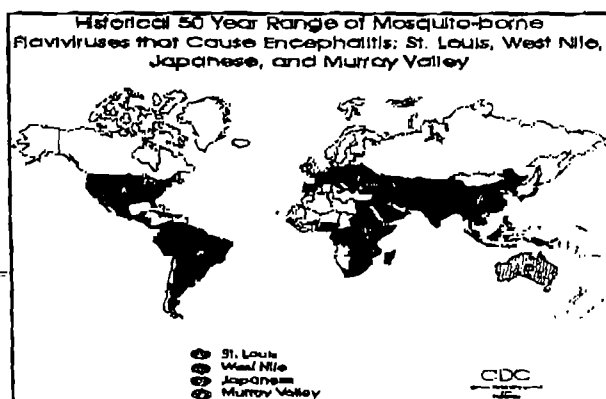
A. Visit the CDC website
<http://www.cdc.gov/ncidod/dvbid/arbor/arboinfo.htm>

For further information, e-mail dvbid@cdc.gov, call 970-221-6400, or fax 970-221-6476.

Division of Vector-Borne Infectious Diseases,
National Center for Infectious Diseases,
Centers for Disease Control and Prevention
Revised September 1999

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DVBID Home Page



Q/As West Nile Fever --DRAFT: FOR INTERNAL USE ONLY NOT FOR RELEASE

1. Did CDC make a mistake in first diagnosing St. Louis Encephalitis in this New York outbreak?

This is the early stage of a ongoing disease outbreak investigation. In the early stages of any investigation, there are more questions than answers. CDC is sharing preliminary information and theories with involved health departments as quickly as it becomes available. The first test was for St. Louis encephalitis because it was a likely candidate as the cause of this encephalitis outbreak. After all, West Nile virus had never before been reported in the Western Hemisphere. A complicating factor is the cross reactivity of West Nile and St. Louis encephalitis viruses in the first test CDC conducted. However, when CDC performed more specific tests, West Nile-like virus was confirmed. The important first step was to confirm in the laboratory that people were becoming ill from a mosquito-borne virus that causes encephalitis. At that point, control measures could begin. The diagnosis of West Nile did not change the treatment or control measures recommended by CDC. CDC is continuing to investigate this outbreak and will continue to share information and theories as quickly as possible with involved area.

2. Where did West Nile come from?

West Nile is an arbovirus (a virus borne by mosquitoes) that has, to date, been recognized in the Old Works to include Eastern Europe, Asia and Africa.

3. You refer to this as West Nile like, does this mean it may not be West Nile?

No, it means that it is a virus genetically related to West Nile, but because of genetic differences it may be a new subtype of the West Nile virus. Testing to confirm this continues.

4. Is this a new virus strain?

It could be a new subtype of West Nile, further testing is needed.

5. How could this virus have been introduced into the United States?

There are a number of ways that a virus can be introduced into a region, either by a mosquito, a human or a bird, infected with the virus, entering the United States.

6. Is West Nile more easily transmitted to humans than St. Louis Encephalitis?

There is no evidence that West Nile is more easily transmitted. In addition, West Nile has been known to cause a more mild disease.

7. Did West Nile kill the birds in the Bronx Zoo?

We have ruled out most other known causes of diseases in these birds, but we cannot say for certain at this time.

8. Does West Nile usually kill infected birds?

No, typically West Nile does not kill birds where this virus is endemic. There is research that has shown crows to be more susceptible to this virus than other birds.

9. If this virus going to travel south and cause disease outbreaks in the south?

This is an ongoing investigation. CDC is working with wildlife experts to determine the scope of this viruses' introduction into the United States and the Western Hemisphere. We do not want to speculate on where this virus may have originated in the Western Hemisphere or where it may be headed. Of course, we know that this is the season for birds to migrate south. This is a factor in our surveillance efforts.

10. Is the spraying for mosquitoes going to kill the Monarch butterflies too?

The application timing and methods are designed to kill mosquitoes who are out feeding in the early evening. At that time butterflies and honey bees are not moving and should not be harmed by the spraying of insecticide directed at mosquitoes.

11. Should people be alarmed if they find dead birds in their area?

No, people cannot be infected with West Nile virus from birds or from people. Individuals can protect themselves from West Nile virus by avoiding exposure to mosquitoes: limit outdoor activities at dawn, dusk and in the evening. Individuals should wear long pants and long-sleeved shirts when outdoors and spray insecticide on the outside of their clothing before going outside.

Irene Bueno

TO: Maria Echaveste/~~Marge Tarmey~~ 456-1907
Kris Balderston/Irma Martinez 456-2525
Chris Jennings/Devorah Adler 456-5557

FROM: Liz Summy (690-7431)

RE: West Nile Virus Update

PAGES: _____ (including cover sheet)

Dr. Ostraff's presentation is very
general. This is the agenda.

The 5th Richard J. Duma/NFID Annual Press Conference and Symposium on Infectious Diseases

The National Press Club • First Amendment Room
529 14th Street, NW • Washington, D.C.
Tuesday, June 20, 2000

AGENDA

- 10:00 a.m. **About the National Foundation for Infectious Diseases (NFID) and the
Richard J. Duma/NFID Annual Press Conference and Symposium on
Infectious Diseases**
Robert A. Whitney, Jr., D.V.M.
Earthspan
Steilacoom, WA
- 10:05 a.m. ***Helicobacter pylori*: Foe or Friend?**
Martin J. Blaser, M.D.
New York University School of Medicine
New York, New York
- 10:25 a.m. Questions and Answers
- 10:30 a.m. **Unraveling the Mystery of West Nile Virus**
Stephen M. Ostroff, M.D.
National Center for Infectious Diseases
Centers for Disease Control and Prevention
Atlanta, Georgia
- 10:50 a.m. Questions and Answers
- 10:55 a.m. **Economics versus Health Risks of Antibiotics in Animal Feeds**
J. Glenn Morris, Jr., M.D.
University of Maryland School of Medicine
Baltimore, Maryland
- 11:15 a.m. Questions and Answers
- 11:20 a.m. **The World with HIV Without a Vaccine in 2010**
Merle A. Sande, M.D.
University of Utah School of Medicine
Salt Lake City, Utah
- 11:45 a.m. Questions and Answers

Over →

11:50 a.m. **Panel Discussion**
Moderator--Richard J. Duma, M.D., Ph.D.
Member, NFID Board of Trustees
Director, Infectious Diseases
Halifax Medical Center
Daytona Beach, Florida

Each panelist will be asked for a prediction about infectious disease news for the coming year, followed by questions from the audience.

12:00 p.m. **Adjournment/Complimentary Lunch**

Support has been provided, in part, by unrestricted educational grants from:

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Infectious Diseases Continue to Pose Major Health Risks

WHAT: *The 5th Richard J. Duma/NFID Annual Press Conference and Symposium on Infectious Diseases*, sponsored by the National Foundation for Infectious Diseases (NFID). Topics will focus on infectious disease education and late-breaking infectious disease news.

WHEN: Tuesday, June 20, 2000, from 10 a.m. to 12 p.m., followed by a complimentary luncheon.

WHERE: The First Amendment Room of the National Press Club, 529 14th Street, NW, 13th Floor, Washington, D.C.

WHY:

- To learn about contemporary infectious disease problems and possible solutions.
- To hear predictions for breaking infectious disease news for the coming year.
- Opportunity for informal discussions with internationally-renowned experts.

WHO&

TOPICS: Merle A. Sande, M.D., University of Utah School of Medicine, *The World with HIV Without a Vaccine in 2010*;
Stephen M. Ostroff, M.D., Centers for Disease Control and Prevention, *Unraveling the Mystery of West Nile Virus*;
J. Glenn Morris, Jr., M.D., University of Maryland School of Medicine, *Economics versus Health Risks of Antibiotics in Animal Feeds*;
Martin J. Blaser, M.D., New York University School of Medicine; *Helicobacter pylori: Foe or Friend?*; and,
Panel Discussion, featuring infectious disease predictions for the coming year.

