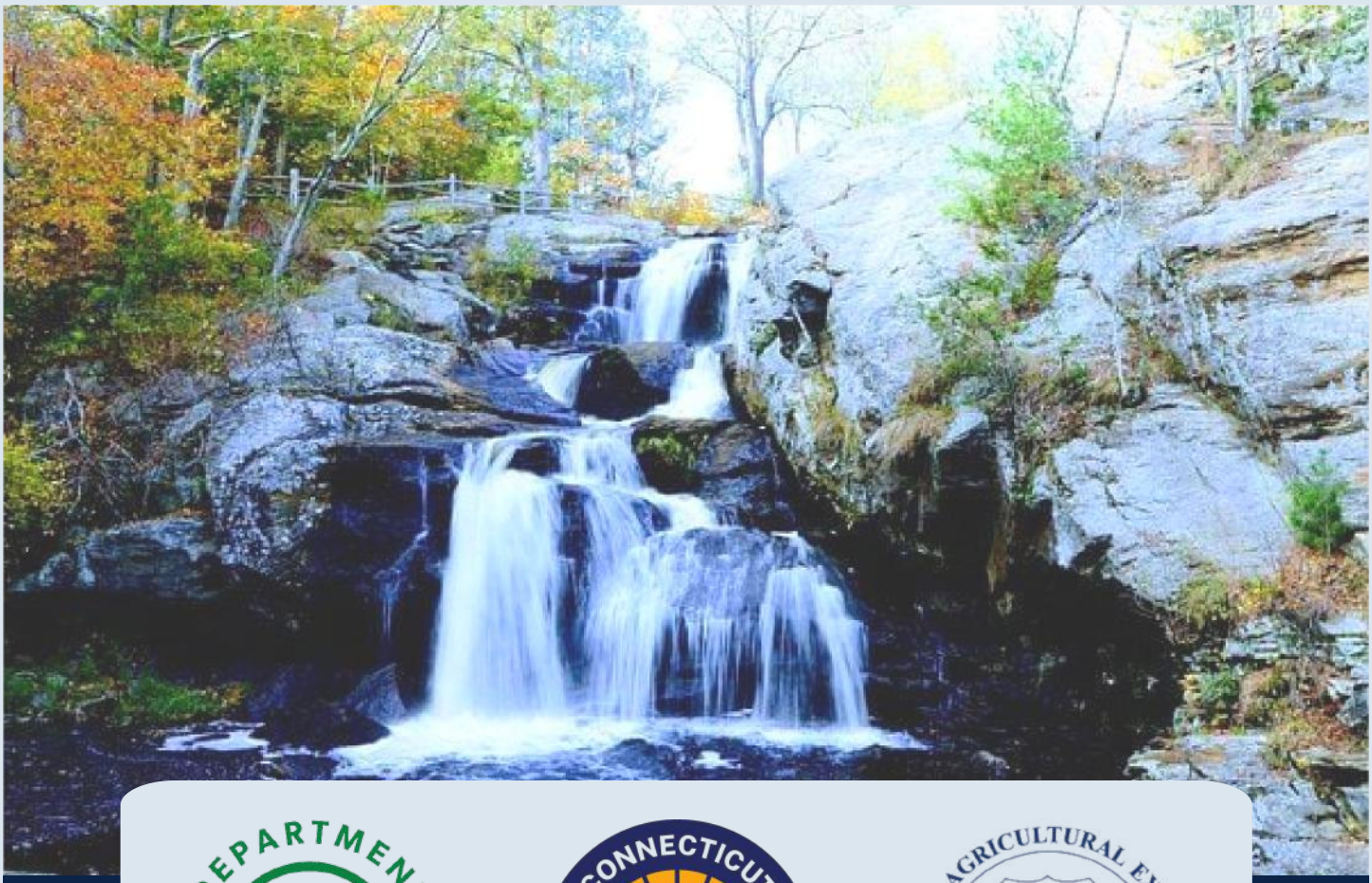

Eastern Equine Encephalitis (EEE) Response Plan

Devil's Hopyard State Park, East Haddam, CT

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01 Background

Eastern Equine Encephalitis (EEE) is a virus spread by mosquitoes and presents a serious risk to human health. Outbreaks of EEE have occurred sporadically among horses and domestic pheasants in Connecticut since 1938. EEE disease has been a reportable condition in Connecticut since 2000. Since then, five confirmed human cases have been identified in 2013 (1 fatal case) and 2019 (4 cases, 3 fatalities). Four out of these five people identified with EEE disease died from the infection.

