



Commonwealth of Massachusetts
STATE RECLAMATION AND MOSQUITO CONTROL BOARD

**NORTHEAST MASSACHUSETTS MOSQUITO CONTROL
AND WETLANDS MANAGEMENT DISTRICT**

118 Tenney Street
Georgetown, MA 01833
Phone: (978) 352-2800
www.nemassmosquito.org



Operations

Barry Noone: *District Director*
Kimberly A. Foss.: *Entomologist*
Robyn A. Januszewski: *IT Coordinator*
Steven Przyjemski: *Wetlands Project Coordinator*

Commissioners

John W. Morris, CHO: *Chair*
Paul Sevigny, RS.: *Vice Chair*
Joseph T. Giarrusso, *Conservation Officer Retired*
Rosemary Decie, RS

2026 INTEGRATED PEST AND VECTOR MANAGEMENT PLAN

District Announcement for Requesting Residential Adulticiding and Larviciding:

Residents can request service for adulticiding, larviciding (property inspections) and tire removal by completing the [“Request Service”](#) form on our website. Residential Service Requests for adulticiding (**truck spraying**) are normally accepted from June 1st to September 30th, from Sunday, 7:00 AM through Wednesday at noon for the current week only in municipalities that allow resident requests for adulticiding. Please check [“Towns We Serve”](#) on our website to verify if your municipality allows resident requested adulticiding. Larviciding (**aquatic control**) requests and property inspections may be made at any time in all our subscribing municipalities.

Establish good mosquito avoidance habits during the mosquito season until the first hard frost.

- **Pick and always use a repellent with an EPA/CDC approved active ingredient when outdoors**
- Remove standing water to help reduce mosquito populations
- Use long sleeves to cover up whenever possible and repair screens
- Avoid outdoor activity between the hours of dusk and dawn in elevated risk areas
- Contact NEMMC to report potential mosquito breeding areas and for discarded tire pickup

A hard, or killing frost, is defined meteorologically as two consecutive hours of temperatures below 28 degrees Fahrenheit or three hours below 32 degrees. This will occur at different times for different communities, and there may even be variation within communities based on local geography. Although mosquitoes are not killed until a hard frost occurs, they are extremely unlikely to be active when temperatures fall below 50 degrees in the evening (Page 15 of the [2025 Massachusetts State Arbovirus Surveillance and Response Plan](#)).

Introduction

Mosquito-borne viruses such as Eastern Equine Encephalitis virus (EEE) and West Nile Virus (WNV) have been and continue to be the cause of disease outbreaks in humans and animals in Massachusetts. Community-level mosquito control can be a practical and meaningful method of protecting people especially when risk levels of virus become moderate, high, or critical. Efforts to reduce risk of arbovirus transmission include but are not limited to public awareness and prevention, adult and larval surveillance, and standard mosquito control methods utilized by established Mosquito Control Projects or Districts (MCPs).

Northeast Massachusetts Mosquito Control and Wetlands Management District

Mosquito control districts serve as critical elements in the surveillance network, and in performing and facilitating intervention efforts to reduce the burden of mosquitoes and mosquito-borne diseases. Districts coordinate the placement of traps, collecting, identifying, and submitting mosquitoes and associated data with the Massachusetts Department of Public Health (MDPH).

District personnel have proficient knowledge of local habitats and proper equipment that may be rapidly deployed to reduce mosquito populations. Personnel also increase public outreach/educational efforts for mosquito control, disease prevention, personal protection and IPM strategies. Districts also provide weekly summaries on mosquito abundance, diversity and local conditions that may be conducive to mosquito development and survival.

The purpose of the 2026 Integrated Pest and Vector Management Plan (IPVMP) is to describe NEMMC's mosquito and arbovirus surveillance and management strategies specific to Northeastern Massachusetts subscribing communities. This plan also outlines specific responses to arbovirus and how our resources will be directed toward implementing these responses effectively and efficiently in our district.

Massachusetts Department of Public Health (MDPH)

Main objectives:

- Monitor trends in EEE and WNV in Massachusetts
- Provide timely information on the distribution and intensity of WNV and EEE activity in the environment.
- Perform laboratory diagnosis of WNV and EEE cases in humans, horses, and other animals.
- Testing mosquito batches for disease through the Public Health Laboratory
- Communicate effectively with officials and the public.
- Provide guidelines, advice, and support on activities that effectively reduce risk for disease.
- Provide information on safety, anticipated benefits, and potential adverse effects of proposed prevention interventions.
- Assign risk categories for municipalities in the event WNV and EEE are detected.

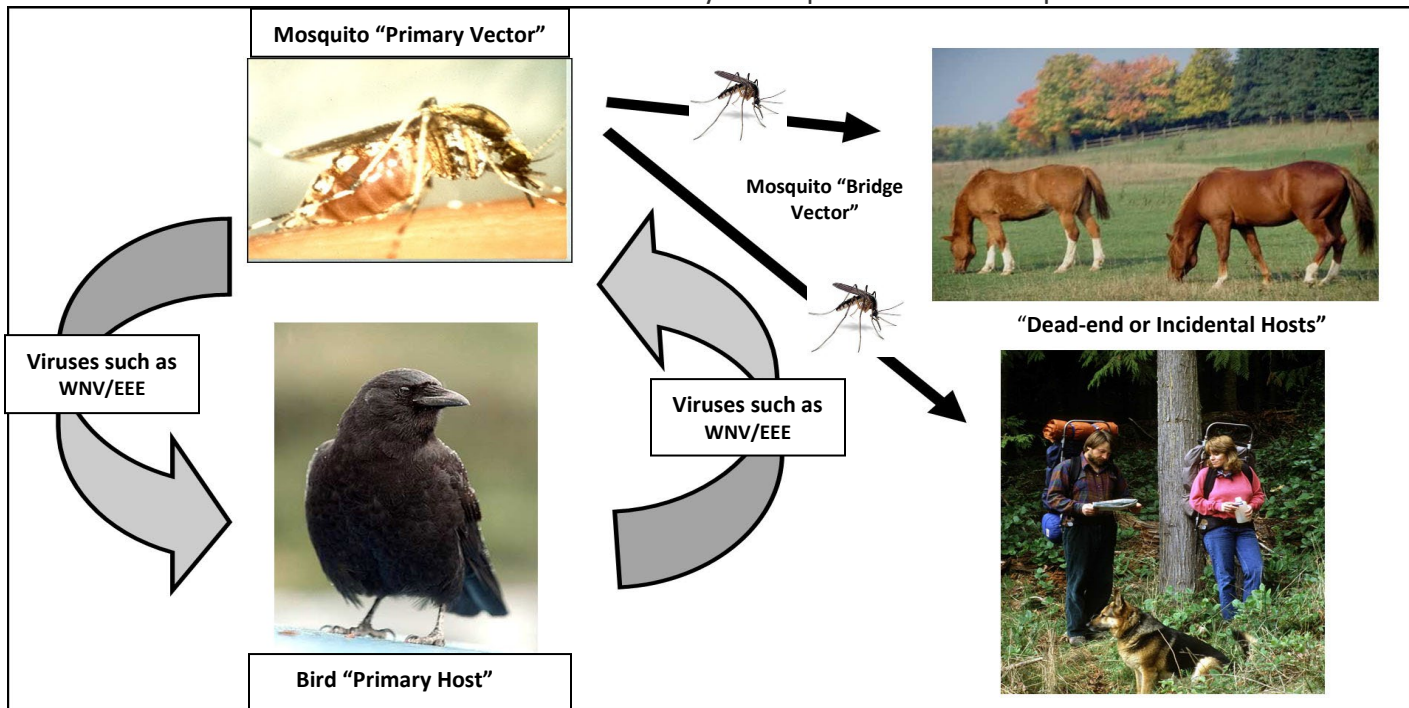
Refer to the 2025 Massachusetts State Arbovirus Surveillance and Response Plan viewed online at <https://www.mass.gov/lists/arbovirus-surveillance-plan-and-historical-data>

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The Arbovirus Life Cycle

Arbovirus: A class of viruses transmitted to humans by arthropods such as mosquitoes and ticks.



Some mosquito species rarely bite humans; they feed on infected birds called "primary hosts". Newly infected mosquitoes then feed on non-infected birds causing an amplification of that virus in the local bird population. These mosquitoes are referred to as "primary vectors".

These infected birds become a blood-meal source for other mosquito species who themselves become infected. These other infected mosquito species may then bite humans. The species capable of infecting humans are known as "bridge vectors".

Humans and other mammals affected in this cycle are known as "dead end or incidental hosts". This means they do not develop the high levels of virus in their bloodstream needed to pass the virus to other biting mosquitoes.

Northeast District Mosquito Species of Concern

There are about 54 mosquito species present in Massachusetts. Approximately 23 species are associated with arboviral activity in Massachusetts and are targeted for control. Other species are listed as nuisance/pest species and can reduce the overall quality of life and recreation during a specific time of year. This list may expand over time.

Aedes vexans – Is a common nuisance mosquito. Temporary flooded areas such as woodland pools and natural depressions are the preferred larval habitat of this mosquito. It feeds on mammals and is an aggressive human biter. This species is typically collected from May to October. *Ae. vexans* is a bridge vector of EEE virus.

Anopheles crucians - This common mosquito from the southeastern United States is primarily found in wooded, swampy areas with acidic water and dense vegetation, or brackish water areas, often becoming a significant pest from spring through fall. It is known to be active during both evening and nighttime hours, biting avidly just after dusk, and while it does not typically fly as far as some salt-marsh species, it can disperse several miles from its breeding grounds. It feeds readily on a variety of mammalian hosts, including marsh rabbits, livestock, and humans, making it a potential bridge vector for several pathogens, including the parasites that cause dog heartworm and malaria.

Anopheles punctipennis - Is found occasionally in the spring and summer. This pest of humans has a mildly annoying bite. The larvae are found in a wide variety of wetlands including permanent swamps and along the edges of ponds and slow-moving streams. *An. punctipennis* has been implicated as a bridge vector of WNV and JCV.

Anopheles quadrimaculatus - Is a common summer mosquito. This species is a pest of humans and other mammals, readily enters houses and has a mildly annoying bite. The population increases during the summer. The larvae are found in clear water amongst low vegetation or floating debris, in permanent swamps and along the edges of ponds and slow-moving streams. *An. quadrimaculatus* has been implicated as a bridge vector of WNV.

Aedes sticticus – Is a late spring floodwater mosquito that hatch along river floodplains after snowmelt. Eggs can remain viable for at least 5 years. Summer hatches may occur if these floodplains refill with heavy and extensive area summer rains and are usually associated with *Ae. vexans* in these flooding situations. Females can bite during the day but are more troublesome during the evening near these floodplain habitats. *Ae. sticticus* has been implicated with the transmission of JCV.

Coquillettidia perturbans – Marshes containing cattails, *Phragmites* and other emergent vegetation types such as rushes, and arrow root are the primary larval habitat of this mosquito. It feeds on both birds and mammals. It is a persistent human biter and is one of the most common mosquitoes in Massachusetts. This species is typically collected from June to September. *Cq. perturbans* is a bridge vector of EEE, WNV and JCV.

