

1. WEST NILE VIRUS COMMUNICATION ACTION PLAN PURPOSE

To outline a local plan of action for community and media communications prior to and once WNV is detected in mosquito, bird, horse, or human in Interior Health.

- To ensure clear and consistent messages are delivered by established spokespersons
- To ensure partner agencies and local governments are apprised of IH communication and action plans prior to release to public
- To involve partner agencies and local governments in any media release or news conference
- To reassure staff and public and to further educate on personal protection, source reduction, and surveillance
- To provide information and education to other key audiences, such as physicians

2. BACKGROUND

- Interior Health (IH) will work with the BCCDC, PHO, and the appropriate RD and municipalities to deliver the initial message to the public via the media.
- IH Medical Health Officers (MHO), Director of Health Protection and Program Leader should be prepared to speak to the issue as required.
- Locally, key stakeholders and program partners will also need to be informed and may need to respond to public and media inquiries regarding their area of responsibility and/or interest.
- BCCDC reports out on positive crow and mosquito results, and on probable human cases (preliminary test is positive – then has to wait for a few weeks for confirmatory testing results). They report on West Nile Fever or more serious WNV complications (West Nile Neurological Syndrome).
- Note: if a horse or a bird, then the Animal Health Centre and Canadian Food Inspection Agency (CFIA) will also be involved via BCCDC.
- IH program leader will meet with RD or municipalities in areas likely to see the first IH cases, to determine a communications protocol.

3. OVERVIEW

- BCCDC test shows WNV in IH region - first positive mosquito pool, bird, horse, or locally acquired human case in IH
- BCCDC will notify IH MHO, who will fan out to IH MHOs, IH Health Protection, IH PH Communications and the affected RD/municipality
- IH will issue a news release in consultation with the BCCDC, PHO, and the affected RD or municipality. Interior Health MHO will hold a news conference in the affected community with participation from the affected RD or municipality.
- Local MHO or Health Protection or program lead will be available to respond to media in their respective HSAs.
- Follow up public open house and meetings as deemed necessary will be held in the affected communities to address local concerns. Meetings will be coordinated between the affected RD/Municipality and IH. This open house/public meeting will also be announced at the time of initial news conference.
- Advance notice of IH Action Plan provided to local government partners for their information and subsequent participation.
- BCCDC may also run additional radio and newspaper ads to emphasize personal protection message.

- Subsequent cases to be handled locally, without direct involvement of BCCDC. The need for further press conferences or community meetings will be determined on a case by case basis.

4. IH ACTION PLAN

Public Education Plans

Date	Target Audiences	Message	Communication Tools
Mid June	General public	Source reduction Surveillance Personal Protection	News release Backgrounder Website MHO Update
July/August/Sept as required based on appearance of and degree of WN	General public	Event related communications	News release Website MHO Update
August		Personal protection Continued source reduction Continued surveillance, especially in southern most communities in IH	News release Website
Oct/Nov	General public Physicians	Wrap up if events occur	News release Web site MHO Physicians Update
Notes			
<ul style="list-style-type: none"> • If WN virus discovered, public education messages will change accordingly 			

4.1 PRE EVENT COMMUNICATIONS

Local Governments and Key Stakeholders

- **West Nile Virus Update #1 - in conjunction with public education plans (see below chart)** produced and distributed electronically by West Nile Program Lead to all Chief Administrative Officers, City Administrators, as well as Mayors, MLAs, Bands, Tribal Councils, and Nations.
 - Provides a 'heads up' on IH Action plan, information on surveillance, source reduction, and personal protection
- **West Nile Virus Update #2 - in conjunction with public education plans (see below chart)** produced and distributed electronically by West Nile Program Lead to all Chief Administrative Officers, City Administrators, as well as Mayors, MLAs, Bands, Tribal Councils, and Nations.
 - Provides a reminder of above and reports on number of crows etc.
- More updates as required.