CONTACT: Kathleen Hanrahan, (301) 656-0003, Fax: (301) 907-0878, e-mail: info@nfid.org

NFID is a national, nonprofit 501(c)(3) public foundation established in 1973 to support infectious disease research, to sponsor public and professional education programs, and to aid in the prevention of infectious diseases.

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NEAL L. COHEN, M.D.
Commissioner

SANDRA MULLIN
Associate Commissioner

FOR IMMEDIATE RELEASE
Thursday, June 15, 2000

CONTACT: Sandra Mullin/John Gadd
(212) 788-5290

NYC HEALTH COMMISSIONER ANNOUNCES PRELIMINARY FINDING OF WEST NILE VIRUS IN BLOOD SAMPLE AT SENTINEL CHICKEN SITE IN CORONA, QUEENS

New York City Health Commissioner Neal L. Cohen, M.D., announced today that a blood sample taken on June 8 from a chicken being monitored by the Health Department in Corona, Queens, has been preliminarily found to be positive for the West Nile virus. The test on the chicken was performed at the Cornell Veterinary Diagnostic Lab in Ithaca, NY. The Department is awaiting confirmation on these results which are expected in the next several days from the U.S. Centers for Disease Control and Prevention (CDC) and the National Veterinary Laboratory of the US Department of Agriculture in Ames, Iowa.

The chicken was in a flock of sentinel chickens placed at this site to provide an early detection system to determine whether West Nile virus appeared in New York City. Thirteen other flocks have been established at sites citywide where chickens are being tested weekly for the presence of the virus.

The Corona-based flock of chickens had been tested weekly and found to be negative for the virus for the past five weeks. West Nile virus has not been found among the 91 dead birds found throughout the City sent to the NY State Department of Environmental Conservation for testing. Additionally, none of the approximately 350 pools of mosquitoes collected from 114 traps placed in 60 sites citywide, and sent to the CDC for testing, have been found to be positive for the virus. This includes several pools of mosquitoes collected from traps near to the site in Corona where the chicken flock is based.

Dr. Cohen said: "This finding underscores the importance of our intensive efforts to test birds, sentinel chickens and mosquitoes, as well as to conduct human surveillance in cooperation with medical providers, to identify any possible return of West Nile virus as early as possible. In addition to these surveillance activities, the City has been carrying out a widespread larviciding campaign to reduce mosquito breeding activity and, through a public education campaign, has urged New Yorkers to eliminate standing water around their homes. Additionally, New York City has been working closely with the State, the U.S. Centers for Disease Control and Prevention, and other partners to proceed with its plan to prevent human cases of West Nile-related illnesses."

- - More - -

- - Page Two - -

While these efforts will continue, if the presence of the West Nile virus in our area is confirmed, the City will carry out strategic ground-based adult mosquito control in the area where the virus was detected. Only if necessary, spraying would take place no sooner than Monday or Tuesday evening of next week. A spraying schedule information of truck spraying will not be announced until the results are confirmed.. Spraying information can be obtained from the Health Department's Information Line at 877-WNV-4692, the City's website at NYCLINK.Org/Health, through public service announcements, the media, and by calling community boards and elected officials.

If spraying is required, the City will use Scourge, a pyrethroid-based pesticide effective for controlling mosquitoes, that is registered for use in mosquito control by the Environmental Protection Agency and the New York State Department of Environmental Conservation. The active ingredient in Scourge is Resmethrin, a synthetic pesticide similar to a natural pesticide produced by chrysanthemum flowers. Resmethrin decomposes quickly in sunlight or when exposed to air. Scourge has low toxicity to humans. Scourge is relatively nontoxic to humans, dogs, cats, and other mammals and is similar to materials applied directly on dogs and cats for the control of fleas and ticks, without adversely affecting their health.

Exposure to Scourge for some people may cause skin irritations, headache, stuffy or runny nose, scratchy throat, or dizziness. These symptoms are unlikely at the low doses used. However, during spraying, children or adults who have asthma or a respiratory condition should stay inside. In addition, windows and doors should be closed, and air conditioners should be shut off.

"I urge New Yorkers to continue to participate in the City's mosquito prevention efforts by eliminating areas of standing water around their homes throughout the mosquito season. This includes unclogging roof gutters, emptying and or chlorinating unused swimming pools, changing water in bird baths at least once a week, and discarding old tires, buckets, and any unused containers that may hold water and serve as mosquito breeding sites," Dr. Cohen said.

"In addition, New Yorkers are advised to take precautions against mosquitoes. This includes installing or repairing screens; taking personal precautions, especially during evening, nighttime, and dawn hours when mosquitoes are active and most likely to bite; wearing protective clothing such as long pants, long sleeved shirts, and socks; and considering the use of an insect repellent containing DEET according to manufacturer's directions, Dr. Cohen concluded. (A fact sheet on DEET precautions is attached).

West Nile virus is primarily transmitted by the *Culex pipiens* mosquito, which is active mainly from dusk to dawn. Most people who are infected by West Nile virus have no symptoms or may experience a fever and headache before fully recovering. In some individuals, particularly the elderly or infants, West Nile virus can cause serious diseases that affect the central nervous system. Symptoms generally occur 5 to 15 days following the bite of an infected mosquito, and range from a

- - More - -

- - Page Three - -

slight fever or headache to rapid onset of severe headache, high fever, stiff neck, muscle weakness, disorientation and death.

For information on West Nile virus, or the potential spraying activities to take place next week, New Yorkers may call the DOH's information line, 24 hours a day, 7 days a week, at **1-877-WNV-4NYC (1-877-968-4692)**. (New Yorkers who use TTY/TDD can call 212-788-4947 weekdays from 9:00a.m. to 5:00p.m.). Extensive information is also included on the City's Website at **nyclink.org/health**.

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To: Kris Balderston / Irma Martinez (456-2525)
Maria Echaveste / ~~Marge Tarnay~~ (456-1907)
Chris Jennings / Devorah Adler (456-5557)

From: Liz Summy,
Phone: 690-7431

Irene Bueno

Subject: West Nile-Like Virus Update

Pages : 4 (including Cover Sheet)

The New York release..

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From: News and Views | City Beat |
Saturday, June 10, 2000

Nile Virus Found in 3 Birds Crows died in Rockland, Bergen

By GREG WILSON and MICHAEL R. BLOOD
Daily News Staff Writers

The West Nile virus that killed seven New Yorkers and sickened dozens more last year has been detected in three dead crows, two in Rockland County and one in Bergen County, N.J., officials said yesterday.

The birds are the first of the season to be identified with the deadly disease.



Waldron AP

New York State Wildlife Department pathologist Ward Stone holds dead crow found in Westchester County in April. bites transmit it.

The Rockland birds were discovered in a residential neighborhood in New City, about 10 miles from the New Jersey state line and 34 miles from the city. State health officials said they thought the birds were a mating couple. The New Jersey crow was found in River Edge.

The discovery prompted officials to caution residents to avoid mosquitoes, which carry the potentially lethal disease and whose

The findings appeared to end any possibility that winter's cold killed off mosquitoes harboring the virus, which brought a summer of anxiety to city residents, especially in Queens and the Bronx.

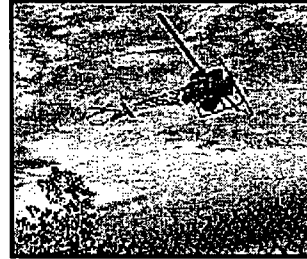
Last year, dead birds were found in large numbers in areas hit by the virus. Crows, which are especially vulnerable to West Nile, are considered an important early-warning signal that the infection is gaining a foothold.

State wildlife pathologist Ward Stone, who examined the Rockland crows, said he suspects that the dead birds were infected around May 10, most likely in the New City area.

Stone said exams will be conducted on the carcasses of several house sparrows from Staten Island and Brooklyn, and a few dead pigeons from Queens that arrived in state labs this week.

Officials cautioned that it is too soon to say if the West Nile disease has again taken hold in the metropolitan area.

They also said they did not know where the crows became infected and stressed that mosquitoes trapped as recently as Monday in New York City had not revealed any trace of West Nile.



Stapleton for NEWS

Helicopters spray insecticide over Powell's Cove in Queens in September.