Culex pipiens – Artificial containers, including catch basins, are the preferred larval habitat of this mosquito. It feeds mainly on birds and occasionally on mammals. It will bite humans, typically from dusk into the evening. This species is regularly collected from May to October but can be found year-round as it readily overwinters as an adult in manmade structures. *Cx. pipiens* is the primary vector of WNV.

Culex restuans – Natural and artificial containers, including catch basins, are the preferred larval habitat of this mosquito. It feeds mainly on birds and occasionally on mammals. This species is typically collected from May to October but can be found year-round as it readily overwinters as an adult in man-made structures. *Cx. restuans* has been implicated as a vector of WNV.

Culex salinarius – Brackish and freshwater wetlands are the preferred habitat of this mosquito. It feeds on birds, mammals, and amphibians and is well known for biting humans. This species is typically collected from May to October but can be found year-round as it readily overwinters as an adult in natural and manmade structures. *Cx. salinarius* may be involved in the human transmission of both WNV and EEE.

Culiseta melanura and *Cs. morsitans* - Swamp mosquitoes that occur in Atlantic White Cedar and Red Maple swamps and sphagnum bogs characterized by low pH. The larvae often are found within subterranean crypts and root mats that are difficult to treat with conventional larvicide agents. *Cs. melanura* obtains most of its blood meals from birds but is known to feed on mammals. This species is our primary vector and responsible for the amplification of EEE in birds in our area and can also be a vector of WNV. *Cs. inornata* and *Cs. melanura* have also been found to be vectors of JCV.

Aedes abserratus, *Ae. punctor*, *Ae. intrudens* - Are a very common early spring to early summer mosquito pest of humans and other mammals. Larvae are found in temporary spring pools and margins of permanent waters in April and May. Readily bites in shaded areas during the day. These mosquitoes are also implicated in the transmission of JCV.

Aedes canadensis – Shaded woodland pools are the preferred larval habitat of this mosquito. It feeds mainly on birds and mammals but is also known to take blood meals from amphibians and reptiles. This

mosquito can be a fierce human biter near its larval habitat. This species is typically collected from May to October. *Ae. canadensis* is a bridge vector of eastern equine encephalitis EEE virus and JCV.

Aedes excrucians and *Ae. stimulans* - Are freshwater spring snowmelt mosquitoes. Larvae develop in temporary or semi-permanent woodland pools. The females will bite in the woods any time of day but are most active in the evening. They are aggressive and long-lived pests. These mosquitoes are also implicated in the transmission of JCV.

Aedes sollicitans - The “brown salt-marsh mosquito” is a serious pest along the immediate coast from early summer into fall. It is active during both daytime and nighttime periods and can fly great distances from its original source. It feeds mainly on mammals and humans. It has been reported to carry EEE in the northeastern US.

Aedes japonicus – Natural and artificial containers such as tires, catch basins, and rock pools are the preferred larval habitat of this mosquito. It feeds mainly on mammals and is an aggressive human biter. This species is typically collected from May to October. *Ae. japonicus* may be involved in the transmission of both WNV and EEE.

Aedes taeniorhynchus - The “black salt-marsh mosquito” is a nuisance mosquito species that is capable producing tremendous numbers of adults after coastal flooding events caused by rains or extreme high tides. *Ae. taeniorhynchus* may be involved in the transmission of both WNV and EEE.

Aedes triseriatus - Is also a pest of humans and other mammals. Most of these larvae are found in tire casings although some are found in other shaded artificial containers and in tree holes. This mosquito can become a pest when the source of breeding is close by. *Ae. triseriatus* may be involved in the transmission of both WNV and EEE.

Psorophora ferox – The “white footed woods mosquito” is also a pest of humans and other mammals. Most of these larvae are found in floodwater areas and temporary woodland pools during the summer. They are active both during the daytime, near breeding sites, and nighttime periods. *Ps. ferox* may be involved in the transmission of both WNV and EEE.

Regional Adult Mosquito Surveillance

The district’s surveillance program forms the basis for mosquito control operations. Surveillance of mosquito populations is based on protocols established by the Centers for Disease Control (CDC) and Massachusetts Department of Public Health (MDPH). To monitor adult populations, the district maintains 35 historical trapping stations set every year at the same locations for an entire season. There is at least one trapping station in each subscribing municipality. Each trapping station uses two types of traps to collect mosquitoes (Figures 1 and 2).

The stations are generally located at municipal-owned facilities which are secure, have access to electrical power and are within the general vicinity of major population centers. The traps operate from mid-May through mid-October, with one collection cycle per week, each cycle lasting 24 hours. Trap contents are collected at the end of each cycle and all adult female mosquitoes are identified and recorded with certain species sent for disease testing.

Figure 1. Historic CDC CO₂/Light Trap station

Figure 2. Reiter-Cummings Gravid Trap

The first of the two traps are the Light/CO₂-baited CDC trap (Figure 1). To attract mosquitoes, a light is used along with carbon-dioxide gas released from a pressurized cylinder into a hose located at the top of the trap. As mosquitoes approach the gas released at the hose's opening, they are drawn inside by an internal fan, then blown into a container that hangs below. With this trap, nearly all mosquito species in a community are collected during that night. Because the trap stations are historically placed at the same locations every year, population trends can be predicted, studied, and compared between years, as well as during the current year.

To determine whether infected bridge vectors are present, portable CDC-CO₂ traps (Figure 1) are often placed at locations when infected *Cs. melanura* and *Cx. pipiens/restuans* mosquitoes have been collected. These traps collect other species which upon identification, are tested. Knowing the "infection status" of bridge vectors in EEE-known habitats can result in more effective targeted adulticiding responses.

The second trap is the Reiter-Cummings Gravid Trap (Figure 2), our principal WNV detection tool. This trap is designed to attract container-breeding mosquitoes including *Culex pipiens* and *Cx. restuans* the key carriers of West Nile Virus (WNV) and these mosquitoes breed proficiently in heavily urbanized areas. The trap is baited with aged organic material-filled water, held below in a pan, to attract female mosquitoes for egg laying. These blood-fed females come to lay their eggs on the water's surface and when they approach the trap's underside opening, they are drawn into the collection container. The mosquitoes are later removed from the container. After identification of the mosquitoes, all WNV-vector species are separated and sent to the state lab to be tested for the presence of virus.

Our third surveillance trap is a Resting Box. Due to the behavior and habitats preferred by another disease carrying mosquito, resting boxes are not placed at the historical trapping stations. Instead, these traps are situated in the vicinity of cedar and red maple swamps where *Culiseta melanura* (Figure 4) resides. *Cs. melanura* is a primary vector of Eastern Equine Encephalitis (EEE). Resting boxes are designed to simulate the tree holes and cavities where these mosquitoes normally rest during the day after they feed on blood. Resting boxes (Figure 3) are visited once weekly from mid-May through the end of September; *Cs. melanura*, and the closely related *Cs. morsitans*, are gathered, identified, tallied, then separated to be later tested for the presence of viruses.

An "epicenter" of EEE activity developed in southeastern New Hampshire during 2005 and monitoring for EEE vectors became another component of the NEMMC surveillance program. Initially, nine resting box stations were placed at fixed locations along the southeastern New Hampshire border from Methuen through Salisbury. Additional resting box stations were added gradually since 2006 in Boxford, Topsfield, Hamilton, Wenham, Newbury, Georgetown, Lynnfield, and Middleton. These additional stations were set in response to EEE infections in mosquitoes, horses, alpacas, or humans in these communities. Additional boxes are ready for deployment and stations have been selected in more communities if resting box surveillance must be expanded. Because *Cs. melanura* can also transmit WNV, resting box surveillance has enhanced our WNV monitoring.



Figure 3. Resting Boxes (left back view; right front view)



Figure 4. BG-Sentinel Trap

The BG-Sentinel Trap (Figure 4) mimics the motions and chemicals produced by a human host. The attractants are given off by various lures through a dispenser which releases a combination of lactic acid, octenol, ammonia, caproic acid and CO₂; substances found on human skin or released through respiration. These traps were specifically developed for attracting *Aedes albopictus* (see exotic species below). The trap consists of an easy-to-transport, collapsible white cylinder with white mesh covering the top. In the middle of the mesh cover is a black funnel through which a down draft is created by a 12V DC fan that causes mosquitoes in the vicinity of the opening to be drawn into a catch bag. The catch bag is located above the suction fan to avoid damage to specimens passing through the fan. The air then exits the trap through the mesh top. We plan on using a few of these traps as well as oviposition traps near large tire collection facilities in 2019 to monitor potential movement of *Ae. albopictus* in this area. In 2018, we did collect 1 adult female *Ae. albopictus* from a gravid trap in Manchester-by-the-Sea. Another single adult female was also collected in 2023 from a gravid trap in Nahant. No additional collections of these species were made to confirm if a resident population exists in our district.

Virus Testing

After trapping, specimens of the principal WNV and EEE vectors are collected, counted, and sorted into groups by species. At the William A. Hinton State Laboratory Institute (HSLI), MDPH tests these samples (up to 50 mosquitoes per sample) for WNV and EEE. These are frequently referred to as mosquito “pools” which indicates the batching of mosquitoes for testing purposes and is not a reference to any body of water.

Test results from routine mosquito collections are usually available within 48 hours after delivery of mosquitoes to HSLI. Routine collections from fixed and long-term trap sites provide the best available baseline information for detecting trends in mosquito abundance and virus prevalence, and for estimating the relative risk of human infection from EEE virus and WNV. On average, 50 samples (i.e., pools or batches) of mosquitoes are sent each week to the State Labs from this district.

Testing of adult female mosquito specimens starts on June 15th for primary vector species, August 1st for bridge vector species and ceases for all species on or around October 1st; unless there is an expressed need by the DPH to extend the testing season due to increased arboviral risk.

Mosquito virus testing criteria for 2026:

Phase I

- May 15th to July 1st
- JCV vectors+ bridge vectors: *Ae. canadensis*, *Ae. cinereus*, *Ae. communis*, *Ae. provocans*, *Ae. cantator*, *An. punctipennis*, *Ae. vexans*, *Ae. trivittatus*, *Ae. sticticus*, *Ae. stimulans/excrucians/fitchii*, *Cs. inornata*, *Ae. punctor/abserratus*
- Other mosquito species may be tested at UMASS on a case-by-case basis.

Phase II

- June 15th to August 1st
- Primary vectors (Bird biters): *Cs. melanura*, *Cs. morsitans*, *Cx. pipiens* and *Cx. restuans*

- Other mosquito species may be tested by DPH on a case-by-case basis.

Phase III

- August 1st to October 1st (or October 15th for DHP extended season)
- Primary vectors (species listed above) + Bridge vectors (bird/mammal biters): *Ae. cinereus*, *Ae. vexans*, *Cq. perturbans*, *Cx. salinarius*, *Ae. canadensis*, *Ae. japonicus*, *Ae. taeniorhynchus*, *Ps. ferox* and *Ae. sollicitans*
- Other mosquito species may be tested by DPH on a case-by-case basis.

