West Nile Virus

Trends in Human and Mosquito Populations in Fairfax County, Virginia

John Orr Fairfax County Health Department **VMCA** Annual Meeting January 28, 2020





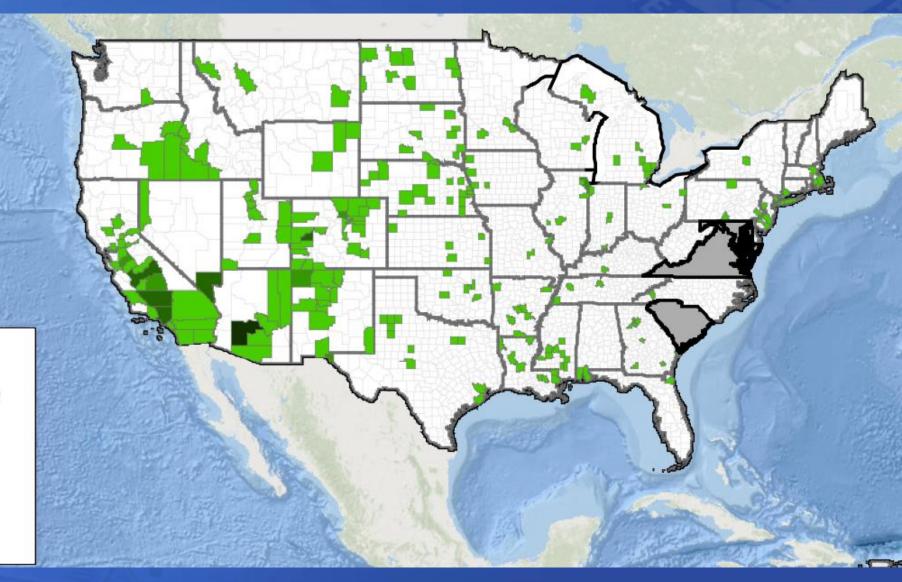
Linking Mosquito and Human WNV Data

- "Holy Grail" of WNV mosquito surveillance
- The challenges
 - Diagnosed case numbers are low in our area small difference between "good" and " bad" years
 - 80% asymptomatic
 - 20% with symptoms (mostly undiagnosed)
 - <1% serious symptoms</p>

Linking Mosquito and Human WNV Data (cont.)

- Small population size hard to make connections
- Disproportionately affects older adults
- Little data sharing between jurisdictions
 - Which data should be shared?
 - County-level data not shared during season

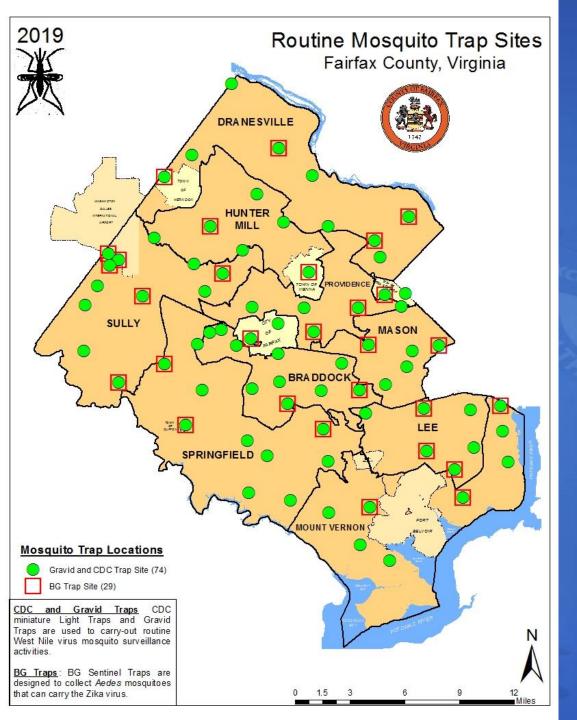
West Nile Virus 2019



Human disease cases

Reported to CDC ArboNET by county of residence

Reports state level data only



- 74 trap sites
 - Gravid Trap
 - CDC Trap
 - 29 with BG Sentinel Trap
- ~1 trap site per 5-6 square miles

Which trap is best to monitor WNV infection

rates in mosquitoes?

Gravid trap

- Large numbers of Culex mosquitoes
 - Culex pipiens and Culex restuans (primary WNV vectors in NoVa)
 - Have already fed on a host
 - That host was likely a bird, where WNV circulates