There have been no known cases of the illness among humans this year, and there are no plans for aerial spraying that blanketed the city last summer.

"It's not a surprise that the virus has been detected," said Tom Skinner, a spokesman for the Centers for Disease Control and Prevention in Atlanta. "What it means in terms of the virus being established in the area at this time is uncertain."

"The positive results of these crows does not necessarily indicate there are infected mosquitoes in the area, since we cannot know for certain where the birds acquired the infection," said Rockland County Executive Scott Vanderhoef. "There's no health risk to residents at this time."

West Nile appeared in the United States for the first time last year, leaving a deadly legacy. Although most people bitten by infected mosquitoes never develop noticeable symptoms, the virus can lead to West Nile encephalitis, an infection of the brain.

Primarily at risk are the elderly and people with weakened immune systems. The virus was blamed for 62 cases of encephalitis, including seven fatalities, in New York City and surrounding counties last summer.

State officials have tested 125 birds since January. In Rockland County, 37 dead crows have been collected. Twenty-four have been tested thus far, with two found to be carrying the virus. Results are pending on the remaining 13 birds.

Crows and other birds act as reservoirs for West Nile, but cannot directly infect humans. Mosquitoes are the carriers, biting birds that are infected, then transmitting the disease to people.

While downplaying the threat to humans, officials urged homeowners to promptly report any dead bird sightings, eliminate standing water where mosquitoes can breed and be

careful during hours when mosquitoes are most active: nightfall and dawn.

In March, federal researchers announced they had discovered that hibernating mosquitoes in Queens showed traces of the virus, raising concerns of another outbreak. In the same month, Westchester County officials said a dead red-tailed hawk tested positive for West Nile, but experts thought it was infected in the fall.

City officials have put in place an extensive early warning system to detect the virus, including mosquito traps and flocks of chickens that are tested for the disease. They also are using chemicals that kill mosquito larvae.

"We are testing mosquitoes every day," said Health Department spokeswoman Sandra Mullin. "We are not seeing the high numbers of mosquitoes yet, and so far we have not found anything [testing] positive [for the virus] in New York City."

The state began testing mosquitoes from counties around New York City earlier this week.

With Joe Mahoney in Albany

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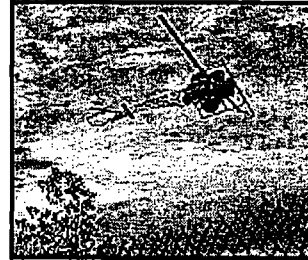
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With Joe Mahoney in Albany

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NEWS

SKEETER-VIRUS EXPERTS COUNTING CROWS AGAIN

By ERIC LENKOWITZ



Three crows found dead in the metropolitan area were infected with the West Nile Virus, dashing hopes that the virus died out over the winter.

Two of the birds were found in Rockland County and one in Bergen County.

The mosquito-borne virus killed seven people and made 62 ill in the metropolitan area last year.

PAST ISSUES

The Rockland County birds were found in New City, about 35 miles north of Manhattan.

**INTERACTIVE
FEATURES**

"New Yorkers should not be alarmed by these findings," said Kristine Smith, spokeswoman for the state Department of Health.

"We expected to have positive findings this year. It's likely West Nile will be with us in New York state this year."

City Health Department spokesman Sandra Mullin said, "We've been preparing to hear this news. It would have been more surprising if we'd gone through the season without it."

The crows were the only infected birds found among 127 dead birds tested so far by the state.

And authorities cautioned that just because infected birds were found there, it doesn't mean they were infected in Rockland County.

"It's difficult to extrapolate from one finding in Rockland what that will mean for the rest of the state," Smith said. "It certainly does give an indication that the entire affected area should be alert and should continue with response activity."

That activity includes heavy mosquito testing throughout the summer. More than 400 mosquitoes

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will be gathered and examined each week from every county in the state.

Also, the use of larvacides has begun in sewers and storm drains.

John Gadd, a spokesman for the city Health Department, said his agency will continue testing all summer.

The dead Bergen County crow was found in the town of River Edge - one of 120 crows tested so far by state officials.

"The New Jersey test shows that the surveillance system we have established to monitor West Nile virus is working as planned," said Christine Grant, state commissioner of Health and Human Services.

The West Nile virus, which in most severe cases results in encephalitis, or swelling of the brain, cannot be transmitted from bird to human.

State officials urged people to take preventive measures, such as keeping swimming pools chlorinated and getting rid of any areas of stagnant water, such as old tires and ditches.

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From: News and Views | City Beat |
Saturday, June 10, 2000

Just Be Wary of Mosquitoes

By HELEN PETERSON
Daily News Staff Writer

Experts said they are not surprised that the West Nile virus has turned up again this season, but said there's no reason to panic.

"Once you have established this infection in mosquitoes and birds, then I think that it is hard to get rid of," said Dickson Despommier, a professor of microbiology and public health at Columbia University's Mailman School of Public Health. "A lot of detective work will have to be done on this."

Despommier said a key to controlling the virus is finding out which of the 60 species of mosquitoes in the New York metropolitan area transmit it.

Despommier said different mosquitoes have different habits and preferences, therefore identifying the species that transmits West Nile virus would help in developing a targeted control program against those species.

West Nile virus is spread to humans by the bite of an infected mosquito. The insect becomes infected by biting a bird that carries the virus. Two dead crows in Rockland County recently tested positive for West Nile, which is a form of encephalitis.

Infectious disease specialist Dr. Ira Leviton of Montefiore Medical Center in the Bronx said, "People should not be in a panic over this. If they get a mosquito bite, the odds are still with them that all they have to do is scratch it for a few days. If they start to feel sick, then they should go to a doctor."

Signs of West Nile encephalitis include fever, muscle weakness and confusion, according to the city's Health Department, which said that people older than 50 have the highest risk of severe disease.

"In the whole scheme of things, this is not something over which people should be locking themselves up inside for the entire summer," Leviton said.

Despommier said it's easy to avoid being bitten by mosquitoes.

He recommended lighting citronella candles in backyards, using insect repellant containing DEET — 10% or less for kids, 30% for adults — and, because mosquitoes tend to bite at night, keeping the lights on while sitting outside.

As an extra precaution, people may want to wear long-sleeved tops, long pants and socks if out at night.

It's also a good idea to remove standing water from discarded tires, pool covers, clogged roof gutters, and anywhere else it collects, because that is where mosquitoes breed.

*Also, make sure door and window screens are fit tightly and replace or repair screens with holes, he said.

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- [Nile Virus Found in 3 Birds](#) (6/10/00)

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NEWS

New Signs of W. Nile Officials caution: Virus in birds is not a sign of outbreak

by **Pete Bowles**
Staff Writer; Seth Schwartz

West Nile virus has been detected in two dead crows found in Rockland County, the first signs of the disease in the metropolitan area this year, state health officials said Friday.

Authorities, however, cautioned that the findings do not mean a return of the virus outbreak that hit the metropolitan area for the first time last year.

Sixty-two people developed encephalitis and seven died, including four in Queens and one in Nassau County.

"Our test results do not conclusively indicate that there are infected mosquitoes in the area, since we cannot know for certain where the birds acquired the infection, but we wanted to get the word out quickly that people should continue their efforts to protect themselves and their families," state Health Commissioner Antonia Novello said.

But she stressed that residents should take steps to decrease their risk of being bitten by mosquitoes, such as eliminating standing water around homes, reporting dead bird sightings to local health authorities and "taking personal mosquito protection measures, as appropriate." City health officials said they were not surprised to hear that the virus might still be in the area. "We've been preparing to hear this news," said Sandra Mullin, a spokeswoman for the New York City Health Department. "It would have been more surprising if we'd gone through the season without it." Officials said the discovery shows the need to continue protective measures already adopted in the area, including the placement of larvicides in storm sewers and the use of "sentinel chickens," which can regularly be tested for the virus. But the findings would not mean the automatic return of aerial spraying that was undertaken last year.

Residents were urged to install or repair window screens, avoid likely mosquito breeding habitats-especially between dusk and dawn-choose clothing that provides maximum protection against biting insects and consider the use of an insect repellent that contains the active ingredient DEET.

