Purpose and Background

Zika virus is newly emerging as a worldwide threat to public health, and is spreading widely in the Western Hemisphere, primarily by the bite of an infected *Aedes aegypti* mosquito, although sexual transmission has also been documented. Although *Aedes aegypti* mosquitoes are not present in New York State (NYS), a related species named *Aedes albopictus* is active in the downstate region, and may be able to effectively transmit the virus.

Zika virus infection has been associated with serious birth defects in infants of mothers who were infected with the Zika virus while pregnant. Further, in February 2016, the World Health Organization declared the recent cluster of microcephaly and other neurological abnormalities associated with in utero exposure to the Zika virus a public health emergency of national concern. Zika virus may also cause Guillain-Barré Syndrome, which can cause severe muscle weakness and sometimes paralysis.

It is essential that LHDs are prepared to respond to the threat of Zika virus in their communities. To encourage LHDs to prepare for this threat, the adoption and implementation of a Zika Action Plan (ZAP) has been made a condition of State Aid for general public health work. Specifically, all LHDs are required to adopt and implement a ZAP that addresses timely human disease monitoring and reporting of Zika virus, as well as education of the public and healthcare providers on the disease and how to prevent its transmission. Further, LHDs identified by the New York State Department of Health (NYSDOH) as jurisdictions where mosquitoes capable of transmitting Zika are or may be located must adopt and implement a ZAP that includes enhanced planning activities.

Part 40 Regulations

40-2.24 Zika Action Plan; performance standards


(a) By April 15, 2016, the local health department shall adopt and implement a Zika Action Plan (ZAP), in accordance with guidance to be issued by the Department, and which shall include, but not be limited to, the following activities:

(1) for all local health departments:

(i) human disease monitoring, response and control; and

(ii) education about Zika virus disease and its prevention; and
(2) in addition, for those local health departments identified by the Department as jurisdictions where mosquitoes capable of transmitting the Zika virus are currently located or may be located in the future:
   (i) enhanced human disease monitoring, response, and disease control;
   (ii) enhanced education about Zika virus disease;
   (iii) mosquito trapping, testing and habitat inspections specific to *Aedes albopictus*, and for such other species as the Department may deem appropriate;
   (iv) mosquito control; and
   (v) identification and commitment of staff available to join State-coordinated rapid response teams, which may be deployed to those areas where the Department determines that there is a potential transmission of Zika virus by mosquitoes.

(b) Local health departments shall update their ZAPs annually, or as directed by the Department, to include activities identified by the Department in guidance issued pursuant to subdivision (a) of this section.

(c) Local health departments shall submit such plans to the Department as part of the annual Application for State Aid made pursuant to section 40-1.0 of this Part. State Aid shall only be available for activities within ZAPs determined by the Department to be necessary and appropriate to control the spread of the Zika virus in guidance issued pursuant to subdivision (a) of this section.

**Conditions and Procedures for State Aid**

In general, LHDs must comply with Article 6 of the Public Health Law (PHL) and 10 NYCRR Part 40, which establish conditions and procedures for State Aid reimbursement. Additionally, the Department has published a guidance document entitled “Article 6 State Aid Eligibility Conditions Requiring Special Attention,” which applies to all General Public Health Work programs. LHDs should read this program-specific guidance in conjunction with those important resources.

**Description of Required Services and Associated Costs Eligible for State Aid**

A. All LHDs, including New York City, are required to adopt and implement a ZAP that describes how they will perform disease monitoring of human cases, as well as how they will educate the public and healthcare providers about Zika virus and ways to reduce the risk of exposure.

In Suffolk County, the Department of Health Services (SCDHS) conducts arboviral surveillance and the Department of Public Works performs mosquito control. The SCDHS Arthropod-Borne Disease Laboratory (ABDL) conducts countywide arboviral surveillance for all mosquito-borne pathogens including West Nile virus, eastern equine encephalitis virus and Zika virus. Arboviral surveillance data are used in the decision making process regarding responses for adult mosquito control. The DPW Division of Vector Control performs countywide mosquito management. This includes performing larval and adult control when necessary to lower the mosquito populations number for vector control (i.e. no virus is found) or for arboviral response (i.e.
SUFFOLK COUNTY FINAL ZIKA ACTION PLAN

arbovirus is found in the control area). Vector Control has the authority over all mosquito control activities unless an imminent health threat is declared, which would then give all authority for mosquito control activities to the SCDHS Commissioner. In 2016, NYSDOH provided support, resources and guidance to assist counties with their Zika Action Plans. Parts of Suffolk County’s ZAP are contingent upon support, resources and guidance provided by the NYSDOH. Suffolk County’s ZAP may require modifications/amendments once NYSDOH releases their support, resources and guidance procedures for 2017.