During the 2024 Connecticut mosquito season, virus was detected in mosquitoes in several novel locations early in the season at higher levels than in most previous years. Although there were no documented human cases in Connecticut in 2024, there were confirmed human cases in all other New England states (Maine, Vermont, New Hampshire, Massachusetts, and Rhode Island) and New York and New Jersey.

02 Introduction

The State of Connecticut Eastern Equine Encephalitis (EEE) response plan describes EEE virus ecology and disease, surveillance activities conducted by collaborating agencies, assessment of transmission risk, prevention strategies, and communications during periods of increased disease risk. This plan was initially drafted in 1997, with updates in 2003, 2009, 2013, and 2019. Going forward, the plan will be reviewed annually and updated as indicated.

This plan provides guidance on prevention activities, transmission risk assessment, tiered response based on transmission risk assessment, communication, and community action. Recommended actions are limited to those that are warranted by the extent of the potential threat to human health. This plan does not address long-term, municipal planning activities.

03 Connecticut Mosquito Management Program (MMP)

In 1997, Public Act 97-289, “An Act Concerning Mosquito Control and Aerial Application of Pesticides,” (CT Gen Stat § 22a-45b) created the MMP to monitor mosquito breeding populations for the prevalence of infectious agents that can cause disease in humans and to determine when measures to abate a threat are necessary. The original focus of the program was to monitor the threat of EEE virus. The Act authorizes the necessary measures to abate any mosquito-borne threat, including prevention and remedial measures, and allows for the application of broad-spectrum chemical pesticides to address an imminent peril to the public health, safety, or welfare posed by mosquitoes, including those that carry the EEE virus. The Mosquito Management Program is based on an integrated pest management (IPM) approach, which includes a combination of surveillance, education, source reduction, larval and adult mosquito control and personal protection measures.

Connecticut’s Mosquito Management Program (MMP) is a collaboration between the Connecticut Department of Energy and Environmental Protection (DEEP), the Connecticut Department of Public Health (DPH), the Connecticut Department of Agriculture (DoAg), and the Connecticut Agricultural Experiment Station (CAES), and the Connecticut Veterinary Medical Diagnostic Laboratory (CVMDL). Together, these agencies conduct mosquito, human, and veterinary surveillance. Surveillance data is used to monitor trends, detect increased transmission risk, and implement a tiered response.

04 Agency Roles

Connecticut Department of Energy and Environmental Protection (DEEP)

DEEP is responsible for the systematic identification and monitoring of mosquito breeding sites, application of mosquito larvicides to select state properties, provision of technical assistance to municipalities and private property owners regarding mosquito control, procurement of licensed pesticide applicators, and collection and communication of information and data. Long term mosquito breeding site management will continue through DEEP's wetland restoration program.

Connecticut Agricultural Experiment Station (CAES)

CAES conducts statewide mosquito trapping and virus identification. Trapping is conducted in areas known or suspected to support mosquito populations, which have historically tested positive for EEE virus, are capable of supporting such populations, and/or are proximate to locations where EEE-related human or equine (horse) disease cases have occurred. CAES will communicate results to partner agencies in near-real time, inform the media of findings increasing risk of human infection, and make mosquito trapping and testing data available weekly online to the public.

Connecticut Department of Agriculture (DoAg)

DoAg conducts surveillance for EEE disease among horses, farm-raised birds, and other domestic animals. DoAg works with veterinary personnel and animal owners to identify potential cases of EEE disease, facilitates laboratory testing of animals, provides vaccination guidance and recommendations for equines (horses), and communicates findings to the MMP for dissemination to partners and local health departments.

Connecticut Department of Public Health (DPH)

DPH conducts human surveillance for EEE disease. DPH, along with CAES and DEEP, reviews all mosquito, human, and animal surveillance data and evaluates the epidemiological significance of this data. Based on the potential human health risk, DPH will then provide recommendations regarding appropriate actions individuals, municipalities, and states can take to reduce this risk. DPH also works to identify potential EEE human illnesses, facilitate laboratory testing, and communicate findings to MMP partners and local health departments.

University of Connecticut, Connecticut Veterinary Medical Diagnostic Laboratory (CVMDL)

CVMDL conducts animal testing for EEE virus by quantitative polymerase chain reaction. If unable to perform testing at CVMDL, the lab will facilitate testing of animal specimens at the National Veterinary Services Laboratory. Additionally, next generation sequencing is available for EEE upon request.

Local Health Departments/Districts (LHDs)

Local Health Departments/Districts (LHDs) are the local health authorities and the primary points of contact between municipalities and DPH. DPH provides surveillance information to the LHDs who may conduct educational outreach via the media and/or other means, assist DPH in investigating cases, disseminate surveillance and risk assessment information to other municipal leaders, and undertake other activities, including mosquito control, based on their community's needs.

