Dallas County Health and Human Services Arbovirus Surveillance Report



Week 34 ending August 22, 2020

- In week 34, forty-two mosquito traps tested positive for West Nile Virus (WNV). A total of 292 mosquito traps have tested positive for WNV to date in 2020.
- One human WNV case has been reported to date for 2020.
- No chikungunya or Zika cases have been reported year to date in 2020 in Dallas County.
- Aedes albopictus and Aedes aegypti are currently circulating in the area.

Table 1. Mosquito Laboratory and Human Case Surveillance Data for WNV, Dallas County

Week Ending	7/11	7/18	7/25	8/1	8/8	8/15	8/22	YTD
MMWR Week	28	29	30	31	32	33	34*	
Total Traps Placed in Dallas County ^a	244	251	250	242	248	253	247	4,922
Number of Positive Mosquito Traps (PHL; IL) $^{\circ}$	9;0	19;0	35;1	51;1	52;1	56;2	41;1	281;11
Number of Pools Tested (PHL; IL) ^{b,c}	241;23	233;18	230;13	217;15	220;15	228;15	209;21	4,341;307
Number of Trap Results Currently Pending	0	0	0	0	0	0	0	
Average Number of Cx. quinquefasciatus per Trap ^d	60.9	41.4	30.7	32.1	27.0	27.5	20.9	45.1
Total Number of Cx. quinquefasciatus Trapped and Tested	8,484	6,831	5,699	5,807	5,025	5,482	4,539	129,460
Number of Positive Mosquito Pools (PHL; IL) ^c	9;0	20;0	35;1	53;1	52;1	57;2	41;1	284;11
WNV Infection Rate per 1,000 Cx. quinquefasciatus e	1.08	3.09	7.14	11.35	12.96	13.49	11.00	
Weekly Vector Index (VI) ^f	0.07	0.13	0.22	0.36	0.35	0.37	0.23	
Presumptive WNV Viremic Blood Donors	0	0	0	0	2	0	2	4
WNV Human Cases (WNND; WNF) ^g	0;0	0;0	0;0	1;0	0;0	0;0	0;0	1;0

Table 2. Mosquito Laboratory and Human Case Surveillance Data for chikungunya, dengue and Zika virus, Dallas County

Week Ending	7/11	7/18	7/25	8/1	8/8	8/15	8/22	YTD
MMWR Week	28	29	30	31	32	33	34*	
Total Biogents Sentinel-Traps Placed in Dallas County h	4	4	4	4	4	4	4	76
Average Number of Aedes per Trap ¹	2.8	0	1	2.5	1.5	2.8	1.8	0.9
Chikungunya Human Cases (Confirmed & Probable) ^j	0	0	0	0	0	0	0	0
Dengue Human Cases (Confirmed & Probable) k	0	0	0	0	0	0	0	1
Zika Human Cases (Confirmed & Probable)	0	0	0	0	0	0	0	0
Pregnant Women with Possible Zika Infection ^m	0	0	0	0	0	0	0	0

*Data for most recent 2 weeks are preliminary, and reflect results reported as of 11:30 a.m. August 24, 2020.

a. All traps deployed in municipalities submitting data to DCHHS since January 1, 2020. Includes traps without mosquitoes, malfunctioning traps and traps with pending results

b. Excludes traps without female *Culex quinquefasciatus* identified. Maximum of 50 female *Culex quinquefasciatus* per pool; more than 1 pool may be tested per trap c. PHL = Public health laboratory (DSHS, DCHHS) testing performed by viral culture or CDC RT-PCR protocol; IL = Testing from independent labs by alternate methods

 c. PHL = Public nearth laboratory (DSHS, DCHHS) testing performed by viral culture or CDC R1-PCR protocol; iL = Testing from Independent la d. Average abundance of female Culex quinquefasciatus mosquitoes per trap night/week (excludes non-working traps)

e. WNV Infection rates calculated using a Maximum Likelihood Estimation (MLE). *Biggerstaff BJ. PooledInfRate, version 4.0; Microsoft Excel Add-In; CDC 2007*

f. The Vector Index (VI) reflects the MLE adjusted for Culex quinquefasciatus abundance. VI= \$\sum_{i=species} \overline{N}iPi\$, where N is the average number of Culex quinquefasciatus mosquitoes collected per trap night and \$\vec{P}\$ is the estimated infection rate

g. Human cases by week of report to health department. WNND = West Nile Neuroinvasive Disease; WNF = West Nile Fever

h. All Biogents (BG) Sentinel traps deployed in municipalities submitting data to DCHHS since Week 15.