4.2 EVENT COMMUNICATIONS

Immediate Notification

- BCCDC contacts MHO on call with test results at 1-866-851-7311. Available 24/7
- MHO on call initiates fan out. Communications and emergency numbers are listed in the contacts section at the end of this plan.
 - Public Health: Dr. Paul Hasselback, Senior MHO; all MHOs; Ken Christian, Director of Health Protection; Ken Cooper, WNV Program Lead; Mary Bates, Director of Prevention Services; Public Health Leadership Team, local PH contact
 - Communications: Alison Paine, IH Communications; Deanna Wadstein, for Public Health; Ryan Kuhn, for KB; Darshan Lindsay, for Thompson Cariboo, Shuswap; Cathy Renkas, Okanagan; and Jennifer Henkes, for EK.
 - IH Senior Executive: Murray Ramsden, CEO; Alan Dolman, Board Chair; and Senior Executive Team
 - Local IH Contact: COO, Community Administrators
 - First Nations Inuit Health Branch: Dr. David Martin and Ian McLean (Ken Christian and Ken Cooper have contact information)

Preparations for Announcement

- Determine time, locations for news conference based on location of source of WNV
- IH locations for local web cast news conference will vary according to the location of the source of the virus. **At a minimum the following will be held:**
 - Main IH news conference held in affected community
- Prior to where possible, consult with key local government contact on news conference plans. Note that local community may or may not want to host media conference in their community.
- Establish time, date, and location for follow up public information session (open house/meetings) for announcement. West Nile Virus Program Lead and area Senior Public Health Inspector will coordinate.

Pre-Announcement Notification

- Local area MHO and area Senior Public Health Inspector initiates local internal rollout with materials provided by IH and BCCDC Communications.
- Local roll out consists of providing key stakeholders with information prior to public release and ensures governments and agencies aware of and included in communicating to broader publics and media.
- Local stakeholders to be previously identified with contact information and **may** include:
 - IH Contacts (COO, Community Administrators)
 - MLA
 - Mayor and Council
 - RD Chair and Board of Directors
 - Regional Hospital District
 - Band, Tribal Council, Nation contact
 - Person/agency responsible for local mosquito control
 - Local tourism association (e.g.: Chamber of Commerce)
 - Economic Development Commission
 - BC Nurseline
 - Canadian Blood Services
- At time of announcement, provide information to other contacts:

- Other key stakeholders as identified by local community
- Physicians
- Front line staff

Announcement

- In consultation with IH Communications and BCCDC Communications, and key stakeholders, participate in news conference as determined above
- Develop and circulate media and information packages that include:
 - News Release
 - BC Health Files Fact sheets on West Nile virus #88
 - Information on source reduction, personal protection, and surveillance
 - Links to BCCDC site with FAQs
(<http://www.bccdc.org/content.php?item=183&PHPSESSID=66a74da12f792f3732e72925c8a32382>)
- Update IH Web site and Inside Net home page. If outside of regular business hours contact Public Health Communications Officer or Director of Communications to coordinate posting.
- MHO Update to Physicians, include links to CDC website with information for Physicians (<http://www.bccdc.org/content.php?item=184>)
- Provide speaking notes for front line staff
- Provide information to IH staff through @IH newsletter, HSA email bulletins or separate notices as required
- In the event of a case(s), the official numbers to be used in reporting to the media and the public are those posted on the BCCDC web site at <http://www.bccdc.org/content.php?item=183>

4.3 FOLLOW UP COMMUNICATIONS

- Host a local public information session (meeting or open house) in community affected where people can ask health professionals and other available partners (e.g. local gov'ts) more detailed questions. Note that an open house format may be a more effective way to transmit information over a longer period of the day. Area Senior Public Health Inspector will coordinate.
- Leverage media coverage with more in-depth interviews to promote degree of health risk, personal protection, and source reduction.
- Update website and InsideNet home pages.
- Consider update in @IH Newsletter and HSA email bulletins as required.

5. RISK COMMUNICATION OBJECTIVES

- Provide details on what is being done to address the situation; address public's concerns
- Recommend specific steps people can take to protect themselves and their families (e.g., surveillance, source reduction, personal protection)
- Avoid issuance of statements or information that conflicts with other agencies (e.g., BCCDC web site as source for case numbers)
- Avoid speculation, comparisons, negative words, personal opinions
- Build trust and credibility for all involved by taking an open and honest approach