05 Disease Ecology

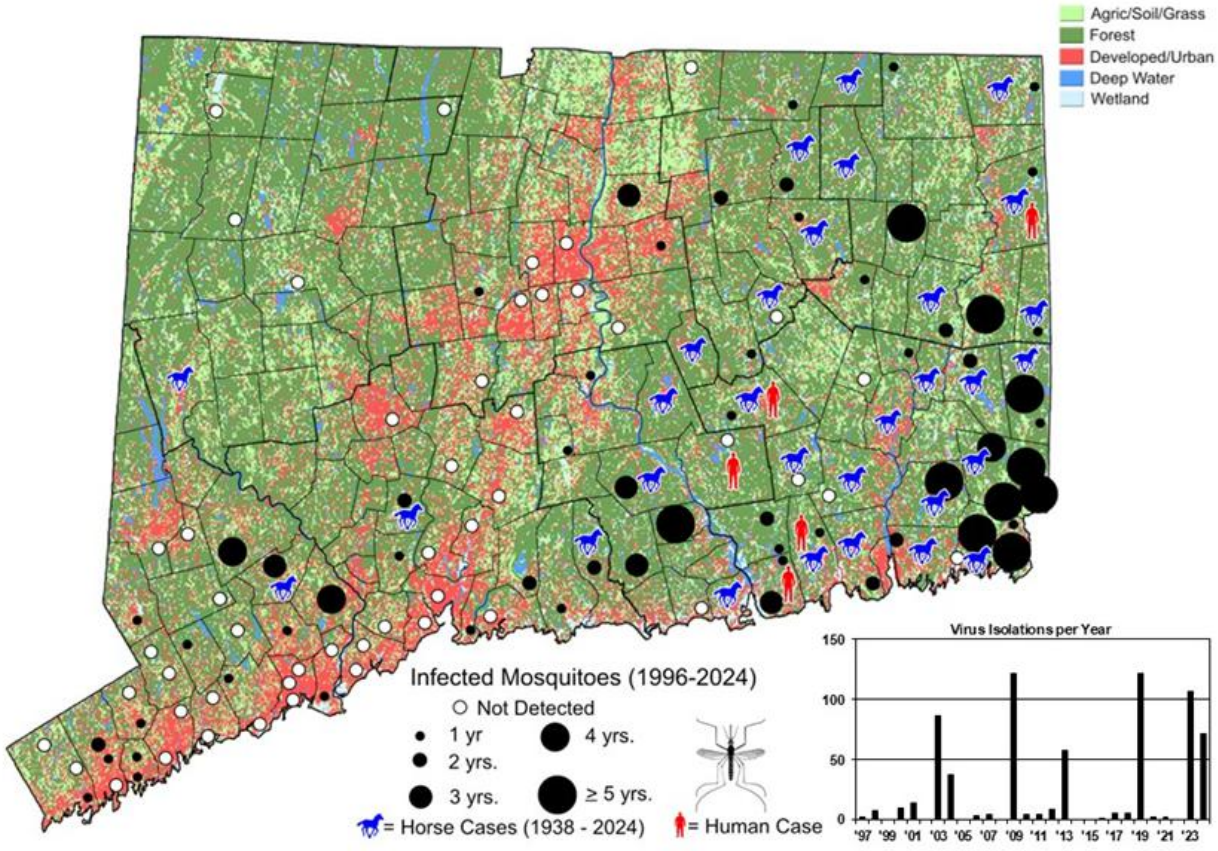
Eastern Equine Encephalitis (EEE) is a virus in the genus Alphavirus and is enzootic (regularly affects animals in a particular district or at a particular season) in Connecticut. The virus is found in species of perching birds (songbirds), mainly in hardwood fresh-water swamp habitats. The virus is transmitted between birds primarily by the mosquito species Culiseta melanura, a species that almost exclusively bites birds. It is thought the EEE virus is introduced into the Northeast each year by migratory birds and its typical appearance from July to August coincides with the hatching of highly susceptible bird populations. Initially, a relatively smaller proportion of birds and mosquitoes carry the virus; throughout the mosquito season, continuous transmission between mosquito vectors and bird reservoir hosts increases the proportion of infected birds and mosquitoes, leading to a greater amount of circulating virus in the environment, usually in late August to early September. This is called the virus amplification cycle.

In the Northeast, EEE virus transmission foci occur in and around forested swamps of mature white cedars and red maples that are the primary habitat of Cs. melanura, the enzootic vector of EEE. The buttressed root systems of these trees create dark holes, or crypts, that are generally filled with water and serve as larval habitat for Cs. melanura development and overwintering. The amount of rainfall during the summer and fall affects the survival of the larvae during the winter and, in part, determines the population of adult mosquitoes the following year. Because of the unique features of the enzootic foci, the risk of EEE disease in humans varies geographically in Connecticut.