1. Planning requirements for human disease monitoring and reporting of Zika virus:

a) Describe how your LHD will perform disease monitoring for human cases.

- This should include a description of case investigation procedures, including the identification of the most likely source of infection. Examples of sources of infection may include travel to an area with active mosquito-borne Zika virus transmission; sexual transmission; blood transfusion; or possible local acquisition of infection due to mosquito exposure, and lack of other risk factors.

Suffolk County Department of Health Services (SCDHS): Case Investigation Procedures:

- Distribute NYSDOH and CDC guidance as appropriate, as well as Suffolk County Zika Virus testing procedure “Laboratory Testing for Suspected Zika Virus for Suffolk County Residents” to hospital Infection Control Staff, Medical Directors, Health Care Providers (HCP) targeting Obstetric Providers (OB), Maternal- Child departments, ERs, laboratories, etc. Also to Hudson River Healthcare (HRHCare) FQHC clinics, placed on SCDHS website, and distributed to private obstetrician’s offices.

- SCDHS clinical staff authorizes testing as appropriate utilizing NYSDOH guidance of February 9 and March 10, 2016, for categories of persons meeting NYSDOH criteria.

- Included in the authorization is the determination by SCDHS clinical staff of the potential source of infection for the patient, following NYS and CDC guidelines.

- SCDHS obtains ECLRS lab results Mon - Fri from NYS Health Commerce System and enters them into log daily. Ordering providers are notified of all lab results.

- SCDHS follows NYSDOH directives regarding follow up for individual positive and indeterminate cases, including follow up with investigating and reporting fetal imaging studies on Zika positive pregnant women and evaluation and testing of newborns born to Zika positive women.

- Positive patients are counseled regarding sexual transmission as appropriate.

b) Describe how your LHD will capture and maintain case information.

- Activities must include electronic case reporting (e.g., CDESS, MAVEN).

- SCDHS maintains an internal Zika log on a shared network directory for access by clinical staff for daily monitoring and updating. This log includes:
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case name, CDESS number, start of service, date, DOB, travel history or other risk factors, pregnancy status, EDD, staff conducting initial investigation, symptoms, date of onset of symptoms, test date, test results, HCP name and number, fetal monitoring dates and results and fetal outcome. In addition, SCDHS has created a form to capture and monitor data specifically for Zika positive pregnant women for serial fetal imaging studies, which is shared with NYSDOH.

✓ Each case investigation is added to the daily log of all SCDHS communicable disease investigations.
✓ SCDHS clinical staff enters and updates all Zika positive cases on CDESS.

2. Planning requirements for providing education about Zika virus:
   a) Describe how your LHD will educate the public and healthcare providers about Zika virus and the ways to reduce risk of disease exposure. This description should address educational efforts related to:
      • An overview of Zika, including how it is transmitted and diagnosed.
      • CDC and other health agency recommendations, including travel restrictions.
      • The use of personal protective measures that reduce the risk of mosquito bites when travelling. Examples of such measures include, but are not limited to, staying indoors within screened, air-conditioned rooms, wearing appropriate clothing, and using repellants.

✓ The Department of Health Services’ website links to CDC’s Zika Microwebsite and offers state and local information regarding Zika virus. Callers seeking information are directed to the SCDHS website. Information and educational materials will be mailed to those individuals without internet access.
✓ SCDHS’ Office of Public Information will distribute information to legislators, town supervisors, school superintendents, libraries, youth agencies. These entities will be asked to distribute the information to members of their communities and the population(s) they serve.
✓ NYSDOH Health Advisories, CDC and SCDHS Zika testing and diagnosis guidance and procedures will be emailed to all county hospital Infection Control Departments, ERs, Medical Directors, Obstetric Providers, and HRH Clinics.
✓ NYSDOH posters and flyers will be distributed to the WIC Program Director, to Suffolk County hospitals and medical clinics.
✓ The role of the Bureau of Public Health Nursing will be in the form of education. The bureau’s caseload is primarily women of childbearing age and often pregnant or post-partum. The field nurses will have in-service education sessions about the Zika virus including:
   o How Zika virus is transmitted and diagnosed
   o CDC recommendations including travel risks
   o The use of personal protective items while traveling
   o Effective measures to prevent infection through sexual transmission
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- Potential mosquito breeding areas
- As new findings develop, the nurses will be updated
- The field nurses will in turn educate their at risk patients about Zika virus. They will use CDC approved handouts as resources for their patients. They will ask about travel history and will refer cases needing laboratory testing to the Division of Public Health.

b) Describe how your LHD will educate appropriate persons on effective measures to prevent infection through sexual transmission (e.g., abstinence or condom use).