Supplemental Trapping

To determine whether infected bridge vectors are present, portable CDC-CO₂ traps are often placed at locations when infected primary vector *Cs. melanura* and/or *Cx. pipiens/restuans* mosquitoes have been collected. These supplemental traps collect other species of mosquitoes that are attracted to and would bite humans/mammals. Knowing the infection status of bridge vectors in EEE/WNV known habitats can result in more effective targeted adulticiding responses. Supplemental traps may also be used to collect species not usually collected from historic trap locations to determine mosquito populations in a specific habitat.

After the 1st positive WNV/EEE primary vector species (bird biters) in any municipality, supplemental traps are deployed based on several factors including but not limited to:

- Radius of collection
- Distance from historic trap
- EEE/WNV historical foci
- Topography
- Human population density
- Bridge vector potential breeding sites
- Schools/parks/recreation areas
- Trap security
- Wetland/wooded/shaded areas

Collections may be sent for additional MDPH arboviral testing. Test results can be found at the following DPH website: <https://www.mass.gov/info-details/massachusetts-arbovirus-update>

District Operations

Larviciding:

General Wetlands- Larviciding sites from the district's data base, including spring snowmelt areas, woodland pools, agricultural pastures, riverine floodplains, flooded lawns, shrub/cattail/*Phragmites* swamps, salt marshes, and other areas requested by the local Board of Health will be checked and treated for mosquito larvae as necessary, beginning in March or as snowmelt allows, to September 30th and beyond if circumstances warrant and conditions allow.

Aerial Salt Marsh- Coastal salt marshes in neighboring communities from Ipswich to the New Hampshire border will be aerially larvicided by helicopter to control salt marsh mosquitoes in accordance with the respective Best Management Practice Plans. Salt marsh mosquitoes can fly 25 miles or more in search of a blood meal and then return to the salt marsh to lay eggs. Coastal communities as well as many inland cities and towns receive direct and immediate benefit from the control of salt marsh mosquitoes.

Catch Basins- The preferred long-term and more cost-effective vector control strategy is to eliminate larvae before they become adults. While *Culex* mosquitoes can develop in a variety of freshwater habitats, the greatest concentration of *Culex* breeding is in the estimated 80,000 catch basins found in the district (Figure 5).

The two primary species of urban *Culex* mosquitoes in our area, *Cx. pipiens* and *Cx. restuans*, breed in highly organic or polluted water that collect in catch basins, ditches, storm water structures including retention ponds (Figure 6), and discarded tires, clogged gutters, bird baths and other man-made containers (Figures 7-8). Applications to schools must be in compliance with MGL Ch. 85 and [333 CMR 14.08](#) : PROTECTION OF CHILDREN AND FAMILIES FROM HARMFUL PESTICIDES.



Figure 5. Catch Basin



Figure 6. Retention pond.



Figure 7. Discarded tire yard



Figure 8. Clogged rain gutter filled with water

Treating catch basins consists of the application of either a bacterial agent or growth regulator. Short term surveillance data showed an 80% reduction in *Culex* species in communities where basins are treated compared to communities with untreated basins. In a study conducted in Portsmouth, NH in 2007 by Municipal Pest Management Services Inc., there was a 75% reduction in mosquitoes breeding in treated catch basins compared to untreated basins (34). Long term surveillance data has shown that continual annual treatment of basins significantly decreases *Culex* populations throughout the district.

The order of catch basin larvicidal treatments for 2026 will be prioritized as follows. First to be treated will be the basins north of Boston and the basins in the municipalities bordering Lawrence. These cities are suspected of being the prime WNV foci in northeast Massachusetts and carry higher risk of arboviral activity for WNV. Treatments of basins in these communities will begin in May through June as conditions allow, followed by the remaining municipalities in the district.

It is preferred that basins be treated in the late spring to early summer to maximize the effects of the larvicidal agents. However, applications of larvicides are often delayed in some communities until basins are cleaned of debris by the local DPW's. Basins filled with organic debris will reduce the effectiveness of the bacterial larvicides and other larvicide types must be used.

Municipal DPWs can further assist the district in efficient treatments of basins by scheduling annual cleanings before the end of May. Clean basins reduce organic material in the basins and allow for greater efficacy and interval of the bacterial larvicide treatments. If the basins cannot be cleaned early, then waiting until after August would suffice. This would allow the district to use a Methoprene based larvicide in lieu of the bacterial product for the entire virus season.

Time, weather, DPW basin-cleaning schedules, and extent of other district operations will determine when basins will be treated, and which product will be most efficient.

Source Reduction and Sanitation: The District has facilitated the removal and proper disposal of used tires and other potential container habitats from its service area for several years through petitioned wetland management projects, coordinated clean-ups and participation in Household Hazardous/Zero Waste Day Events. These practices are considered an important part of the district's integrated pest management (IPM) approach and have become a valuable vector mosquito habitat management tool. We ask that communities petition (request on letterhead) for tire removal through an assigned town department petitioning body such as the Board of Health, Conservation Commission and/or Public Works Department.

Wastewater Treatment Facilities Inspection: The District also inspects wastewater treatment facilities, when requested. This way, actual or potential *Culex* breeding can be reduced or eliminated. We wish to be a resource of information and technology to assist facility managers to prevent and/or abate mosquito breeding to the mutual benefit of the facility and the community.

Property Inspection: The district will represent the town's mosquito control concerns in an advisory capacity relative to proposed development and where prudent as requested by local health officials. District personnel are authorized, under the provisions of [Massachusetts General Law Chapter 252](#) to enter upon lands for the purpose of inspections for mosquito breeding.

Socioeconomics often plays an important role in mosquito control and associated public health risk. In a study conducted in California in 2007, there was a 276% increase in the number of human WNV cases in association with a 300% increase in home foreclosures. Within most foreclosed properties in Bakersfield (Kern County, CA) were neglected swimming pools (Figure 9) which led to increased breeding and population increases of *Cx. pipiens/restuans*.



Figure 9. Abandoned swimming pool.



Figure 10. Abandoned home property with containers of all types collecting water.

In recent years we have received requests from Boards of Health to inspect abandoned properties (Figure 10) and we will continue this practice in 2026. During our routine activities, we will also inspect and report such properties to your Board. We will offer any support that may be appropriate to resolve mosquito problems related to such properties. With the support of the Boards of Health, we will implement the necessary control measures to mitigate any immediate mosquito problem associated with such properties.

The district will also consult with project developers to prevent/reduce mosquito breeding during and after phases of residential/commercial construction.

Selective truck-based ULV Adulticiding: As a final measure to reduce the risk of WNV/EEE infections, the district may recommend selective and targeted adulticiding applications when WNV-infected mosquitoes are discovered. The district uses “Ultra Low Volume” (ULV) truck-based adulticiding operations. One advantage of ULV applications is that only very minute amounts of pesticides are dispersed over a large area (Figure 11); between 0.41 and 1.23 fluid ounces per acre are applied, depending on truck speed, which ranges between 5 and 20 miles per hour. Due to the pesticides employed, adulticiding is done **only at night** (30 minutes after sunset to 30 minutes before sunrise). Applications to schools must be in compliance with MGL Ch. 85 and [333 CMR 14.08](#) : PROTECTION OF CHILDREN AND FAMILIES FROM HARMFUL PESTICIDES. **Only the local Board of Health can authorize truck based ULV adulticide operations.**

NEMMC will not conduct adulticide applications when temperatures are below 50 F and/or when wind speeds exceed 10 mph.

Residential Pesticide Exemption: Residents who request their property be excluded from **all pesticide applications** must comply with the legal process to exempt their property. Pursuant to 333 CMR 13.03, individuals may request exclusion from wide area applications of pesticides by the district. Requests **must be made to the Department of Agricultural Resources** and **will go into effect fourteen (14) days** from the date the request is received. All exclusion requests expire on December 31st of the calendar year in which they were made. The exclusion request may be accessed from either our District’s website or directly from the Department of Agricultural website <https://www.mass.gov/how-to/exclusion-from-wide-area-pesticides-application>



Figure 11. Truck spray at night



Figure 12. Truck applying barrier treatment at dusk.

Barrier Treatment: While ULV is a cost-effective procedure on a large scale, it only affects those mosquitoes active at the time of the application; repeated applications are sometimes necessary to sustain population control. To reduce the need for repeated applications and provide more sustained relief from mosquitoes in high public use areas, the district may recommend a smaller scale “barrier spray treatment”. This application would be made to public use areas such as schools (applications to schools must be in compliance with MGL Ch. 85 and [333 CMR 14.08](#): PROTECTION OF CHILDREN AND FAMILIES FROM HARMFUL PESTICIDES.), playgrounds, parks and athletic fields (Figure 12). A barrier spray may reduce mosquito presence for up to 3 weeks. The District strongly recommends member municipalities take advantage of this service when necessary.

NEMMC will not conduct barrier applications when temperatures are below 50 F and/or when wind speeds exceed 10 mph and/or when precipitation is predicted within 24 hours of a barrier application.

Special Circumstance- Droughts: During intense drought seasons, the normal development and distribution of *Cx. pipiens/restuans* can be increasingly unpredictable. Prolonged droughts together with periods of intense heat result in “explosions” of these species, as was seen in our district over the past . Patterns of heavy rainfall followed by stretches of intense heat lasting weeks will also result in greater than normal populations of these species, as exhibited in 2011. The availability of standing water diminishes during droughts, and most mosquito species suffer significant population losses. The breeding habits of *Cx. pipiens/restuans* allow this species to take advantage of conditions provided by droughts. One type of artificial container filled with such water is the catch basin. Basins in urbanized areas can dry during severe drought conditions. However, people continue to water lawns and wash their cars during droughts. The excess runoff from these activities keeps catch basins filled. If basins have been treated with larvicides, breeding should be kept in check. If the basins are property of a municipality, and we have records of their locations, they will be treated. However, we may not know of their existence on private properties and thus, they remain untreated and become a continual source of *Culex* mosquitoes throughout the season.

Normally, *Cx. pipiens/restuans* mosquitoes do not breed in great abundance in wetlands and do not breed in moving water. However, during a drought, large expanses of water become smaller, shallower, and more concentrated with more organic debris, presenting *Culex* mosquitoes with more breeding habitats to exploit. With more urbanization, *Culex* populations can move in and thrive. There are also fewer predators present (especially fish) as wetlands dry, and the survivorship of the developing larvae is dramatically increased. Also, during droughts, flowing waters such as rivers, streams, and brooks gradually slow and decrease in volume. Either in the very slow-moving water or along the puddles and pools formed at the edges (usually filled with organic debris; see Figure 13), drought conditions offer more breeding sites for *Culex* to utilize.

As any large body of water dries, containers and tires that were dumped into these bodies (when full of water) now become exposed (Figure 14). Sometimes filled with polluted water, these now exposed man-made containers become ideal breeding sites for *Culex*. Exposed ground holes and depressions (either naturally occurring or artificial) can become filled with water in a sudden downpour and become instant breeding habitats for these species as well. Therefore, breeding areas for *Culex* mosquitoes are always in abundance, even in the middle of the worst drought.



Figure 13. Powwow River (Amesbury) during drought.