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Novello said the infected crows, a male and a female, were found within the past several weeks in New City, on the west side of the Hudson River about 35 miles north of Times Square.

Health officials said there have been no known cases of illness caused by West Nile virus among humans this year and said the two dead crows are the only ones to have been tested positive of more than 125 birds tested since January.

Dead birds, especially crows, were found in large numbers in areas affected by the outbreak last year. Crows are particularly susceptible to the virus, officials said, and the vast majority of infected crows die. A hawk with West Nile virus was found dead in Bronxville, in Westchester County, in February but experts believed it had been infected last fall.

West Nile virus can cause a range of symptoms, from mild to severe illness.

In the most serious cases, infection can result in encephalitis, or swelling of the brain. Elderly people, children or those with weak immune systems, are most at risk.

The Best Defense Prevention measures recommended by state authorities: Eliminate standing water around homes.

Report dead bird sightings to the local health department.

Install or repair screens.

Avoid likely mosquito habitats, especially between the hours of dusk and dawn, when mosquitoes are active and feeding.

Choose clothing that provides maximum protection against biting insects.

Consider the use of an insect repellent containing the active ingredient DEET.

-Seth Schwartz

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From: News and Views | City Beat |
Sunday, June 11, 2000

City Still Working Bugs Out of Mosquito Fight

By **DICK SHERIDAN**
Daily News Staff Writer

The good news is that so far this spring, no traces of the West Nile virus that last year killed seven people, four of them in Queens, have been found in bugs or birds tested throughout the five boroughs.

The bad news is that in its battle against the virus threat, the city still has a long way to go.

"It's too early to relax our guard," said Sandra Mullin, spokeswoman for the city Health Department, which this year is mounting a rigorous defense against a recurrence of deadly disease.

"Mosquito-borne diseases, like West Nile virus, typically do not begin to appear until about July or August," explained Mullin. "Last year, the cases we saw in late August likely resulted from bites that occurred in late July or early August."

Besides killing seven, the virus sickened dozens more in the New York area last year. A subsequent survey of blood samples from residents of northern Queens, where the outbreak seemed to be concentrated, showed that as many as 1,900 New Yorkers may have been infected.

West Nile virus is carried by mosquitoes and transmitted to birds. When other mosquitoes bite the infected birds, they can transmit the virus to humans.

The vast majority of infected humans display no or very slight symptoms. But others, particularly the elderly, can develop encephalitis — a potentially fatal swelling of the brain.

Last summer, the city had no defense in place to guard against mosquito-borne diseases. Funding for mosquito-control programs had been gutted by budget cutters many years before.

At the same time, West Nile virus had never before been seen in North America, and it took weeks for medical researchers to correctly diagnose it. When New Yorkers began to die of the mysterious ailment, local officials ordered a massive response in the form of an aggressive aerial and ground-spraying operation relying on the pesticide malathion.

The spraying seemed to put an end to the outbreak of West Nile virus. But it also stirred up concern among residents who worried the pesticide could cause cancer and other health woes.

The discovery this year that the West Nile virus had survived the winter in a few hibernating mosquitoes at Fort Totten reignited the debate.

Federal lawmakers, among them Queens Rep. Joseph Crowley, whose congressional district covers many of the neighborhoods hit by the disease, called on the White House to appoint a federal bug czar to coordinate the response to the virus. Epidemiologist Dr. Stephen Ostroff, associate director for Epidemiologic Science at the National Center for Infectious Diseases, was named to head the fight.

Meanwhile, the city launched a multipronged attack on the disease. Among the efforts aimed at eliminating 90% to 95% of the city's mosquito population:

Placement of cork-size chunks of larvicides, which kill water-dwelling mosquitoes before they mature and become airborne adults, in the city's 130,000 catch basins, ponds and other likely breeding areas.

Removal of piles of tires and other water-trapping debris that might become mosquito-breeding sites in both public areas and on private property.

Trapping and testing mosquitoes at 75 sites throughout the city to look for traces of the disease.

Monitoring "sentinel" flocks of chickens at area poultry markets throughout the city to determine whether they have been bitten by infected mosquitoes.

Trapping wild birds weekly for traces of the virus.

A wide-ranging public education effort featuring City Councilmember mailings to constituents and advertisements, including bus shelter posters, urging people to clean up potential mosquito-breeding sites.

Officials at the 26,000-acre Gateway National Recreation Area, which stretches along the New York shoreline from Sandy Hook, N.J., to the 10,000 acres of wetland in Queens' Jamaica Bay Wildlife Refuge, are also monitoring birds and mosquitoes.

In addition, said spokesman Brian Feeney, this weekend they will conduct a cleanup of abandoned boats in the bay in an effort to eliminate mosquito-breeding sites.

The city will also rely on millions of tiny *Gambusia affinis*, the larvae-eating Western mosquitofish, to prevent mosquito breeding in wastewater treatment plants.

Though city Health Commissioner Dr. Neal Cohen has ruled out the use of the pesticide malathion that caused so much consternation among New Yorkers last year, he has refused to rule out the use of aerial spraying of adulticides — pesticides aimed at adult mosquitoes. Among these are Scourge (resmethrin), Anvil (sumethrin) and Agrevo Permanone (permethrin).

Critics such as Bayside's Joyce Shepard insist that those compounds are also unacceptable. Mullin said residents will be given "ample time to know when their neighborhoods will be sprayed."

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NEWS

NEW SIGN THAT VIRUS HAS BUZZED BACK HERE

By ALLEN SALKIN and ROOSEVELT JOSEPH

Dead crows were found last week at Greenwood Cemetery in Brooklyn, where last year West Nile virus was found in mosquitoes, two workers said.

The six birds were collected by the city Department of Health for testing, but it could take two weeks before officials determine if they died from the mosquito-borne virus or another cause.

"I know of them finding some dead crows, but whether they were infected with West Nile virus or not, I can't say," Greenwood security officer Michael Annunziata, 41, said.

State health officials announced Friday that two dead Rockland County crows and one Bergen County, N.J. crow were infected with the virus, indicating the New York birds were infected around May 10.

The Greenwood crows could be an indication that the disease which infected at least 62 people and killed seven last year is back in the city.

Birds can die from a variety of causes, including viruses not threatening to humans, city Department of Health spokeswoman Sandra Mullin said.

"A dead bird is not an indication of the virus," she said. "We haven't yet determined that there has been a positive bird in New York [City]."

One of last year's deaths occurred in Brooklyn. Two infected mosquitoes were found last year at Greenwood.

The health department has been visiting the cemetery twice a week this spring to check mosquito traps placed in trees and near the well-groomed cemetery's lakes.


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The foreman of groundskeepers at Greenwood, Daniel Barreto, 48, who lives on the grounds with his 10-year-old daughter, said he is worried.

"I'm not only concerned about my family, but I'm concerned about the thousands of visitors that come to the cemetery," he said.

Mullin said regardless of whether any birds test positive for the virus, New Yorkers should take precautions, such as getting rid of standing water and wearing mosquito repellent.

Anyone who finds a dead bird should call the Health Department hot line at 877-968-4692 or contact them through their Web site at www.nyclink.org/health.

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STATE OF NEW YORK

GEORGE E. PATAKI
GOVERNOR

August 11, 2000

Dear Mr. President:

Under the provisions of Section 501 (a) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended and implemented by 44 CFR Part 206, I request that you declare an emergency for New York State as a result of the recent findings that the West Nile Virus has spread throughout New York State. The virus has been found in birds in counties well outside of the New York City, Long Island and Lower Hudson Valley area which was originally affected in 1999.

