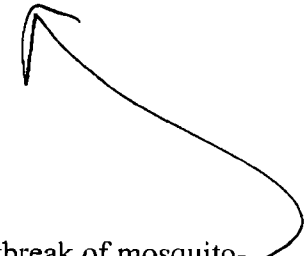


DRAFT1st

September 13, 1999

The Honorable Charles E. Schumer
 United States Senator
 Washington, D.C. 20510

Should there be any
 HRC reference?



The Honorable Joseph Crowley
 United States House of Representatives
 Washington, D.C. 20515

Dear Senator Schumer and Congressman Crowley:

Thank you for your letter outlining your serious concerns about the recent outbreak of mosquito-borne encephalitis in New York and your request for Federal assistance. The President has asked me to respond to your Friday letter and provide you with an update of our work to date to protect the health and well-being of the citizens of New York.

As of this morning, ^{however} we now have 11 confirmed cases of encephalitis and 3 deaths. This development is ~~tragic~~ and the President has instructed us to take all action necessary to assist the ~~extraordinarily professional work ongoing in New York by the City's Public Health and Environmental Control Departments, as well as the state's Commissioner and Health~~ ^{in their efforts.}

Since day one of the outbreak, the Department of Health and Human Services' Centers for Disease Control (CDC) has been working with the city and the state to provide scientific and technical assistance to determine the extent of the problem and to help construct effective public health responses. On September 2nd, ~~in the early hours of this~~ ^{on Sept 2nd} the New York City Department of Public Health forwarded a blood sample of the first possible case of encephalitis to CDC. On September 3rd, the CDC analysis of the sample confirmed it was St. Louis encephalitis and immediately provided consultation about appropriate intervention. Later that day, the city initiated their mosquito control efforts, which included a targeted spraying of ~~appropriate insecticide in~~ ^{appropriate insecticide in} Queens.

Within 24 hours after a request for additional personnel assistance were made, CDC personnel were on the ground. As of this writing, we have numerous scientists assisting the city including those representing the fields of epidemiology, entymology, virology, and wildlife biology. In the case of the wildlife biologist, he/she was sent because public health officials suspect that the original vector of this disease was an infected bird.

The CDC personnel, reporting through their Director, Jeffrey Koplan, advise us that the state and local New York public health response has been thorough and professional. The city's former

Public Health Director, Margaret Hamburg, who is now HHS Secretary Shalala's Assistant Secretary for Planning and Evaluation, has been asked by the Secretary to play an important consultative role to the city. ~~She also affirms that the on-ground response has been impressive.~~

The critical question challenge is
Clearly, however, ~~more can and must be done~~ to assure that the threat of further spread of this disease is eradicated. The experts inform us that the one and only way to accomplish this goal is through the successful implementation of a mosquito-control spraying campaign. In that regard, the New York public health officials are utilizing the expertise of the Environmental Protection Agency (EPA) to determine and utilize the best application techniques and the safest insecticides.

make number (get name)
EPA has provided important technical assistance through their field and central offices. The agency is also fielding hundreds of calls a day on their toll-free _____ to provide important safety tips and general information to the citizens of New York to help alleviate concerns about the spraying. EPA has informed us that the insecticides that are being used are effective and safe, and are being applied appropriately. EPA also believes that the intensive public education campaign to notify the public about the spraying and how best to ensure safety is going extremely well. They also advise us that they are willing to dedicate additional staff resources if the city and state believe it is necessary to do so.

~~While one death or one confirmed case of encephalitis is one too many, we believe we are making headway against this public health emergency (IS THIS RIGHT TERM?)~~ We may well need to do more, including undertaking a more aggressive surveillance effort throughout the Northeast to ensure this situation is eliminated as quickly as possible. You can be assured that we will continue to move aggressively and appropriately to dedicate any necessary staff, technical and financial resources to address this concern. ~~(ANOTHER WORD)~~.

public health challenge
Finally, I would be remiss if I did not provide you with a quick review of the E-coli situation in New York and . Fill in.

I hope you find this information to be useful. As always, we greatly appreciate your commitment to the health and well being of the people of New York.

Sincerely,

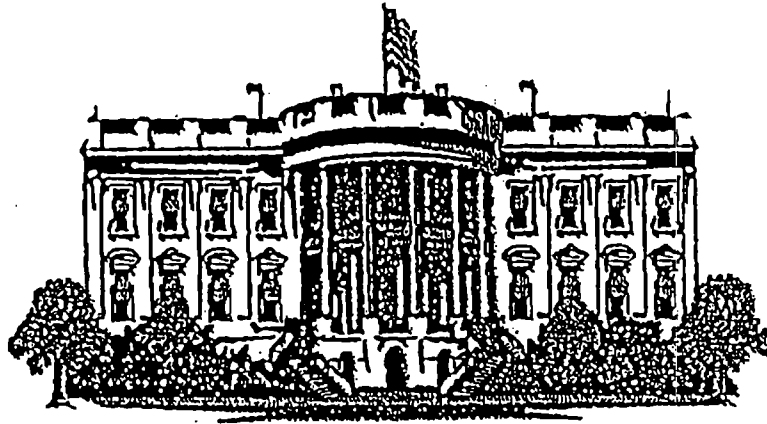
Chief of Staff

John Podesta

There may be a possibility to extract emergency HUD COBCG #'s. Don't look good from HHS & EPA. We will get back to you on HUD as it is confirmed.

