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West Nile Virus Technical Advisory Committee

January 17, 2018 Meeting Minutes

4:30 p.m. – 6 p.m.

Large Conference Room, Parks Maintenance Shop, 413 S. Bryan Ave.

Present: Amy Kafka, Greg McMaster, Roxanne Connelly, Chet Moore, Darrick Turner, Eric Levine
Staff Present: Matt Parker, Tyler Marr, David Young, Katie O'Donnell (Larimer County)

4:30 – 4:40 Welcome and Introductions
Review Agenda

4:40 – 5:50 Continue Discussions on Adult Mosquito Control Thresholds

Kunze: The use of terms like “high” when discussing the vector index (VI). These relative terms are problematic. “Higher” given the relation to our current VI would be more appropriate.

Moore: Additional “con” under human case (HC) because it is difficult to determine location of infection, also time lag

Kunze: There are a lot of overlap in the pros and cons, I think it would make sense to reorganize the delivery of the options, instead focusing on the pros and cons of changes to the VI and HC.

McMaster: while this deals with thresholds, it is not comprehensive. We are still not addressing the larvicide and education elements.

Moore: Alt 3 using a VI in the higher range wastes the predictive nature of the VI, i.e. a .5 VI consistently predicts human cases. Chet provided a handout that summarized and graphed the relationship between vector index and human cases using our Fort Collins historical data. This is a common occurrence in vector disease control, the desire to wait to see next week's data, all the while the intensity of the current amplification increases.

Levine: There is no indication of the intensity of WNV; I'm interested in the severity of cases.

Kunze: It looks like most of the cases are coming on with a VI of .25 or less. So you could take it all the way down to zero, or slightly higher.

Parker: Is this VI for the entire City or a Zone?

Moore: Citywide

Kafka: Can we look at the highest VI?

McMaster: These two graphs from Chet tell me two different things, the first graph deals more with timing, I'd like to see more quantitative prediction of the human case reduction if we were to reduce the VI. There is a lot a noise in the data. Previous TACs have been okay with the .75 VI.

Turner: Policy set previously shouldn't necessarily govern today's policy.

McMaster: This does give a guideline to understanding when we are likely to see cases.

Moore: The higher you put your index, the less useful the index becomes.

McMaster: We need to decide at what point our predictive values become. We are not just considering higher cases here. What is the new information present to initiate a change?

Parker: The new information that prompts the review is new understanding of the long-term effects of WNV cases previously thought to be less severe. We discussed two studies, one that indicates that additional deaths may be associated with WNV, but are recorded as associated with renal failure due to the lag in time. A second study indicates that cases previously thought to be mild WNV infections can still lead to WNV infection persisting in the brain tissue and contribute to neuromuscular issues.

Levine: The VI early on was concerning when it reached 1.0, e.g. in 2003 when we had so many cases.

Tyler: This conversation is indicative of the variety of viewpoints we have on the TAC. I think it would make sense to walk through the given alternatives.

Kunze: Maybe it makes sense to center the discussion wholly on the HC and VI (.75 vs .5). Addressing the pros cons of VI and the pros cons of HCs.

Having Human Cases:
Pros: acknowledges personal protection
Cons: Lagging,

Kunze: The population can withstand a higher VI if they are taking personal protection measures.

Moore: You might want to use VI as a public outreach tool.

O'Donnell: We've been more strategic about our outreach – our outreach is based on seasonal dates.

Young: We do send communications based on the predictable season.

Levine: I think the county and city are fairly different. Mental Health – they are politically different. Different views. Prevention and outreach in FC has a better chance of working – 4Ds.

Connelly: Are you able to evaluate the effect of messaging?

O'Donnell: We've done a bit of that within specific groups.

Young: We've been able to track some short-term impacts of our messaging, but the longer

O'Donnell: community awareness exists, but does that lead to a behavior change?

Connelly: We saw the same thing in Florida.

O'Donnell: It is hard to quantify the impact?

Turner: Can we separate the two – HC and VI?

Kafka: It's hard to say, if people are getting better about personal protection, then the HC matters.

Moore: Just about everybody is using neuroinvasive data in their studies.

Boze: the HC point doesn't help me understand where to spray.

Kafka: Is .5 low enough?

Boze: A single positive WNV mosquito is a threat.

McMaster: That wouldn't work.

Kunze: Add an alternative of no adulticide applications

McMaster: If we could agree to a policy, the County might go along with that.

McMaster: Chet mentioned the CA approach, which spells out a variety of criteria – what are the other criteria that people are deciding? Maybe adapt that approach?

Moore: It's something to think about. CA has been doing that for over 60 years.

5:50 – 6:00 Public Comment

Meeting Discussion Guidelines:

1. Share the floor; give everyone a chance to be heard
2. Listen to others
3. Try to remain open minded
4. If you find yourself in disagreement, focus on the issue, not one another