On July 12, a public health emergency was declared in Rockland County New York. Subsequently, sixteen additional counties have had public health emergencies declared due to the presence of the West Nile Virus and the threat it presents to public health and safety (see Attachment A). There is a high probability that other counties will have similar public health emergencies declared. The virus has been documented in 155 dead birds, 60 mosquito pools, and one human case in twenty-one counties plus New York City. On August 4, a 78 year-old man was hospitalized with viral meningoencephalitis and tested positive for the West Nile Virus, representing the first documented human case in 2000. Based upon the number and location of counties with positive dead birds and mosquito pools, the evidence indicates the virus is present throughout New York State. In addition, public health scientists have detected the virus in an additional species of mosquito (*Aedes japonicus*) which bites during the daytime and at dusk. Previously it was thought that only *Culex pipiens/restuans*, which bites between dusk and dawn, could transmit the virus. With this finding the virus now poses a 24-hour a day threat to public health and safety.

These recent developments have prompted an expansion of protective measures to monitor the spread of the West Nile Virus and to mitigate the effects of the virus upon the public. In response I have taken appropriate action under state law and directed execution of the West Nile Virus Emergency Plan. The State Department of Health and all County Departments of Health have committed resources to this emergency. Among the measures that have been taken are active virus surveillance and detection, bird collection and testing, mosquito control and trapping, spraying, public outreach and notification, and public health investigation.

The public health emergency from the outbreak of the virus is unusual and unprecedented in both its nature and complexity. The extraordinary costs associated with response to its initial outbreak in 1999 and the subsequent planning, monitoring and response measures are staggering. It is estimated that expenses incurred in 2000 significantly exceed the \$14 million spent by the



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The Honorable George E. Pataki
August 11, 2000
Page Two

State and its affected localities in 1999. This amount exceeds the nearly \$8 million in federal assistance provided to states this year to fight the West Nile Virus. New York State, where the outbreak initially occurred and is the most heavily impacted, has received only \$355,000 of these funds. Since the initial declaration of a public health emergency was issued on July 12, 2000 in Rockland County, the State and six counties have already spent more than \$7.2 million dollars.

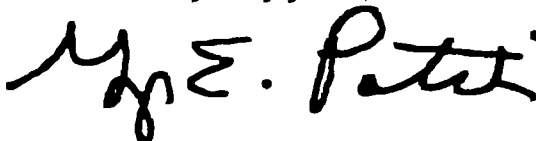
As West Nile virus is a vector borne disease, counties contiguous with counties which have a declared public health emergency must also increase surveillance activities to determine if the virus has spread into its jurisdiction. These activities include the collection of dead birds and mosquito pools for submission to the state for examination and analysis, and responding to public inquiries regarding risk of exposure to the virus. This places an additional strain on local and state resources. Attachment B lists thirty-two counties that have either had a positive bird or mosquito, or are contiguous to a county that has had a positive West Nile Virus test result. All of these counties are eligible for the declaration of a public health emergency, and we expect that most of these counties will seek such a declaration.

As a result of this situation I have found that this incident is of such severity and magnitude that effective response is beyond the capabilities of the State and the affected local governments and that the incident requires supplementary Federal emergency assistance to save lives, protect property and public health and safety.

Preliminary estimates of the type and amount of assistance anticipated under Public Law 93-288, as amended, is tabulated in Attachment C, and reflect costs to date by the State and six counties. These figures may be adjusted depending on future findings and as additional counties have public health emergencies declared. Attachment C also includes costs incurred with the initial outbreak in 1999 and for which federal assistance was denied. It is our belief that the basis of denial failed to take into account the unique nature of the public health threat and the difficulties it presented with respect to notification requirements of the Stafford Act.

I have designated Mr. Edward J. Jacoby, Jr., Director of the State Emergency Management Office (SEMO), as the State Coordinating Officer for this event. He will work with representatives of the Federal Emergency Management Agency and may provide further information on my behalf.

Very truly yours,



The President
The White House
Washington, D.C. 20500

Enclosures

Attachment A

Counties with Declared Public Health Emergencies

County	Date of Declaration
Rockland	7/12/00
Suffolk	7/18/00
Westchester	7/18/00
NYC	7/22/00
Orange	7/28/00
Nassau	7/28/00
Onondaga	7/28/00
Albany	8/03/00
Warren	8/03/00
Washington	8/03/00
Broome	8/07/00
Franklin	8/07/00
Erie	8/08/00
Dutchess	8/08/00
Schenectady	8/09/00
Niagara	8/10/00
Rensselaer	8/10/00

Attachment B

Counties Currently Eligible for Declaration of Public Health Emergency

Putnam	Schoharie	Hamilton
Dutchess	Montgomery	Essex
Sullivan	Fulton	Clinton
Ulster	Chautauqua	St. Lawrence
Delaware	Cattaraugus	Chenango
Greene	Saratoga	Tioga
Cortland	Cayuga	Madison
Onieda	Oswego	Columbia
Wyoming	Genesee	Orleans
Yates	Ontario	Seneca
Schuyler	Steuben	

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Attachment C

Estimated Costs for Emergency Protective Measures Undertaken for Year 2000¹

Jurisdiction	Amount
State of New York	\$ 103,573
City of New York	\$3,000,000
Rockland County	\$ 83,000
Westchester County	\$2,100,000
Orange County	\$ 448,000
Washington County	\$ 30,000
Suffolk County	\$1,437,473
Total:	\$7,252,046

Estimated Requirements for Emergency Protective Measures Undertaken for Year 1999

Jurisdiction	Amount
State of New York	\$1,697,474
City of New York	\$7,000,000
Rockland County	\$ 500,000
Westchester County	\$2,000,000
Nassau County	\$2,500,000
Suffolk County	\$ 510,000
Total	\$14,207,474

¹Local jurisdiction costs reflect only five estimates out of the seventeen jurisdictions with declared public health emergencies.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

FACSIMILE

DATE: 6/14

TO: Deborah A

FAX#: _____

FROM: Liz Summy
Deputy Chief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

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THE CITY OF NEW YORK DEPARTMENT OF HEALTH

Rudolph W. Giuliani
Mayor

Neal L. Cohen, M.D.
Commissioner

June 15, 2000

WEST NILE VIRUS UPDATE:

1. A sentinel chicken in Corona, Queens has tested positive for West Nile virus based on preliminary immunofluorescent antibody testing.
2. Two dead crows found in Rockland County, NY and one dead crow found in Bergen County, NJ test positive for West Nile virus.
3. The New York City Department of Health Public Health Laboratory is now approved for and accepting clinical specimens for testing for West Nile virus.
4. The New York City Department of Health continues to request immediate reporting of all suspected cases of viral encephalitis (*All Ages*) and viral meningitis (*Persons Aged 17 Years and Older*) to ensure early detection of a human outbreak of West Nile virus.

Please Distribute to Staff in the Departments of Internal Medicine, Pediatrics, Family Medicine, Neurology, Infectious Disease, Emergency Medicine, Intensive Care, and Laboratory Medicine

Dear Colleagues,

Since last year's unprecedented outbreak of West Nile encephalitis in the New York City (NYC) metropolitan area, public health authorities at the local, state and federal levels have been concerned about the potential for West Nile virus to recur this year. In response, the NYC Department of Health (DOH) has established a comprehensive surveillance program that includes mosquito trapping, sentinel chicken sites, dead bird collection and testing, and surveillance for human and veterinary cases.

Today, the NYCDOH announced that a blood sample taken from a sentinel chicken in Corona, Queens may be positive for West Nile virus based on preliminary immunofluorescent antibody testing. We are awaiting the results of confirmatory testing at the Cornell University Veterinary Diagnostic Laboratory, the National Veterinary Services Laboratory and the Centers for Disease Control and Prevention. To date, there has been no other evidence of West Nile viral activity in NYC based on test results from the other 13 sentinel chicken sites in the City, nor in the mosquito, dead bird, or human surveillance systems. If West Nile virus is confirmed, the City will implement targeted adult mosquito control by truck fogging around the area of Corona where the virus was detected. If spraying is required, the City will use resmethrin, a pyrethroid-based pesticide, and provide advance warning of spray schedules so that the public can take necessary precautions. In addition, on June 9, 2000, the New York State Department of Health and the New Jersey Department of

Health announced that two dead crows found in Rockland County, NY and one dead crow in Bergen County, NJ were positive for West Nile virus by confirmatory testing. This was the first evidence of the recurrence of West Nile virus in the greater New York metropolitan area since the start of the 2000 mosquito season.

