



# WEST NILE VIRUS CURRENT CONTROL PROGRAMS

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# STAKE HOLDERS ONTARIO PROGRAMS

- GOVERNMENT: Regional & Municipal Health Units, Public Health Ontario, Public Health Agency of Canada, MOECC, MNRF
- Conservation Authorities
- General Public
- Mosquito Abatement Service Providers

# A BRIEF HISTORY

- ▶ First report human cases of WNV in Queens New York 1999  
mosquitoes, birds, people
- ▶ Fall of 2000 Walkerton outbreak *E. coli*
- ▶ Early winter of 2001, Pestalco presents a case for concern to the OMHLTC  
Pre-occupied with Walkerton; no interest
- ▶ Summer of 2001 with WNV in New York State and the threat to Ontario, York Region contracts Pestalco to find the sources of mosquitoes (catch basins & standing water) and Peel Region requests training
- ▶ August of 2001 first human cases in Ontario resulting in the threat of a class action suit

# 2001 TO 2005 COMING UP TO SPEED

- ▶ Ontario Vector Control Association
- ▶ Legislation; MOECC
- ▶ Health Units - Internal Organization; asking for RFP's
- ▶ Service Providers
- ▶ Defining and Implementing the Components of a good program
- ▶ Everyone becoming EXPERT and some becoming political

# COMPONENTS OF THE WEST NILE VIRUS MOSQUITO ABATEMENT PROGRAMS

## LARVAL COMPONENT

- ▶ Mapping and defining larval habitats; catch basins, other containers & surface standing water
- ▶ Permits
- ▶ Training & support of summer staff
- ▶ Quality control
- ▶ Surveillance of larval habitats; speciation
- ▶ Pre-treatment monitoring of larval populations
- ▶ Application of the appropriate larvicides & posting
- ▶ Post-treatment monitoring
- ▶ Communication & reporting; day-degree analysis

# COMPONENTS OF THE WEST NILE VIRUS MOSQUITO ABATEMENT PROGRAMS

## Adult Component

### Surveillance & Monitoring

- ▶ Trapping (CDC traps)
- ▶ Identification
- ▶ Analysis of pooled mosquitoes for WNV
- ▶ Reporting

### Adulticiding

# 2006 TO 2010

- ✓ All stake holders fully engaged
- ✓ Quality Control at all levels generally good
- ✓ A degree of pride expressed in programs
- ✓ Year to year variability in the risk to human health
- ✓ Government agencies starting to question the value of West Nile virus mosquito abatement programs
- ▶ Service providers becoming more competitive; buying the business
- ▶ Generally less financial support to the Health Units and other government levels
- ▶ Purchasing agents (\$\$\$) becoming the main factor; with a movement from RFPs to RFTs
- ▶ quality at all levels in jeopardy; everyone adjusting



# 2011 TO 2016

There is a movement towards using RFTs and awards of contracts based on price alone; references is not part of the process

## Service Provider Perspective

- ▶ Price deterioration through competition from service providers with no experience and references;
  - low ball prices in the business for a couple of years, then withdraw, stating no profit in the business
- ▶ Tight profit margins reduces available \$\$ for maintenance
  - clients are requesting additional services to the contract with the belief that the service provider has the ability to take on new responsibilities at little additional cost; services providers are already running lean and at peak efficiency; there has to be additional cost
- ▶ Quality of work is paramount; but becoming difficult to maintain



# GOING INTO 2017

- ▶ With the current financial situation, who believes as either service providers or the clients of service providers that their operational West Nile virus abatement programs are the best that they can be?
- ▶ Awarding contracts to the service provider with the lowest price does not necessarily result in a satisfactory program.

# RECOMMENDATIONS

- ▶ Clients use RFPs and bring references back into the decision process
- ▶ If clients are dissatisfied with the service provider's performance during the operational season and the service provider is not responding to the client's concerns, seriously consider replacing the service provider and the client should have the option to do it.