CJ

THE WHITE HOUSE



Christopher C. Jennings
Deputy Assistant to the President for Health Policy
216 Old Executive Office Building
Washington, DC 20502
phone: (202) 456-5560
fax: (202) 456-5557

Facsimile Transmission Cover Sheet

To: Nicole & Melanne

Fax Number: 62878 / 66244

Telephone Number: _____

Pages (Including Cover): _____

Comments: _____

75 votes = industry paid
deal w/ Schinner - means test

(NY)

inorganic (NY) - epidemiologist - ^{berg} Andy Dancow
- environ - public health
helicopter spraying if full amount of spraying

outbreak

due to mosq. bites

some truck spraying not as effective as helicopter

reg. folks

Reggie Hamburg

690 7858

e-mail

1. any requests - disease control -
what doing...

Jeff ~~Copeland~~ Kaplan
CDC

404-639-7000

2. spraying - allowable / not
mosq / people health assistance

OPHS 2

Bill Raub

690-5874

our resources. w/in hour. - Chris J.

OAS -
Science Dept.

local auth

sent people from CDC to look at it.

request from city

v. recent.

Ft. Collins, CO Roy Campbell

970-221-6489

2 hrs.

NT City local.

Marcy Carter

summary.

Counting & analyzing -
get data to
ev. The effectiveness
of control
strat

Queens: request. mosquito-born - Ft. Collins, CO
insects

NYC Dept of Health c. 8/27

Mary Loflin -
superior head of
infect. control.

10 days
nearly 2
wks.

→ q of bacellism

29C - CO

epidemiological assistance.

been in constant contact

- Albany

last in
FL - 1990
by mosquito
vector
suburban &
rural disease
223 cases, 11 deaths

8/31 - bef. confirmed to be St. Louis Enceph. -

virus transmitted by certain species

Mar of last wk.

2 sim cases -

by testing samples

Confirmed by CDC.

7 CDC people on site
in NY
epidemiologists
transferred there
for 24-48

no vaccine

killing adult female mosquitoes - dangerous ones -
feed on blood.

4 more
research
epidemiologists

good advice -
long pants
take pers. screen
repellent
long sleeves

helicopter - was borrowed from someone from Suffolk
bored to do this over

back-pack sprayer - to kill mosquitoes

* aerial spraying - most imp.
to stop transmission

City - don't have prof
epidemiologist -
Albany & CDC

NYC has
put out
info to
public -
fed by CDC

→ they - working w/ NY

trap & screen

Queens - if expanded to other
boroughs -

NYC - a lot of cities want let it slide -

get out.
modest - 2 empl. for

routine mosquito surveillance - not in place -
enters from migratory bird from South -
mosq feed on it -
local birds -

loc
↳ happens bef humans are at risk

FL, CA - have such a surveillance -

anticipate - spray if other measures

- in defuse - haven't had any mosq ^{SE} case - ever.

Houston, TX - where they have a problem. -
surveillance

future consulting, lab.

2 other arriving - in NY City from Ft. Collins
This weekend.

Academic.

GE -

sure they they

banner



Home

Site Index

Site Search

Forums

Archives

Marketplace

WHEN IS GAS FREE?

September 9, 1999

Painstaking Week Identifying Rare Encephalitis in New York

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By LAWRENCE K. ALTMAN

It was just the kind of phone call the New York City Health Department welcomes, however troubling: Deborah S. Asnis, an infectious disease specialist at Flushing Hospital in the Queens, called to report she had two elderly patients with symptoms suggesting neurological illness. It might be botulism, a deadly form of food-borne illness, or Guillain-Barré syndrome, a form of paralysis. But it looked more like encephalitis, a potentially fatal inflammation of the brain.

Health Department officials encourage calls like this, in hopes they will reduce chances of missing an outbreak of an unusual or dangerous disease. This call set in motion intensive medical sleuthing that led to the discovery of the first cases of St. Louis encephalitis ever in New York City. The detective work is expected to continue for weeks as baffled Federal and local health officials seek an explanation for how the outbreak occurred and how to prevent its recurrence.