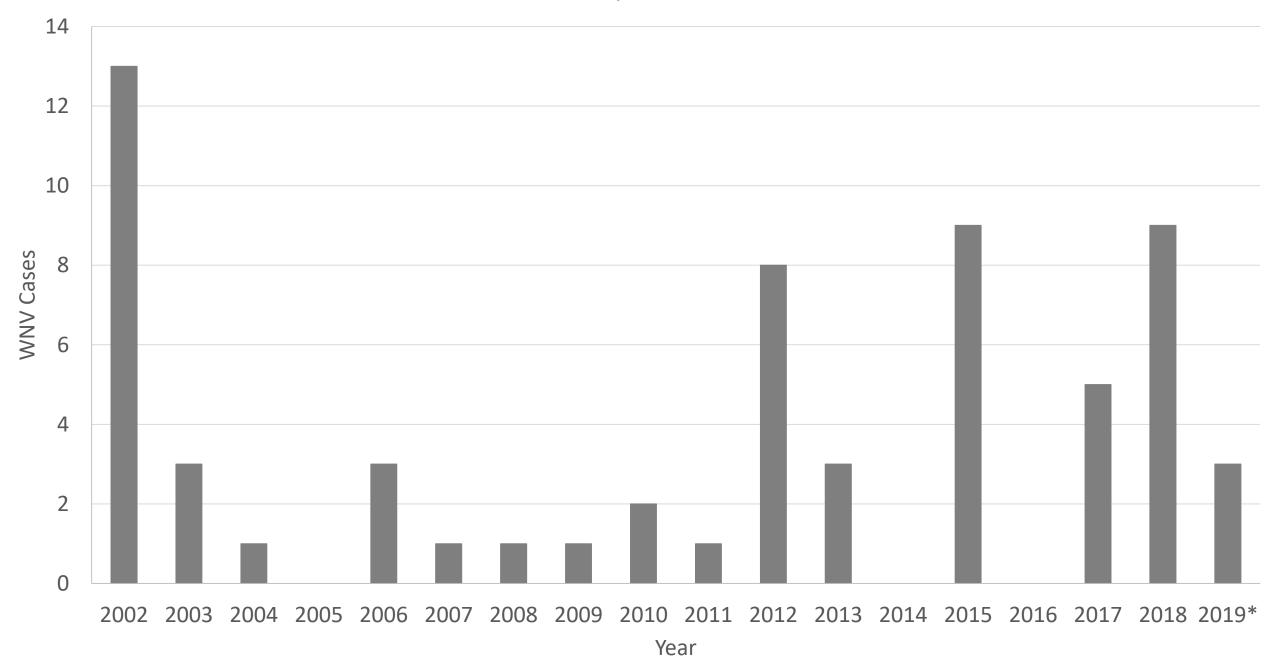


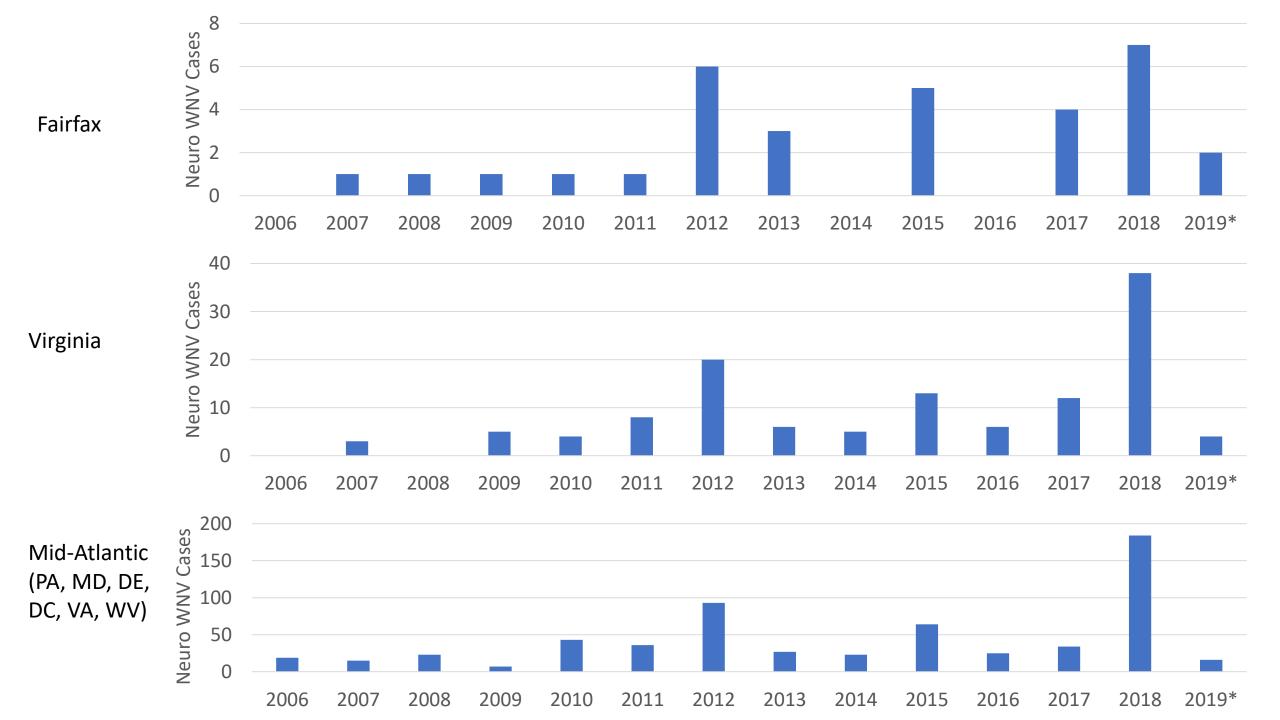


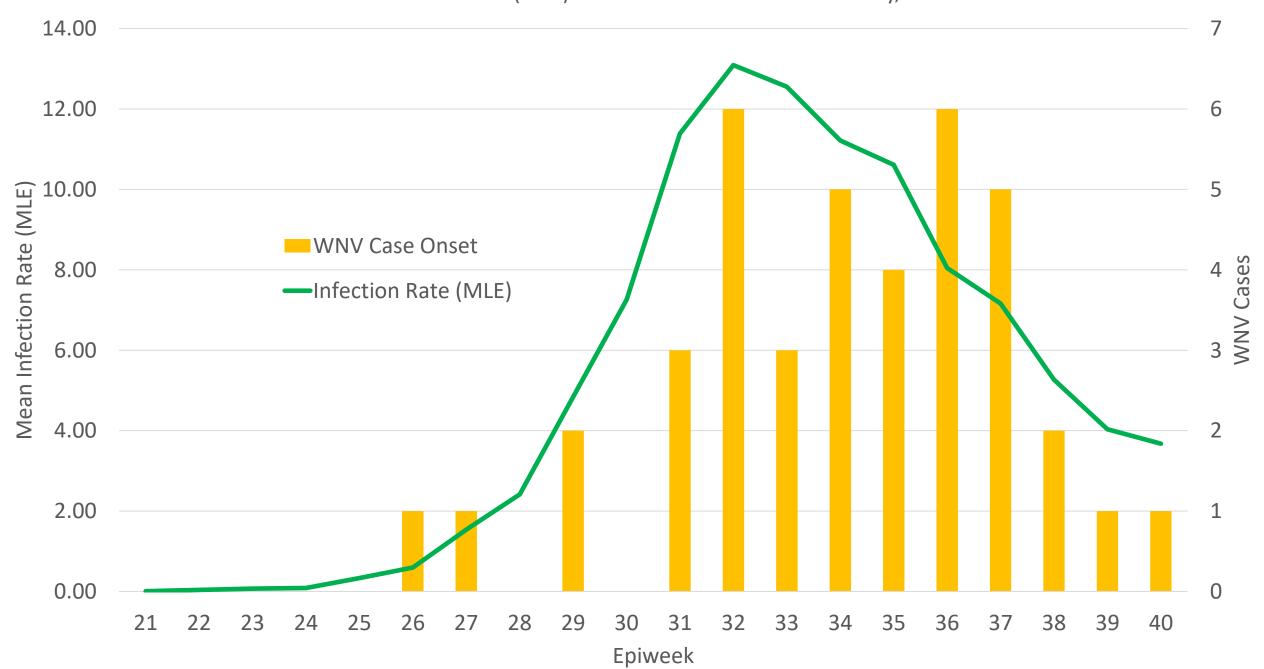
Terms

- Epiweek
- Culex spp.
- Infection Rate (Culex) per thousand
 - MIR Minimum Infection Rate
 - MLE Maximum Likelihood Estimate
- Cumulative Infection Rate (weeks 21-40)
- Vector Index
- Neuroinvasive Cases (Neuro)

