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Human Case of West Nile Virus Confirmed in Lexington

The Massachusetts Department of Public Health (MDPH) announced today the first confirmed human case of West Nile virus (WNV) in Lexington.

September 9, 2010: Although serious illness caused by West Nile Virus (WNV) is uncommon, there have been sixty one (61) cases of WNV in Massachusetts between 2001 and 2008. Statewide, there were no human cases of WNV in 2009. In addition to the case just identified in Lexington, there have been two (2) other human WNV cases identified in Massachusetts this year. The majority of people who are infected with WNV (approximately 80%) will have no symptoms. A smaller number of people who become infected (~ 20%) will have symptoms such as fever, headache, body aches, nausea, vomiting, and sometimes swollen lymph glands. They may also develop a skin rash on the chest, stomach and back. Less than 1% of people infected with WNV will develop severe illness, including encephalitis or meningitis. The symptoms of severe illness can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis.

Culex mosquitoes are the primary vectors of West Nile Virus. The virus is transmitted to humans by the bite of an infected mosquito. The mosquitoes that carry this virus are common throughout the state, and are found in urban as well as more rural areas. While most mosquito species develop in wetlands, Culex mosquitoes prefer to lay their eggs in catchbasins, clogged rain gutters, unused tires, buckets and other water holding containers. While WNV can infect people of all ages, people over the age of 50 are at higher risk for severe infection. People have an important role to play in reducing the risk of WNV and protecting themselves and their loved ones by taking a few, common-sense precautions.

Because of the role of Culex mosquitoes transmitting West Nile Virus, residents can help combat this disease by **mosquito proofing their property**. Limit the number of places around your home for mosquitoes to develop by either draining or getting rid of items that hold water. Check rain gutters and drains, empty any unused flowerpots and wading pools, and change water in birdbaths frequently. Install or Repair Screens - Some mosquitoes like to come indoors. Keep them outside by having tightly-fitting screens on all of your windows and doors.

You may also avoid Mosquito bites by following these simple steps.

Be Aware of Peak Mosquito Hours - The hours from dusk to dawn are peak biting times for many mosquitoes. Consider re-scheduling outdoor activities that occur during evening or early morning. Otherwise, take extra care to use repellent and protective clothing.

Clothing can help reduce mosquito bites. Although it may be difficult to do when it's hot, wearing long-sleeves, long pants and socks when outdoors will help keep mosquitoes away from your skin.

Apply Insect Repellent when you go outdoors. Use a repellent with DEET (N, N-diethyl-m-toluamide), permethrin, picaridin (KBR 3023), IR3535 or oil of lemon eucalyptus [p-methane 3, 8-diol (PMD)] according to the instructions on the product label. DEET products should not be used on infants under two months of age and should be used in concentrations of 30% or less on older children. Oil of lemon eucalyptus should not be used on children under three years of age. Permethrin products are intended for use on items such as clothing, shoes, bed nets and camping gear and should not be applied to skin.

Over the next few weeks, the Lexington Health Division will continue to work with the Massachusetts Department of Public Health, (MDPH) and the Eastern Middlesex Mosquito Control Project (EMMCP). *"I have been in contact with David Henley, Commissioner of East Middlesex Mosquito Control Project. Mr. Henley noted that since it is late in the year, truck spraying does not work effectively against the Culex mosquito. Tomorrow, EMMCP will set up a trap in the general location of the resident that was infected by the virus. This new trap will help to determine if any new (young) mosquitoes are emerging now. The most recent trappings indicated that there were only sixteen (16) Culex mosquitoes identified last week and this was considered a low population. Other actions include investigating the wetlands by EMMCP technicians, inspecting local catch basins in that neighborhood and inspecting catch basins around the Senior Center, Assisted Living Facilities and Skilled Nursing Facilities. Our local public health response will include a press release to remind people to avoid mosquito bites by following universal precautions. Public Health fact sheets on WNV and the brochure titled "Mosquitoes and You" have already been dropped off at Cary Library, Police Station and the Town Administration building"* stated Gerard Cody, Health Director.

So far this year, larval mosquito control has taken place in approximately three thousand six hundred, (3,600) catchbasins and 183 acres of wetlands by the helicopter application of Bti granules. *Bacillus thuringiensis* var. *israelensis* (Bti) is a microbial insecticide used to control mosquito larvae in wetlands. In addition, the Lexington Health Division has distributed mosquito bite prevention information at the Lexington Farmer's Market, the Cary Library, Police Station and also the Town Administration Building.

Information about WNV and reports of WNV activity in Massachusetts during 2010 can be found on the MDPH website at <http://www.mass.gov/dph/wnv>. Recorded information about WNV is also available by calling the MDPH Public Health Information Line at 1-866-MASS-WNV (1-866-627-7968). Facts sheets on WNV and other mosquito-related materials are available at the Office of Community Development, Health Division, 1625 Massachusetts Avenue. For more information please contact the Office of Community Development, Health Division, Gerard Cody, Health Director at 781-862-0500 x 237 or gcody@lexingtonma.gov.