Figure 14. Drying pond in Newburyport is exposing debris and containers originally found under water.

Beaver Impacted Waterway Protocol

Following the adoption of the Wildlife Protection Act in 1996, the beaver population in Massachusetts increased from 24,000 to nearly 70,000 in the first five years. Waterways subject to beaver activity are often altered from narrow, free flowing systems to large, slow or no flow systems. Additionally, many beaver impacted waterways contain multiple dams, further slowing water flow. As a result, many previously unaffected areas adjacent to waterways may become flooded, resulting in the appearance of potential for increased breeding habitat for mosquitoes.

The district's response to inquiries regarding beaver impacted waterways will take into consideration Best Management Practices. All beaver related projects must have a documented mosquito component. All efforts will be made to work with local, state, and federal agencies responsible for the management of wildlife within the municipality of the permitted or proposed project. Removal and/or alteration of beaver dams by the district should be considered as a last resort. The following protocol is designed as a working document and guideline to address beaver concerns within the district's member municipalities.

1. All residential inquiries shall be advised to contact the Board of Health and/or Department of Public Works of the resident's municipality.
2. Municipalities may submit a petition to the Biologist to have beaver impacted waterways evaluated.
3. Petitioned beaver sites will be evaluated for mosquito activity and documented. The district should seek the guidance and cooperation of local, state, and federal agencies responsible for the management of wildlife.
4. All efforts shall be made to coordinate with local, state, and federal agencies responsible for the management of wildlife for the removal and/or alteration of beaver dams. District personnel may assist in the removal and/or alteration of beaver dams if needed, to the extent that such work is necessary to perform mosquito control activities authorized by MGL Ch. 252.
5. All efforts shall be made to work with the local conservation commission and municipal authorities to ensure that all interested parties are aware work is performed only on an as-needed basis and in accordance with MGL Ch. 252, or that work is performed by another authorized entity and all legally appropriate steps have been taken.

Invasive Plant Protocol-*Phragmites australis* (Phragmites)

Phragmites is an invasive wetland plant that provides habitat for several mosquito species, including those involved in various virus cycles (*Culiseta melanura*, *Culex salinarius*, *Coquilleltidia perturbans*), as well as opportunistic species (*Ochlerotatus spp*, *Anopheles spp*, *Aedes spp*) that may be involved in the virus cycle in addition to impacting quality of life near *Phragmites* stands. Mosquito control efforts may be inhibited by dense stands of *Phragmites*, either by preventing the spray from aerial larval applications from reaching the breeding pools or by inhibiting the ability of mosquito control personnel from accessing the breeding sites.

Phragmites control shall be at the discretion of District personnel and/or local municipality to provide effective mosquito control in these habitats. Use of control measures may include mowing, cutting, herbicide applications or a combination of methods.

Herbicide use will be considered on a case-by-case basis. Invasive plants within the project area and along access and egress routes will be surveyed during the initial site evaluation for proposed wetlands projects. Careful consideration of all Best Management Practices should be taken, with a timeline developed for the removal and disposal of invasive plants prior to the start of a permitted project. All efforts should be made to coordinate with local, state, and federal agencies responsible for the management of invasive plants for the removal, disposal and management of invasive plant material associated with proposed wetlands projects. Removal of invasive plants by the district should be considered as a last resort to reduce the spread of invasive plants. District personnel may assist in the removal of invasive plants if needed, to the extent that such removal is necessary to perform mosquito control activities authorized by MGL Ch. 252.

Emergency Response Aerial Adulticiding Plan

In the event the risk of WNV/EEE infection escalates to a point that truck based ULV adulticiding is insufficient to reduce that risk, an emergency aerial adulticiding application may be warranted. Fixed-winged aircraft would be employed to release adulticides over targeted areas. For this aerial application to proceed, a consensus must be reached by the District, State Reclamation and Mosquito Control Board, Massachusetts Department of Health, and an independent advisory board. A declaration of a Public Health Emergency from the Governor is also required. Typically, once the decision is made, the need for action is immediate and the window of opportunity is short.

Please refer to pages 20 and 21 of the MA Department of Public Health's 2025 Arbovirus Surveillance Plan <https://www.mass.gov/lists/arbovirus-surveillance-plan-and-historical-data> for the Multi-Agency Response Flowchart on Aerial Adulticide Application in Response to Threat of EEE.

Follow this link for the MDAR Fact Sheet on Aerial Mosquito Control <https://www.mass.gov/info-details/mdar-mosquito-spray-map-faqs>.

Risk Communications and Public Relations

Massachusetts DPH assesses arboviral risk levels based on many factors including but not limited to mosquito isolations, locations of acquired veterinary and human infections, virus history locally and in bordering states, weather conditions present and predictions, and current mosquito populations and future trends.

Dissemination of mosquito and arbovirus information and risk is paramount to the success of any mosquito control operation. With the speed at which information, as well as rumors and even disinformation, can be conveyed in all public social media platforms, it is crucial that Boards of Health and subscribing municipality residents are kept correctly informed. The district continues to improve its communication regarding mosquito species, potential arboviral threats, and details of larviciding and adulticiding operations.

At the end of the season, the district sends detailed Best Management Practice Plans (BMPs) to each participating municipality. Each BMP includes summaries of the previous year’s mosquito and arbovirus activities, descriptions of suggested and agreed-upon control operations, as well as their costs. When necessary, the district conducts a Mosquito/Arbovirus Surveillance Workshop to inform/educate health agents and Boards of Health members of district communities. Potential mosquito and arboviral threats along with response options are discussed. When requested, presentations are given to Boards of Health and other interested municipal organizations. These are often recorded for broadcast on public-access television as well as posted on the internet. District personnel are available to residents for site requests and answering questions about integrated pest management and homeowner risk reduction.

The District’s Liaison communicates information between participating Boards of Health, school officials, and District personnel to facilitate operational requests in member municipalities. The Liaison will distribute and review the BMPs with all participating Board of Health directors, contact school IPM coordinators who have not updated their IPM plans to include mosquito control products, and will act as the single point of contact during the mosquito season.

Please visit our website for more information: www.nemassmosquito.org

District Phased Response to WNV/EEE Virus Isolations

NEMMC Phased Response to WNV Virus Isolations- 2026		
MDPH Risk Category	Definition of Risk Category in a Focal Area ¹	NEMMC District Recommended Response ²
1. WNV-Low	<p>All localities begin the year at low</p> <p><u>Current Year</u></p> <p>1. No evidence of WNV activity in mosquitoes in the focal area.</p> <p>OR</p> <p>1. <u>Sporadic</u> WNV activity in mosquitoes in the focal area.</p> <p>AND</p> <p>2. No animal or human cases</p>	<p>1. Routine collection and testing of mosquitoes at historic trap sites</p> <p>2. Emphasize the need for schools to comply with MA requirements for filing outdoor IPM plans.</p> <p>3. Continued assessments of adult and larval mosquito populations</p> <p>4. Continued source reduction and routine larvicide efforts</p> <p>5. Local BOH is notified immediately of WNV isolates</p> <p>6. Supplemental trapping may be implemented for sporadic activity depending on mosquito populations, time of year and weather</p>
2. WNV-Moderate	<p><u>Current Year</u></p> <p>1. <u>Sustained</u> or increasing WNV activity in mosquitoes in the focal area.</p> <p>OR</p> <p>2. WNV activity in a mammal biting mosquito species (bridge vector) detected from a supplemental trapping event</p> <p>3. One confirmed animal or human case</p>	<p>Response as in category 1, plus:</p> <p>1. Increased larval control and source reduction measures.</p>

		<p>2. Locally targeted “block target” ground based ULV adulticiding operations should be considered. The decision to use ground-based adult mosquito control will depend on the time of year, mosquito populations and proximity of virus activity to human populations.</p> <p>3. Consideration of barrier treatments at schools, parks and recreation areas. The decision will depend on School IPM plans, time of year, mosquito populations, human activity and vegetation surrounding the proposed treatment area.</p>
<p>3. WNV-High</p>	<p><u>Current Year</u></p> <p>1. Multiple WNV isolations in vector and/or mammal biting (bridge vector) mosquitoes during the same week from the focal area.</p> <p>AND</p> <p>2. At least one multiple meteorological or ecological condition (such as above average temperatures, dry conditions, or larval abundance) associated with increased abundance and increased risk of human disease.</p> <p>OR</p> <p>3. Two or more confirmed animal or human cases of WNV occurring within the focal area (focal area based on exposure history of cases)</p>	<p>Response as in category 2, plus:</p> <p>1. Intensify larviciding and/or adulticiding control measures where surveillance indicates human risk.</p> <p>2. Municipal wide, ground based ULV applications of adulticide that may be repeated as necessary to achieve adequate mosquito control.</p> <p>3. Communicate risk to neighboring communities if focal area is bordering those communities.</p> <p>4. Duly authorized local officials may request that the DPH Commissioner issue a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests.</p>
<p>4. WNV-Critical</p>	<p><u>Current year</u></p> <p>An excessive number of human cases clustered in time and space.</p> <p>AND</p> <p>Evidence that the risk is likely to increase based on time of year, weather patterns, mosquito populations or other factors specific to the situation.</p>	<p>Response as in category 3, plus:</p> <p>1. MDPH will confer with local boards of health, the SRMCB and Mosquito Control projects to discuss the need for additional intervention</p> <p>If additional mosquito control activities are indicated, the SRMCB will determine the appropriate pesticide and extent, route and means of treatment.</p> <p>2. MDPH recommends reduction of outdoor activities, during peak mosquito activity hours, especially by the elderly and others at higher risk for severe WNV disease, in areas of intensive virus activity for high-risk populations or individuals</p>

Sporadic WNV activity- 1-2 mosquito isolates are detected during non-consecutive weeks within one focal area.

Sustained WNV activity-when mosquito isolates are detected for at least 2 consecutive weeks within one focal area.

¹ Focal Area- May incorporate multiple communities, towns, or cities. Factors considered in the assessment of human risk and the outlining of a particular focal area include mosquito habitat, prior virus isolations in surveillance specimens from previous years, human population densities, type, and timing of recent isolations of virus in mosquitoes, occurrence of human case(s) in the current or previous years, current and predicted weather patterns, and seasonality of conditions needed to present risk of human disease.

² Please refer to Table 1. Guidelines for Phased Response to WNV Surveillance Data in the 2024 Massachusetts State Arbovirus Surveillance and Response Plan for MDPH Primary Recommended Response.