Historically, areas where EEE virus has been found are in the southeastern portion of the state (Figure 1). In most years, EEE virus exists mainly in a mosquito-bird cycle. In years with high virus amplification, there may eventually be spill over into secondary, or "bridge", mosquito vectors that feed on both birds and mammals, including humans. In the Northeast, these bridge vector species include *Coquillettidia perturbans*, *Ochlerotatus (Aedes) canadensis*, *Culex salinarius*, and *Aedes vexans*. Most sites where EEE virus has been identified are in or near hardwood swamps or areas bordering freshwater swamps. Salt marsh mosquitoes (*Ochlerotatus sollicitans*, *Oc. taeniorhynchus*) are not generally found near the forested swamp environments where bird reservoirs are concentrated and the risk of transmission to humans by these species is low.

Mosquitoes are unlikely to be active when temperatures fall below 50° Fahrenheit (F) in the evening. Most remaining adult mosquitoes are killed during the first hard freeze.

Figure 1. Land use map of Connecticut showing the distribution and prevalence of Eastern Equine Encephalitis virus isolations from mosquitoes and human and horse cases from 1996–2024.



06 Human EEE Disease and Diagnosis

Eastern equine encephalitis (EEE) can cause serious disease in humans, with 30–50% mortality and lifelong neurological disability among many survivors. The first symptoms are fever (often 103º–106ºF), stiff neck, headache, and lack of energy; some patients experience nausea or vomiting. These symptoms begin three to ten days after a bite from an infected mosquito. Additional symptoms may include difficulty speaking and weakness. Inflammation and swelling of the brain, called encephalitis, is the most dangerous and frequent serious complication. The disease may rapidly worsen, and some patients may go into a coma within a week. There is no vaccine or treatment. People who survive will often be permanently disabled due to neurologic damage. Few people recover completely. Human cases of EEE are most likely to occur in late August through early fall.

Testing usually consists of a preliminary screening test (a microsphere immunoassay (MIA) for IgM antibody to the virus), followed by confirmatory testing by plaque reduction neutralization testing (PRNT). Because the initial screening test could pick up cross-reactions with other arboviruses, confirmatory testing is needed to verify antibodies specific to EEE virus. Certain specimens, such as cerebrospinal fluid drawn shortly after symptom onset, may be tested by polymerase chain reaction (PCR). The EEE virus IgM MIA is available at the Connecticut DPH State Public Health Laboratory.

Confirmatory PRNT or PCR testing is performed at the Centers for Disease Control and Prevention (CDC). The IgM MIA test results are available within 48 hours after sample submission; PRNT confirmation may take 7–10 days. Only specimens that are positive on the confirmatory PRNT test or on PCR are considered to represent true cases and used for risk assessment. Risk assessment is based on the period during which an individual was most likely infected (4–10 days prior to illness).

Additional information about EEE disease can be found on the CDC's EEE website.

07 Transmission Risk Assessment

EEE Transmission Risk Assessment depends on multiple factors:

- Introduction of EEE virus into the state
- Timing of this introduction
- Abundance of key mosquito species at critical periods of the transmission season
- Rate and magnitude of EEE virus amplification in mosquitoes
- EEE virus detection during the early part of the season (mid-summer)
- Detection of EEE virus from multiple species of mosquitoes
- Proximity of infected mosquitoes to residential areas, camping areas, or human activity
- EEE cases in animals (horse, commercial exotic bird flock, wildlife)
- EEE cases in humans

Identification of EEE virus in *Cs. melanura* is useful as a proxy measure of the amount of virus in the environment. Abundant populations of this species provide greater opportunity for the virus to amplify within the bird population and be picked up by a bridge vector mosquito species. The more virus that has spilled over into bridge vector species, the greater the chance that a person will be exposed to the virus. Jurisdictions without trapping sites should monitor trapping sites in neighboring jurisdictions, and surrounding regions, to assess local risk.

Other factors affecting seasonal risk are groundwater levels and the timing of rainfall and flooding during the mosquito season. Long-term weather patterns during the fall and winter that produce high ground water levels and snow cover may enhance survival of *Cs. melanura* larvae. Warm temperatures increase the rate of both mosquito development and virus replication within mosquitoes.

It is not currently possible to accurately forecast either the abundance of mosquitoes or the risks for encountering an infected vector. Risk assessment relies upon a robust mosquito surveillance system to monitor both mosquito populations and virus amplification as the season progresses. Consistent routine testing over a period of years provides data upon which to revise and refine the state's risk assessment and mosquito management efforts.