- NYSDOH Health Advisories, CDC and SCDHS Zika testing and diagnosis guidance and procedures will be emailed to all county hospital infection control departments, ERs, medical directors, obstetric providers, and health clinics.
- Individuals who are Zika positive or who are at high risk for Zika will be individually counseled via phone.
- Social media will be used to post CDC and NYS updates on preventive measures.

c) Outline educational efforts related to potential mosquito breeding habitats and habitat reduction, which may include standing water elimination, trash cleanup, and standing water treatment options.

- SCDHS Website with an extensive Zika Information page
- SCDPW (Department of Public Works) Vector Control Website
- Press releases/bulletins, when needed, to convey new Zika information
- Distribute Dump the Water and Scrub the Container Campaign flyers and “Get the Buzz” brochures to the public through trusted partners
- Distribute WNV and EEEV Mosquito Brochures
- Social media (Facebook, Twitter) account updates
- Provide information to schools to disseminate to students and parents

B. For those LHDs, including New York City, identified by the NYSDOH as jurisdictions where mosquitoes capable of transmitting the Zika virus are or may be located, the LHD must adopt and implement a ZAP that includes activities related to human disease monitoring and control and educational activities as described as described in Subdivision A above, in addition to the following enhanced plan components:

1. Planning requirements for enhanced human disease monitoring and control:
   a) Describe how your LHD will perform enhanced disease monitoring and control. This description must address:
• Case investigation, with an increased emphasis on determining whether local transmission has occurred.

✓ SCDHS will follow NYSDOH guidance regarding categories of persons for whom Zika testing is recommended, and if there is a change or expansion of the categories for which Zika testing should be authorized by the LHD. For example, NYSDOH may recommend that all pregnant women within a defined area in the county be tested for Zika if a positive mosquito pool is found within the county.

• Adjusting human disease monitoring if local transmission of the Zika virus via Aedes albopictus is identified in your county, or if pools of Aedes albopictus are found to be positive for Zika virus.

✓ SCDHS will adhere to NYDOH guidance regarding adjusting of human disease monitoring if local transmission of Zika virus is found via Aedes albopictus mosquitoes or if pools of Aedes albopictus mosquitoes are found to be positive.

• Active disease monitoring and disease control, which may include the following:
  - Outreach to hospitals and healthcare providers related to: the importance of physician reporting; criteria for reporting, and instructions for submission of appropriate laboratory specimens to Wadsworth Center.

✓ SCDHS will continue to provide blast emails and faxes to hospitals, HCP, obstetric providers and ERs, with updated NYSDOH criteria for testing, reporting, and laboratory procedures for specimen submissions.

✓ Relevant updates will be posted on the SCDHS website with the current information and testing procedure for Zika.

  - Regular calls to hospitals to canvass for suspect cases.

✓ SCDHS will follow any relevant guidance from NYDOH regarding regular calls to hospitals for suspect cases.

  - Sending out health alerts to providers, requesting them to include Zika virus and other mosquito-borne diseases in their differential diagnosis.

✓ SCDHS will provide blast email and fax alerts to providers regarding the need for Zika and other arboviral testing during mosquito season, per NYSDOH guidance.
Ensuring that providers and laboratories submit specimens to Wadsworth Center for testing if clinical illness is consistent with Zika virus, even if commercial testing is inconclusive or negative.

SCDHIS will continue to direct providers and their patients to those labs that appropriately submit specimens for Zika virus testing to the NYSDOH laboratory. Several commercial laboratories now have the ability to test blood and urine for recent Zika infection. Providers may also utilize those commercial laboratories, although current commercial laboratory testing capability is limited and unable to detect evidence of past flavivirus infection as well as more distant Zika infection via Plaque Reduction Neutralization Testing (PRNT). SCDHS receives positive test results (PCR and IgM) from commercially tested individuals as well, and positive cases are interviewed to determine exposure and pregnancy status.