NEMMC Phased Response to EEE Virus Isolations- 2026		
MDPH Risk Category	Definition of Risk Category in a Focal Area ¹	NEMMC District Recommended Response ²
1. EEE-Remote	<p>All of the following conditions must be met:</p> <p><u>Prior Year</u></p> <p>1. No EEE activity detected in community or focal area in at least 10 years</p> <p>AND</p> <p><u>Current Year</u></p> <p>1. No current surveillance findings indicating EEE activity in mosquitoes in the focal area</p> <p>AND</p> <p>2. No confirmed animal or human EEE cases</p>	<p>1. Routine collection and testing of mosquitoes at historic trap sites</p> <p>2. Continued assessments of adult density and larval mosquito populations</p> <p>3. Continued source reduction and routine larvicide efforts</p> <p>4. Emphasize the need for schools to comply with MA requirements for filing outdoor IPM plans.</p> <p>5. BOH notified by NE District and Public health alert sent out by MDPH in response to first EEE virus positive mosquito pool detected during the season. The alert will summarize current surveillance information and emphasize personal prevention strategies.</p>
2. EEE-Low	<p><u>Prior Year</u></p> <p>Any EEE activity detected within the last 10 years</p> <p>OR</p> <p><u>Current Year</u></p> <p>1. Sporadic EEE isolations in <i>Cs. melanura</i> mosquitoes in the community or focal area</p> <p>AND</p> <p>2. No confirmed animal or human EEE cases</p>	<p>Response as in category 1, plus:</p> <p>1. Increased larval control and source reduction measures.</p> <p>2. Supplemental trapping for bridge vectors may be implemented for sporadic activity depending on mosquito populations, time of year and weather</p>
3. EEE-Moderate	<p><u>Prior year</u></p> <p>Sustained EEE activity in bird-biting mosquitoes; or EEE isolate from mammal-biting mosquitoes; or confirmation of one human or animal EEE case in the community or focal area</p> <p>OR</p> <p><u>Current year</u></p> <p>1. Sustained EEE activity in <i>Cs. melanura</i> with minimum infection rates that are at or below mean levels for focal area trap sites</p>	<p>Response as in category 2, plus:</p> <p>1. Supplemental mosquito trapping and testing in areas with positive EEE findings. Notify all boards of health of positive findings.</p> <p>2. If not already in progress, standard, locally targeted “block target” ground based ULV adulticiding operations should be considered where surveillance indicates human risk. The decision to use ground-based adult mosquito control will depend on the time of year, mosquito populations and proximity of virus activity to human populations.</p>

	<p>OR</p> <p>2. A single EEE isolated from mammal-biting mosquitoes (bridge vector species)</p> <p>OR</p> <p>3. Sustained EEE activity plus at least one multiple meteorological or ecological condition (rainfall, temperature, seasonal conditions, or larval abundance) associated with elevated mosquito abundance thus likely to increase the risk of human disease</p> <p>AND</p> <p>4. No confirmed animal or human EEE cases in current year</p>	<p>3. Consideration of barrier treatments at schools, parks and recreation areas. The decision will depend on School IPM plans, time of year, mosquito populations, human activity and vegetation surrounding the proposed treatment area.</p> <p>4. Duly authorized local officials may request that the DPH Commissioner issue a certification that pesticide application is necessary to protect public health in order to preempt homeowner private property no-spray requests.</p>
<p>4. EEE-High</p>	<p><u>Current Year</u></p> <p>1. Sustained or increasing EEE activity in <i>Cs. melanura</i> with weekly mosquito minimum infection rates above the mean</p> <p>OR</p> <p>2. 2 or more EEE isolates in mammal-biting mosquitoes from 2 different traps</p> <p>AND/OR</p> <p>3. Sustained or increasing EEE activity in mosquitoes plus multiple meteorological or ecological condition (such as above average temperatures, dry conditions, or larval abundance) associated with increased abundance and thus very likely to increase the risk of human disease</p> <p>AND</p> <p>4. No confirmed animal or human EEE cases in current year</p>	<p>Response as in category 3, plus:</p> <p>1. Intensify larviciding and/or adulticiding control measures where surveillance indicates human risk.</p> <p>2. Municipal wide, ground based ULV applications of adulticide that may be repeated as necessary to achieve adequate mosquito control.</p> <p>3. Communicate risk to neighboring communities if focal area is bordering those communities.</p> <p>4. Urge towns and schools to consider reschedule outdoor, evening events †</p> <p>5. Duly authorized local officials may request that the DPH Commissioner issue a certification that pesticide application is necessary to protect public health to preempt homeowner private property no-spray requests.</p> <p>6. MDPH will confer with local health officials, SRMCB and MCPs to determine if the risk of disease transmission warrants classification as level 5.</p> <p>7. MDPH will confer with local health agencies, SRMCB and Mosquito Control Projects to discuss the use of intensive mosquito control methods. If elevated risk is assessed in multiple jurisdictions and evidence exists that risk is likely to either increase (based on time of season, weather patterns, etc.) or remain persistently elevated, the interventions may include state-funded aerial application of mosquito adulticide which, if conditions warrant, may be repeated as necessary to interrupt the virus transmission cycle and protect public health</p>
<p>5. EEE-Critical</p>	<p><u>Current year</u></p>	<p>Response as in category 4, plus:</p>

<p>1. Multiple quantitative measures indicating critical risk of human infection (e.g. early season positive surveillance indicators, and sustained high mosquito infection rates, plus multiple meteorological or ecological conditions (rainfall, temperature, seasonal conditions, or larval abundance) indicating rapidly escalating epizootic activity)</p> <p>OR</p> <p>2. A single confirmed EEE human or animal case</p>	<p>1. Continued highly intensified public outreach messages on personal protective measures. Frequent media updates and intensified community level education and outreach efforts. Strong recommendation for rescheduling of outdoor, evening events. †</p> <p>2. MDPH will confer with local health agencies, SRMCB and Mosquito Control Projects to discuss the use of intensive mosquito control methods and determine the measures needed to be taken by the agencies to allow for and assure that the most appropriate mosquito control interventions are applied to reduce risk of human infection. These interventions may include state-funded aerial application of mosquito adulticide.</p> <p>Factors to be considered in making this decision include the seasonal and biological conditions needed to present a continuing high risk of EEE human disease and that those same conditions permit the effective use of an aerially applied pesticide.</p> <p>Once critical human risk has been identified, the SRMCB will determine the adulticide activities that should be implemented in response to identified risk by making recommendations on:</p> <ul style="list-style-type: none"> A. Appropriate pesticide B. Extent, route and means of treatment C. Targeted treatment areas <p>3. MDPH Bureau of Environmental Health will initiate active surveillance for pesticide-related illnesses via emergency departments and with health care providers only if aerial spraying commences.</p> <p>4. MDPH will designate high-risk areas where individual no spray requests may be preempted by local and state officials based on this risk level. If this becomes necessary, notification will be given to the public.</p> <p>5. MDPH recommends restriction of group outdoor activities, during peak mosquito activity hours, in areas of intensive virus activity.</p> <p>6. MDPH will communicate with health care providers in the affected area regarding surveillance findings and encourage prompt sample submission from all clinically suspect cases.</p>
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Sporadic WNV activity- 1-2 mosquito isolates are detected during non-consecutive weeks within one focal area.

Sustained WNV activity-when mosquito isolates are detected for at least 2 consecutive weeks within one focal area.

¹ Focal Area- May incorporate multiple communities, towns, or cities. Factors considered in the assessment of human risk and the outlining of a particular focal area include mosquito habitat, prior virus isolations in surveillance specimens from previous years, human population densities, type and timing of recent isolations of virus in mosquitoes, occurrence of human case(s) in the current or previous years, current and predicted weather patterns, and seasonality of conditions needed to present risk of human disease.

² Please refer to Table 2. Guidelines for Phased Response to EEE Surveillance Data in the 2024 Massachusetts State Arbovirus Surveillance and Response Plan for MDPH Primary Recommended Response

† See Appendix 2 for schedule of recommended cancellation time for use in the 2024 Massachusetts State Arbovirus Surveillance and Response Plan

Emergent Exotic and Invasive Mosquito Species

Newly imported and exotic mosquito species that have become established in our area are a growing problem. Within the past ten years, we have seen the appearance and rapid spread of *Ochlerotatus japonicus*, the "Japanese Rock Pool Mosquito", throughout our district (Figure 15). While this species is a competent disease vector in other areas, there is little to suggest it is currently a major disease vector in the northeast. As we monitor our local mosquitoes, we are also conscious of the appearance of any new species.

Another exotic and geographically expanding species are *Aedes albopictus*, the "Asian Tiger Mosquito" (Figure 16). It is a notorious daytime human-biting species and competent disease vector. We are currently monitoring the progression of this species as it potentially moves into the northeast. Originally from northeast Asia, it has spread rapidly throughout the temperate regions of the world assisted by the importation of used automobile tires and ship hulls. Water-filled discarded tires, flowerpots, and other containers left outdoors is where this species tends to lay its eggs. Like salt marsh mosquitoes near coastal regions, this species will aggressively attack humans (usually around the lower extremities) during the daytime in urban areas.



Figure 15. Japanese Rock Pool Mosquito (*Ae. japonicus*) Figure 16. Asian tiger mosquito (*Ae. albopictus*)
Both Photographs copyright: Steve A. Marshall Published on *The Diptera Site* (<http://diptera.myspecies.info>)

Ae. albopictus was first found in the U.S. in Houston in 1985 and has spread nationwide as far northeast as southern and central Massachusetts; it has become the dominant mosquito species in New Jersey. Climate change predictions suggest *Ae. albopictus* will continue to be a successful invasive species that will spread beyond its current geographical boundaries. This mosquito is already showing signs of adaptation to colder climates which may result in disease transmission in new areas. *Ae. albopictus* is a great concern in public health because of its ability to transmit many arboviruses that cause serious disease in humans, including Chikungunya and Dengue (discussed below) and may be implicated in potential transmission of Zika virus.

Ae. albopictus has been collected in most of southern MA on repeated occasions since 2011 in used tire-collection facilities. In 2018, a single adult female *Ae. albopictus* was collected from a gravid trap at a DOT station in Manchester-by-the-Sea, another collected in 2023 from a gravid trap in Nahant and other collections in Saugus in 2024 and Revere in 2025. Although ovitrap surveillance is ongoing, it is still undetermined if permanent colonization of this invasive species has been established in our northern district. No continuous collection patterns have been observed in any one community in our district for this species to date.

Mosquito-Borne Arboviruses Endemic to our Region:

For the most current and detailed information on arbovirus cases by state, the Centers for Disease Control and Prevention (CDC) provides updated data and maps at [ADB Disease Maps:Onemap.CDC.gov](https://www.cdc.gov/od/oc/divisions/odc/adb/disease_maps/Onemap.CDC.gov)

West Nile Virus

West Nile Virus (WNV) was introduced to New York City in 1999 and within five years had spread to all 48 continental US states. Since its first appearance in North America, WNV has caused significant illness to over 39,000 persons in the United States. About 1 in 5 people who are infected develop a fever and other symptoms. About 1 out of 150 infected people develop a serious, sometimes fatal, illness.

These neurological diseases include acute febrile paralysis, encephalitis, and meningitis, resulting in death to about 10% of all neurological cases. Of the over 17,000 neuroinvasive cases since 1999, there have been almost 1,600 deaths. People older than 50 years of age have a higher risk of developing severe illnesses. There are no vaccines to prevent WNV. Because most people who are exposed to WNV have no symptoms, it is difficult to know exactly how many people have been infected. Usually, people who develop severe illness with WNV are those most often reported.