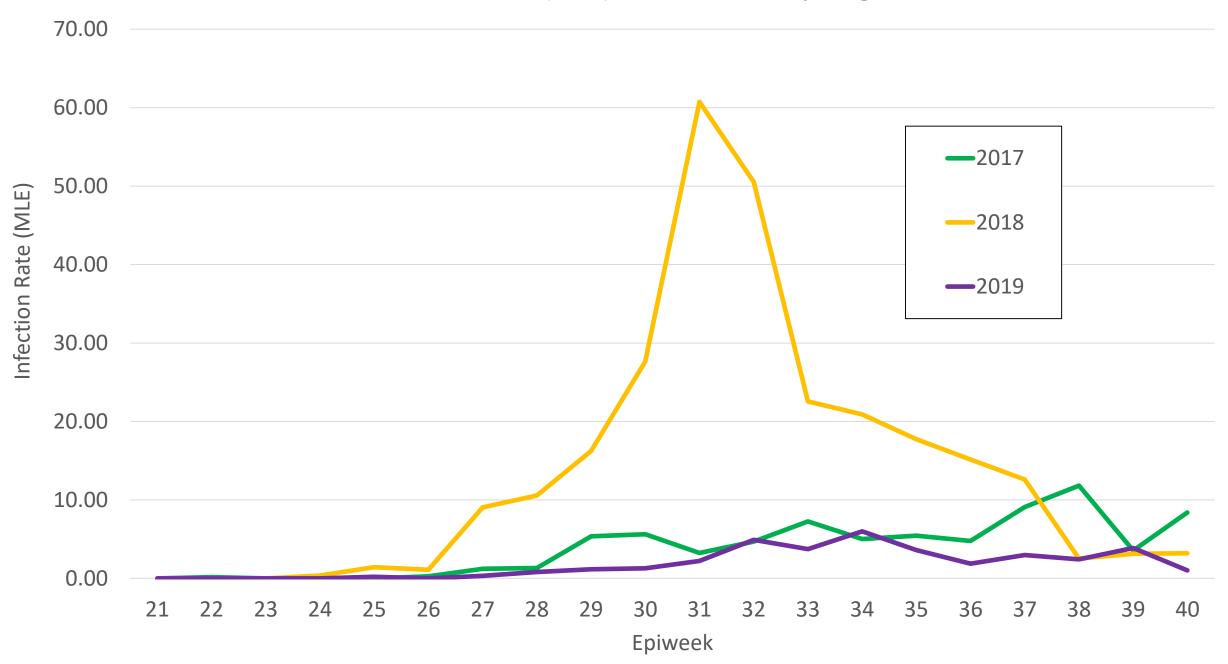
Fairfax County West Nile Virus

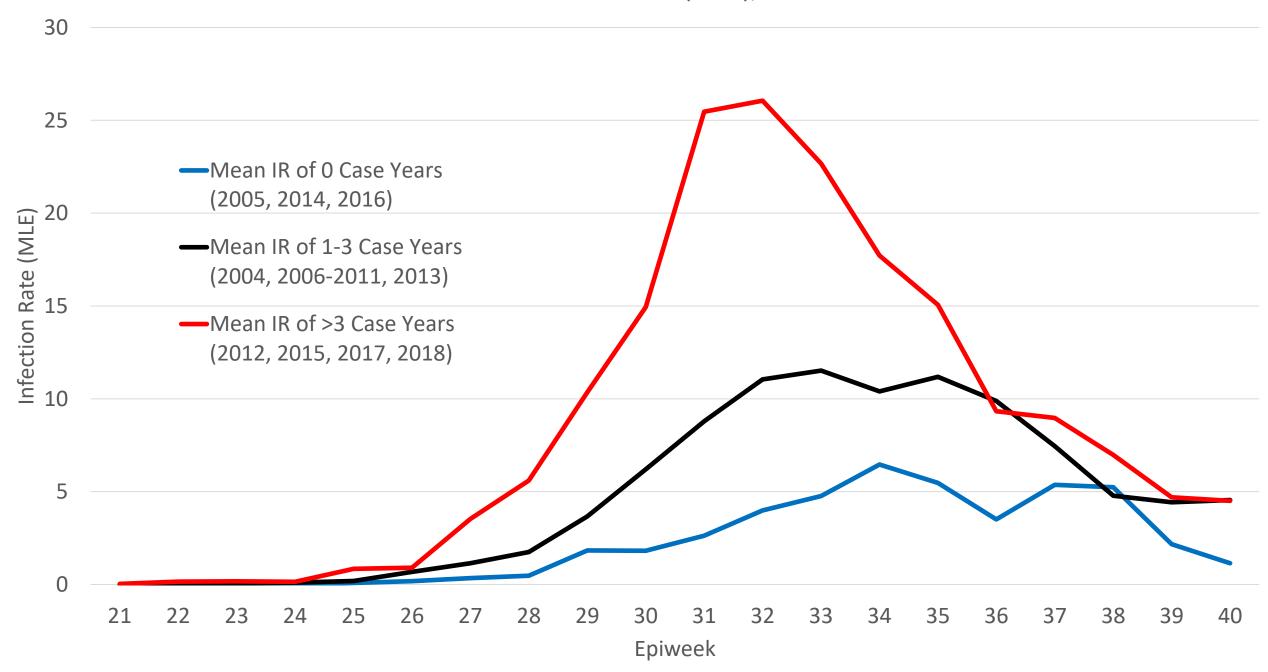






Culex Infection Rate (MLE) in Fairfax County, Virginia



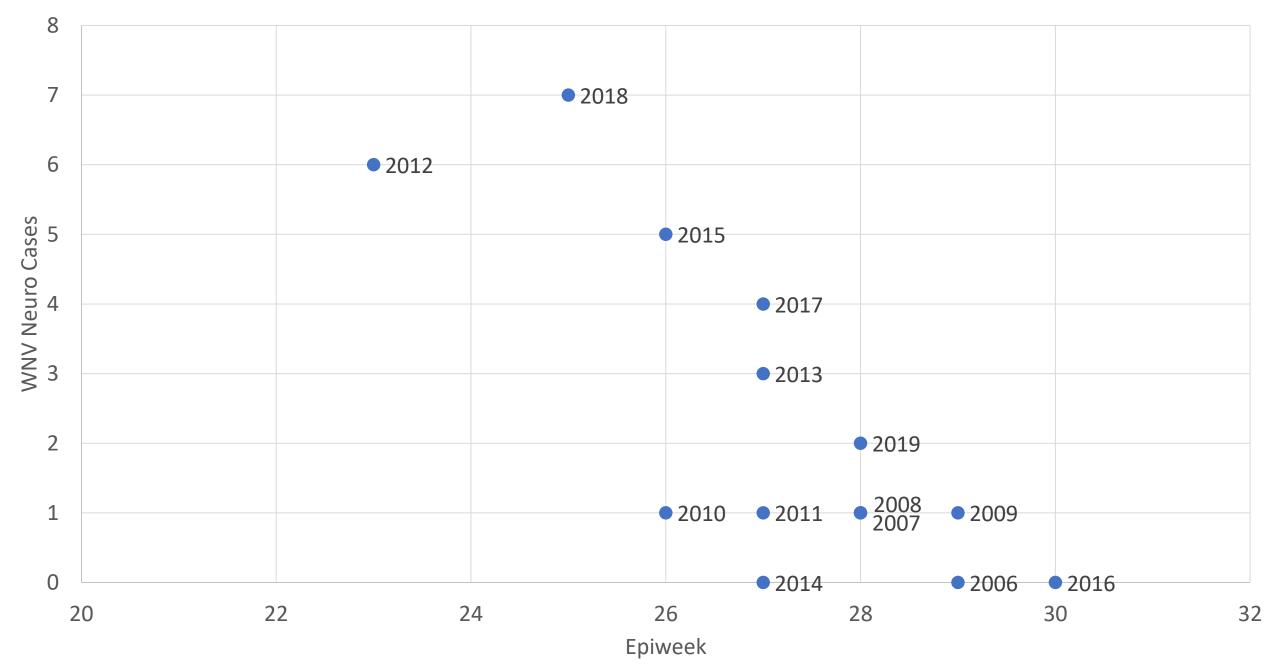


Thresholds

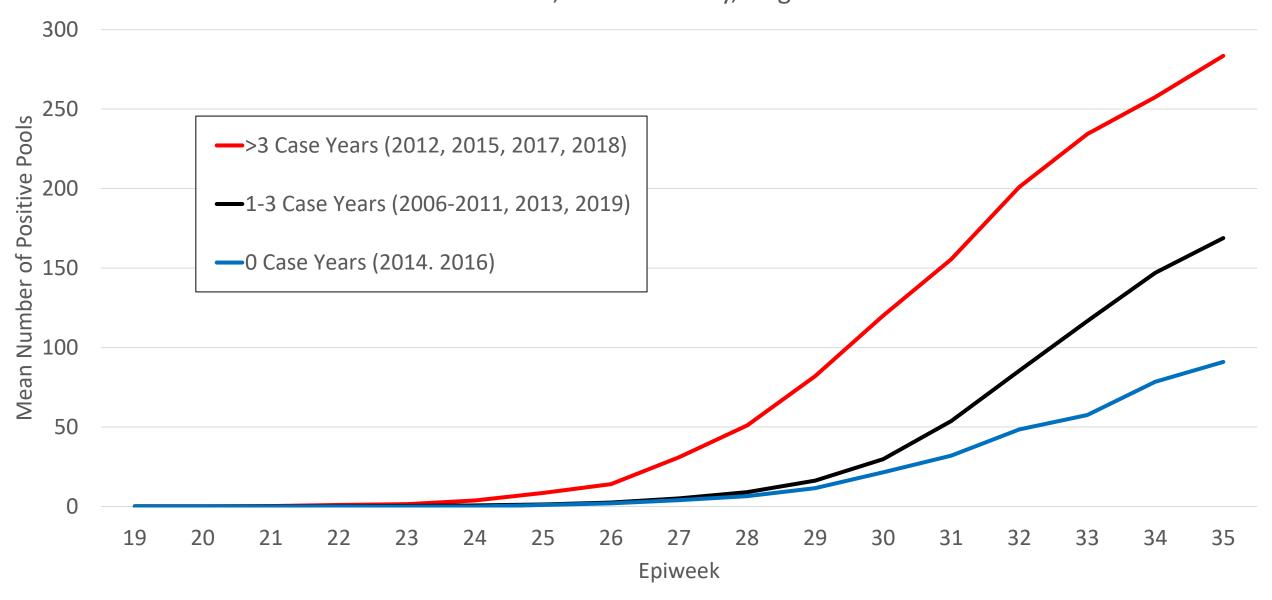
When should we respond?