Wednesday night, the Health Department said another death from the virus had been confirmed, bringing the total to three. In all, 9 cases of St. Louis encephalitis have been confirmed, and 48 more cases are under investigation.

Marcella Layton, the head of the Health Department's Bureau of Communicable Diseases, took that first call on Monday, Aug. 23. Asnis told her that tests of the patients' spinal fluid suggested a viral

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Asnis told her that tests of the patients' spinal fluid suggested a viral infection, either meningitis or encephalitis. Layton urged Asnis to send specimens of the patients' spinal fluid and blood to the New York State Health Department laboratory in Albany for additional tests to detect a virus.

Summer is the season for certain infections of the central nervous system caused by viruses like ECHO or Coxsackie. One possibility was Eastern equine encephalitis, a type occasionally seen in the New York area. That afternoon, Layton sent an epidemiologist to the hospital to review the charts of the two patients and to try to find a link between them.

The next day, Aug. 24, Layton's staff discussed the cases at its regular weekly meeting to review ongoing investigations of outbreaks.

But even as they were reviewing the information they had, more cases were occurring, unbeknown to them.

On Friday, Aug. 27, Layton and her associate, Annie Fine, called Asnis to discuss her two patients. There has been a third, Asnis told them, and even as the three doctors were speaking, another doctor interrupted to tell Asnis about a fourth case.

That afternoon, Layton called the Federal Centers for Disease Control and Prevention in Atlanta to discuss the possibility of botulism. Layton considered the diagnosis unlikely because most of the patients had a fever, which generally is not a feature of botulism. C.D.C. experts agreed. But a test was done just to be sure.

On Saturday, Aug. 28, a fifth case was reported from another hospital.

Layton and Fine, concerned about the small but growing number of cases, went to Flushing Hospital to review the patients' charts firsthand.

"As we were sitting in the hospital we heard of another case," the sixth, Layton said.

The six patients' symptoms were not identical. Nevertheless, Layton and Fine said they were struck by certain similarities of clinical and laboratory findings among the patients. All had been active and healthy with only minor medical problems before developing this new illness. Now muscle weakness was a striking feature. Fever and mental confusion were also present, but in varying degrees.

By now the Health Department doctors were worrying about a possible widespread problem. They issued an E-mail bulletin asking doctors at other hospitals in New York City to report patients with a similar illness.

That Saturday, Layton and Fine interviewed members of patients' families. But there were no common threads -- no other illnesses in the same household or among their friends, no recent travel, trips to the same beaches, or shopping, eating or socializing at the same

place.

"The only common thread was they spent time outdoors in their backyards," Layton said. "Some were gardeners."

Layton went to her office that Saturday night to consult textbooks for information on encephalitis, so she and Fine could review it.

Gradually, St. Louis encephalitis virus became a strong suspect in part because of its tendency to cause more severe illness among older people. It is most common in the Southern and Western states, although a small number of cases of St. Louis encephalitis have been reported in upstate New York as far north as the Canadian border over the years. But it had never been reported in New York City.

The infection is usually transmitted by certain breeds of mosquitoes that usually feed on migratory birds. Humans become infected as bystanders.

By Sunday morning, Layton and Fine were on the phone to the C.D.C.'s emergency number, and then to Duane J. Gubler, an expert in arboviruses, which are spread by insects, at C.D.C.'s field station in Fort Collins, Colo.

Their suspicions were focusing on St. Louis encephalitis, and tests of blood and spinal fluid confirmed them last Friday.

Now that they know what caused the outbreak, the doctors want to know why it happened here, and why now. "Queens is not where you expect it to occur," Gubler said in an interview. "The key question is: Why did it occur in the summer of 1999?"

To help solve the mystery, the Federal center is joining with New York State and City health officials to expand the team of epidemiologists, virologists, entomologists and other scientists. This week they are studying the ecology of mosquitoes and birds and trying to determine the extent of the outbreak in the region.

Usually, such investigations are aided by information from Health Department surveillance programs aimed at detecting unusual activity of birds and the insects that transmit viral diseases to them and humans. New York City, however, has not had an arbovirus surveillance system in place because of the rarity of transmission of such viruses in the city, the health officials said.

Scientists will go into the areas of known and suspected viral transmission to determine the density and distribution of mosquitoes there and to collect a variety of bird species. The collections will be sent to Albany and Fort Collins for viral tests.

The aim of all the testing is to document the species of mosquitoes and birds involved in the transmission of the virus, determine whether spraying efforts have been effective, and find out what environmental factors might have led mosquitoes to breed in larger numbers this year.

The most likely culprit is the *Culex pipiens* mosquito, Gubler said, and the working hypothesis is that mosquitoes in New York City bit infected birds migrating from Southern states.