It was thought that WNV associated neurological ailments were short-lived, affecting only a small percentage of those infected. However, recent studies suggest that neurological disorders may be more prolonged and serious, affecting more people than originally thought. According to an [article published in November of 2015, the American Society of Tropical Medicine and Hygiene](#) reported death rate rises from 'delayed' fatalities long after recovery.

WNV was first isolated from birds and mosquitoes in Massachusetts during 2000, and the State's first human case was identified in 2001. It is now endemic throughout the state, particularly in and around large metropolitan areas. WNV circulates annually in mosquitoes in Massachusetts but can increase and cause an increase in human cases during drier years. 2018 was a historic year for WNV in Massachusetts with 579 positive mosquito batches and 49 human cases including 1 fatality (Table 1).

Culex pipiens and *Cx. restuans* are primarily responsible for the transmission and amplification of WNV within the bird population. The larvae of both these species develop in the high-organic content water that accumulate in catch basins, containers, tires, pools, and other man-made water-holding structures that are in greater abundance in urbanized areas. Since some water-holding structures are permanent (catch basins) and the water contained cannot often be drained, the water itself must then be treated with larvicides to reduce the number of larvae breeding in these sites.

The principal strategy used by our District to minimize WNV transmission and risk is by reducing and/or eliminating larval development in catch basin and other container-like habitats. Table 2 compares WNV positive mosquito pools and WNV positive human cases in the entire state of Massachusetts compared with WNV in our Northeast District.

For more information on WNV please visit: <https://www.cdc.gov/westnile/index.html> and <https://www.mass.gov/service-details/west-nile-virus-wnv>

Table 1. Total Number of Human WNV Cases by Type and Number of Fatalities in Massachusetts 2000-2025.

<u>Year</u>	<u>Neuroinvasive</u> ⁽¹⁾	<u>Non-Neuroinvasive</u> ⁽²⁾	<u>Total</u>	<u>Fatalities</u>
2000	0	0	0	0
2001	3	0	3	1
2002	19	4	23	3
2003	12	5	17	1
2004	0	0	0	0
2005	4	2	6	1
2006	2	1	3	0
2007	3	3	6	0
2008	1	0	1	0
2009	0	0	0	0
2010	6	1	7	0
2011	5	1	6	0
2012	25	8	33	1
2013	7	1	8	0
2014	5	1	6	0
2015	7	3	10	2
2016	10	6	16	0
2017	5	1	6	0
2018	44	5	49	1
2019	2	3	5	0
2020	7	1	8	0
2021	8	2	10	0
2022	7	1	8	0
2023	4	2	6	0
2024	15	3	18	0
2025	8	1	9	0
Totals	209	55	264	10
<p>1) <u>Neuroinvasive disease</u>= Fever ($\geq 100.4^{\circ}\text{F}$ or 38°C) as reported by the patient or a health-care provider, AND Meningitis, encephalitis, acute flaccid paralysis, or other acute signs of central or peripheral neurologic dysfunction, as documented by a physician, AND Absence of a more likely clinical explanation.</p> <p>2) <u>Non-neuroinvasive disease</u>= Fever ($\geq 100.4^{\circ}\text{F}$ or 38°C) as reported by the patient or a health-care provider, AND Absence of neuroinvasive disease AND Absence of a more likely clinical explanation.</p>				

Table 2. Total Number of WNV Mosquito Batches and WNV Human Cases in Massachusetts compared to NEMMC District from 2000 to 2025.

Year	Total number of positive WNV mosquito batches to (WNV human cases)	
	MA Statewide	NEMMC District
2000	4 (0)	0 (0)
2001	25 (3)	4 (0)
2002	68 (23)	14 (3)
2003	48 (17)	2 (0)
2004	15 (0)	4 (0)
2005	99 (6)	11 (0)
2006	43 (3)	5 (0)
2007	65 (6)	15 (0)
2008	135 (1)	10 (0)
2009	26 (0)	2 (0)
2010	121 (7)	21 (1)
2011	275 (6)	58 (1)
2012	307 (33)	48 (0)
2013	335 (8)	77 (2)
2014	56 (6)	7 (1)
2015	164 (10)	8 (1)
2016	189 (16)	39 (1)
2017	290 (6)	28 (0)
2018	579 (49)	18 (9)
2019	87 (5)	5 (0)
2020	97 (8)	1 (0)
2021	139 (10)	15 (2)
2022	95 (8)	3 (0)
2023	164 (6)	6 (0)
2024	333 (18)	16 (4)
2025	451 (9)	17 (1)
Totals	4,210 (264)	434 (26)

Eastern Equine Encephalitis Virus

Eastern Equine Encephalitis (EEE) human infections manifest symptoms similar to West Nile encephalitis and while the human infection rate is lower; the fatality rates are much higher with EEE infections, about 33%. Also, the recovery rates from the EEE virus are longer and most often incomplete. EEE seems to impact the young as readily as the elderly; unlike WNV which elderly are far more susceptible. EEE was first discovered in horses hence, the basis for the name “Equine Encephalitis”. The name “equine” stuck even after the virus was later identified to cause the same encephalitis in humans. Humans and horses are dead-end hosts, meaning that the virus cannot be transmitted to others from infected horses or humans. Like WNV, EEE is an avian virus, transmitted bird-to-bird by the mosquito species *Culiseta melanura*. There are no vaccines to prevent EEE.

Prior to 2004 there were never serious concerns about EEE in Essex County. EEE was mostly restricted to southeast Massachusetts and its vector, *Cs. melanura*, seemed to thrive in the expansive habitat of the great cedar swamps found there. Historically, clusters of human cases have occurred over a period of two to three years (Table 3), with about 10 to 13 years between clusters. In the years between these case clusters or outbreaks, isolated cases can and do occur. EEE mostly occurs during wetter years.

Table 3. Total Number of EEE Virus isolations/cases in Massachusetts compared to NEMMC District from 2003 to 2024.

YEAR	Eastern Equine Encephalitis Virus (EEEV)					
	Massachusetts Statewide (including NEMMC)			Northeast Mosquito Control District (NEMMC)		
	Mosquito Batch Isolations	Veterinary Cases	Human Cases	Mosquito Batch Isolations	Veterinary Cases	Human Cases
2003	9	5	-	-	-	-
2004	39	7	4	-	1	-
2005	45	4	4	2	2	-
2006	157	6	5	11	-	-
2007	31	-	-	-	-	-
2008	13	1	-	-	-	-
2009	54	1	-	13	1	-
2010	65	4	1	-	-	-
2011	80	1	1	-	-	-
2012	267	5	7	14	2	2
2013	61	4	1	4	-	-
2014	33	2	-	2	-	-
2015	1	-	-	-	-	-
2016	4	-	-	-	-	-
2017	1	-	-	-	-	-
2018	2	2	-	-	-	-
2019	428	9	12	11	1	1
2020	66	-	5	-	-	-
2021	-	-	-	-	-	-
2022	-	-	-	-	-	-
2023	28	-	-	-	-	-
2024	97	4	4	2	-	-
2025	23	-	-	-	-	-
Totals	1,438	55	39	59	7	3

While *Cs. melanura* mosquitoes are primarily responsible for the amplification of EEE virus in bird populations, they typically do not bite humans if adequate bird populations are present. It is usually other mosquito species known as “bridge vectors” with wider host preferences that can transmit EEE to humans. Bridge vectors such as *Ae. vexans*, *Cx. salinarius*, *Cq. perturbans* and *Ae. canadensis* will feed on birds and pick up the virus but are notorious mammal-biting mosquitoes and may effectively transmit EEE to humans.

Risk of disease to humans directly from the bite of infected *Cs. melanura* are extremely low (about 5% of feeding can occur from mammals). We will continue to take preemptive protective operations directly against *Cs. melanura* even if infected mosquitoes are not detected.

Early intervention through winter/spring larviciding can reduce *Cs. melanura* populations, thus limiting amplification of EEE in the bird population. Summer larviciding can further reduce other mosquito species that are known bridge vectors of these arboviruses. Continual larviciding of these bridge vector mosquito species through the season can help reduce the risk of transmission of EEE and WNV from mosquitoes to humans.

Detections of West Nile (WNV) and Eastern Equine Encephalitis virus (EEE) in mosquitoes in the Northeast Massachusetts Mosquito Control District from 2002 through 2025.

<u>Year</u>	Number of NEMMC pools Submitted for DPH Testing	<u>WNV</u>		<u>EEE</u>	
		# Positive WNV Pools- NEMMC	%	# Positive EEE Pools-NEMMC	%
2002	740	14	1.9	0	0
2003	646	2	0.3	0	0
2004	604	4	0.7	0	0
2005	870	11	1.3	2	0.3
2006	1,181	5	0.4	11	0.9
2007	850	15	1.9	0	0
2008	774	10	1.3	0	0
2009	567	2	0.4	13	2.3
2010	714	21	2.9	0	0
2011	1,009	58	5.7	0	0
2012	1,039	48	4.6	14	1.3
2013	1,315	77	5.9	4	0.3
2014	804	7	0.9	2	0.2
2015	541	8	1.7	0	0
2016	1,324	39	2.9	0	0
2017	596	28	4.7	0	0
2018	547	18	3.3	0	0
2019	793	5	0.6	11	2.02
2020	307	1	0.3	0	0
2021	748	15	2.0	0	0
2022	275	3	1.1	0	0
2023	867	6	0.7	0	0
2024	710	16	2.3	2	0.3
2025	504	17	3.0	0	0

Red highlighted years reflect human cases of EEE or WNV in the Northeast District (NEMMC) during those years suggesting percent of positive mosquito pools reaching 2% of the total pools submitted may trigger human cases.

***Cs. melanura* habitat surveillance:** Monitoring *Cs. melanura* population trends can help to predict future EEE activity. *Cs. melanura* is one of only a few mosquitoes that survive the winter in the larval stage. Instead of open water, they develop inside flooded root mats, holes, and tunnels (crypts) under trunks of trees and in tree hummocks in acidic Atlantic White Cedar, Red Maple swamps and sphagnum bogs (Figure 17 & 18).



Figure 17. Red Maple/sphagnum and peat bog
<http://www.co.oswego.ny.us/info/news/2012/061112-1.html>



Figure 18. "Inside the Atlantic White Cedar Swamp Trail"
<http://www.paulscharffphotography.com/occ-insidetheatlanticwhiteceda.htm>

These habitats are in relative abundance in northeast MA, although they exist more as isolated pockets and are difficult to access. During the winters, we will continue to narrow our search for *Cs. melanura* breeding to areas in the district. Our focus is to reduce the risk of EEE transmission in communities bordering NH, areas with historic EEE mosquito isolations and areas where *Cs. melanura* habitat is relatively abundant. The expectation is to make projections of what may happen in the following seasons and prepare for intervention.

Climate change is expected to affect the geographic and seasonal patterns of mosquito-borne diseases in the United States. The northeast is experiencing an increase in precipitation and unusually hot temperatures. Since EEE is more prevalent in wetter years and WNV in hotter years the likeness of the district experiencing EEE and/or WNV events in any given year is possible, in some years both viruses can present substantial risk.