The NYSDOH laboratory continues to test eligible pregnant women for the presence of flavivirus in cases where testing for more recent infection is negative (PCR and IgM). If the flavivirus test is found to be positive, subsequent PRNT testing is performed. It is suspected that positive Zika PRNT testing demonstrates some evidence of Zika infection in the past. NYSDOH is currently following the development of infants from birth through age 18 months who are born to mothers who demonstrate any positive Zika test result, including a positive PRNT. SCDHS assists NYSDOH staff to facilitate the testing of mothers and their infants in some cases, and maintains a log of those pregnancy registry patients.

2. Planning requirements for enhanced education about Zika virus:

a) Describe how education about mosquito-borne disease, specifically Zika virus, and mosquito control are currently conducted.

SCDHIS Website with an extensive Zika information page
SCDPW Vector Control Website
Press Releases/Bulletins, when needed, to convey new Zika information
Distribute Dump the Water and Scrub the Container Campaign flyers and “Get the Buzz” brochures to the public through trusted partners
Distribute WNV and EEEV Mosquito Brochures
Social media (Facebook, Twitter) account updates
Provide information to schools to disseminate to students and parents
Suffolk County Department of Health Services Information Line

b) Provide a detailed plan on how education about Zika virus, mosquito control, and mosquito bite prevention will change if local transmission of Zika virus
via *Aedes albopictus* occurs. Education provided to pregnant women and healthcare providers should be more frequent and in-depth.

- NYSDOH Health Advisories, CDC and SCDHS Zika testing and diagnosis guidance and procedures emailed to all hospital infection control departments, ERs, medical directors, obstetric providers, and health clinics.
- NYSDOH posters and flyers distributed to WIC Program Director, Hospitals, and HRH Clinics
- Zika information on disease, transmission, risks, etc. and NYSDOH and CDC links on the SCDHS website.
- Distribute updated advisories and Zika prevention materials to obstetric providers via email.
- Individual counseling by Communicable Disease Staff and Public Health Nurses.
- SCDHS will issue press releases and bulletins through all available media and social media. Residents will be informed about increased surveillance and necessary precautions. Those at higher risk will be urged to seek advice from their health care providers.
- Additional circulation of brochures and information regarding how individuals can reduce mosquito breeding in their homes and local areas.
- Increased surveillance in County Parks regarding reducing stagnant water.
- Potential use of Code Red Emergency Notification System that can alert residents in specified areas about Zika activity and mosquito control activities.

3. Planning requirements for mosquito trapping, testing, and habitat inspections:
   a) Describe how your LHD will perform mosquito collection activities, related to mosquitoes generally, as well as activities specific to *Aedes albopictus*. The following planning elements should be addressed:
      - Number and distribution of collection sites
      - Equipment used
      - Types and number of mosquito traps
      - Number of pools collected
      - Time period during which mosquito collection is performed
      - How specimens are processed and shipped to Wadsworth Center.

The existing 50 mosquito surveillance sites used for WNV and EEEV will be used initially as the surveillance sites for *Aedes albopictus*. Mosquito surveillance will be conducted weekly at each site using a CDC light trap (with dry ice) and CDC gravid trap. Enhanced *Aedes albopictus* surveillance will be conducted at approximately 15 sites with a BG-Sentinel trap with more sites added if needed. Surveillance will be conducted for approximately 12 hours daily (i.e. dusk to dawn). If more *Aedes albopictus* specimens are needed for testing, BG-Sentinel trap surveillance will be increased to 24 hours and/or with dry ice to increase attraction of *Aedes albopictus* to traps. If other mosquito species are implicated in Zika transmission, these three trap types will be utilized as appropriate to target and collect the mosquito species of interest. Increased mosquito
surveillance may be considered in any area where there is a cluster of 3 or more human Zika cases within a quarter of a mile.

Locally, *Aedes albopictus* specimens can be collected in all three traps described above with the BG-Sentinel traps providing the largest collection numbers. *Aedes albopictus* specimens from all three traps at each surveillance site will be utilized to attain the NYSDOH weekly limit of 60 pools for Zika virus testing. All mosquito specimens for WNV, EEEV and Zika virus testing will be sent weekly to the NYSDOH Wadsworth Center by US Postal Service overnight service. All specimens will be packed and sent on dry ice to maintain viability of viruses. NYSDOH has not provided information on what support, resources and guidance they will provide the counties in 2017. The level of *Aedes albopictus* surveillance conducted by Suffolk County is contingent upon the amount of specimens the NYSDOH’s lab will test for Zika virus.

b) Describe how your LHD will identify potential mosquito habitat(s) and collect *Aedes albopictus* for testing.

