

Merrill, Hannah

From: zSMP
Subject: RE: WEST NILE VIRUS CASES UP THIS YEAR IN US (as of July 31, 2012)

From: pearl hewett [REDACTED]
Sent: Friday, August 03, 2012 4:22 PM
To: zSMP
Cc: Karl Spees; Frank M Penwell; yellowbanks; Keith Olson; marv chastain; Lois Perry; Katie Krueger; Jay Petersen; Jo Anne Estes
Subject: WEST NILE VIRUS CASES UP THIS YEAR IN US (as of July 31, 2012)

This is my SMP comment on Wetlands

**Pearl Rains Hewett Trustee
George C. Rains Sr. Estate
Member SMP Advisory Committee**

The Federal government has projected how many feet the sea will rise in the next 600 years.

Has the **Center for Disease Control and Prevention projected how many additional outbreaks/cases/deaths will be caused by the West Nile Virus , in the next 20, 30 years, as the Federal MANDATE of **"NO NET LOSS"** of WETLANDS through preservation, restoration, **and creation of** wetlands is increased?**

The EPA/DOE is protecting the WETLANDS! Who is protecting the health of the American People?

Source: San Juan Islander (Newspaper)

WEST NILE VIRUS CASES UP THIS YEAR IN US (as of July 31, 2012)

There are no medications to treat, or vaccines to prevent, West Nile virus infection

West Nile virus (WNV) activity reported to ArboNET, by state, United States, 2012 (as of July 31, 2012)

The Centers for Disease Control and Prevention is urging people to take steps to prevent West Nile virus infections. Outbreaks of West Nile virus disease occur each summer in the United States. This year, some areas of the country are experiencing earlier and greater activity. [MAP](#)

A total of 241 cases of West Nile virus disease, including four deaths, have been reported to CDC. **This is the highest number of cases reported through the end of July since 2004.** Almost 80 percent of the cases have been reported from three states, Texas, Mississippi, and Oklahoma.

Thus far in 2012, 42 states have reported West Nile virus infections in people, birds, or mosquitoes. In Washington, non-human cases have been reported in Franklin County in Eastern Washington.

West Nile virus is transmitted to people by infected mosquitoes. In the United States, most people are infected from June through September, and the number of these infections usually peaks in mid-August. Seasonal outbreaks often occur in

local areas that can vary from year to year. Many factors impact when and where outbreaks occur, such as weather, numbers of mosquitoes that spread the virus, and human behavior.

“It is not clear why we are seeing more activity than in recent years,” said Marc Fischer, M.D., M.P.H., medical epidemiologist with CDC’s Arboviral Diseases Branch. “Regardless of the reasons for the increase, people should be aware of the West Nile virus activity in their area and take action to protect themselves and their family.”

The best way to prevent West Nile virus disease is to avoid mosquito bites:

Use insect repellents when you go outdoors.

Wear long sleeves and pants during dawn and dusk.

Install or repair screens on windows and doors. Use air conditioning, if you have it.

Empty standing water from items outside your home such as flowerpots, buckets, and kiddie pools.

Approximately 1 in 5 people who are infected with West Nile virus will develop symptoms such as fever, headache, body aches, joint pains, vomiting, diarrhea, or rash. Less than 1 percent will develop a serious neurologic illness such as encephalitis or meningitis (inflammation of the brain or surrounding tissues). About 10 percent of people who develop neurologic infection due to West Nile virus will die. People over 50 years of age and those with certain medical conditions, such as cancer, diabetes, hypertension, kidney disease, and organ transplants, are at greater risk for serious illness.

There are no medications to treat, or vaccines to prevent, West Nile virus infection.

People with milder illnesses typically recover on their own, although symptoms may last for several weeks. In more severe cases, patients often need to be hospitalized to receive supportive treatment, such as intravenous fluids, pain medication, and nursing care. Anyone who has symptoms that cause concern should contact a health care provider.

More information is available at www.cdc.gov/westnile.

**West Nile virus (WNV) activity reported to ArboNET, by state, United States, 2012
(as of July 31, 2012)**

Footnote: The map displays white areas that represent no WNV activity reported, light green areas that represent any WNV activity* , dark green circles that represent disease cases, and dark green triangles that represent presumptive viremic blood donors.

* Includes WNV human disease cases, presumptive viremic blood donors, veterinary disease cases and infections in mosquitoes, birds, and sentinel animals.

† Presumptive viremic blood donors have a positive screening test which has not necessarily been confirmed.

Map shows the distribution of WNV activity* (shaded in light green), human infections (dark green circles), and presumptive viremic blood donors (dark green triangles) occurring during 2012 by state. If West Nile virus infection is reported from any area of a state, that entire state is shaded.

Data table:

Non-human West Nile virus infections have been reported to CDC ArboNET from the following states:

Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin and Wyoming.

Three hundred thirty-four human West Nile virus infections have been reported to CDC ArboNET from Alabama, Arizona, Arkansas, California, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Dakota and Texas.