

**DALLAS COUNTY HEALTH AND HUMAN SERVICES
PUBLIC HEALTH ADVISORY COMMITTEE**

MINUTES

APRIL 21, 2016

The meeting was called to order at 9:33 A.M. by Chairman, Commissioner John Wiley Price. The minutes were distributed. A motion to approve the minutes was moved by Jason Chessler and second by Jim Cummings.

Scott Sawlis, Manager Entomologist/Vector Control Program thanked Commissioner Price, Mr. Thompson and the Committee members. He proceeded to give an **Update on Mosquitoes**. Scott mentioned that the West Nile virus (WNV) is a known commodity in Dallas County. The silver lining of 2012 is what is needed in the program; making it better. 2012-2015 was a new era. The infection rate – how many? In 2012, the infection rate was 6.1 percent with 264 WNV traps; 2013, infection rate of 0.7 percent with 192 WNV traps; 2014, infection rate of 0.4 percent with 174 WNV traps, and finally in 2015, there was an infection rate of 0.9 percent with 450 WNV traps. We will have WNV; we have people and resources to predict that.

The main character of WNV is the Q (*Culex quinquefasciatus*). It doesn't matter what the disease is we'll use the same factors. Since, we have data coming from gravid traps we have data to dictate decisions; clinical will dictate where the mosquito is located. Scott mentioned that there are some flying mosquitoes; they can fly up to a mile radius.

Scott mentioned that we have the infrastructure in place for quick monitoring and tracking – we're on it. *Zika travel associated cases* are done with 2 BG Sentinel traps, up to 100 ft. – barrier treatments, up to 450 ft. – door to door, source reduction, larvicide, and education. Larviciding and/or adulticide from streets and alleys as deemed appropriate. *Zika local transmission case or positive trap* – multiple BG Sentinel traps; up to 1500 ft. as deemed appropriate: barrier treatments, door to door, source reduction, larvicide, education, larvicide and adulticide from streets and alleys. *Zika local case or positive trap*, abatement up to 1500 ft. from case; and WNV Positive trap, abatement up to 1 mile from trap.

Mr. Thompson stated that CDC guidelines are what we're following.

Sonya Hughes, Epidemiologist provided an **Update on Zika Virus**. She mentioned that the Zika virus is unpredictable. The Zika virus is the 1st single stranded RNA flavivirus, closely related to dengue, yellow fever, Japanese encephalitis, and West Nile viruses; Zika is spread via *Aedes aegypti* and *Aedes albopictus* mosquitoes, which also transmit dengue and chikungunya (ChikV), and it is unprecedented magnitude of current outbreak in the Americas. The virus transmission is primarily *Aedes* mosquito; other modes– intrauterine, perinatal transmission, sexual transmission and blood transfusion. There is an over-lapse of symptoms with Zika, Dengue and ChikV. It has been determined that 80 percent of persons with Zika do not have any symptoms or have mild clinical illness that does not

require medical care. Signs and symptoms of Zika virus infection are often non-specific: rash, fever, joint pain and red eyes. Diagnosing Zika is important for clinical care and management - infected pregnant women and their infants; for public health action it reduces opportunities for local transmission. The primary concern is the babies and how they're being impacted. Complications of Zika Virus infection – the body attack its own nerve cells.

Zika Virus Disease Epidemiologic case classification must meet **clinical criteria** and **laboratory criteria**: person with one or more of the following: fever, rash, arthralgia, or conjunctivitis; guillain-barre syndrome and/or complication of pregnancy (intracranial calcification, fetal loss) with maternal risk factors. *Zika Virus case classification* – Probable case: Meets clinical criteria and residents in or has recently traveled to an area with ongoing ZIKV transmission; has direct epidemiologic linkage to a person with laboratory evident of recent ZIKV infection (e.g. sexual contact, perinatal transmission, blood transfusion); association in time and place with a confirmed or probable case, and meets following laboratory criteria: Positive ZIKV IgM antibodies in serum or CSF And negative dengue IgM antibodies and PRNT not done or less than 4-fold difference between Zika and dengue titers. PRNT must be done with CDC to confirm case. The estimated monthly average arrivals to US from countries on CDC Zika travel advisory fluctuates during travel.

The Guidelines for a Phased Response to Zika Virus: There are four categories of risk; *preparation* (vector present or possible in jurisdiction), *mosquito season* (*Aedes aegypti* or *Aedes albopictus* mosquito biting activity), *confirmed local transmission* (single case, or cased clustered in a single household/community and a county or jurisdiction) and *widespread local transmission* (multiple locations within a county/jurisdiction).

Sonya mentioned that CDC updates the guidelines and Dallas County sends information out as well. Dallas County reaches out and talks to all patients for testing. Our laboratory is responsible for all counties. Dallas County also provides after-hour numbers for additional questions; it's very important for us to work together. Additionally, our health educators go out and speak with others, as well. Sonya thanked everyone after completing her presentation.

Mr. Thompson mentioned that Dallas County had Zika pamphlets before CDC. **Commissioner Price** thanked the leadership and the team. He said, "He doesn't think we realize in Dallas County, in your individual city, the hands on the ground that takes place; door hangers. The door hangers seem to get their attention.

Dr. Perkins mentioned the *Arbovirus Control Measures*. He said, "We're now at Risk Level One-B as a result of the confirmed imported/travel associated Zika infections in Dallas County residents. The medical community has been advised to screen patients with a travel history to Zika endemic areas to also test for Chikungunya and Dengue.

Dengue can become more severe in persons who take aspirin or NSAIDs (e.g., Ibuprofen, naproxen) because of the increased risk for bleeding.

Committee Reporting:

Jim Cummings, Public Health Preparedness - ***No Report***

Jason Chessher, Legislative - ***No Report***

Bill Alsup, Chairperson, Environmental: Bill thanked Scott and his team; Sonya and Dallas County lab for being able to test and for the volume of collaboration they provide.

Commissioner Price, said, he wants us to appreciate the resources that we have in Dallas County. He went on to say, thanks to the Epi team, and Dallas County and for CDC reaching out; what a grateful constituent. Thank you partners, for being a part of our team!

The meeting adjourned at 10:22