i. Average abundance of Aedes albopictus and Aedes aegypti mosquitoes per night/trap in BG-Traps (excludes non-working traps)

j. Human CHKV cases by week of report to health department (AT : Autochthonous case; I : imported)

k. Human Dengue cases by week of report to the health department

I. Confirmed and probable human Zika cases by week of specimen collection date

m. Possible Zika Virus Infection Among Pregnant Women — United States and Territories, May 2016, http://www.cdc.gov/mmwr/volumes/65/wr/mm6520e1.htm/

We	ek Ending		7/11	7/18	7/25	8/1	8/8	8/15	8/22	YTD
	WR Week		28	29	30	31	32	33	34*	
	# Human Cases	Range Total # of Traps/Week	# WNV+ Traps							
Addison	0	2-5	0	1	1	0	0	1	1	4
Balch Springs	0	3	2	1	1	1	1	1	0	10
Carrollton	0	4-7	2	0	0	2	0	1	1	7
Cedar Hill	0	0-5	1	0	1	1	0	2	0	6
Cockrell Hill	0	0-1	0	0	0	1	1	0	1	3
Coppell	0	0-8	0	0	1	1	0	1	0	3
Dallas	0	53-86	2	5	14	23	25	21	17	115
DeSoto	0	0-6	0	1	2	1	3	3	3	13
Duncanville	0	0-5	1	1	1	3	2	3	5	16
Farmers Branch	0	3-5	0	0	2	1	0	1	0	4
Garland	0	27-31	0	2	0	1	2	0	0	5
Glenn Heights	0	0-2	0	0	0	0	1	2	0	3
Grand Prairie	0	24-27	0	0	1	1	1	2	1	11
Highland Park	1	0-3	0	0	0	1	0	0	0	1
Hutchins	0	0-3	0	1	1	0	0	0	0	2
Irving	0	18-19	0	0	2	1	1	4	0	9
Lancaster	0	0-4	0	0	0	3	3	3	3	12
Mesquite	0	21-25	1	6	7	10	11	11	8	57
Richardson	0	12	0	0	1	1	1	0	1	5
Rowlett	0	7	0	0	1	0	0	0	0	1
Sachse	0	3	0	0	0	0	0	0	0	0
Seagoville	0	1-2	0	0	0	0	0	0	0	0
Sunnyvale	0	2	0	0	0	0	0	0	0	0
Unincorporated County	0	1-4	0	0	0	0	0	0	1	1
University Park	0	0-4	0	1	0	0	1	2	0	4
Wilmer	0	1	0	0	0	0	0	0	0	0
Total	0		9	19	36	52	53	58	42	292

Table 3. WNV Positive Gravid Mosquito Traps and Human WNV Cases	by City	v. Dallas County, 2020	0
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*Data for most recent 2 weeks are preliminary, and reflect results reported as of 11:30 a.m. August 24, 2020. ¹Range of numbers of traps placed weekly, in weeks 1 - 34.

Figure 1: All WNV Negative and Positive Mosquito Traps Collected During 2020: Weeks 1-34* (N=4,922)

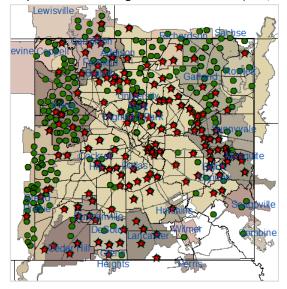
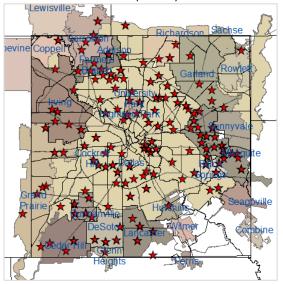