In Suffolk County, adult *Aedes albopictus* are found at most arboviral mosquito surveillance sites, with the highest numbers found in western townships. SCDPW Vector Control field inspectors identify and inspect mosquito habitat at routinely inspected or complaint-driven locations.

c) Describe how your LHD will change its mosquito surveillance activities if a case of local transmission of Zika virus occurs within the county.

Mosquito surveillance will be conducted within 200 meters of the possible location or locations of transmission (e.g. patient’s residence, visited residence, park, etc.). Mosquito surveillance will be conducted weekly at each site using a CDC light trap, a CDC gravid trap and/or a BG-Sentinel trap, depending on the targeted mosquito species. Mosquito specimens will be tested for Zika virus and if Zika virus positive samples are identified, the expansion of mosquito surveillance to additional sites may be indicated. Enhanced surveillance will continue as circumstances warrant, depending on mosquito populations and weather.

4. Planning requirements for mosquito control:
   a) Describe how your LHD will perform mosquito control, including when larviciding and adulticiding is conducted, the equipment that used, and any follow-up.

SCDPW Vector Control’s overall mosquito control program, including methods and materials used and overall strategies, are described in the 2017 Annual Plan of Work and are incorporated into the ZAP by reference (attached). In addition to the methods described in that Plan, technical preparations are underway to allow the delivery of larvicides to cryptic larval habitats in residential areas using aerial or truck-mounted Ultra Low Volume (ULV) techniques. These methods would be used if larval control is required over larger areas (hundreds to thousands of acres) than cannot be treated using conventional backpack or hand-held equipment.
b) Describe how individual home visits or inspections will be performed and documented.

SCDPW Vector Control’s system for dispatching inspectors and documenting inspections was updated in 2016 to the FieldSeeker Mosquito Control software package. The system geocodes service requests, inspections and documents inspection results and any treatments required. Larval or adult collections made during inspections are also documented and tracked.

c) Describe how your LHD will incorporate Mosquito Control Days as part of your control efforts, in cooperation with NYSDOH.

Zika Action Alert Day in Suffolk County

- Beginning in May, SCDHS will distribute mosquito control brochures and flyers to residents through legislators, town supervisors, libraries, school superintendents, camps and community-based organizations.
- Social media will be used on a continual basis to promote personal responsibility in mosquito control efforts.
- The Office of Public Information will contact the NYSDOH Office of Public Affairs to coordinate outreach efforts.

SCDPW Vector Control has personnel and equipment available to assist in Mosquito Control Day events. Vector Control already participates in mosquito control discussions and provides live specimens for educational events.

d) Describe, in detail, how the LHD will change its mosquito control activities if a Zika virus-positive mosquito pool is found.

The direct detection of Zika-positive mosquitoes is highly unlikely due to low infection rates, low sample sizes and the highly localized nature of *Aedes albopictus* infestations and therefore transmission events. If detection in mosquitoes were to occur despite these factors, it would indicate a serious risk of human transmission, at least at the time of collection. Documented, locally acquired human cases in the absence of other modes of transmission, especially if clustered in a localized area, are a more likely indicator of local transmission by vector mosquitoes. In either scenario, the possible continued presence of infected, adult mosquitoes must be considered. The risks associated with the possible presence of infected, adult mosquitoes may require adulticiding to reduce the number of adult mosquitoes. If such a situation arises when conditions still favor continued mosquito reproduction, larval control may also be required to prevent recovery of mosquito populations.

Vector Control would determine the need for pesticide treatments following Suffolk County’s standard protocol for response to mosquito-borne pathogens as outlined in the Suffolk County DPW Vector Control 2017 Plan of Work. Some factors to be considered include presence of vectors, weather and seasonal suitability for continued transmission, and technical feasibility for adult and larval control. A target area would be delineated based on surveillance and natural boundaries to mosquito migration. Ground or aerial ULV adulticiding or larviciding would be
chose, depending on the area requiring treatment and other technical and epidemiological factors. Follow-up adulticiding/larviciding interventions are likely to be required if transmission was taking place relatively early in the season (July or August) but may not be necessary late in the season or if follow-up surveillance indicates a high degree of success.

e) Once local transmission is identified, Zika Rapid Response Teams (ZRRTs) should be used to assist with active disease monitoring. More information on ZRRTs is provided below.

