Council of State and Territorial Epidemiologists

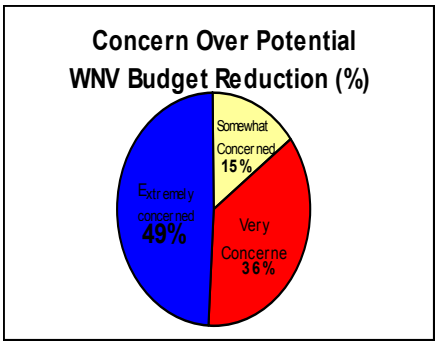
Leaders in Applied Public Health Epidemiology

Impact of Reduced Funding for West Nile Virus

Nationwide, West Nile Virus (WNV) surveillance systems, technical expertise, laboratory capacity, and prevention programs have developed significantly since the 1999 introduction of this arbovirus and represents a major public health success story[1], according to the 2005 Council of State and Territorial Epidemiologists (CSTE) WNV survey. Progress can primarily be attributed to congressionally appropriated funding and technical guidance from the CDC, which gave states the tools and personnel to develop strong arboviral disease programs.

The 2007 Presidential budget included a $10 million reduction for WNV and a $4.3 million reduction in emerging disease funding, both of which are the source for the Epidemiology and Laboratory Capacity (ELC) cooperative agreement with state health agencies. The one-year Continuing Resolution would seemingly restore WNV program funding, however to date none of the funds have been distributed (March 1, 2007). An even larger reduction ($16.9m) appears in the President's proposed 2008 budget and translates to a greater than 50% reduction per state.

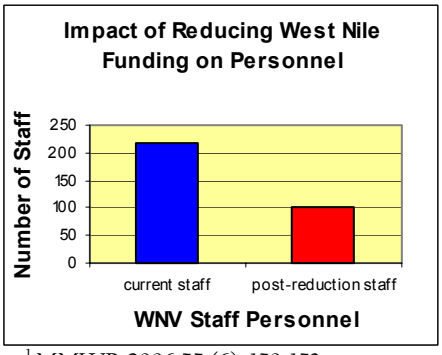
Prior to the release of the President's 2008 budget, CSTE assessed the impact that a $10 million WNV budget reduction would have in states and large cities; fifty-four of 57 (95%) states and cities submitted responses.



Eighty-five percent of respondents were "very or extremely" concerned about the potential negative impacts budget reduction will have on their continued ability to perform WNV related activities. None of the respondents expressed "no" concern.

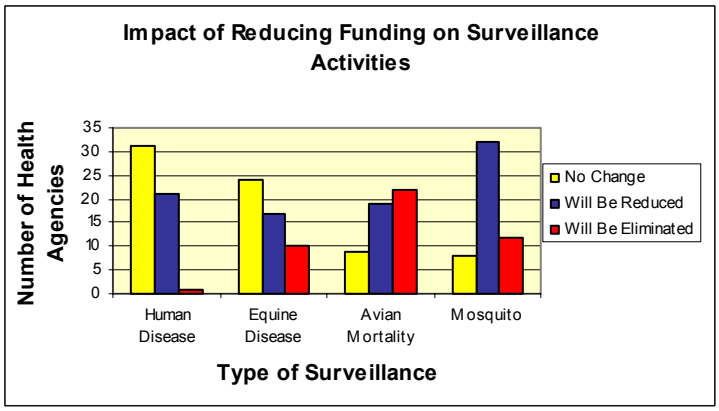
IMPACT ON WNV SURVEILLANCE, LABORATORY, AND RESPONSE PERSONNEL

Almost half of the staff personnel responsible for the West Nile virus program would be relieved of their responsibility for WNV surveillance and prevention. While nearly all states would continue to have access to a State Public Health Veterinarian, at least 14 states will no longer have an arboviral disease surveillance coordinator, leaving just over half the states with full arboviral surveillance capacity. 28 of 54 respondents anticipate a significant impact or elimination of expert consultants (medical entomologists, infectious disease specialists, and wildlife biologists) used to consult and inform program decisions.



IMPACT ON DISEASE SURVEILLANCE AND RESPONSE

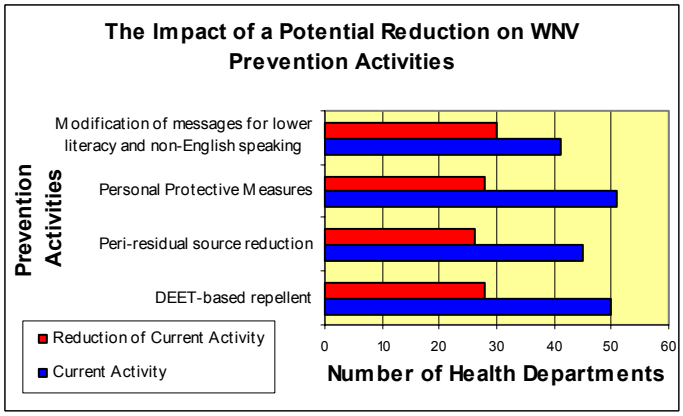
The respondents described an overall reduction of eighty-five percent in laboratory capacity , the negative impact of which is the elimination of laboratory staff, trainings, supplies, and testing for WNV and other arboviruses. Forty-three percent of respondents expect an elimination of dead-bird surveillance efforts



resulting in the discontinuation of data collection and maintenance of this key program to give early warning to impending epidemics among humans for a given geographical area. More than half predict that mosquito surveillance activities will be reduced or eliminated. More than 60% of respondents reported reduced ability to report surveillance data to ArboNet, the national vector-borne surveillance database. *Most disturbingly, over half of the respondents will lose the ability to adequately respond to an emerging vector-borne disease outbreak.*

IMPACT ON DISEASE PREVENTION ACTIVITIES

More than 50% of respondents will reduce or eliminate prevention activities related to vector-borne diseases depicted below.



[1] MMWR 2006:55 (6): 150-153

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