08 Surveillance

Connecticut conducts passive human and veterinary surveillance and active mosquito surveillance. Data from these surveillance systems, plus the extensive expertise of state and local agencies, are used in combination to assess risk of human disease.

Mosquito Surveillance

Statewide mosquito trapping is conducted from the first week of June to the end of October at 108 collection sites in 88 municipalities. This includes the 16 new trapping locations that were added in 2020 to increase trap coverage in high-risk areas in eastern Connecticut. Trapping locations to monitor EEE virus were established in more sparsely populated rural settings that included permanent fresh- water swamps (red maple/white cedar) and bogs, coastal salt marshes, horse stables, and swamp-forest border environs. Trapping sites have been selected based on proper habitat for Cs. melanura development, previous detection of EEE virus in mosquitoes, or prior animal cases (horses or farm raised birds). Other mosquito trap sites are concentrated in more urban and suburban parts of the State where WNV is more prevalent. These sites include municipal parks, greenways, golf courses, undeveloped wood lots, sewage treatment plants, dumping stations, and temporary wetlands associated with waterways.

Mosquito trapping occurs four days per week (Monday–Thursday). Traps are set overnight at each site every 10 days on a regular rotation and trapping frequency is increased to twice a week after detection of EEE or WNV at that site.

Two trap types are used at all trapping stations.

1. A CO2-baited CDC Light Trap, designed to trap host-seeking adult female mosquitoes (all species); and
2. A Gravid Mosquito Trap, designed to trap previously blood-fed adult female mosquitoes (principally *Culex* species).

Mosquitoes are transported to the laboratory the following morning where they are identified on the date of collection. Mosquitoes are grouped into a “pool” according to species, collecting site, trap type, and date, and processed for virus testing the following day. A maximum of 50 female mosquitoes are included in each pool.

All of the virus isolation work is conducted in a certified Bio-Safety Level 3 laboratory at the CAES. Aliquots of each mosquito pool are inoculated into Vero cell cultures for detection of EEE virus and other mosquito-borne arboviruses of public health importance. Cell cultures are incubated at 37ºC in 5% CO2 for up to 7 days and examined daily for viral growth. Isolated viruses are identified by Real Time (TaqMan) reverse transcriptase polymerase chain reaction (RT-PCR) or standard RT-PCR using virus- specific primers.

Complete processing of mosquitoes (from collection to virus isolation and identification) is completed within 10 days. Test results include, but are not limited to, trap sites, number and species of mosquitoes, collection date and arbovirus testing results. CAES reports results to DPH and CDC via ArboNet, the national arboviral surveillance system managed by CDC. CAES test results are posted online weekly.

Veterinary and Wildlife Surveillance

EEE causes severe disease in equines (horses) and has been associated with illness in exotic game and non-native birds, birds of prey, goats, and white-tailed deer; evidence of infection and possibly illness in dogs and cats has been reported. Non-native bird species such as emus, ostriches, and exotic game birds, such as pheasants, partridge, emus, or ostrich, are highly susceptible to EEE disease, and infections within farmed captive flocks (emu, pheasant) have occurred in Connecticut.

Testing of specimens from equines (horses), other domestic or zoo animals, and/or flocks with sudden die-offs can be coordinated through DoAg at CVMDL. Testing of highly suspect wild bird specimens and captive or free-ranging wildlife with neurologic symptoms can be coordinated through DEEP at CVMDL. Testing can take up to several weeks to complete depending upon the type of sample submitted and the testing protocol required to obtain a definitive result. Annual vaccination is the primary means of preventing infection in equines.

Connecticut does not conduct active surveillance for EEE virus in wild birds. Most infected birds survive the viremia, making individual dead wild bird monitoring impractical.

Results of animal surveillance are posted weekly alongside mosquito results.

Human Surveillance

EEE is a physician and laboratory reportable disease to the Department of Public Health. Results of human surveillance can be found at the DPH EEE web page. To protect patient confidentiality, DPH generally releases only age category, gender, current patient status, county or county equivalent of residence and likely exposure location, if known. Results are also reported to the CDC's ArboNET reporting system for national surveillance.

Due to the time required for specimen collection, submission, and testing, it is possible several weeks may pass between the onset of a person's illness and a confirmed diagnosis. Transmission risk assessment is made based on the likely time of a patient's exposure to the virus, which is up to 10 days before the onset of symptoms.