Figure 2: Cumulative WNV Positive Mosquito Traps Collected: Weeks 1-34* (N=292)



★ Positive Traps		Negative Traps	Pending Traps
	PHONE	*Data for most recent 2 weeks are preliminary. EMAIL	WEB
DCHHS Epidemiology	(214) 819-2004	Epidemiology@dallascounty.org	g www.dallascounty.org/hhs

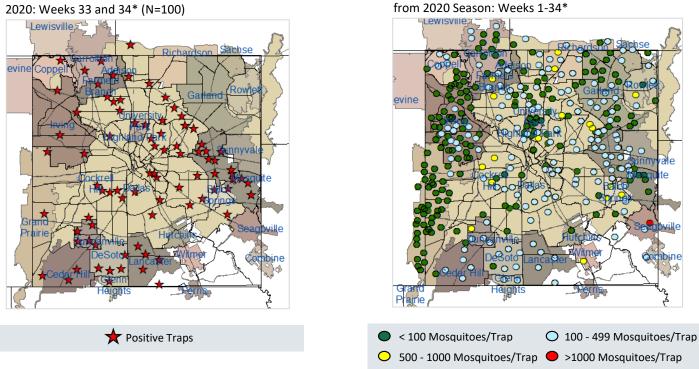
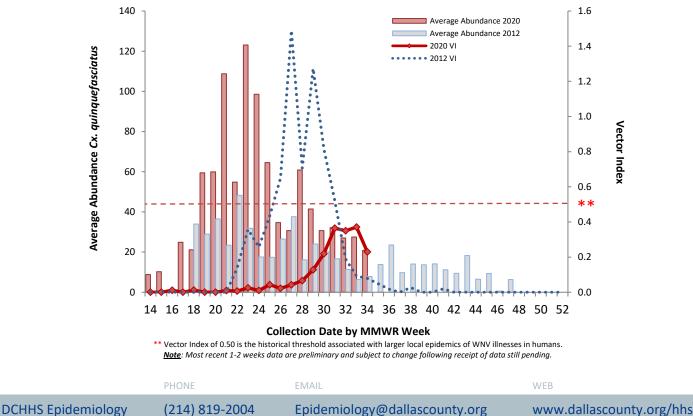


Figure 4: Trap Counts of Female Cx. quinquefasciatus

Figure 3: WNV Positive Mosquito Traps Collected During 2020: Weeks 33 and 34* (N=100)

*Figure 4 only shows traps for which results were available; malfunctioning traps were excluded. Almost all traps are at fixed sites. Note: Most recent 1-2 weeks data are preliminary and subject to change following receipt of data still pending.

Figure 5: Average Numbers of Female Cx. quinquefasciatus per Trap-night and WNV Vector Index by Week: 2012 Season and 2020 Season (through Week 34*)



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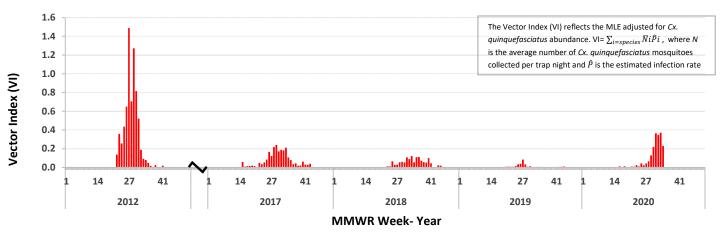
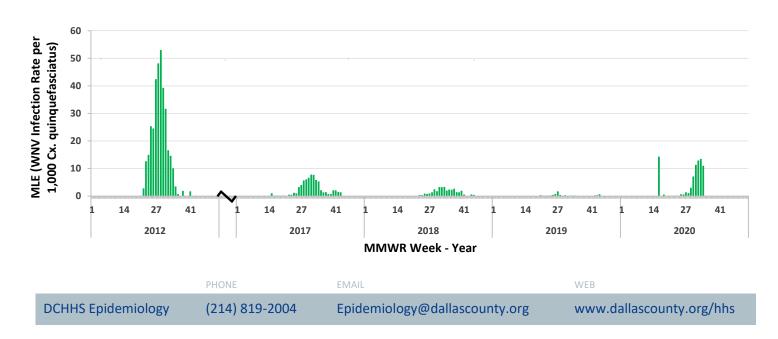