For more information on EEE please visit: <https://www.mass.gov/service-details/eee-eastern-equine-encephalitis> and <https://www.cdc.gov/easternequineencephalitis/index.html>

Jamestown Canyon Virus (JCV)

Jamestown Canyon virus (JCV) was first isolated in 1961 from a mosquito in Colorado and was first recognized to cause human disease in 1980. JCV persists among white-tailed deer and 22 different species of mosquitoes including *Aedes* and *Anopheles*. Human infection occurs in June through September with a peak in mid-June to mid-July. Although rare, this disease has potentially severe and even fatal consequences. Clinical features include mild febrile illness with acute central nervous system infection including meningitis and encephalitis and frequently respiratory system involvement in patients more than 18 years old. There are no vaccines to prevent JCV.

Between 2011 and 2023, 308 human cases were reported from 23 states. The majority of these cases occurred in the upper Midwest, particularly in Minnesota and Wisconsin, which together accounted for more than half of the reported cases during this period. JCV has been detected in various states, including New Hampshire, Maine, Massachusetts and New Jersey and the number of reported cases varies annually and by region. Many cases likely go unreported due to underdiagnosis and underreporting, especially of less severe cases. While these states have documented human cases, JCV is present in other regions as well. The virus is spread to people by infected mosquitoes and is found throughout much of the United States.

For more information on JCV please visit: <https://www.cdc.gov/jamestown-canyon/>

La Crosse Encephalitis (LACV)

La Crosse encephalitis is a viral disease spread to people by the bite of an infected mosquito. Most cases occur in the upper Midwestern, mid-Atlantic, and southeastern states. Many people infected have no apparent symptoms. Some of those who become ill develop severe neuroinvasive disease. Severe disease often involves encephalitis and can include seizures, coma, and paralysis. Severe disease occurs most often in children under the age of 16. There are no vaccines to prevent LACV.

LACV is transmitted by the bite of an infected mosquito, *Aedes triseriatus* “the tree-hole mosquito”. Anyone bitten by a mosquito in an area where the virus is circulating can get infected with LACV. The risk is highest for people who live, work, or recreate in woodland habitats, because of greater exposure to potentially infected mosquitoes. LACV is not transmitted directly from person to person.

In 2019, Newport County in Rhode Island, which borders southern MA, reported the first human case of LACV for the state. To date, there have been no reported cases of La Crosse Encephalitis in Massachusetts

For more information on LACV please visit: <https://www.cdc.gov/lac/tech/epi.html>

Saint Louis Encephalitis Virus (SLEV)

Saint Louis encephalitis virus (SLEV) is transmitted to humans by the bite of an infected mosquito. Most cases of SLEV disease have occurred in eastern and central states. *Culex pipiens* are one of the primary mosquito vectors for this bird disease. Most people infected with SLEV have no apparent illness. Initial symptoms of those who become ill include fever, headache, nausea, vomiting, and tiredness. Severe neuroinvasive disease (often involving encephalitis, an inflammation of the brain) occurs more commonly in older adults. In rare cases, long-term disability or death can result. There is no specific treatment for SLEV infection; care is based on symptoms. There are no vaccines to prevent SLEV.

Most cases have occurred in eastern and central states, where episodic urban-centered outbreaks have recurred since the 1930s. New Hampshire reported one human case in 2006. To date, there have been no reported cases of Saint Louis Encephalitis in Massachusetts.

For more information on SLEV please visit: <https://www.cdc.gov/sle/index.html>

Emergent and Travel Related Mosquito-Borne Viruses:

Mosquito-borne diseases are continually on the rise worldwide. The potential for invasion, transmission, and establishment of new arboviruses in the United States is on the increase. After the introduction and establishment of West Nile Virus in 1999 and continuous introduction of new invasive tropical mosquito species, potential arboviral threats in Massachusetts are considered and even anticipated.

Zika Virus

Zika virus is transmitted to people primarily through the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*). These mosquitoes become infected when they feed on a person already infected with the virus. Infected mosquitoes can then spread the virus to other people. The virus can also be spread from mother to child, sex, blood transfusions and in the laboratory/healthcare exposure setting. The most common symptoms of Zika are fever, rash, joint pain, and red eye. The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon. There is no vaccine to prevent or medicine to treat Zika.

The first locally acquired US case of Zika was reported in Florida in 2016 and Texas in 2017. Local transmission means that mosquitoes in the area have been infected with the virus and are spreading it to people.

Zika virus continues to be spread in Africa, Asia, the Caribbean, Central and South America, India, and Mexico. The mosquitoes that spread this disease are active during the day. Travelers who are pregnant or part of a couple planning on becoming pregnant soon are advised not to travel to areas with ongoing Zika virus transmission. If residents choose to travel, prevent mosquito exposure by using EPA registered mosquito repellents, cover exposed skin by wearing long-sleeved shirts and pants, stay in places with screens and air-conditioning, or sleep under mosquito netting.

To avoid sexual transmission of Zika virus from a partner who has recently traveled to an area where Zika transmission is occurring, abstain from sexual contact or use condoms consistently and correctly during all sexual activity. Talk to your healthcare provider for more information.

For more information on Zika, please visit: <https://www.cdc.gov/zika/index.html>

Chikungunya Virus (CHIKV)

Chikungunya virus is transmitted to people by mosquitoes. The most common symptoms of Chikungunya virus infection are fever and joint pain. Other symptoms may include headache, muscle pain, joint swelling, or rash. There is no vaccine to prevent or medicine to treat Chikungunya virus infection. Travelers can protect themselves by preventing mosquito bites. When traveling to countries with Chikungunya virus, use insect repellent, wear long sleeves and pants, and stay in places with air conditioning or that use window and door screens.

Prior to 2006, Chikungunya virus disease was rarely identified in U.S. travelers. From 2006–2013, studies identified an average of 28 people per year in the United States with positive tests for recent chikungunya virus infection (Range 5–65 per year). All were travelers visiting or returning to the United States from affected areas in Asia, Africa, or the Indian Ocean. In late 2013, the first local transmission of Chikungunya virus in the Americas was identified in Caribbean countries and territories.

Beginning in 2014, Chikungunya virus disease cases were reported among U.S. travelers returning from affected areas in the Americas and local transmission was identified in Florida, Puerto Rico, and the U.S. Virgin Islands. During 2016, there have been 139 travel-associated but no locally acquired cases reported in the US and 159 locally acquired cases in Puerto Rico. By the end of 2017, there have been 97 travel-associated but no locally acquired cases reported in the US and only 8 locally acquired cases in Puerto Rico.

For more information on Chikungunya Virus please visit: <http://www.cdc.gov/chikungunya/index.html>

Dengue Virus (DENV)

A continuing arboviral concern in the continental United States is Dengue virus (DENV), also known as “Break bone fever”. Dengue viruses are spread to people through the bite of an infected mosquito (*Ae. aegypti* or *Ae. albopictus*). About 4 billion people live in areas with a risk of dengue and it is often a leading cause of illness in areas with risk. Dengue outbreaks are occurring in many countries of the world.

About 1 in 4 people infected with dengue will get sick. For people who get sick with dengue, symptoms can be mild or severe. Mild symptoms of dengue can be confused with other illnesses that cause fever, aches and pains, or a rash and typically last 2-7 days with most recovering after about a week.

About 1 in 20 people who get sick with dengue will develop severe dengue. Severe dengue can result in shock, internal bleeding, and even death. If you have had dengue in the past, you are more likely to develop severe dengue. Infants and pregnant women are at higher risk for developing severe dengue. Severe dengue can be life-threatening within a few hours and often requires care at a hospital and is a medical emergency.

A new dengue vaccine is approved for use in children aged 9 to 16 years with laboratory-confirmed previous dengue virus infection and living in areas where dengue is endemic (common). Endemic areas include some U.S. territories and freely associated states. The vaccine is not approved for use in U.S. travelers who are visiting but not living in an area where dengue is common.

For more information on Dengue Virus please visit: <https://www.cdc.gov/dengue/index.html>

Oropouche Virus (OROV)

Oropouche virus (OROV) is an arbovirus (arthropod-borne virus) primarily transmitted to humans through the bite of infected midges, particularly *Culicoides paraensis*. This virus can also be transmitted on occasion by infected mosquitoes. It is associated with outbreaks in tropical and subtropical regions, especially in Central and South America. Outbreaks occur mostly in densely populated urban areas or regions with heavy vegetation.

OROV is spread through insect bites (midges and occasionally mosquitoes) or direct contact with infected individuals. Symptoms include fever, headache, muscle pain, joint pain, rash, and fatigue. Some cases may resemble dengue fever but rarely progress to severe complications. Symptoms typically appear 4–8 days after exposure.

There is no specific antiviral treatment for OROV. Management focuses on relieving symptoms with supportive care such as hydration, fever reducers, and pain relief. There is no vaccine available. Anyone who is living in or traveling to an area where OROV is found and has not already been infected with the virus is at risk of infection.

For more information on Oropouche Virus please visit: <https://www.cdc.gov/oropouche/about/index.html>

2025 Massachusetts State Arbovirus Summary

WNV and EEE MA State Virus Surveillance Summary Results – December 2025

Mosquito Surveillance – Cumulative 2025

Number of Mosquito Samples Tested	8,788 (272,213 individuals)
Number of WNV Positive Samples	451
Number of EEE Positive Samples	23

Equine/Mammal Surveillance – Cumulative 2025

Number of Mammal Specimens Tested	7
Number of WNV Positive Mammal	1
Number of EEE Positive Horses	0
Number of other EEE Positive Animals	0

Human Surveillance - Cumulative 2025

Number of Human Specimens Tested	173
Number of Human WNV Cases	9
Number of Human EEE Cases	0

2025 Northeast District Mosquito & Arbovirus Surveillance Summary

0 EEE positive mosquito batches identified in the Northeast District during 2025

- 0 EEE human and/or animal cases in the district
- 0 municipalities in the district had EEE positive mosquito isolates

17 WNV positive mosquito batches identified in the Northeast District during 2025

- 9 municipalities in the district had WNV positive mosquito isolates collected between 7/28 and 9/15
- 504 total mosquito batches (5,327 individuals) were tested by MDPH from NEMMC, 15 mosquito batches were WNV positive (3.0% of total batches). 2 WNV mosquito batches were from SLI maintained supplemental traps in Lawrence (Lawrence is not subscribed in NEMMC programs)
- 1 WNV human case was identified in the district with disease onset of 8/22/2025.
- 0 Animal/mammal WNV cases in the district

Chronological WNV/EEE mosquito Isolations/Cases in the NE Massachusetts District – 2025

Municipality	County	Collection Date/Onset Date	Species	Virus Isolation
Revere	Suffolk	7/28/2025	Culex pipiens	WNV
Lynnfield	Essex	8/4/2025	Culex pipiens	WNV
Saugus	Essex	8/4/2025	Culex pipiens	WNV
Lawrence*	Essex	8/6/2025	Culex pipiens/restuans complex	WNV
Lawrence*	Essex	8/6/2025	Culex pipiens/restuans complex	WNV
Haverhill	Essex	8/11/2025	Culex pipiens	WNV
Swampscott	Essex	8/12/2025	Culex pipiens	WNV
Saugus	Essex	8/13/2025	Culex salinarius	WNV
Danvers	Essex	8/18/2025	Culex salinarius	WNV
Danvers	Essex	8/18/2025	Culex salinarius	WNV
Saugus	Essex	8/18/2025	Culex pipiens	WNV
Saugus	Essex	8/22/2025	HUMAN	WNV
Lynnfield	Essex	8/25/2025	Culex pipiens	WNV
Lynn	Essex	8/25/2025	Culex pipiens	WNV