Textbooks say that the following climatic scenario favors the transmission of St. Louis encephalitis virus: a relatively mild winter, wet spring and hot, dry summer. Although they fit the conditions in New York City this year, many places have had similar weather conditions, abundant mosquitoes and no encephalitis.

Whether the St. Louis virus was introduced into the New York City area for the first time this year or whether it has been lurking undetected for several years and suddenly exploded this summer because of unusual weather conditions is not known, the health officials said.

"Global warming has nothing to do with" the outbreak in New York City, Gubler said.

The team hopes to conduct a study among residents of Queens and other infected areas, testing their blood for, among other things, proteins known as immunoglobulin G and M, signs of infection with the St. Louis virus. The M protein usually lasts about 60 days after infection, while G persists for life. Comparisons of the frequency of the two proteins among the participants should provide "a good estimate of how much transmission occurred," Gubler said.

By correlating the findings with the ages of the participants, the scientists can estimate when the infections occurred. Also, they can learn how many people were infected but did not become ill from the virus.

Gubler said he hoped that work in the lab and in the field would start to pay off in a few weeks.

Although infected mosquitoes can carry the virus during the winter and transmit it again next year, it is impossible to predict whether St. Louis encephalitis will reappear next summer, although an active surveillance program could provide a warning, Gubler said. Layton and Fine cautioned against overburdening laboratories with requests for tests for the St. Louis virus. They said that it was highly unlikely that the many individuals with a history of mosquito bites who are seeking medical care for mild headaches had St. Louis encephalitis, because experience in previous outbreaks has shown that only one in 1,000 mosquitoes carried the virus. Most such individuals do not require a blood test for the infection, the health officials said.

Laboratories at the New York State Health Department and Fort. Collins will have to work overtime just to test all the specimens from seriously ill patients in hospitals and the surveys to determine the extent of infection among birds and insects, the health officials said.

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your last tank of gas?**



\$10?

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[Science](#) | [Sports](#) | [Weather](#) | [Editorial](#) | [Op-Ed](#) | [Arts](#) | [Automobiles](#) | [Books](#) | [Diversions](#)
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September 8, 1999

New York City Mosquito Control Is Weak and Late, Experts Say

By JODI WILGOREN

New York City has one of the least aggressive mosquito-control programs in the region, with virtually no preventive maintenance and a budget that is less than 6 percent of that in nearby Suffolk County, whose human population is only one-fifth the size of New York's.

As City Health Department officials continued to distribute pesticides in parts of the Bronx and Queens on Tuesday in response to last week's deadly outbreak of St. Louis encephalitis -- and to field thousands of worried phone calls from residents -- mosquito experts raised questions about whether New York's war on the dangerous pests had come too late. They noted that the species linked to the outbreak is particularly prevalent in urban areas.

Doctors at Flushing Hospital said they were worried that hundreds more people in northern Queens might be infected, and said a third death might be linked to the encephalitis.

Unlike suburban areas surrounding the city in Connecticut, New Jersey and Long Island, New York does not routinely spray to kill mosquitoes, and does not set traps to keep track of local mosquito populations, leaving city officials without crucial information about viral patterns. When the encephalitis was confirmed last week, the

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city had to call in experts from Long Island and even borrow malathion, the pesticide sprayed over the weekend, from Suffolk County's Department of Vector Control, the agency that battles disease-spreading pests.

"They don't have much of a mosquito program -- I really don't know why not," said Judy A. Hansen, president of the New Jersey Mosquito Control Association and a past president of a parallel national group. "The best form of mosquito control is preventive."

Sandra Mullin, a spokeswoman for the New York City Health Department, acknowledged that New York's is a "complaint-driven program," and said the city had not been eligible for state money to battle mosquitoes because it had not been hit with mosquito-borne disease as often as other areas.

But Wayne J. Crans, director of Mosquito Research and Control at Rutgers University, said it was just a matter of time before St. Louis encephalitis hit New York. "The average person thinks the way you control mosquitoes is you spray for them," said Dr. Crans, one of the nation's leading mosquito experts. "That's absolutely not true. Spraying is a last, last resort."

New York officials sprayed malathion from a helicopter again late Tuesday in areas of the Bronx east of the Hutchinson River Parkway, but had not expanded their area of concern to other parts of the city. They are still awaiting the results of lab tests on 33 suspected cases, in addition to the five cases already confirmed, which includes the two elderly residents of Queens who died last month after contracting the virus.

Ms. Mullin said New York City's mosquito-control efforts had a budget of \$120,000 last year, with two full-time employees. (In summertime, two more are borrowed from the pest-control division.)

In contrast, Suffolk County has 33 employees and a \$2 million budget devoted to fighting mosquitoes. Figures were not available yesterday for other nearby districts, but the State of Connecticut and many counties in New Jersey have ongoing programs of trapping and testing mosquitoes weekly, as well as directed spraying of stagnant water to prevent infestations.