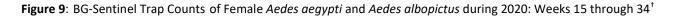
Figure 6: WNV Vector Index by Week: 2012 - 2020 Seasons

Average Abundance Cx. quinquefasciatus **MMWR Week - Year**

Figure 7: Average Numbers of Female Cx. quinquefasciatus per Trap-night by Week: 2012 - 2020 Seasons

Figure 8: MLE (WNV Infection Rate per 1,000 Cx. quinquefasciatus) by Week: 2012 - 2020 Seasons





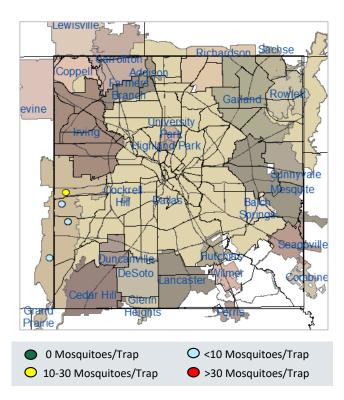
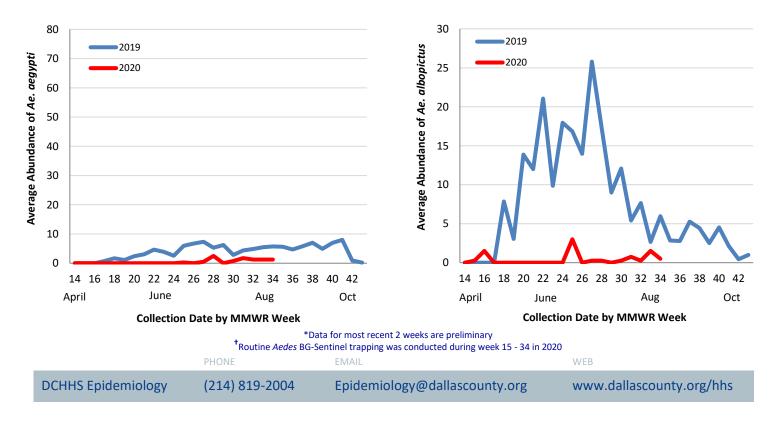


Figure 10: Average Numbers of *Ae. aegypti* per Trap-night: 2019 and 2020 Seasons^{*,†}

Figure 11: Average Numbers of *Ae. albopictus* per Trap-night: 2019 and 2020 Seasons^{*,†}



Acknowledgements:

We are grateful for the partnership of the following contributors to our county-wide Arbovirus Surveillance Report:

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Addison	Highland Park
Balch Springs	Hutchins
Carrollton	Irving
Cedar Hill	Lancaster
Cockrell Hill	Mesquite
Coppell	Richardson
Dallas	Rowlett
DeSoto	Sachse
Duncanville	Seagoville
Farmers Branch	Sunnyvale
Garland	, University Par
Glenn Heights	Wilmer
Grand Prairie	

Mosquito Trapping and Data From:

DCHHS Environmental Health Services: Vector Control Division Municipal Mosquito

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Vector Disease Control International

Mosquito Speciation and Laboratory Testing:

DCHHS Environmental Health Services: Mosquito Lab DCHHS LRN Laboratory DSHS Laboratory Services, Arbovirus-Entomology Team Municipal Mosquito

Human Case Reports and Investigations:

Area Acute Care Hospitals and Healthcare Providers Dallas County Medical Examiner's Office City of Dallas Vital Statistics Unit Carter Blood Care American Red Cross DCHHS Acute Communicable Disease Epidemiology Division Arbovirus Case Investigation and Clinical Inquiries Team

For inquiries related to this Arbovirus Surveillance Report, please contact: Dongyoung Shin, Ph.D.

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