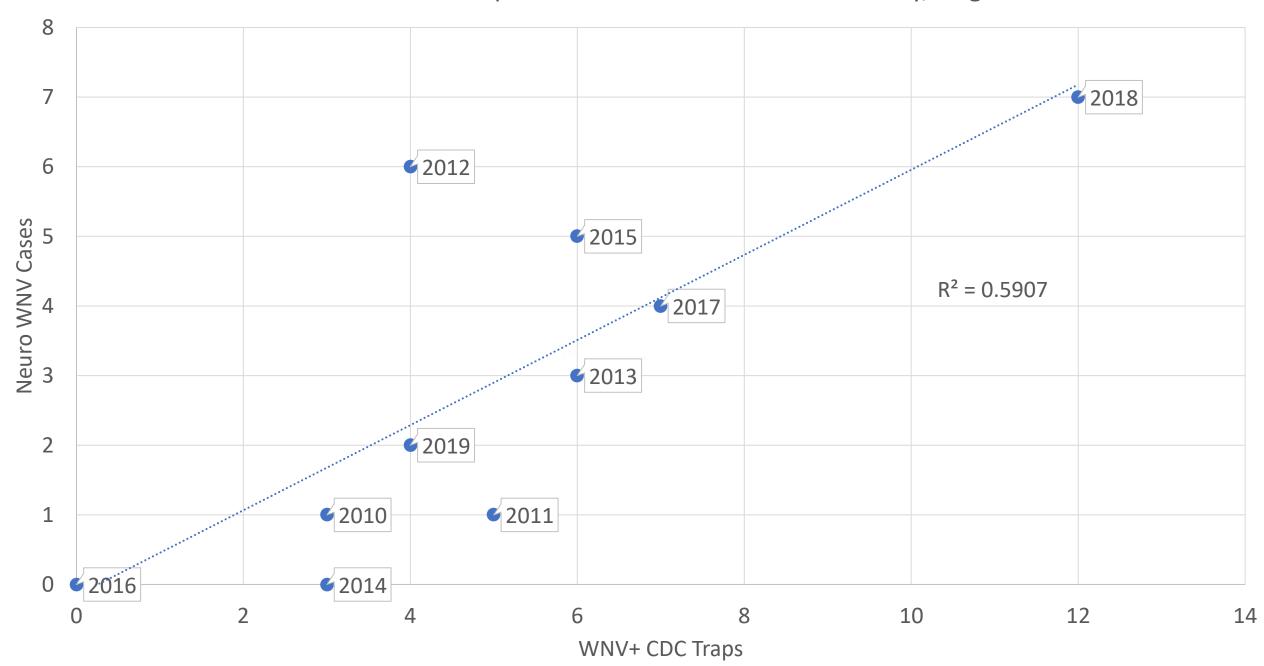
- Early season indicators
- Host-seeking trap positives
- Bridge vector positives
- High Infection Rate
- High Culex abundance
- High Vector Index

Epiweek of 5th WNV Positive Mosquito



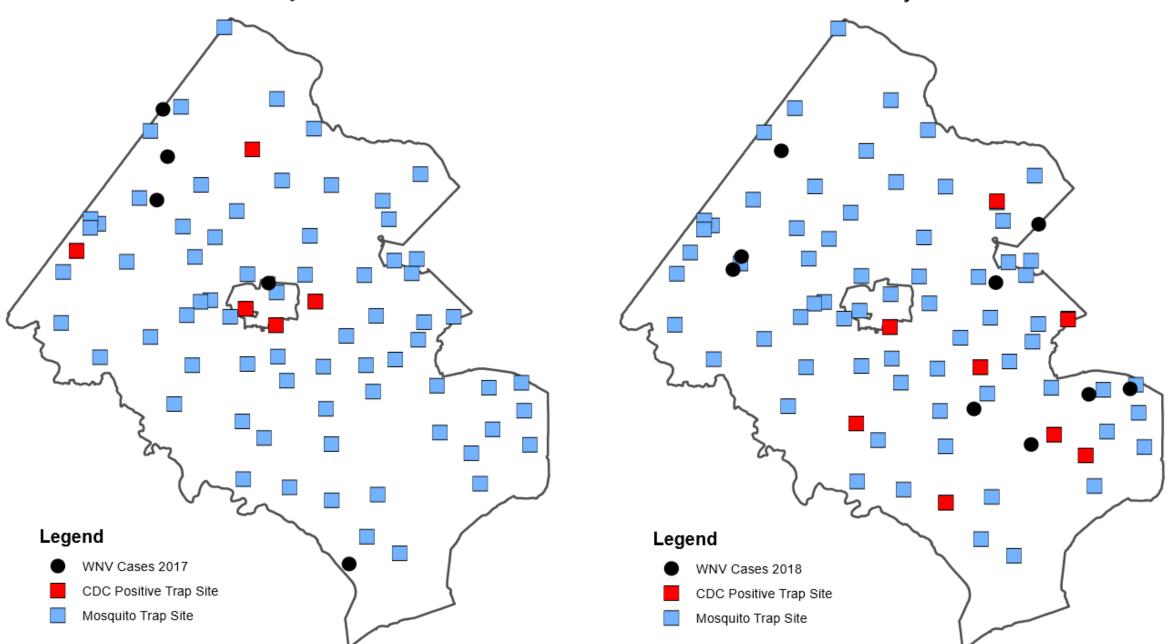
Mean Number of West Nile Positive Pools by Epiweek in Low, Medium and High WNV Case Years, Fairfax County, Virginia