Report Immediately by Telephone or Facsimile All Suspected Cases of Viral Encephalitis:

Given that these findings represent recent West Nile viral enzootic transmission early in the adult mosquito season, the NYCDOH urges physicians to remain alert for potential human cases. We request that all suspected cases of viral encephalitis (*all ages*) and viral meningitis (*among persons aged 17 years or older*) be reported immediately and that appropriate clinical specimens (*cerebrospinal fluid and sera*) be submitted for testing for West Nile virus. To report, please call the Communicable Disease Program at 212-788-9830 during business hours; at all other times, call the Poison Control Center at 212-764-7667. Fatal cases of viral encephalitis of unknown etiology must also be reported immediately to the Office of Chief Medical Examiner at 212-447-2030.

Serologic Testing for West Nile Virus is Now Available at the NYCDOH Public Health Laboratories:

The NYCDOH Public Health Laboratories have been approved for IgM-capture ELISA testing for West Nile virus. We are in the process of expanding our serologic testing panel to also include St. Louis encephalitis, eastern equine encephalitis, and LaCrosse encephalitis viruses, as well as dengue. In addition, the New York State Department of Health offers expanded testing for viral causes of encephalitis by polymerase chain reaction (PCR) testing and viral culture (*in addition to arboviruses, testing includes enterovirus, herpes simplex virus, cytomegalovirus, varicella zoster virus and Epstein-Barr virus*). Instructions on reporting suspected cases and submission of laboratory specimens are included with this update, along with the required NYCDOH forms. Please be sure to:

- (a) use the most recent reporting forms, dated May 10, 2000 (*including the Letter of Agreement for Physician Ordered Testing by the Polymerase Chain Reaction if PCR testing is requested*)
- (b) clearly note both illness onset date and specimen collection dates to allow proper interpretation and timely reporting of the test results, and
- (c) provide sufficient volume of CSF for testing (*Please send 2 separate tubes with 1 cc each*).

The CDC and NYCDOH continue to recommend ELISA antibody testing as the primary methodology for screening patients with viral encephalitis or meningitis for West Nile viral infection. Data from the 62 laboratory-confirmed cases detected during the 1999 New York outbreak suggest that standard or real-time (TAQMAN) PCR are not as sensitive for the detection of West Nile virus in humans as serologic testing. Last year, all 62 patients were confirmed by ELISA and plaque reduction neutralization (PRNT) testing, while preliminary data indicate that over 30% of these cases were negative by real-time PCR and no cases were positive by standard PCR. More importantly, there were no cases for whom the diagnosis was based on PCR testing alone. Although this research methodology shows future promise for rapid detection of West Nile viral RNA, it has not yet been fully evaluated and should not replace the use of serologic testing by IgM-capture and IgG ELISA and confirmatory PRNT tests.

More detailed information on the NYCDOH's encephalitis surveillance and laboratory testing program for West Nile encephalitis is available in a special issue of *City Health Information* - "West Nile Virus — A Briefing" (*May 2000, Volume 19, No. 1*) that has been mailed to all hospitals and physicians in New York City; this issue is available on the NYCDOH Website at: www.nyclink.org/html/doh/pdf/chi/chi19-1.pdf. Information on serologic and viral testing for arboviruses and other viral causes of encephalitis can be obtained by calling the Wadsworth Center Laboratory at 518-869-4557 or visiting their Website at <http://www.wadsworth.org/divisions/infdis/enceph/index.htm>.

Clinical Criteria for West Nile Viral Testing: Physicians should be on alert for any case of viral

encephalitis, especially if associated with severe, diffuse muscle weakness (*characterized by flaccid paralysis and/or an axonal neuropathy by EMG testing*), a unique characteristic of the more severe West Nile encephalitis cases during the 1999 outbreak. Neurologic illness (*including both encephalitis and meningitis*) is more common among older adults infected with West Nile virus; therefore testing for West Nile virus should also be considered for adult patients hospitalized with aseptic meningitis. This is in contrast to children with aseptic meningitis, who are more likely to have enteroviral infection, especially in the late summer and early fall. For this reason, West Nile viral testing is less likely to be positive among patients aged 16 and younger who present with aseptic meningitis. Finally, physicians should also consider West Nile viral infection in the differential diagnosis of Guillain-Barré syndrome, especially when associated with fever, altered mental status or a pleocytosis.

Serologic testing for patients who have milder symptoms (*such as fever and headache only*), are asymptomatic, or have simply been bitten by mosquitoes is not necessary nor recommended. The likelihood of West Nile infection among these patients is extremely low, especially in the absence of an outbreak. Since there is no specific treatment for West Nile virus, mildly symptomatic patients do not require viral testing. However, mildly ill patients should be advised to seek medical attention if they develop more severe symptoms, such as confusion, lethargy, weakness, severe headache, or stiff neck.

New York City Department of Health's Arthropod-Borne Surveillance and Control Program

The NYCDOH has initiated a comprehensive arthropod-borne disease surveillance and control program. The primary objectives are (a) to control the mosquito population by eliminating potential breeding sites and applying larvicide citywide and (b) to monitor for the presence of West Nile virus in mosquitoes, birds and humans. The City has completed the initial phase of an aggressive larvicide campaign targeting catch basins, waste water treatment plants and other potential mosquito breeding sites in all five boroughs. An extensive public health education campaign has been implemented to provide information on how to prevent mosquito bites and eliminate mosquito breeding sites on residential property. Fact sheets on these topics are available on the NYCDOH Website at www.ci.nyc.ny.us/health.

If West Nile virus is confirmed through either mosquito, avian, or animal surveillance, targeted adult mosquito control measures (*via ground spraying of pesticides*) will likely be required. Aerial application of pesticides for emergency mosquito control would be considered only if there is a threat of an outbreak of human illness, like the one that occurred last summer. The efficacy and safety of pesticides approved by the Environmental Protection Agency for mosquito control have been well established and reports of pesticide-related illness are rare. As always, physicians should report any suspected cases of pesticide related-illness (*including exacerbation of asthma, nausea, vomiting, headache, allergic skin rash, eye irritation, muscle weakness or other neurologic symptoms*) to the Poison Control Center at 212-764-7667. A special issue of City Health Information - "Information for Clinicians: Common Insect Repellants and Mosquito Control Products" (June 2000; Vol. 19 S.1) is currently being mailed to all physicians and hospitals in NYC; this bulletin is available on the NYCDOH Website at: www.nyclink.org/html/doh/pdf/chi/chi19-1.pdf.

We appreciate our ongoing partnership with healthcare providers in NYC in reporting unusual disease manifestations or clusters. The success of the 1999 encephalitis outbreak investigation and response is due in large part to the rapid communication and cooperation of the medical and laboratory communities.

Sincerely,

Annie Fine, MD

Annie Fine, MD, Assistant Medical Director

Marcelle Layton, MD

Marcelle Layton, MD, Assistant Commissioner

**How to Report Suspected Cases of West Nile Viral Disease
and Arrange for Laboratory Testing**

Immediate Reporting Is Requested From May to October

☐ Physicians and Other Health-Care Providers Reporting Suspected Cases to the New York City Department of Health

1. What to Report.— Hospitalized patients with any of the following clinical syndromes:

(A) Viral encephalitis, a clinical diagnosis characterized by:

(1) Fever $\geq 38^{\circ}\text{C}$ or 100°F , **and**

(2) CNS involvement, including altered mental status (*altered level of consciousness, confusion, agitation, or lethargy*) or other signs (*cranial nerve palsies, paresis or paralysis, or convulsions*), **and**

(3) An abnormal CSF profile suggesting a viral etiology (a negative bacterial stain and culture with a pleocytosis [WBC between 5 and 1500 cells] and/or an elevated protein level $\geq 40\text{ mg/l}$)

(B) Aseptic meningitis among persons aged 17 years and older

(C) Guillain-Barre' syndrome, especially with atypical features, such as fever, altered mental status, and/or a pleocytosis

2. How to Report.— During business hours, call the Communicable Disease Program at (212) 788-9830. At all other times, call the Poison Control Center at (212) 764-7667. Or, use the New York City Department of Health's Physician Initial Case Report for Viral Encephalitis/Meningitis form* (copy attached). You can fax your report to us at (212) 788-4268.