09 Communication Plan

Identification of virus in mosquitoes from a town for the first time during a EEE season is reported to the LHD by telephone within 24 hours of identification. Laboratory confirmation of a human EEE case is reported within 24 hours to the LHD for the town where the case resides. The CVMDL, DoAg or DEEP will inform partner agencies of laboratory confirmation of EEE infection in a domestic, wild, or captive/zoo animals (including non-flighted birds) within 24 hours; DPH will inform the LHD for the town in which a positive captive animal resides within 24 hours of notification. Local health directors are encouraged to notify municipal leaders and elected officials of human, veterinary, or mosquito findings. After all appropriate state and local agencies have been notified, positive surveillance findings will be made available to the media and the public.

Results of human surveillance will be posted on the DPH website upon confirmation of illness in a resident of CT. This website, which also includes links to educational materials related to mosquito-borne diseases, is updated throughout the arbovirus season. To protect patient confidentiality, only limited information is released to the public on any individual. DPH generally releases only age category, gender, current patient status, county or county equivalent of residence and likely exposure location, if known. Weekly summaries of mosquito trapping and testing will be posted at on the Connecticut Mosquito Management Program website. Summaries include a town- level map with locations of positive mosquitoes and animal cases indicated.

Participating state agencies will issue public health alerts through the media when surveillance information indicates an increased risk of human disease or if a significant surveillance event occurs (for example, the first arbovirus activity of the season). In general, alerts include current surveillance information and emphasize prevention strategies. Local health departments or districts, or municipalities, may issue public health alerts to share risk and prevention information with community members.

During seasons of elevated EEE virus transmission risk, multi-agency conference calls will be held weekly or as needed. Affected LHDs and municipal officials as well as adjacent LHDs and municipalities will be invited to participate in these calls. Risk assessment changes will be communicated to the LHD and any immediately adjacent community.

10 Response and Recommendations for Risk Reduction

The following recommendations are general guidelines only. Specific situations and local risk levels within communities should be considered individually. Assessment of risk of human disease is complex; no single finding can provide a precise measure of individual risk, and no single prevention measure can eliminate risk of infection. **Personal protective measures must form the basis of all risk reduction.**

The need to use these personal protective measures must continue even if other mosquito control activities, including aerial spraying, are conducted. Communication with the public and public awareness of what can be done to reduce individual risk of infection is of utmost importance.

Typically, risk for any individual is expected to be relatively low, and the routine precautions taken by individuals may be sufficient to reduce opportunities for infection.

To reduce the risk of being bitten by mosquitoes, residents should:

- Minimize time spent outdoors between dusk and dawn when mosquitoes are most active.
- When it is necessary to be outdoors, use mosquito repellents containing an Environmental Protection Agency (EPA)-registered active ingredient, including DEET, Picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol (PMD), or 2-undecanone. EPA registration of skin-applied repellent products indicates that they have been evaluated and approved for human safety and effectiveness when applied according to instructions on the label.
- Wear shoes, socks, long pants, and a long-sleeved shirt when outdoors for long periods of time, or when mosquitoes are more active. Clothing should be light-colored and loose-fitting and made of tightly woven materials that keep mosquitoes away from the skin.
- Wear clothing and gear treated with permethrin. Permethrin is an insecticide that kills or repels mosquitoes and ticks.
- Be sure door and window screens are tight-fitting and in good repair.
- When sleeping outdoors, use tents or mosquito netting in an unscreened structure. Treat camping gear with permethrin when possible.
- Cover strollers and baby carriers with mosquito nets when outside.

In addition to the above measures, during periods of elevated risk, all people spending time outdoors should be cautioned to avoid wooded areas where mosquitoes are prevalent. Mosquitoes in densely wooded or shaded areas will often bite when disturbed during daytime hours.

Depending on level of risk as outlined below, community level precautions may include:

- DEEP may prepareand post signs containing recommended personal protective measuresin state owned land and recreation areas.
- LHDs may consider postingsigns containing recommended personal protective measuresin town owned properties, land trusts, and other areas.
- Consider restricting, rescheduling, or cancelling outdoor group activities between dusk and dawn within focal areas of moderate to high transmission risk (intensive virus activity).
- Consider ground level ultra-low volume (ULV) application of mosquito adulticide.

Although mosquitoes are unlikely to be active when temperatures fall below 50º Fahrenheit (F) in the evening, EEE infection risk continues until the first hard freeze, which kills most remaining adult mosquitoes and virtually eliminates risk of transmission. A hard freeze is defined as two consecutive hours of temperatures below 28ºF or three hours below 32ºF. This will occur at different times for different communities. However, before the first freeze, mosquito activity may decline to a degree that the risk of ongoing transmission is low. Communities should consider this information when making decisions about planned outdoor group activities late in the season.

