



City of Richmond

Report to Committee

To: Public Works and Transportation Committee **Date:** February 28, 2009
From: Dave Semple **File:** 10-6125-04-14/2009-Vol
Director of Parks and 01
Public Works Operations
Re: **West Nile Virus Surveillance and Pre-Emptive Larvaciding Program**

Staff Recommendation

That the City of Richmond discontinue the West Nile Virus surveillance and pre-emptive larvaciding program for 2009.

S. Bynuff
Dave Semple
Acting Director of Parks and Public Works Operations
(604-233-3350)

Att. 1

FOR ORIGINATING DEPARTMENT USE ONLY					
ROUTED TO:		CONCURRENCE		CONCURRENCE OF GENERAL MANAGER	
Budgets		Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
REVIEWED BY TAG		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
			<i>RS</i>		
REVIEWED BY CAO		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
			<i>GD</i>		

Staff Report

Origin

Correspondence has been received from the Medical Health Officer for Richmond recommending that the City discontinue its West Nile Virus surveillance and pre-emptive mosquito larvaciding program for 2009 (see Attachment 1).

This report addresses this correspondence and suggests concurrence with the Medical Health Officer's recommendations.

Analysis

The City has undertaken an annual program to minimize the human health risk associated with the potential spread of West Nile Virus since 2003. This program has encompassed surveillance as well as larval control of targeted mosquito species in all City ditches and along Sturgeon Banks. In 2006, pre-emptive mosquito control in catch basins was also added as a further measure in the City's proactive approach. All aspects of the program were undertaken under the recommendation of the Medical Health Officer and in light of the fact that the BC Centre for Disease Control ranked Richmond as a Risk Level 3 area for West Nile Virus (4 is the highest risk level).

West Nile Virus has not yet reached British Columbia. The closest areas it has affected are south central Washington and southern Idaho. The Medical Health Officer indicates that the spread of the virus has slowed considerably in the Pacific Northwest, for reasons which aren't known. Through their surveillance and monitoring activities, the public health community has further determined that when West Nile Virus first arrives, the risk of an outbreak in the human population is very low, since the virus requires time to amplify within its host bird population that first year. This, in essence, provides lead-time for gearing up to undertake a treatment program in the year following any initial outbreak.

The BC Center for Disease Control will continue to undertake a West Nile Virus surveillance program, including dead bird, mosquito, and human surveillance, in key regions throughout the province based on anticipated points of entry for West Nile Virus. The City would be alerted early should the health authority detect the virus in proximity to Richmond. The West Nile Virus threat will continue to be evaluated as new information becomes available.

Discontinuation of the City's West Nile Virus surveillance and pre-emptive larvaciding program could result in an increase in nuisance complaints associated with mosquito populations. The City will continue its nuisance control program on Sturgeon Banks, as it has done for many years. However, there may be noticeable increases in mosquito populations associated with discontinuing mosquito control in other areas. Vancouver Coastal Health will continue to provide information to the public on ways to protect against bites from mosquitoes. It is noteworthy that the pre-emptive treatment program was not initiated as a nuisance control program but rather as a public health protection initiative.

Financial Impact

The City has received provincial funding in each of the last 6 years to offset the cost of delivering the program. Costs in 2008 were \$204,400 and the City received \$180,296.60 in provincial funding. Therefore, there would be a net savings of approximately \$24,000 should the West Nile Virus surveillance and pre-emptive mosquito larvaciding program be discontinued.

Given that the program is not recommended by the Medical Health Officer in 2009, provincial funding would not be available to the City this year.

Conclusion

The risk to human health associated with West Nile Virus has decreased due to a considerable reduction in the spread of the virus as determined through surveillance and monitoring activities by the BC Centre for Disease Control. The virus has not yet been detected in British Columbia. Experience has also shown that the risk to the human population is low in the first year after the virus arrives due to the time required for the virus to amplify within the host bird population. This allows the City to move from a pre-emptive to a responsive approach based on the decreased risk of West Nile and the ability to respond effectively in a timely manner to minimize the risk to human health.

The Medical Health Officer has, therefore, recommended that the City discontinue its West Nile Virus surveillance and pre-emptive mosquito larvaciding program for 2009. This recommendation will be re-evaluated as new information becomes available concerning the threat of West Nile Virus. Discontinuance of the program could result in increased populations of nuisance mosquitoes and complaints, which can be managed through public information on mitigation strategies. Staff are, therefore, recommending that Council accept the Medical Health Officer's recommendation, and discontinue the program in 2009.



Suzanne Bycraft
Manager, Fleet & Environmental Programs
(604-233-3338)

SJB:



**Richmond Health Department
Administration**

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December 29, 2008

City of Richmond
5599 Lynas Lane
Richmond, BC V7C 5B2

Attention: Ms. Suzanne Bycraft, Manager, Fleet and Environmental Programs

Dear Ms. Bycraft:

Re: West Nile Virus Response for 2009

As the Medical Health Officer for Richmond, I recommend that the City discontinue its West Nile virus (WNV) surveillance and pre-emptive mosquito larvaciding program for 2009.

Since 2003, the City has had a WNV program. This work was carried out under the recommendation of the Medical Health Officer. It was considered prudent to have the program to minimize human health risk, given the rapid spread of the WNV across North America and the experiences of affected communities.

We now have observed WNV activities in North America for close to 10 years. To date, surveillance and monitoring have not identified any WNV activity in British Columbia. For the past three summers the closest areas to the Lower Mainland with WNV activities have been south central Washington and southern Idaho. For reasons yet unknown the spread of the virus has slowed down considerably in the Pacific Northwest. As well, it is also reassuring from the experiences of other communities that when the WNV first arrives in an area, the risk of an outbreak in the human population is very low, as the virus requires time to amplify within its host bird population in that first year.

British Columbia Center for Disease Control (BCCDC) and Health Authority Public Health staff met recently to review and update recommendations for WNV response in BC. There was agreement to the following:

1. Pre-emptive larvaciding programs be discontinued throughout the province for the 2009 season; and
2. BCCDC to establish a provincial WNV surveillance program, that will include dead bird, mosquito, and human surveillance, in key regions throughout the province based on expected points of entry for WNV.

BCCDC and Health Authorities will continue to re-evaluate the WNV threat as new information becomes available. As we learn from other jurisdictions, we will also continue to refine our approach to WNV in British Columbia.

I thank the City for its leadership and proactive approach in developing a comprehensive mosquito management plan. Please give me a call if you have any questions regarding this recommendation.

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Yours sincerely,



James D Lu, MD, MHSc
Medical Health Officer, Richmond
Vancouver Coastal Health

JLU:sc

pc. Dalton Cross, WNV Coordinator, RHS, VCH

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