If the physician is also requesting PCR testing by the New York State Department of Health for viral causes of encephalitis, he/she must sign the Letter of Agreement for Physician Ordered Testing by the Polymerase Chain Reaction (PCR). In addition to arboviral testing, the PCR test battery includes enterovirus, herpes simplex virus, cytomegalovirus, varicella zoster virus and Epstein-Barr virus.

3. How to Arrange Testing.— Due to limited laboratory capacity, testing for West Nile viral infection at the New York City and State Departments of Health is being prioritized for hospitalized patients with viral encephalitis, aseptic meningitis, or Guillain-Barre' syndrome. When you call to report a suspected case, we will help determine whether testing is necessary, and, if so, help your laboratory arrange it. *Please call us to report the case and discuss the need for testing before directing your laboratory to submit specimens.*

4. Which specimens to obtain.—

☐ CSF.—Two tubes (if possible) without preservatives, containing at least 1 cc each. Please instruct your laboratory to keep specimens frozen at -70°C .

☐ Sera.—5-10 ml in a red-top tube. Sera should be refrigerated and not frozen.

COMPLETED FORMS MUST BE INCLUDED WITH CLINICAL SPECIMENS
SUBMITTED FOR WEST NILE VIRAL TESTING.

5. Fatal encephalitis cases.—

Fatal viral encephalitis cases of unknown etiology must be reported to the Office of Chief Medical Examiner at (212) 447-2030. Tissue samples, including brain, brainstem, and spinal cord, will be submitted to the New York State Department of Health and the Centers for Disease Control and Prevention for viral testing and immunohistochemical staining.

* **NOTE:** Please be sure to use the most recent versions of these forms, dated May 10, 2000.

□ Laboratories Submitting Approved Specimens to the New York City Department of Health Public Health Laboratories

1. Use proper storage and packaging.—

☐ CSF.—Send two tubes (if possible) without preservatives, containing at least 1 cc each. Keep specimens frozen, preferably on dry ice or in a -70°C freezer. Do not send or store at room temperature.

☐ Sera.—Centrifuge, separate from clots, dispense into two sterile tubes (at least 2 cc each) for transport, and refrigerate (do not freeze).

2. Label specimens with patient's name, date of birth, medical record number, specimen type, and date of collection (essential to interpreting serologic findings).

3. Complete the *Submission Form* and include it with clearly labeled specimens.—

The New York City Department of Health's Laboratory Submission Form for Viral Encephalitis/Meningitis* must accompany all specimens (*copy attached*). All sections of the form must be completed.

4. Submit specimens and paperwork* directly to the New York City Department of Health Public Laboratory, or call the Communicable Disease Program at (212) 788-9830 to arrange for transportation, if needed:

The Immunology Laboratory
New York City Department of Health Public Health Laboratories,
455 First Avenue, Room 215 or Room 201
New York, N.Y. 10016

(212) 447-6220 or (212) 447-6451

All specimens should be accompanied by the:

(1) Physician Initial Case Report for Viral Encephalitis/Meningitis,

(2) Laboratory Submission Form for Viral Encephalitis/Meningitis,

and if PCR testing is also requested,

(3) Letter of Agreement for Physician Ordered Testing by PCR.

The New York City Public Health Laboratory will transport CSF specimens to the New York State Department of Health's Wadsworth Laboratory if PCR testing is requested.

*** NOTE: Please be sure to use the most recent version of these forms, dated May 10, 2000**

Physician Initial Case Report for Viral Encephalitis/Meningitis NEW YORK CITY DEPARTMENT OF HEALTH

Date of Report: ____/____/____

For NYCDOH Use Only: NYC ID #
☐ P ☐ A ☐ L Initials of DOH staff
Testing approved ☐ Yes ☐ No ☐ Pending

1. IDENTIFYING PATIENT INFORMATION

Last name _____
First name _____ Middle name _____
Date of Birth ____/____/____ (if not available, Age ____ years/ months/ weeks) Sex ☐ Male ☐ Female
Street Address _____ Apt _____
Boro: ☐ MN ☐ BK ☐ BX ☐ QNS ☐ SI ☐ Outside NYC (city: _____) State _____ Zip _____
Tel. H (____) _____ W (____) _____ Race: ☐ W ☐ B ☐ Asian ☐ Other Ethnicity: ☐ Hisp. ☐ Non-Hisp.

2. CLINICAL INFORMATION

Current diagnosis: ☐ encephalitis ☐ meningitis ☐ other (Specify _____)
Hospitalized? ☐ Yes ☐ No Hospital name _____
Medical record # _____ Date of admission ____/____/____ Date of discharge ____/____/____
Antiviral treatment? ☐ Yes (specify antiviral _____) ☐ No ☐ Unknown

Date of first symptoms ____/____/____ This must be completed!

Fever ($\geq 38^{\circ}\text{C}$ or 100°F) ☐ Yes ☐ No ☐ Unknown Altered mental status ☐ Yes ☐ No ☐ Unknown
Unknown Muscle weakness ☐ Yes ☐ No ☐ Unknown Stiff neck/Meningeal signs ☐ Yes ☐ No ☐ Unknown
Headache ☐ Yes ☐ No ☐ Unknown Seizures ☐ Yes ☐ No ☐ Unknown
Rash ☐ Yes ☐ No ☐ Unknown Muscle pain ☐ Yes ☐ No ☐ Unknown
Joint pain ☐ Yes ☐ No ☐ Unknown Other neurologic signs ☐ Yes ☐ No ☐ Unknown
Outcome: ☐ Recovered ☐ Still ill ☐ Died (date of death ____/____/____) ☐ Unknown

3. LABORATORY INFORMATION / TEST RESULTS

CSF obtained ☐ Yes (date ____/____/____) ☐ No ☐ Pending/planned
Glu _____ Prot _____ RBC _____ WBC _____ Diff: Segs _____% Lymphs _____%
Gram stain _____ Bacterial Culture _____ Fungal/Parasitic tests _____
Viral test results (Culture/Serology/PCR) _____
CBC Date ____/____/____ WBC _____ Diff: Segs _____% Lymphs _____%
MRI Date ____/____/____ Result _____
CT Date ____/____/____ Result _____
EMG Date ____/____/____ Result _____

4. RISK FACTOR INFORMATION (during 1 month before onset)

Location(s)

Dates

Travel outside country? ☐ Yes ☐ No ☐ Unk _____
Travel outside New York State? ☐ Yes ☐ No ☐ Unk _____
Travel in NYS, outside NY City? ☐ Yes ☐ No ☐ Unk _____
Animal/Arthropod Contact? ☐ Yes ☐ No ☐ Unk Specify: _____

5. REPORTED BY:

Last name _____ First name _____ Title (ICN, Resident, Attending) _____
Work address _____ City _____ State _____ Zip Code _____
Telephone (____) _____ Pager (____) _____ Specialty _____

All suspected cases should be reported BEFORE directing your laboratory to submit specimens to our Public Health Laboratories. During business hours, call 212-788-9830, or fax this form to 212-788-4268. At all other times, call the Poison Control Center at 212-764-7667.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY



PHONE: (202) 690-6870 FAX: (202) 401-7321

Date:

From: Christy Schmidt

To: Chris Jennings

Phone: (202) 690-_____

Phone: _____

(202) 690-6870

FAX: (202) 401-7321

Fax: 456 - 5557

Number of Pages (Including Cover): 7

Comments:

invitation list + letter for the prescription
day conference

June 13, 2000

Dear _____:

I am writing to invite you to participate in a by-invitation-only conference, sponsored by the Department of Health and Human Services, examining what is known and what needs to be known about prescription drug costs and pricing practices. The meeting will be held Tuesday and Wednesday, August 8-9, 2000 at the Leavey Conference Center at Georgetown University in Washington, D.C.