In situations where there is an identified elevated risk of human disease, state officials may consider the use of focal (backpack or truck mounted), or aerial pesticide spraying to reduce the number of potentially infected adult mosquitoes. Aerial spraying is conducted by aircraft. Licensed mosquito control professionals apply EPA approved pesticides in an ULV spray, which dispenses fine aerosol droplets that kill adult mosquitoes on contact. Spraying occurs during evenings into overnight if weather conditions are favorable. Many areas of high concern for transmission in hardwood swamp areas are not fully accessible by truck or backpack mounted ground sprayers. Any decision to use focal (backpack or truck mounted) or large-scale aerial application of pesticide will be made only after evaluation of the multiple factors which contribute to risk of transmission of EEE to people and after discussion with officials from the potentially affected communities.

Aerial, truck, or backpack mounted pesticide applications can be used in conjunction with all other available risk mitigation tools. However, these measures do not eliminate all disease risk, and it is critical that residents continue to protect themselves from mosquito bites.

11 Tiered Response to EEE Transmission Risk

Definitions

Pool: A sample of 1 to 50 mosquitoes grouped by date of collection, species and trap type and location.

Sporadic EEE Activity: when 1–2 mosquito pools test positive during non-consecutive weeks from the same trap location.

Sustained EEE Activity: when mosquito pools test positive for 2 or more consecutive weeks from the same trap location.

After 4 or more weeks with negative results from the same trap location, a location may be redefined/reclassified from sustained to sporadic.

Level 0: Baseline

Findings:

- No EEE virus detections in mosquitoes

AND

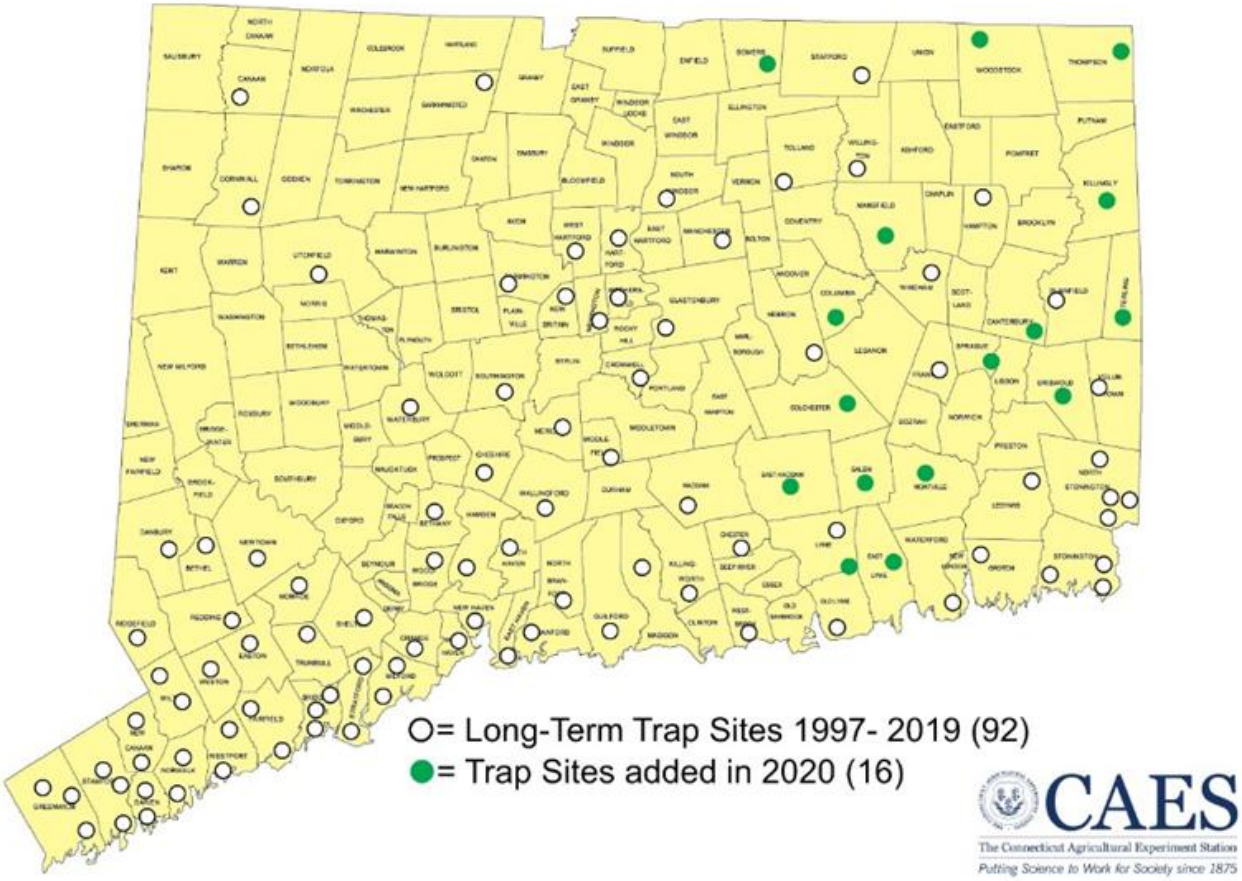
- No human, equine, or captive bird cases reported.