Los Angeles County, whose population is 9.2 million compared with New York City's 7.4 million, has a vector-control program with a \$6 million budget and about 100 employees.

"In New York City, mosquitoes have been more of a nuisance as opposed to a public health issue," Ms. Mullin said, adding that as a result, the city has not been eligible for certain state mosquito-control money. In other parts of New York State, she added, "there may be more of a reason to do more aggressive spraying."

The encephalitis outbreak, Ms. Mullin said, "may very much well have an impact on the kinds of activities we look to build in the future, since we're obviously quite concerned about the situation

now."

City officials said the main areas of concern remained in Queens, where the five confirmed cases of infection were found, and the eastern edge of the Bronx, where some patients have complained of symptoms.

People in other parts of the city and nearby Westchester County have no particular reason to worry, experts said, because the type of mosquito that carries the virus, *Culex pipiens*, typically flies less than a mile in its lifetime. There could, however, be other mosquitoes in the city carrying the virus, which the mosquitoes get from biting birds.

"We're being very, very cautious here," said Andrew J. Spano, the County Executive in Westchester, where officials are gathering samples of mosquitoes and testing them for the virus. "We're not that far from New York City, and mosquitoes don't know where borders are. Right now, spraying in Westchester County would cause more problems than the mosquitoes do."

Although mosquitoes are generally found in wooded areas, the species that carries St. Louis encephalitis is an urban breed, flourishing in polluted waters like storm drains and sewers, Dr. Crans said. This is the first outbreak of the disease in New York City, but it has long plagued other cities -- starting first in St. Louis in 1933, and later hitting Chicago, Houston, various cities in Florida and Camden, N.J. There have been more than 4,000 confirmed cases in the United States since 1964.

"We've had outbreaks of this disease across the country for years and years and years," Crans said. "It's just New York's turn. When you have people, you have pollution. When you have pollution, you have this mosquito."

Fewer than 1 in 1,000 *Culex pipiens* mosquitoes carry the disease, and most people who contract the virus do not develop symptoms. Those most at risk are small children, older people and others with weak immune systems.

Doctors at Flushing Hospital, who have treated the two patients whose death from encephalitis has been confirmed, as well as three others with the virus and several more whose diagnosis is unconfirmed, said yesterday that they notified the state's Department of Health Aug. 23 about a suspected epidemic.

As city officials continued their assault on the mosquito population yesterday, the pest-control budget turned political, with Mayor Rudolph W. Giuliani and the Bronx Borough President, Fernando Ferrer, trading charges over the matter.

Giuliani called Ferrer, who had criticized the city's mosquito-control efforts over the weekend, "knee-jerk Freddy," adding: "As usual, he's wrong, and not only is he wrong, but he's doing something that comes natural to him, which is to politically pander and to make things up."

Ferrer countered by saying that his borough board had complained about the paltry budget in 1994, 1995 and 1996 to no avail.



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September 7, 1999

Spraying Expands to Fight Virus Borne by Mosquitoes

By DAVID ROHDE

City officials battling an outbreak of St. Louis encephalitis expanded their campaign of aerial pesticide spraying Monday to thousands of acres of Bronx parkland along the East River and Long Island Sound up to Westchester County.

The enlarged spraying effort, which until now included scattering pesticides across parts of northern Queens and the South Bronx, came as the number of suspected cases of St. Louis encephalitis in the city rose Monday to 37 from 34, and the number of confirmed cases held at 5.

Two elderly people have died of the mosquito-borne viral infection and three other elderly people stricken with it remain in serious but stable condition in city hospitals, city health officials said. The only confirmed cases of the virus have been in northern Queens.

Mayor Rudolph W. Giuliani tried to ease concerns about the virus and the the spraying Monday, calling the broadened effort a preventive step. "Over the next couple of days we'll be doing some additional spraying in the northern part of the Bronx," the Mayor announced at the city's emergency center.

But anecdotal evidence suggested yesterday that public unease about the virus was growing. City officials said an emergency phone number they established to answer questions about the outbreak had received over 11,000 calls -- which they said was the most of any such number in the city's history.

The virus also became a political issue yesterday, with the Bronx Borough President, Fernando Ferrer, blaming budget cuts by the Giuliani administration for eliminating mosquito spraying that might have prevented the outbreak.

"A number of years ago there was spraying that was stopped in the Soundview section of the Bronx," said Clint Roswell, a spokesman for Ferrer. "He wanted the Department of Health to do it, but they said they had budgetary problems."

Sandra Mullin, a city Health Department spokeswoman, said that

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Sandra Mullin, a city Health Department spokeswoman, said that officials with knowledge of past spraying in the Bronx were not available on Monday. But she said that the Giuliani administration had made efforts to control the mosquito population with pellets that release bacteria that kill the larvae.