Prescription drugs play an increasingly important role in modern medicine. At the same time, insurers and employers that offer drug coverage have been struggling to control rapidly rising drug expenditures. More information is needed about the drivers behind rising pharmaceutical expenditures and drug pricing practices, particularly as federal policy makers discuss the design of a drug benefit for the Medicare program. The President recognized this and asked the Department of Health and Human Services (HHS) to convene a departmental conference to discuss topics related to drug pricing when he released the HHS report *Prescription Drug Coverage, Spending, Utilization and Prices* in April. Secretary Shalala has asked my office to organize this meeting.

The August conference will bring together 150 key stakeholders, researchers, and policy makers. Together we will examine factors influencing prescription drug costs and expenditures, the elements of drug pricing practices, the effects of changes in utilization, and strategies for realizing the benefits of pharmacological advances while controlling the growth in drug expenditures. A draft agenda for the meeting is enclosed.

It should be emphasized that the focus of the meeting will not be on the discussion of design options for a Medicare drug benefit, or on the political debate over the benefit. Instead, our goal is to examine the relevant information and research that could inform such design decisions, now or in the future. We hope to raise understanding by making available some of the newest research and by sharing perspectives and insights from practitioners on the front lines. We will also identify important gaps in our knowledge, to help shape a research agenda in this area.

The conference agenda is organized for each session to build on the others, and it is our expectation that participants will attend the full conference rather than dropping in on individual sessions. To ensure that all participants benefit from the insights and perspectives of key stakeholders and policy experts, most sessions will be structured in large part around highly interactive facilitated discussions among a rotating group of 25-30 key stakeholders and policy experts, along with more limited opportunities for input from other conference attendees. The format will be similar to that of the Fred Friendly series shown on PBS. In addition, there will be a variety of presentations by experts in the field, designed to both share knowledge and generate discussion.

If you are able to participate in this important meeting, please return the enclosed registration form to Mr. Christian Weaver of Health Systems Research, Inc.(HSR), the firm that is assisting HHS with the conference, no later than June 30. HSR's fax number is 202-728-9469. Once your registration has been received, additional substantive and logistical information will be sent to you.

As noted earlier, this is a by-invitation-only meeting with attendance limited to not more than 150 participants. If you have not registered by June 30, space at the meeting for you cannot be guaranteed. If you are unable to attend, but believe that some other senior person within your organization would contribute to the meeting's discussions, please contact Mr. Christian Weaver at HSR with your suggested replacement. He can also be reached by phone at 202-828-5100, by fax at 202-728-9469 or by email at cweaver@hsrnet.com. These decisions will be made on a case-by-case basis.

Should you have any questions about the substance of the meeting, please contact Joan Sokolovsky in my office at 202-401-6644. For logistical issues, please contact Mr. Weaver at HSR at 202-828-5100.

I do hope you will be able to participate in what I believe is an extremely important and timely meeting.

Sincerely,

Margaret A. Hamburg, M.D.
Assistant Secretary for Planning and Evaluation

HHS Conference on Pharmaceutical Costs and Pricing Practices
August 8-9, 2000
Draft Agenda

Overview: What's the Problem?: A Synthesis of Research on Pharmaceutical Cost Pressures and Trends

This session will provide an overview of the components of the pharmaceutical market and the underlying cost drivers, and a brief synthesis of the research examining trends in pharmaceutical expenditures. These will be followed by a roundtable discussion of the issues by a panel of key stakeholders and policy experts.

Session 1. Pricing Practices in the Pharmaceutical Market

This session will explore:

- Factors influencing pricing decisions, including the impact of R&D
- Pricing at different levels of the distribution chain
- Price discrimination across markets and purchasers
- The potential impact of price transparency on pricing practices

Session 2. Pharmaceutical Utilization Issues

This session will explore:

- Factors contributing to increased utilization of pharmaceuticals
- Assessing value: determining the appropriate levels of drug use
- Trends in utilization, by drug class

Session 3. Strategies for Controlling Costs and Increasing Value from Pharmaceutical Expenditures

In this session, health care purchasers, PBMs, health plans, pharmacy representatives, policy experts, and other key stakeholders will share their experiences and insights concerning the strategies and tools that have been employed to control costs and increase the value realized from pharmaceutical expenditures.

Closing: Implications for Future Research and Policy Making: A Conference Synthesis

OVERVIEW OF DRUG CONFERENCE INVITEES

Stakeholders		Count
manufacturers	Speaker: Glenna Crooks (now a consultant) Trade org: Steve Cole (PhRMA) Big brands: Richard Manning (Pfizer) TO BE DETERMINED (Merck) Small brand: Jean Paul Gagnon (Aventis) Biotech: Lisa Raines (Genzyme) Generic: TO BE DETERMINED (Teva)	7
wholesalers	Trade org: Ronald Streck (National Wholesale Druggists' Assoc.)	1
PBMs	Big 3: Elizabeth Dichter (PCS) Barrett Toan (Express Scripts) TO BE DETERMINED (Merck-Medco) Independent: Alan Wright, MD (Advance Paradigm) Plan-based: John Jones (Prescription Solutions/Pacificare)	5
pharmacies/ pharmacists	Trade org: John Coster (NACDS) John Rector (Natl Community Pharmacists Assoc) Chains: Matthew Leonard (CVS) Phil Burgess (Walgreens) Independent: Stephen Giroux (Middleport Family Health Services) Franchise: Gary Levine (Medicine Shoppe)	6
beneficiaries	Beneficiaries: David Gross (AARP) Diane Archer (Medicare Rights Center) Steve McConnell (Alzheimers Association) Consumers: Marina Weiss (March of Dimes) Jamie Love (Public Citizen) Judy Waxman (Families USA)	6
employers/unions	GE: Chuck Buck Ford: Woody Myers AFL-CIO: Gerry Shea	3
benefits consultants	Peter Fox Nick Vasilopoulous (Mercer) Frank McArdle (Hewitt)	3
health plans	Trade orgs: Chip Kahn (HIAA) Diana Dennett (AAHP) Mary Nell Lenhard (BC/BS) Staff HMO: Sharon Levine (Kaiser) Blues: Steve Martin (Prime Therapeutics/ BCBS of NE & MN) Commercial: John Hopkins (Rocky Mountain HMO) Runs PBM: Pacificare - see under PBMs	7
providers	to be determined	5
TOTAL		43

Policy Experts		Count
commissioned authors	Ernie Berndt (MIT) Anna Cook (Mathematica) Joe DiMasi (Tufts) David Kreling (Wisconsin) Helene Lipton (UCSF) Hal Luft (UCSF) Mark Merlis Dan Mullins (Maryland) Cindy Parks Thomas (Brandeis) Steven Schondelmeyer (U.Minn.) Bruce Stuart (Maryland)	11
financial analysts	Norman M. Fidel (Alliance Capital Management L.P.) Geoff Harris (UBS Warburg Dillon & Read) to be determined	3
other researchers/policy analysts	Howard Cohen Barbara Cooper (Mt. Sinai) Jack Ebeler (RWJ) Pat Danzon (University of Pennsylvania) Karen Davis (Commonwealth) Lynn Etheredge (GW) Judy Feder (Georgetown) Beth Fuchs (Health Policy Alternatives) Paul Ginsburg (Ctr. For Studying Health System Change) Michael Gluck (NASI) John Golinski (Rx Value) Bob Helms (AEI) Roger Herdman (IOM) Ed Howard (Alliance for Health Reform) Julie James (Health Policy Alternatives) Phil Lee (UCSF) Jeff LeMieux (PPI) Larry Levitt (KFF) Jim Mays (ARC) Dan Mendelson (Health Strategies) Bob Moffit (Heritage) Marilyn Moon (Urban) Tricia Neuman (KFF) Mark Pauly (University of Pennsylvania) Bob Reischauer (Urban) Steve Soumerai (Harvard) Earl Steinberg Robin Strongin (NHPF) Stan Wallack (Brandeis)	22
press observers	to be determined	
TOTAL		36

Government		Count
HHS/ASPE	to be determined	6
HHS/other	to be determined	14
federal regulators, purchasers	to be determined	7
other executive branch	to be determined	4
Hill staff	to be determined	16
Hill support agencies	to be determined	12
states	to be determined	4
TOTAL		63
GRAND TOTAL		142