Probability of human disease: Remote

Actions:

- Trapping at 108 locations throughout the state will be conducted from June through October by CAES (Figure 2).
- Weekly results of mosquito trapping and testing will be made available to the public online on the Connecticut Mosquito Management Program website.
- Agencies will maintain passive human and animal surveillance.
- MMP will communicate with Massachusetts and Rhode Island regarding their EEE monitoring programs and obtain updated information on confirmed EEE cases and public health advisories issued in those areas.

Figure 2. Mosquito Trapping Stations



Level I: Public Health Notification

Findings:

- **Sporadic** EEE virus detections in *Cs. melanura* or other bird biting mosquitoes such as *Culex pipiens*, *Culex restuans*, *Cs. morsitans* or *Uranotaenia sapphirina*.

AND

- No human, equine, or captive bird cases reported.

Probability of human disease: Low

Actions:

- Continue Level 0 baseline actions.
- DPH will notify LHDs of EEE virus isolations in their jurisdictions.
- CAES will issue press release about first findings of EEE virus in the State and include routine personal protective measures.
- CAES will intensify trapping and testing in the region of occurrence.

Level II: Enhanced Public Health Notification

Findings:

- **Sustained** EEE virus detections in *Cs. melanura* or other bird biting mosquitoes such as *Culex pipiens*, *Culex restuans*, *Cs. morsitans* or *Uranotaenia sapphirina*.

AND

- No human, equine, or captive bird cases reported.

Probability of human disease: Low

Actions:

- Continue Level I actions.
- Enhanced local communication from state and local agencies will advise residents in affected areas to use personal protective measures.

Level III: Public Health Alert

Findings:

- **Sporadic** EEE virus detections in human biting mosquitoes (such as *Coquillettidia perturbans*, *Ochlerotatus canadensis*, *Aedes vexans*, *Aedes cinereus*, *Anopheles crucians*, *Anopheles punctipennis*).

AND

- Confirmed equine or captive bird case(s).

Probability of human disease: Moderate

Actions:

- Continue Level II actions.
- Agencies will issue a heightened public health alert to local officials, health agencies and residents advising personal precautions in the region(s) of concern.
- The public will be advised to use all personal protective measures as detailed in section “Response and Recommendations for Risk Reduction."
- DEEP or LHDs may prepare and post signs containing recommended personal precautions in public land and recreation areas.
- Communities may wish to consider precautions listed in section “Response and Recommendations for Risk Reduction."
- Consider ground level application of mosquito adulticide.
- DPH will notify acute care hospitals of heightened EEE risk and clinical specimen submission protocols.

Level IV: Public Health Warning

Findings:

- **Sustained** EEE virus isolations from human biting mosquitoes.

AND

- Confirmed human, equine, or captive bird case(s).

Probability of human disease: High

Actions:

- Continue Level III actions.
- Agencies will issue heightened public health warnings to local officials, health agencies and residents advising personal precautions in the region(s) of concern.
- Weekly conference calls will be held with local health officials and municipal officials in affected communities.
- In addition to the personal protective measures advised in Level III, the public will be advised to avoid wooded areas where mosquitoes are prevalent at all times.
- Agencies may recommend restricting group outdoor activities during dusk to dawn in areas of intensive virus activity.
- Consider closure of state parks and campgrounds near affected areas.
- Consider aerial application of mosquito adulticide.

12 Public Health Emergency

If indicated, the Governor may proclaim a Public Health Emergency in consultation with the DPH Commissioner pursuant to CT Gen Stat § 19a-131a. After EEE is confirmed in a town or contiguous towns in Connecticut, the following additional actions would be taken should a Public Health Emergency be proclaimed:

- The application of adulticides by the state under these circumstances does not require the approval of the municipal officials in the towns affected.
- After consultation with the Commissioner of DPH, the Commissioner of DEEP has the responsibility and authority to act unilaterally if the application of chemical pesticides from the air or ground is necessary to control mosquito vectors of human disease pursuant to CT Gen Stat § 22a-54(e). Concurrent with this determination, officials from the Mosquito Management Program will meet with local officials in the affected communities to inform them of the situation and to discuss the logistics of spraying.