6. MESSAGES

6.1 ABOUT WEST NILE

- West Nile Virus has been detected in almost all other areas of North America since it was first identified in New York in 1999. Its spread into British Columbia is not unexpected.
- WNV is normally passed between mosquitoes and birds. While the risk is low, humans can become infected if bitten by an infected mosquito. Most infected people will have a mild illness or no symptoms. The elderly and people with compromised immune systems may develop more severe illness in response to WNV exposure.
- If you have been bitten by a mosquito, you do not have to be tested for WNV. Less than 1% of people who are bitten by an infected mosquito will get severely ill. Most people who become infected with the virus will have no symptoms or ill effects at all. In a minority of cases some people may experience mild flu like symptoms such as headache, fever, body aches, swollen glands, and muscle weakness before fully recovering. If you have mild health symptoms that you think might be from the West Nile Virus, you should get plenty of rest, drink fluids, and avoid alcohol. If your symptoms persist and seem like they are getting more severe, call your doctor. If you have a high fever, neck stiffness, disorientation, tremors, muscle weakness or convulsions you should seek immediate medical attention. In some individuals, especially those over 50, WNV can cause more severe illness such as meningitis and/or encephalitis.

6.2 EMPHASIZE PERSONAL PROTECTION

- While the risk of anyone becoming seriously ill from WNV infection is low, it is important to remember the preventative steps that everyone can take in order to ensure the lowest risk of infection possible. Any activity that either prevents mosquitoes from biting or prevents them from breeding will help to further reduce the risk of infection. Here are some simple things you can do:

To protect yourself and your family from mosquito bites:

- Wear baggy, long-sleeved shirts and pants.
- Wear light-coloured clothing since dark colours attract mosquitoes.
- Use mosquito repellents that contain DEET. The percentage of DEET in repellents should not exceed 30% for adults or 10% for children. DEET should not be used on children under 6 months of age. Ensure you read the instructions before application.
- You may also try "Oil of Lemon Eucalyptus" in "Off Botanicals" as an alternative for those who don't want to wear DEET, but it is not long lasting. DEET is considered by authorities to be safe when used according to the label. Be sure to read all labels.
- If you live in an area with lots of mosquitoes install screens on your doors and windows. Make sure they fit tightly and have no holes in them.
- Make sure your lawn is mowed to decrease the area where mosquitoes can rest during the hot part of the day.
- Avoid or protect yourself, in or near woodland, forests, creeks, marshes, and any other places where mosquitoes may bite during the day.
- Try to avoid spending time outdoors at dawn and at dusk when mosquitoes are most active.

6.3 REDUCE BREEDING GROUNDS

- It doesn't take much time, or water, for mosquitoes to develop from eggs into adults. They can breed in as little as a teaspoon of water. Keeping your home free from mosquito breeding grounds is the best defence. We can all reduce risk by doing the following:
 - Dispose of tin cans, plastic containers, ceramic pots or similar water-holding containers, including pet food dishes
 - Empty standing water from used or discarded tires (e.g. tire swings)
 - Drill holes in bottom of recycling containers
 - Clean clogged roof gutters
 - Turn over plastic wading pools when not in use/change water weekly
 - Turn over wheelbarrows
 - Change water in birdbaths weekly
 - Aerate ornamental pools, stock them with fish, or change water weekly
 - Clean and chlorinate swimming pools
 - Use landscaping to eliminate water that collects on private and public property
- If there is a large area of stagnant water near your house, but not on your property, that you are concerned about, please contact your local government or highways contractor. Where appropriate, arrangements may be made to drain it or prevent mosquitoes from breeding in it. In some municipalities, local by-laws may provide City staff or Regional District staff with the power to order remedial action.
- Interior Health has also worked closely with the media to encourage the public to protect themselves from WNV and reduce breeding grounds for mosquitoes, including presentations to local governments and local groups.

6.4 REPORT CORVIDS

- If questions are received from the public, they can contact 1 866-300-0520 for information. Active solicitation will not take place until/unless WNV is reported in surrounding communities.

6.5 FOR NUMBER OF CASES

- Use CDC website for official source (<http://www.bccdc.org/content.php?item=183&PHPSESSID=66a74da12f792f3732e72925c8a323820>)

6.6 MORE INFORMATION

- For more information call the BC Health Guide Nurse Line - available 24 Hours Toll Free 1-866-215-4700. For deaf and hearing impaired - 1 866 TTY 4700.
- For more information visit our web site at www.interiorhealth.ca or visit Health Canada's West Nile Surveillance web site at [West Nile Virus Monitor - West Nile Virus Surveillance Information - PPHB - Health Canada](http://www.hc-sc.gc.ca/pphb-dgspsp/wnv-vwn/mon_e.html) (http://www.hc-sc.gc.ca/pphb-dgspsp/wnv-vwn/mon_e.html)

6.7 PRE EVENT MESSAGES

- West Nile virus has not yet been seen in BC, however with 24 cases in Alberta last year, 805 cases in Idaho, and 3 cases in Washington State, there is a good chance we will experience West Nile in BC this year.
- See general messages from sections 6.1 – 6.6 listed above.