Officials cautioned that most mosquitoes did not carry the virus and that the illness was not always fatal. In general, it was the very young and the elderly who were most susceptible, they said.

The new aerial spraying in the Bronx Monday night focused on all parks between the Hutchinson River Parkway and the East River and Long Island Sound, Giuliani said. The most spraying occurred in the sprawling Pelham Bay Park.

Although city officials said that malathion, the pesticide being used, posed almost no health threat to people or pets, city health officials instructed residents of areas bordering the parks not to go outside during the spraying, from 6 P.M. to 10 P.M. Residents were told to turn off their fans and set their air conditioners so that air only exits their homes.

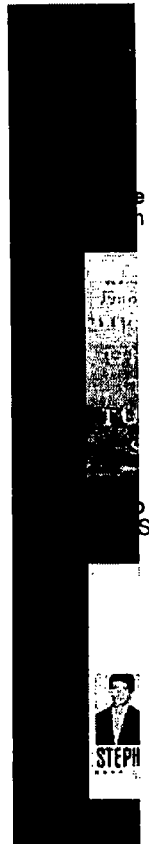
In the northern Queens and Bronx neighborhoods where aerial spraying took place Friday and Saturday, city officials directed their attack Monday against pools of stagnant groundwater where mosquito larvae can hatch. Helicopters surveyed the area for stagnant family swimming pools and officials offered to haul away used tires, where water can pool.

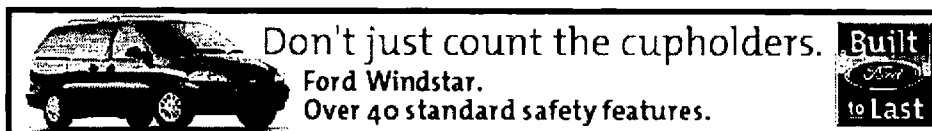
Hundreds of residents streamed into the command center on Monday that the city's Department of Emergency Management has set up in College Point to explain the outbreak and hand out mosquito repellent. Residents said they were frightened by both the disease-carrying mosquitoes and the pesticides. John Didio, 43, who grew up in College Point and has a 7-year-old daughter and a 5-year-old son, said he was frightened by the experience.

"Turn off your fans and stay inside," he said, paraphrasing instructions residents were given during the spraying. "It's kind of like germ warfare."

Those who have been bitten by mosquitoes will not know for 10 to 15 days whether they have contracted the virus, according to city health officials. The symptoms can involve only a slight fever and a headache. Or they can be far more serious, with severe headaches, high fever, coma, convulsions, paralysis and even death.

Marie Cantatore, who arrived with her daughter Diane to pick up bug spray and instructions, said she was bitten twice on Saturday. "It's just scary," she said.





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September 6, 1999

A Threat of Encephalitis Squelches Holiday Plans

By DAVID M. HERSZENHORN

Loretta Sikiric was outside grilling sausages early Saturday evening when she heard the thucka-thucka of a helicopter flying low over her home in Whitestone, Queens. She watched it swoop in and dump its payload: a pesticide that officials say has mostly eliminated the mosquitoes responsible for an outbreak of St. Louis encephalitis, a viral disease that has killed two elderly people in Queens and may have sickened as many as 37 others.

Mrs. Sikiric, 52, rushed into the house and stood with her arms outstretched, a stricken look on her face. "They sprayed me!" she announced dramatically to her daughter, Sania Recupero, before running upstairs to take a shower. The sausages had to be thrown out.

Recounting the scene on Sunday, Mrs. Recupero said: "She got scared. She was not a happy woman, let me tell you."

Mrs. Sikiric was far from alone. The encephalitis outbreak, confirmed by city officials on Friday, and the ensuing emergency operations undertaken by the city have spread consternation across northeastern Queens and the southeastern Bronx, residents said Sunday, and ruined the Labor Day weekend for thousands of people.

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At a news conference Sunday morning, city emergency management officials said that the spraying of pesticide by helicopter on Friday and Saturday had been successful and that they believed the greatest danger had passed. As of Sunday afternoon, the number of confirmed cases of encephalitis remained at five, including the two deaths, the same as the day before, they said.

But in the affected areas, backyard barbecues and other festivities were called off. Frightened families remained shuttered indoors, with insect repellent at the ready for anyone who needed to run essential errands.

"I have been keeping the kids in the house," said Steve Lauritano, who lives in Whitestone. "We're worried about the bugs. We're not using our pool right now. We have been staying inside."

Lauritano had gone out only to pick up insect repellent. The Mayor's Office of Emergency Management had set up a command center in Whitestone to direct the anti-mosquito operations, and Fire Department personnel distributed free canisters of the repellent, part of a \$115,000 supply that city officials hastily bought after the outbreak was confirmed.