5. Planning requirements for State-coordinated ZRRTs:
   a) Identify staff for three ZRRTs: a primary, secondary and tertiary team.
   b) Of those identified for each of the three ZRRTs, describe which staff can act as (1) educators; (2) epidemiologists, or other persons experienced in disease investigation to conduct active surveillance; and (3) site inspectors to advise on mosquito control.

<table>
<thead>
<tr>
<th>Zika Rapid Response Teams</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
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<tr>
<td>Educators¹</td>
<td>Canavan, Theresa</td>
<td>Bouchard, Christine</td>
<td>Badr, Helmy</td>
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<td></td>
<td>Graf, Gail</td>
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<td>Perotta, Joseph</td>
<td>Orlan, Jaclyn</td>
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<td>Abrams, Alison</td>
<td>Collins, Kathleen</td>
<td>Schecher, Pat</td>
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<tr>
<td>Epidemiologists²</td>
<td>Barlow, Lauren</td>
<td>Kaufman, Lana</td>
<td>Gavin, Debra</td>
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<td></td>
<td>Bolta, Jacqueline</td>
<td>Lauinger, Kathleen</td>
<td>Garvey, Lynn</td>
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<tr>
<td>Mosquito Control Site Inspectors³</td>
<td>Rochlin, Ilia</td>
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<td>Kawalkowski, Margaret</td>
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<td></td>
<td>Springmann, Glenn</td>
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<td>Layman, Greg</td>
<td>LaBounty, Howard</td>
<td>Perez, Raul</td>
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</tbody>
</table>

¹ - Public Health Sanitarians/Public Health Nurses
² - Public Health Nurses/Public Health Nurse Epidemiologists
³ - Vector Control Inspectors

c) Additional planning considerations for ZRRTs:
   - ZRRTs will include NYS staff representatives, as well as county staff, as described above.
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- ZRRT staff may be deployed to areas within the County where NYSDOH determines that there is a potential transmission of Zika virus by mosquitoes.
- ZRRTs will support interventions that focus on communities where cases have been identified, and will perform the following types of activities: disruption of breeding locations, education, active surveillance for potential cases, and technical assistance for homeowners on how to address mosquito breeding habitats.

C. All LHDs must submit ZAPs to the NYSDOH Office of Public Health Practice by April 15, 2016. Plans may be sent electronically to a6fis@health.ny.gov.

Recommendations to NYSDOH

- NYSDOH should distribute CDC-approved repellents to locations of locally-acquired human cases (presumed to be due from mosquito transmission) or where mosquitoes are found to be infected with Zika virus to help provide immediate protection to those who use them properly and consistently.
- NYSDEC could increase enforcement of regulations regarding tire disposal and other solid wastes disposal sites which could lead to stagnant water and breeding sites for *Aedes albopictus*.
- NYS Parks – continue litter cleanup to ensure no litter or containers are breeding mosquitoes in maintenance yards and public areas.
- NYS DOT – continue litter cleanup to ensure no litter or containers are breeding mosquitoes in maintenance yards and DOT drainage areas.

Reporting of Costs on the State Aid Application (SAA)

Costs associated with Zika virus will be reported as part of the Arthropod Borne Disease line of the State Aid Application (SAA), and costs specifically related to Zika virus educational activities, mosquito/human surveillance and control will be reported separately on appropriate lines provided on the SAA and Quarterly Expense Report.

Description of ineligible services and associated costs

1. Uniform costs (other than protective clothing).
2. All costs associated with larval population management or adult control of nuisance (non-vector) arthropods including habitat modification, and tidal water ditch maintenance.
3. Heavy equipment purchase, maintenance and/or repair costs, e.g., land vehicles (cars, trucks, and tractors), helicopters, and airplanes.
4. Hospital care of Zika virus infected patients.
5. Diagnosis of patients affected by Zika virus.
6. Diagnosis and treatment of other coexisting conditions.
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7. Salaries, direct or contractual costs associated with conducting an Environmental Impact Statement (EIS) or Environmental Impact Analysis (EIA) required as a prerequisite for vector
8. Tire removal for those LHDs that are NOT jurisdictions designated by the Department where mosquitoes capable of transmitting the Zika virus are or may be located.
9. Others as determined by the Department.

Resources/Guidance

Refer to the most recent NYSDOH Mosquito Surveillance and Response Guidance.