6.8 FOR FIRST POSITIVE BIRD or MOSQUITO

- BC has now experienced its first bird/mosquito positive for WNV which was expected this year.
- While the likelihood of human infection is still low, the recent detection of WNV in BC means individuals must be diligent in protecting themselves from this serious illness.
- BC public health and local communities have carried out mosquito control activities on breeding sites to reduce the risk of human exposure, but it is impossible to eliminate the risk from a mosquito source, as we cannot “eliminate” mosquitoes.
- Surveillance and prevention activities will increase to protect the health of BC residents.
- People should watch for and report dead corvids in areas where West Nile has not been found, reduce mosquito breeding areas around their homes, and exercise caution to avoid mosquito bites.
- Provide information on West Nile Virus hotline number – 1-866 – 300 – 0520 (Note: may also have **Nurseline Or other Province-wide number available**)
- Emphasize Personal Protection: *See WNV Personal Prevention (below)*
- Until BCCDC and your Regional Health Authority give the “all clear” and/or your region experiences its first hard frost of the season, please continue implementing these personal protective measures to reduce your risk of contracting WNV.
- See general messages from sections 6.1 – 6.6 listed above.

6.9 FIRST HUMAN CASE IN IH

- Currently, this is a probable, not a confirmed human case of WNV. This diagnosis was made based on the patient’s clinical symptoms, patient history, and a simple blood test. It will take several weeks of laboratory testing to confirm this as the first human case of WNV in BC. This testing is conducted by the National Medical Laboratory in Winnipeg.
- This is BC’s first local human case of WNV. Although it is important for all British Columbian’s to take precautions to protect themselves against mosquito bites, additional protective measures should be considered in the regional area(s) affected.
- It is not yet clear whether this person contracted WNV at their primary residence or from a nearby adjoining community or local area they have traveled to recently. Again, this illustrates the need for increased personal protective measures both in BC and when visiting surrounding areas.
- If you have been bitten by a mosquito, you do not have to be tested for WNV. Less than 1% of people who are bitten by an infected mosquito will get severely ill. Most people who become infected with the virus will have no symptoms or ill effects at all. In a minority of cases some people may experience mild flu like symptoms such as headache, fever, body aches, swollen glands, and muscle weakness before fully recovering. If you have mild health symptoms that you think might be from the West Nile Virus, you should get plenty of rest, drink fluids, and avoid alcohol. If your symptoms

persist and seem like they are getting more severe, call your doctor. If you have a high fever, neck stiffness, disorientation, tremors, muscle weakness or convulsions you should seek immediate medical attention. In some individuals, especially those over 50, WNV can cause more severe illness such as meningitis and/or encephalitis.

- WNV cannot be transmitted from person to person; it is caused by being bitten by an infected mosquito. Birds and other animals cannot transmit WNV to people.
- It is important to use personal protective measures to guard against mosquito bites and WNV transmission. Until BCCDC and your Regional Health Authority give the “all clear” and/or your region experiences its first hard frost of the season, please continue implementing these personal protective measures to reduce your risk of contracting WNV.
- **FOR BLOOD DONOR POSITIVES:** This is a probable human case. Canadian Blood Services alerted BCCDC to a BC blood donor in the [NAME] health region whose blood donation tested positive for the virus. The test result is now being confirmed at Canadian Blood Services National Testing Laboratory in Ottawa. Confirmation is expected within 48 hours. In the meantime, the blood donation has been withdrawn from the Canadian Blood Services’ inventory of blood.
- **FOR BLOOD DONOR POSITIVES:** Canadian Blood Services reminds BC residents to please continue to donate blood. Remember, you cannot get WNV by giving blood. While you should take precautions to protect yourself, most mosquitoes do not carry WNV. Mosquito bites do not disqualify people from giving blood and every blood donation is tested for WNV.
- See general messages from sections 6.1 – 6.6 listed above.