Jerome M. Hauer, the director of the emergency management office, said Sunday that most of the adult mosquito population in northeastern Queens had been killed. He said officials were now focused on killing larvae to prevent new mosquitoes from developing and were targeting abandoned tires and stagnant water that could serve as breeding grounds.

Hauer said the city would provide free chlorine treatments or pesticides to residents who want to clean their swimming pools. And he said that sanitation and transportation workers would continue to pick up abandoned tires and remove them for shredding and disposal.

At Sunday's news conference, Dr. Neal L. Cohen, the city health commissioner, said that all three of the people who were confirmed to be suffering from St. Louis encephalitis remained seriously ill and were being treated at area hospitals. Officials have declined to reveal their names or those of the two elderly people known to have died from the disease.

But Dr. Cohen said all three of the remaining confirmed cases involved residents of Queens who are over 65. The elderly and infants are considered the most susceptible to the disease, which originates in birds and is transmitted to humans by mosquitoes.

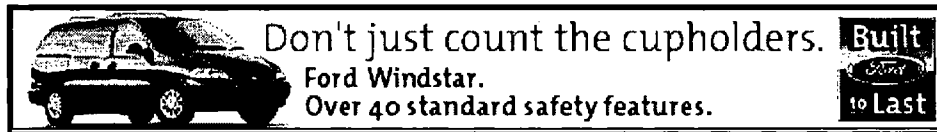
At least 34 other people had exhibited some symptoms known to be associated with St. Louis encephalitis, including fever, headaches and stiff necks or muscles, officials said. Officials said 31 people were in hospitals and all were being monitored by the city Health Department and officials from the Federal Centers for Disease Control and Prevention in Atlanta.

But even as officials stressed that there was minimal danger of contracting the disease, city residents continued to express concern



throughout the day. Officials said that by yesterday afternoon more than 7,000 people had called the city's special telephone number with questions and concerns, and that about 300 calls an hour were still coming in.

City health officials said that the pesticide sprayed in the Bronx and in Queens, malathion, posed little or no health risk to humans. But they had urged residents to stay indoors with windows closed and air-conditioning off while the spraying was done.



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CDC answers your questions about ST. LOUIS ENCEPHALITIS



Q. How do people get St. Louis encephalitis?

A. By the bite of a mosquito (primarily the *Culex* species) that become infected with St. Louis encephalitis virus (a flavivirus antigenically related to Japanese encephalitis virus).

Q. What is the basic transmission cycle?

A. Mosquitoes become infected by feeding on birds infected with the St. Louis encephalitis virus. Infected mosquitoes then transmit the St. Louis encephalitis virus to humans and animals during the feeding process. The St. Louis encephalitis virus grows both in the infected mosquito and the infected bird, but does not make either one sick. See Figure.

Q. Could you get the St. Louis encephalitis from another person?

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

Q. Could you get St. Louis encephalitis directly from birds or from insects other than mosquitoes?

A. No. Only infected mosquitoes can transmit St. Louis encephalitis virus.

Q. What are the symptoms of St. Louis encephalitis?

A. Mild infections occur without apparent symptoms other than fever with headache. More severe infection is marked by headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions (especially in infants) and spastic (but rarely flaccid) paralysis.

Q. What is the incubation period for St. Louis encephalitis?

A. Usually 5 to 15 days.

Q. What is the mortality rate of St. Louis encephalitis?

A. Case-fatality rates range from 3% to 30% (especially in the aged).

Q. How many cases of St. Louis encephalitis occur in the U.S.?

A. Since 1964 there have been 4,478 reported human cases of St. Louis encephalitis, with an average of 128 cases reported annually.

Q. How is St. Louis encephalitis treated?

A. There is no specific therapy. Intensive supportive therapy is indicated.

Q. Is the disease seasonal in its occurrence?

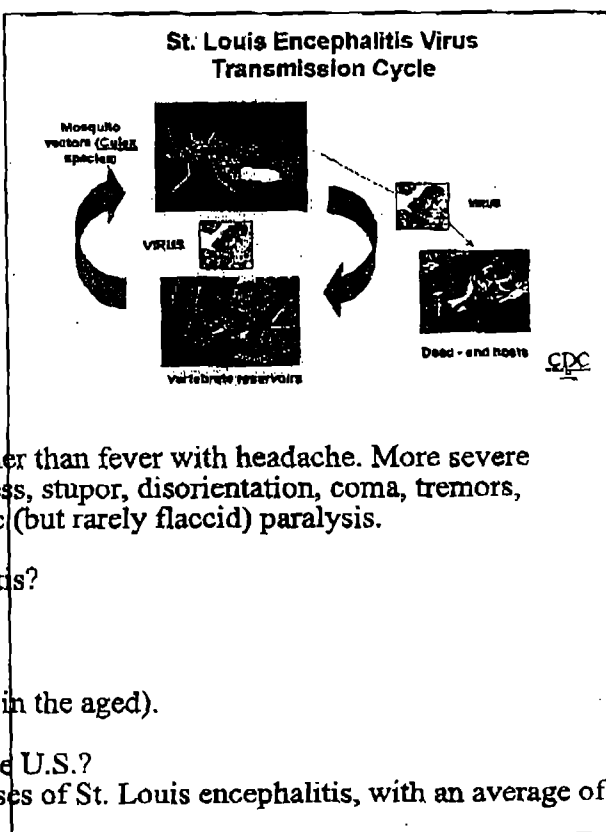
A. In temperate areas of the United States, St. Louis encephalitis cases occur primarily in the late summer or early fall. In the southern United States where the climate is milder St. Louis encephalitis can occur year round.