Saugus	Essex	8/25/2025	Culex pipiens	WNV
Haverhill	Essex	9/3/2025	Culex pipiens	WNV
Nahant	Essex	9/3/2025	Culex pipiens	WNV
Revere	Suffolk	9/15/2025	Culex pipiens	WNV

Bridge vector mosquito species noted in red text

*Lawrence is not a NEMMC subscribing community results are from MDPH/SLI supplemental surveillance

Mosquito collection summary for the Northeast District during 2025

Total Mosquito Collected by NE Mosquito Control District	2025	2024	District Total % change 2024 to 2025
Supplemental Traps (placed in addition when virus is present)	495	2,584	-81%
Resting Boxes	510	1,662	-69%
CDC CO2/Light traps	19,662	57,359	-66%
Gravid Traps	4,376	3,926	11%
Total	25,043	65,531	-62%
Pest and Medically Important Mosquito Species (habitat)*	2025	2024	District Total % change 2024 to 2025
<i>Culiseta melanura</i> (red maple /acid bog/sphagnum swamp)	29	636	-95%
<i>Culex pipiens</i> (container/catch basins)	2,630	2,115	24%
<i>Culex restuans</i> (container/catch basins)	320	265	21%
<i>Culex salinarius</i> (brackish water/ <i>Phragmites</i> /roadside ditches)	3,262	2,209	48%
<i>Coquillettidia perturbans</i> (cattail/ <i>Phragmites</i>)	10,104	48,596	-79%
<i>Aedes vexans</i> (rainwater/fresh floodwater)	454	228	99%
<i>Aedes japonicus</i> (tree hole/container breeder)	915	1,094	-16%
<i>Aedes sollicitans</i> (moderate saline salt marsh)	410	195	110%
<i>Aedes cantator</i> (salt marsh)	3,413	3,860	-12%
<i>Aedes canadensis</i> (spring/summer woodland pool)	727	180	304%
<i>Aedes albopictus</i> (exotic container breeder)	8	3	167%
<i>Aedes taeniorhynchus</i> (high saline salt marsh)	19	6	217%
<i>Anopheles crucians</i> (acidic/brackish water habitats)	1	65	-98%
<i>Anopheles punctipennis</i> (ponds/containers)	452	742	-39%

*Combined total of mosquitoes collected in historic Resting boxes, CDC/CO2 Light traps and Gravid traps only. Supplemental traps and efficacy collections are not included in this total.

DHP Risk level changes in the Northeast District concluding the 2025 season

There were several DPH arbovirus risk increases in the northeast district during the 2025 season following positive mosquito batches.

EEE: Risk was not raised in the NEMMC district during 2025

WNV: Risk was raised from Low to Moderate during 2025 in Revere, Winthrop, Saugus, Lynn, Lynnfield, Peabody, Swampscott, Danvers, Salem. Risk was raised on 9/3 from Moderate to High in Saugus, Revere

The 2026 arboviral season will reset back to the following EEE/WNV risk status.

EEE: Remote to Low

WNV: Low to Moderate

The 2025 season marked yet another year of below-average precipitation across the Northeast District. Persistent drought conditions contributed to elevated West Nile virus (WNV) activity within urban environments. From epidemiological week (EPI) 31 through 38, NEMMC detected 17 WNV-positive mosquito pools across nine communities and recorded one confirmed human WNV case (EPI 36). WNV risk levels increased notably in the southern portion of the district, while no Eastern equine encephalitis (EEE) activity was detected during the 2025 season.

Now in year five of regional drought, U.S. Drought Monitor data indicated that approximately 6% of northern Essex County experienced D1 (Moderate Drought) conditions, while 94% of northeastern and northwestern Essex County remained under D0 (Abnormally Dry) status. Essex County ranked as the 39th driest year on record (131-year dataset), with precipitation 2.16 inches below normal. Extended municipal water bans persisted well into late summer. Species dependent on semi-permanent, groundwater-fed, or seasonally flooded habitats exhibited population reductions up to 61% compared to prior years.

Despite the general decline, several taxa exhibited marked increases relative to 2024, likely due to localized, high-intensity thunderstorm events that temporarily replenished breeding habitats. Notable increases included:

- *Aedes canadensis* (+304%)
- *Aedes cinereus* (+582%)
- *Culex pipiens* (+24%)
- *Culex salinarius* (+48%)
- *Aedes triseriatus* (+112%)
- *Aedes vexans* (+99%)
- *Aedes sollicitans* (+110%)
- *Aedes taeniorhynchus* (+217%)

Culex pipiens first appeared at EPI 21 and peaked at EPI 31, one week later than in 2024. The peak coincided with the district's first WNV-positive pool in Revere. Overall, *Cx. pipiens* collections increased by 24% compared to 2024.

A notable shift was observed in the competition between *Ae. japonicus* and *Ae. triseriatus*. While *Ae. triseriatus* abundance increased, *Ae. japonicus* populations declined by 16%. This shift is likely tied to thermal and hydric stress: *Ae. triseriatus* eggs exhibit greater desiccation tolerance than those of *Ae. japonicus*. Prolonged drought desiccated container habitats typically exploited by *Ae. japonicus*, reducing larval survival and delaying hatching, whereas *Ae. triseriatus* was able to recover later in the season. The temporary reduction in *Ae. japonicus* may have reduced interspecific competition, enabling *Ae. triseriatus* to reoccupy portions of its native niche.

Drought effects were also pronounced among several key vector species. As cattail-dominated wetlands dropped below previous low-water benchmarks, *Coquillettidia perturbans* populations decreased by 79% from 2024 levels. *Culiseta melanura* larval habitats were nearly absent, with many long-standing collection sites completely desiccated, resulting in a 95% population reduction and only 29 individuals collected for the entire season. These habitats will likely require multiple years to redevelop suitable larval conditions. *Uranotaenia sapphirina* populations also declined by 55%.

Conversely, salt marsh species thrived under conditions driven primarily by tidal activity. *Ae. sollicitans* and *Ae. taeniorhynchus* populations were highly episodic, producing post-high-tide mass emergences approximately one week after tidal peaks, rather than the low-level continuous adult activity seen in wetter years. *Ae. vexans* and *Ae. trivittatus* population surges corresponded closely with localized thunderstorms and hydrophilic soil conditions, underscoring the patchy spatial nature of 2025's mosquito production.

The invasive *Aedes albopictus* was collected from gravid traps in Revere from EPI 29 through EPI 38. Four municipalities—Manchester, Nahant, Revere, and Saugus—have recorded *Ae. albopictus* collections, although no consistent patterns or consistent re-collections have emerged. Larval habitat locations and overwintering remain undetected. All collections have occurred within one mile of harbored vessels, with onshore prevailing winds potentially contributing to the sporadic appearance of adult females collected in the traps.

Comparison of Activities Completed by NEMMC from 2024 to 2025 and % Deviation of 2025 from 5-Year Average					
Activity	2024 Drought Year	2025 Drought Year	% Change from 2025 to 2024	% Change from 5-Year Average	Possible Reason for % Change from 2024
Resident Request ULV	2,692	2,969	10%	44%	Increase in WNV activity in municipalities that allow resident request aduicide
Resident Inspections	205	158	-23%	37%	Dry Year, not much standing water
BOH Inspections	6	5	-17%	39%	Less abandoned properties
BOH ULV/Barrier Requests	299 (16 communities)	254 (12 communitis)	-15%	-18%	EEE not identified in district during 2025
Mosquito Batches to DPH	709	504	-29%	-13%	Consecutive drought years
Resident Pesticide Exclusions	345	286	-17%	-6%	EEE not identified in district during 2025
Catch Basins Treated	74,210	74,488	0.4%	7%	Less staff but efficiency gains, redistribution of workload or operational variations
Hand Ditch Maintenance Feet	24,494	40,945	67%	129%	All staff contrubuted to areas not tackled in 2024
Mechanized Ditch Maintenance Feet	2,629	12,952	393%	437%	Aquired additional Municipal and Federal jobs
Tires Collected/Disposed	637	617	-3%	20%	Variation in tire collections at Hazardous Waste Collection Days
Salt Marsh Aerial Larvicide Acreage	6460 acres	9500 acres	47%	5%	3 airsprays in 2025 vs 2 airsprays in 2024
Historic Habitat Sites Checked	1,383	867	-37%	3%	Muntiple drought years left historic mosquito breeding areas dry

2026 Epidemiological "EPI" Week* Calendar

Months shown in **RED** are potential mosquito arboviral transmission months

JANUARY						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
53 (2025)	28	29	30	31	1	2
1	4	5	6	7	8	9
2	11	12	13	14	15	16
3	18	19	20	21	22	23
4	25	26	27	28	29	30

JUNE						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
22	7	8	9	10	11	12
23	14	15	16	17	18	19
24	21	22	23	24	25	26
25	28	29	30			

NOVEMBER						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
44	1	2	3	4	5	6
45	8	9	10	11	12	13
46	15	16	17	18	19	20
47	22	23	24	25	26	27
48	29	30				

FEBRUARY						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
5	1	2	3	4	5	6
6	8	9	10	11	12	13
7	15	16	17	18	19	20
8	22	23	24	25	26	27

JULY						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
26	5	6	7	8	9	10
27	12	13	14	15	16	17
28	19	20	21	22	23	24
29	26	27	28	29	30	31

DECEMBER						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
48	6	7	8	9	10	11
49	13	14	15	16	17	18
50	20	21	22	23	24	25
51	27	28	29	30	31	1

MARCH						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
9	1	2	3	4	5	6
10	8	9	10	11	12	13
11	15	16	17	18	19	20
12	22	23	24	25	26	27
13	29	30	31			

AUGUST						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
30	2	3	4	5	6	7
31	9	10	11	12	13	14
32	16	17	18	19	20	21
33	23	24	25	26	27	28
34	30	31				

APRIL						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
13	5	6	7	8	9	10
14	12	13	14	15	16	17
15	19	20	21	22	23	24
16	26	27	28	29	30	

SEPTEMBER						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
35	6	7	8	9	10	11
36	13	14	15	16	17	18
37	20	21	22	23	24	25
38	27	28	29	30		

MAY						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
17	3	4	5	6	7	8
18	10	11	12	13	14	15
19	17	18	19	20	21	22
20	24	25	26	27	28	29
21	31					

OCTOBER						
EPI Week	Sun	Mon	Tue	Wed	Thur	Fri
39	4	5	6	7	8	9
40	11	12	13	14	15	16
41	18	19	20	21	22	23
42	25	26	27	28	29	30
43						



*An epidemiological week, commonly referred to as an EPI week, MNWWR or a CDC week, is simply a standardized method of counting weeks to allow for the comparison of data year after year.

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