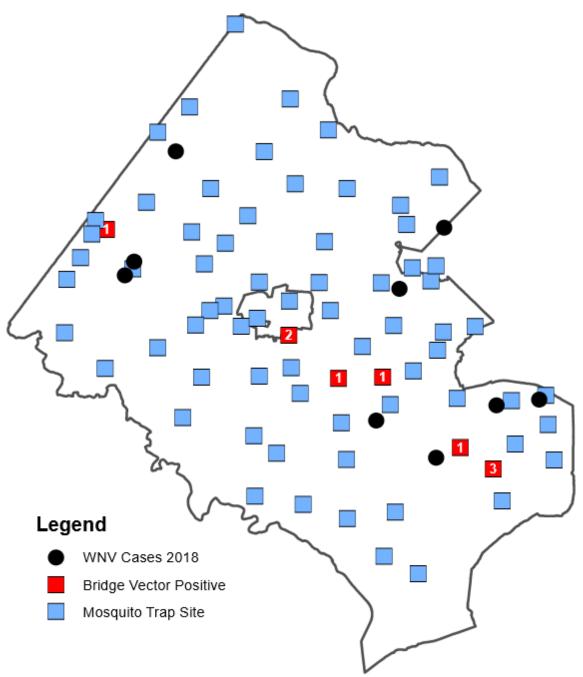


2017 Fairfax County West Nile Virus

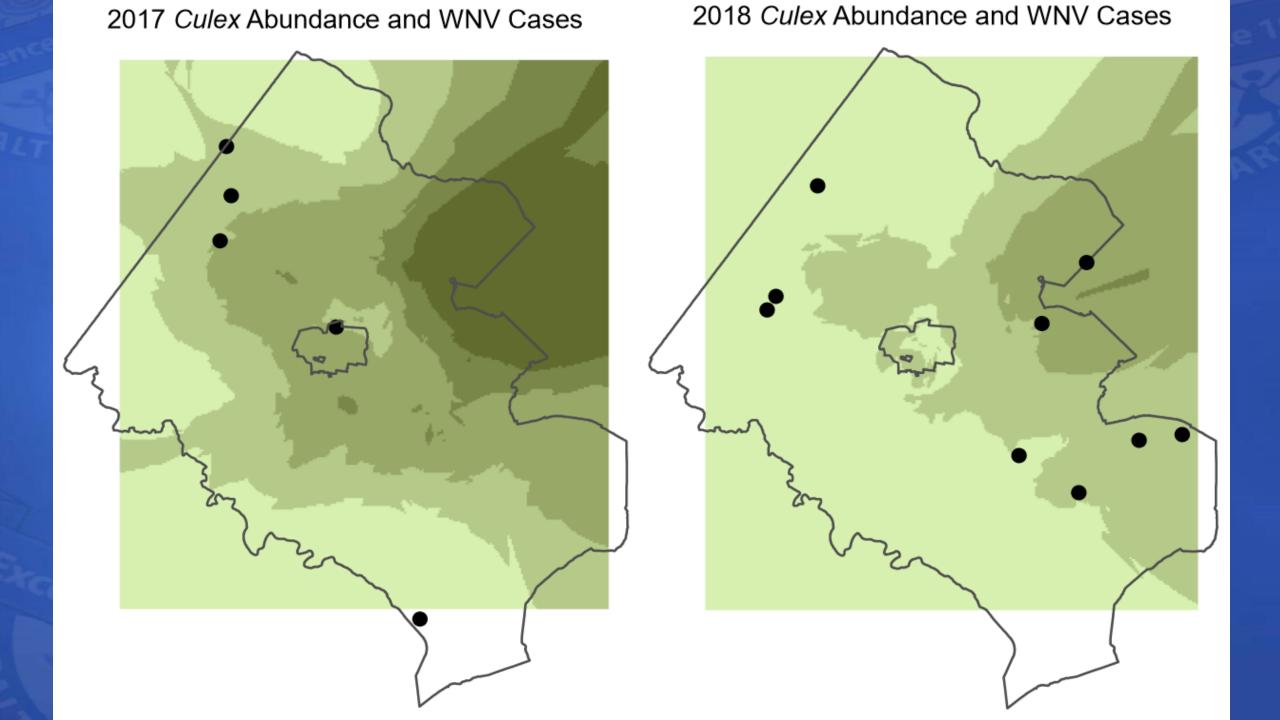
2018 Fairfax County West Nile Virus

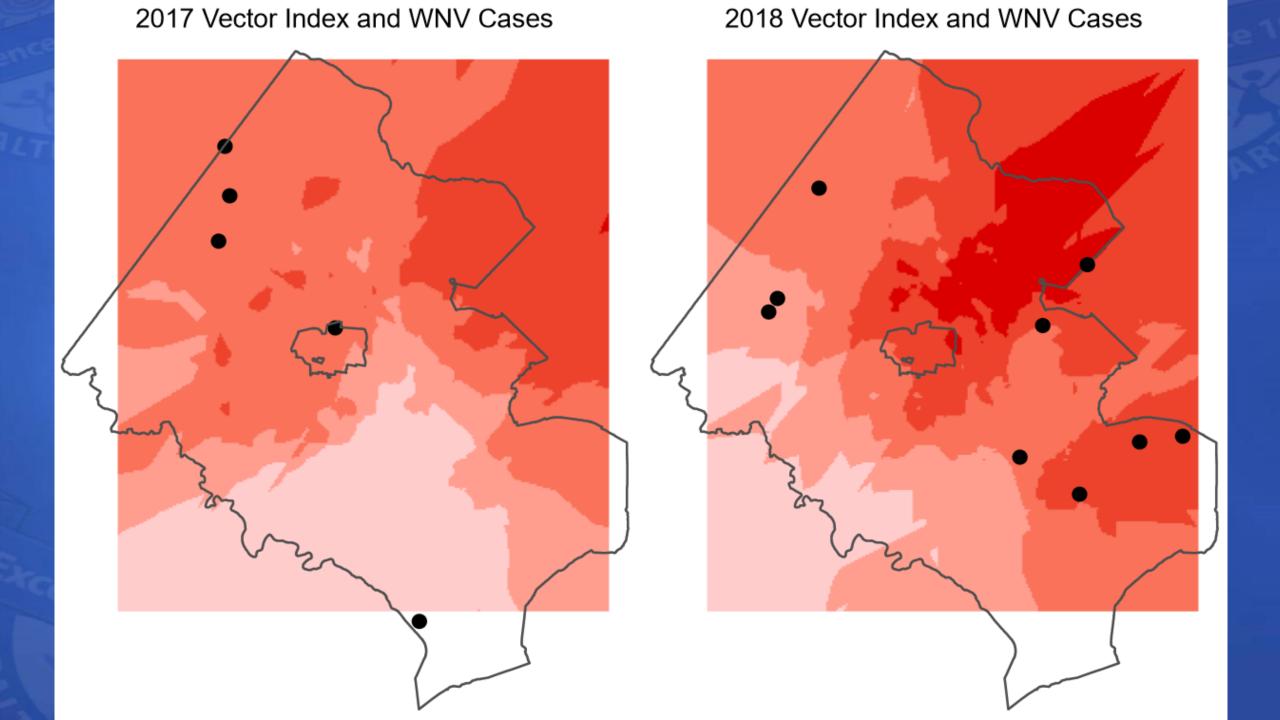


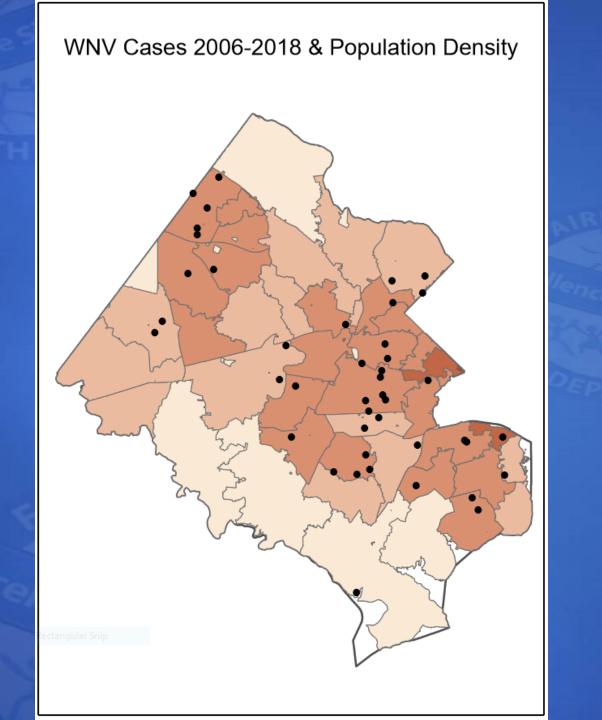
2018 Fairfax County West Nile Virus

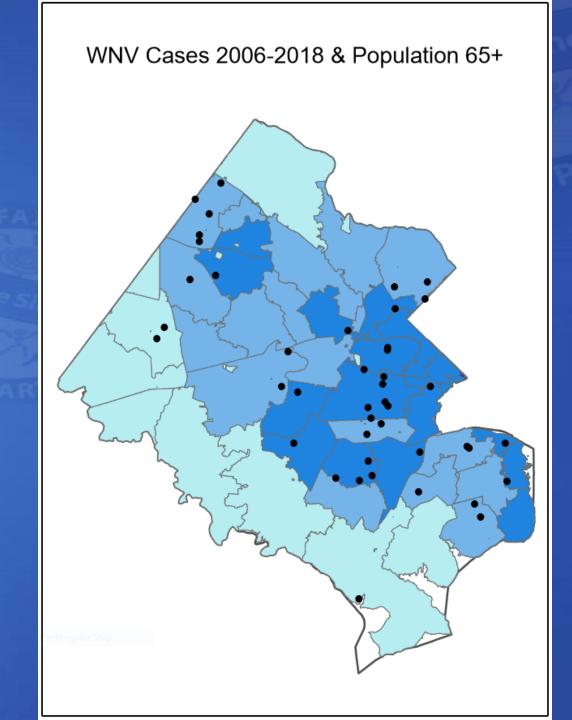


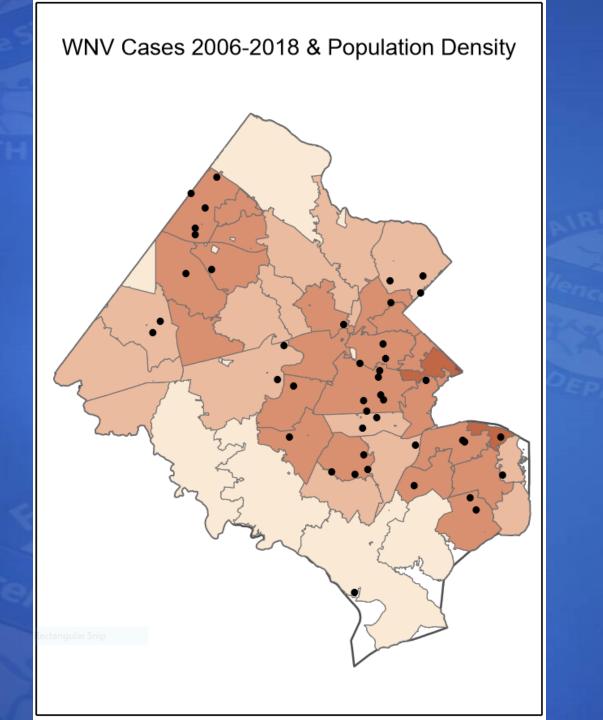
Aedes albopictus
Aedes japonicus
Aedes vexans
Culex erraticus
Culex salinarius