Q. Who is at risk for getting St. Louis encephalitis?

A. All residents of areas where active cases have been identified are at risk of getting St. Louis encephalitis.

Q. Where does St. Louis encephalitis occur?

A. See map:



St. Louis encephalitis outbreaks can occur throughout most of the United States. The last major epidemic of St. Louis encephalitis occurred in the midwest from 1974-1977. During that outbreak, over 2,500 cases in 35 states were reported to the CDC. Currently, outbreaks of St. Louis encephalitis have been limited in size (usually <30 cases), although the potential still exists for epidemic St. Louis encephalitis. The most recent outbreak of St. Louis encephalitis occurred in New Orleans, Louisiana in 1999, with 20 reported cases.

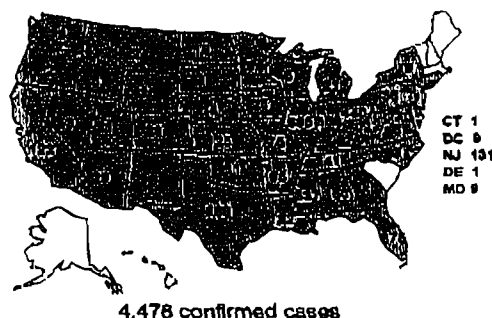
Q. Is there a vaccine against St. Louis encephalitis?

A. No.

Q. Where can I get more information on St. Louis encephalitis?

A. Visit the CDC website on St. Louis encephalitis <http://www.cdc.gov/ncidod/dvbid/arboinfo.htm>

Human St. Louis Encephalitis Cases by State, 1964-98



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

[Top of this Page](#)

[DVBID Home Page](#)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

F A C S I M I L E

DATE: 9/13

TO: Nicole Rabner

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FROM: Elizabeth Summy
Deputy Chief of Staff

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

COMMENTS:

 Pages [including this cover]

Congress of the United States
Washington, DC 20510

September 10, 1999

The President
The White House
Washington, DC 20500

Dear Mr. President:

We are writing to urge you to sign an executive order that would distribute funds to the City of New York to contain the recent outbreak of mosquito-borne encephalitis, which has already claimed the lives of three elderly people. This epidemic has spread through two of the City's boroughs and may be spreading throughout the entire City and suburban Long Island.

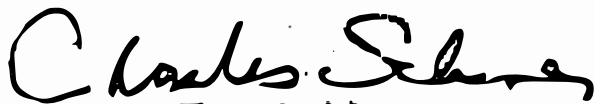
The Centers for Disease Control and Prevention (CDC) has already sent six epidemiologists, with two more arriving this weekend, to New York to work with the City Health Department, but more assistance is desperately needed. It is estimated that containing this outbreak, will cost over \$5 million, including chemicals, contractors for spraying, individual cans of bug spray, and additional staff.

With no end to the humid weather in sight, we need to prepare for the potential spread of this epidemic. All efforts must be exhausted to prevent this from further infection. The number of suspected cases has increased to 60. Nine additional cases have been nailed down as St. Louis Encephalitis, a rare but potentially lethal illness that can cause inflammation of the brain.

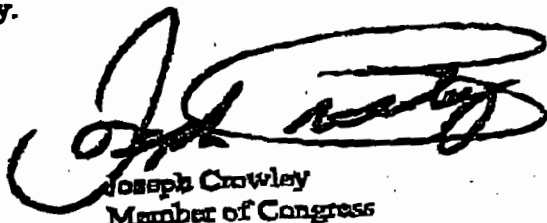
In order to ensure the end to this epidemic, the CDC states that the City must continue spraying for the next three to four weeks throughout the entire City. The effort to control this situation is underway, but is very costly. We urge you to release any and all resources available to the federal government to aid in this effort.

Thank you for your consideration of this vital request. We look forward to your response. If you have any questions please contact us directly.

Sincerely,



Charles E. Schumer
United States Senator



Joseph Crowley
Member of Congress