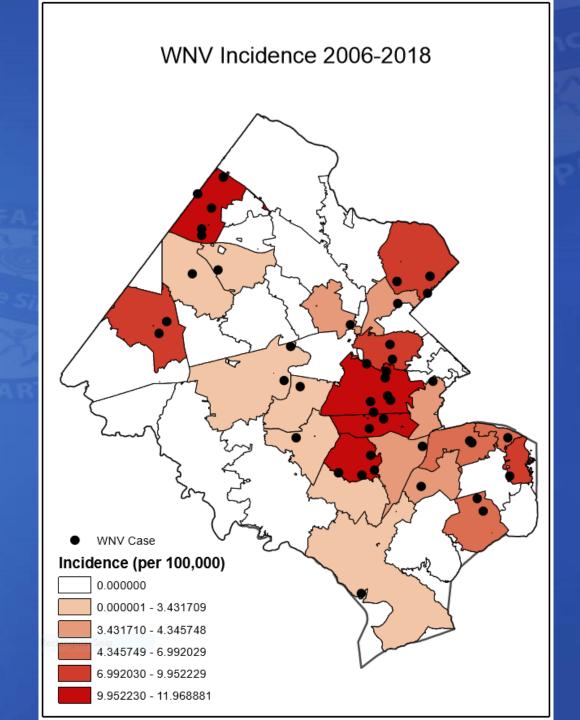


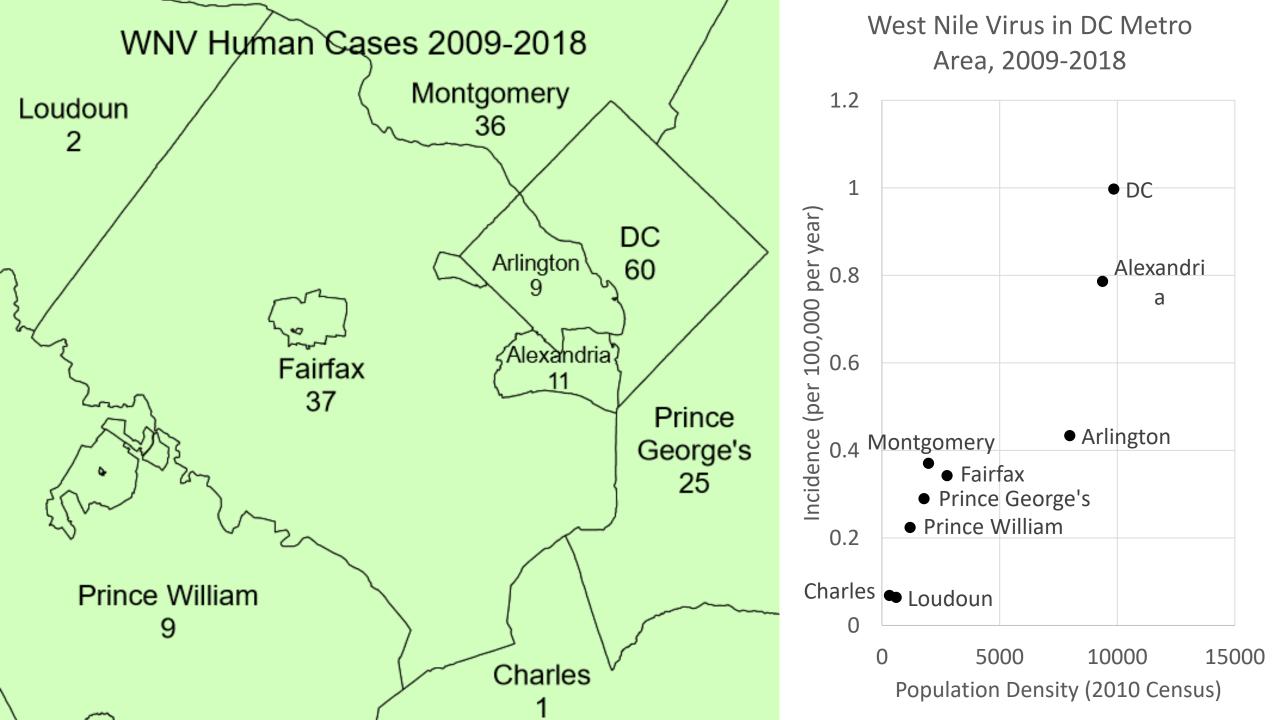


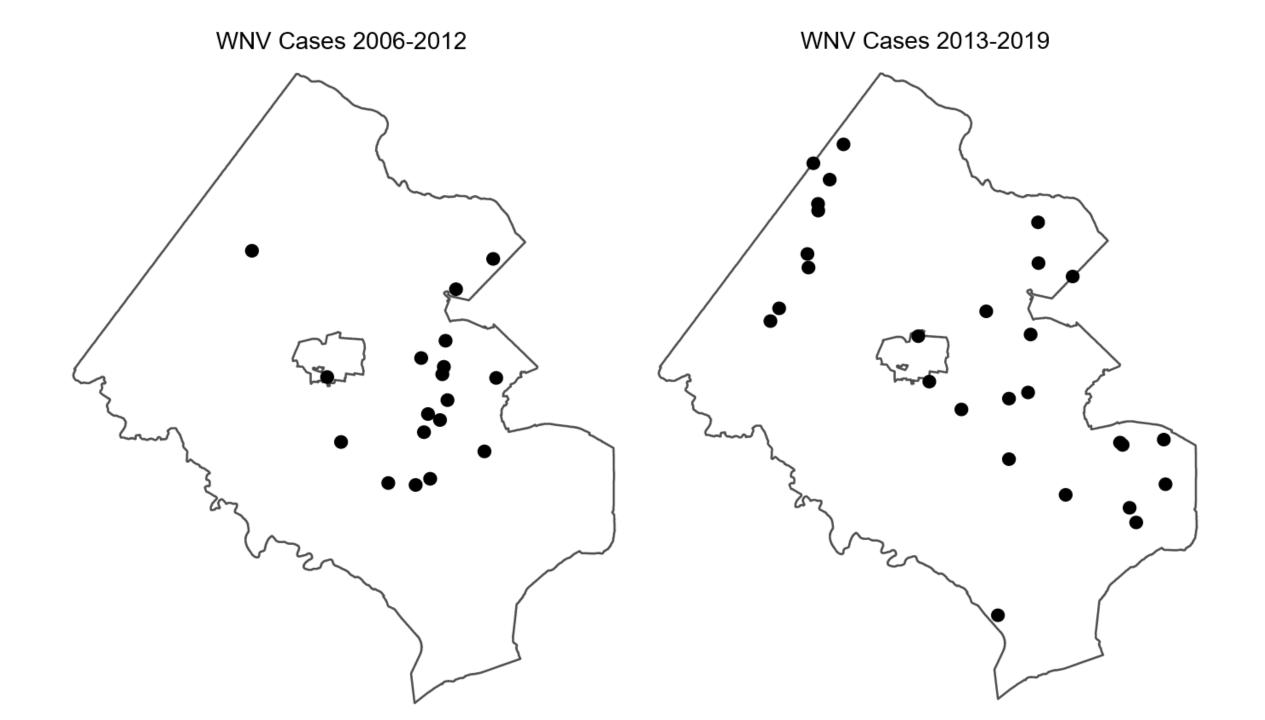


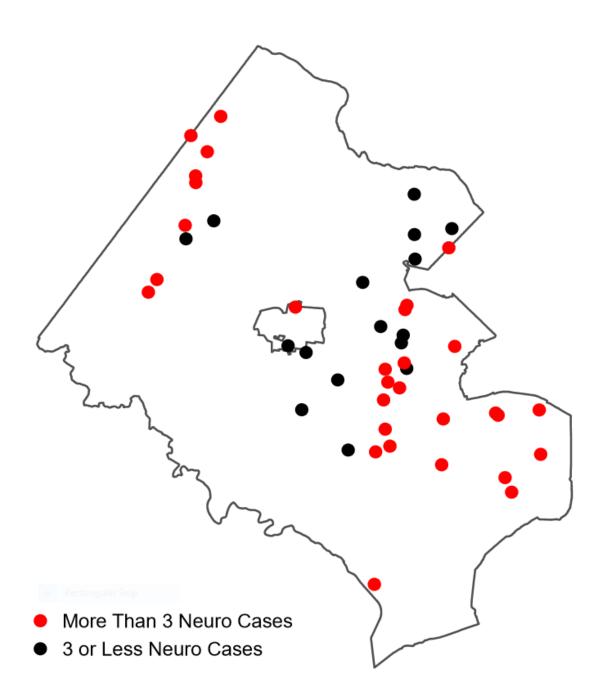




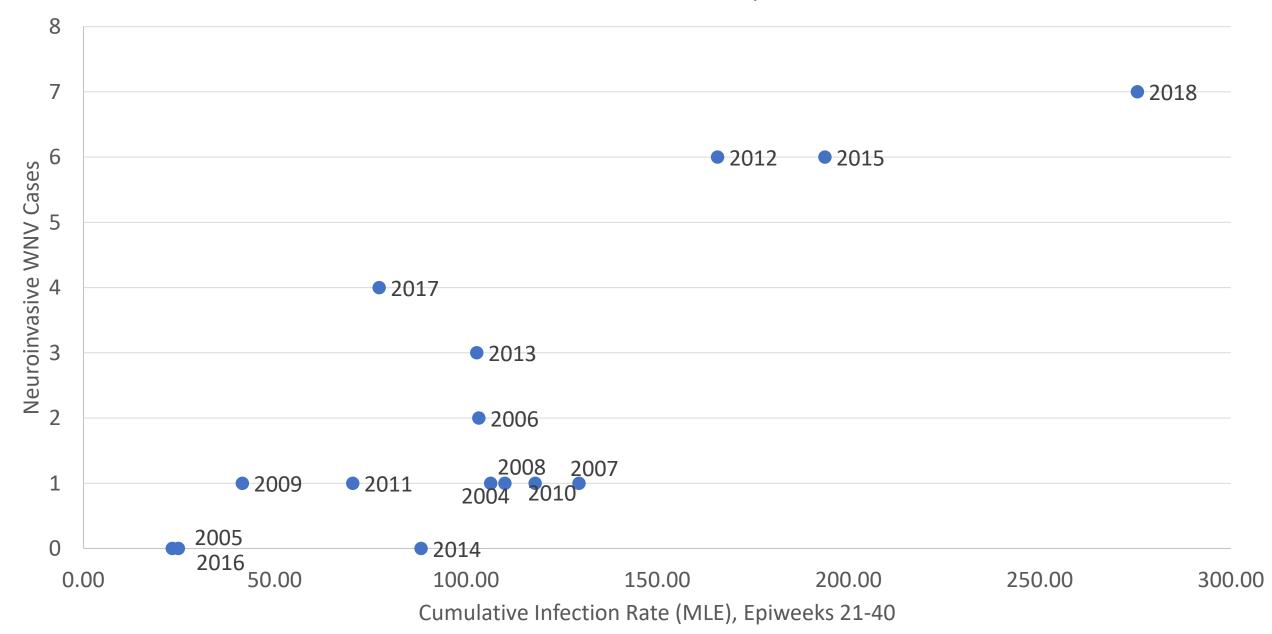




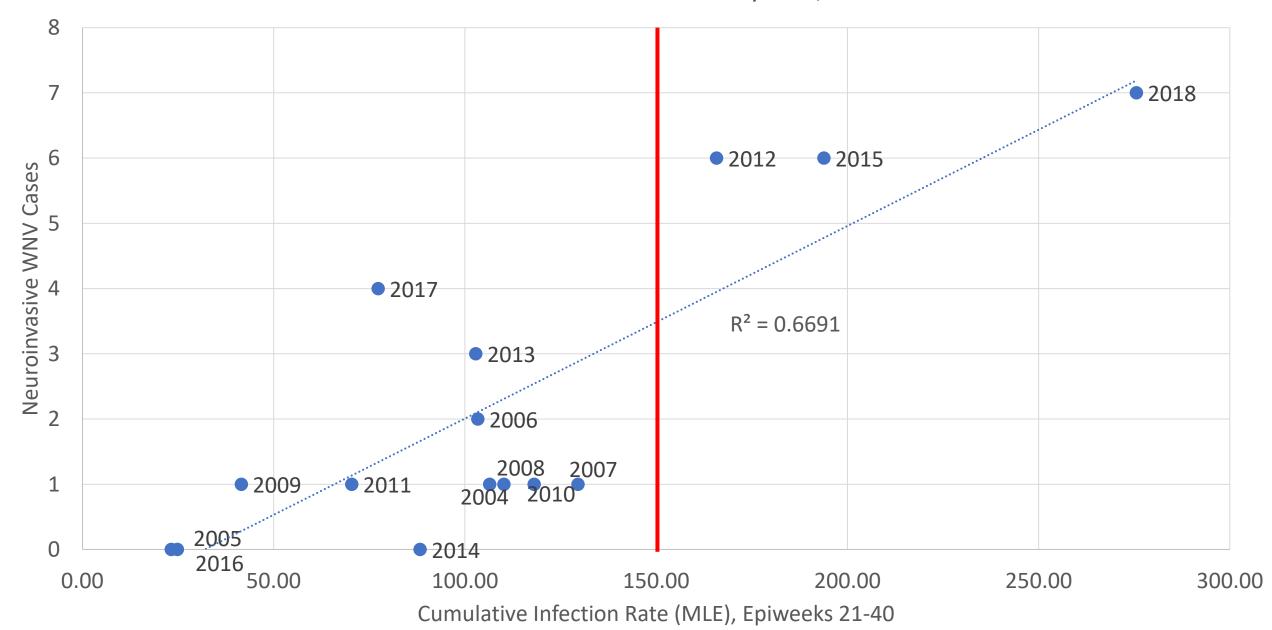




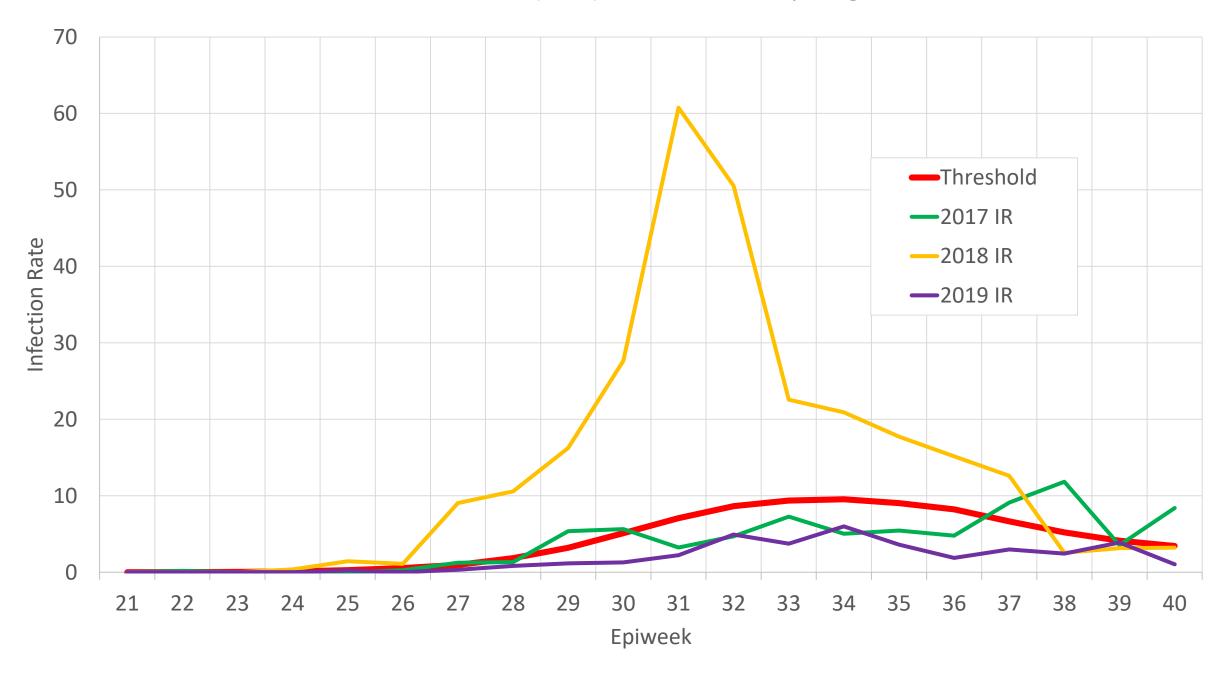
Cumulative WNV Infection Rate (MLE) from Gravid Mosquito Traps and Neuroinvasive WNV Case Numbers by Year, 2004-2018



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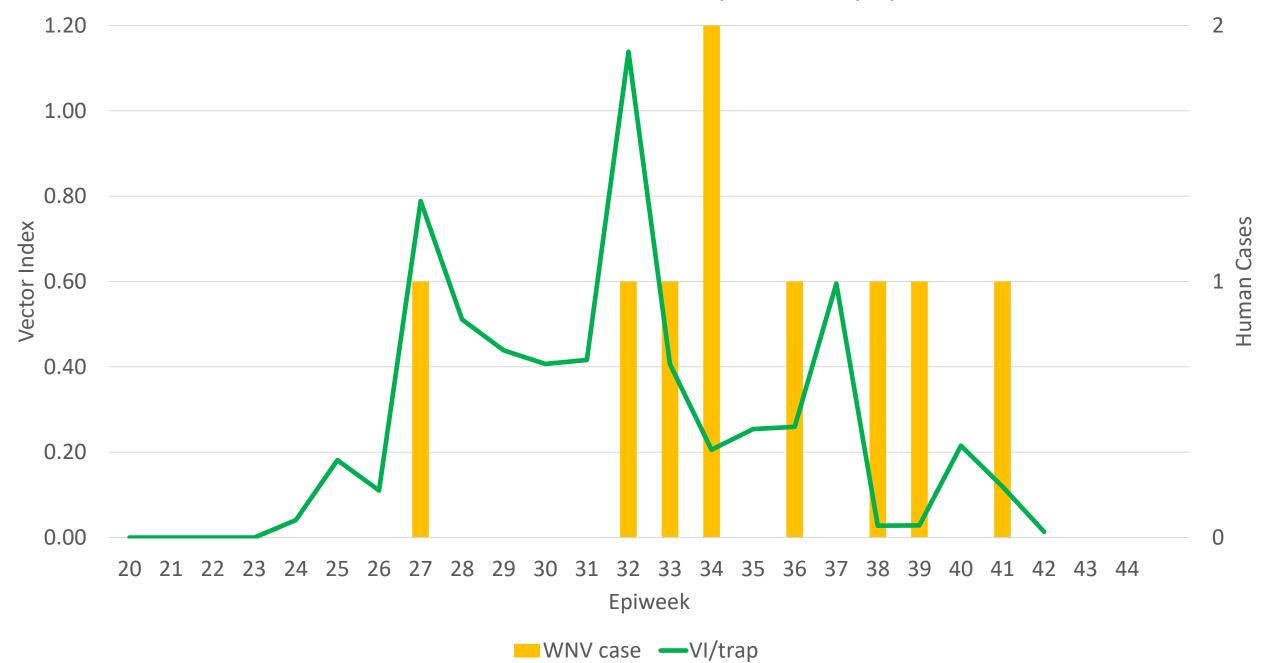
Culex Infection Rate (MLE) in Fairfax County, Virginia



How would we like to respond?

- Adulticiding—wide-scale, repeated applications
 - To reduce Infection Rate
 - To reduce Vector Index (by reducing abundance) until Infection Rate drops
- Larviciding
 - Inspecting and treating areas not previously inspected
 - Increasing frequency
- Outreach
 - Improved public notification

2018 Culex Vector Index and Human WNV Cases by Week of Symptom Onset



What does WNV response success look like?

Fairfax County makes up a smaller proportion of total VA cases

| | Population (2010 Census) | Neuro WNV Cases (06-19) |
|----------------|--------------------------|-------------------------|
| Virginia | 8,001,024 | 124 |
| Fairfax County | 1,081,726 (13.5%) | 32 (25.8%) |

- When compared to surrounding jurisdictions:
 - Lower infection rates in mosquitoes
 - Lower incidence

Key Points

- Mid-Atlantic region pattern
- WNV in mosquitoes precedes human cases
- Epiweek of 5th positive early season indicator
- Positives from host seeking traps/bridge vectors may be more common in "big years" but not geographically predictive of cases
- Incidence related to population density
- Cumulative infection rate (linked to case numbers) can set thresholds

Acknowledgments

- Fairfax County Health Department, Disease Carrying Insects Program
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 - Daniel Sherwood
- Virginia Mosquito Control Association

