## **West Nile virus risk assessment tool**

Risk level	Description and	Questions to be	Surveillance activities	Suggested public health actions and interventions
ievei	triggers	aduresseu		
0	Free area     No historical circulation of WNV	Is there any risk of WNV transmission in this area?	Obligatory:  Human: passive surveillance Veterinary: passive surveillance for horses SoHO: standard haemovigilance, biovigilance and posttransfusion/transplantat ion surveillance (not specific for WNV)	<ul> <li>Increase awareness amongst healthcare professionals about WNV so as it will be considered in the differential diagnosis of travellers returning from affected areas.</li> <li>Education of travellers to affected areas on how to reduce the risk.</li> <li>Ensure there are laboratory capabilities within the country for diagnosis.</li> <li>Ensure SoHo donation authorities have implemented measures to prevent transmission through travellers returning from affected areas (see WNV and blood safety introduction to a preparedness plan [67]).</li> </ul>
1	<ul> <li>Predisposed areas where the ecological conditions are suitable for WNV circulation.</li> <li>No historical circulation of WNV is known.</li> <li>The probability of a human outbreak is unknown but likely to be low.</li> </ul>	<ul> <li>Is there any risk of WNV transmission in this area in the season?</li> <li>Would we detect WNV circulation if it occurred?</li> </ul>	Obligatory:  Human: passive surveillance  Veterinary: passive surveillance for horses;  SoHO: standard haemovigilance-biovigilance and post-transfusion/transplanta tion surveillance (not specific for WNV)  Desirable:  Assess the risk of WNV transmission in the area.	Multi-sectoral collaboration and coordination     Consider drafting WNV preparedness plan Health sector     Response as level above     Ensure there are laboratory capabilities within the country for diagnosis of WNV Public communication     No specific action Vector management response     No specific action.
2	Imperilled areas where the ecological conditions are suitable for WNV circulation     Past evidence of WNV circulation     The probability of a human outbreak is unknown.	To what extent has the virus infected local animal populations? What is the prevalence of infection in animal populations? Are passive/active surveillance systems (including laboratory diagnostics) in place to be able to identify horse and human infections with WNV?	Obligatory:  As above AND:  Ensure timely detection and reporting of human cases by passive surveillance;  Develop and implement a surveillance plan including mosquito, bird and equid surveillance enabling the detection of WNV circulation.	<ul> <li>Multi-sectoral collaboration and coordination</li> <li>Develop a WNV preparedness plan, including surveillance activities and an integrated vector control plan.</li> <li>Allocate resources necessary to enable emergency response (i.e. vector control, communication plan).</li> <li>Establish close and regular exchange of information between all sectors as part of the WNV preparedness plan.</li> <li>Health sector</li> <li>Response as level above AND:</li> <li>to assure an appropriate level of awareness among health care professionals;</li> <li>to define roles and responsibilities, but also training courses, curricula, information and management recommendations;</li> <li>availability of national guidelines for clinical management.</li> <li>Public communication</li> <li>Conduct public information campaigns during the mosquito season to strengthen</li> </ul>

				mosquito bites.  Vector management response  • As part of the WNV preparedness plan: consider preparing vector control activities if entomological indicators suggest the need. • Allocate resources necessary to enable emergency response (i.e. vector control). • Implement larval control as part of the integrated vector control in the event of there having been WNV circulation in the previous year.
3a	Imperilled areas     Current     surveillance     findings (i.e.     mosquito or bird     screening)     indicating WNV     epizootic activity     in the area in the     second part of     the season (i.e.     August-     September-     October)     The probability     of a human     outbreak is low.	What is the geographic extension of the area where WNV is circulating? What is the seasonal dynamic of WNV circulation? What is the real risk for people?	Obligatory:  As above AND:  Ensure timely detection and reporting of human cases by passive surveillance.  As part of the surveillance plan: ensure the proper continuation of the surveillance activities.	<ul> <li>Multi-sectoral collaboration and coordination</li> <li>Response as level above</li> <li>Health sector</li> <li>Response as level above</li> <li>Public communication</li> <li>Consider public information campaigns to support vector control response</li> <li>Vector management response</li> <li>Response as level above;</li> <li>AND:</li> <li>Implement public education programs focused on risk potential and personal protection, and emphasising residential source reduction.</li> <li>Vector control focuses on larval control.</li> </ul>
3b	Current surveillance findings (i.e. mosquito or bird screening) indicating WNV epizootic activity in the area, in the first part of the season (May-June-July)     The probability of a human outbreak is low to moderate.	Idem as level above	As above AND:      Human:     active/enhanced surveillance in the area with confirmed virus circulation.      Ensure timely reporting of human cases by passive/active surveillance.      As part of the surveillance plan: increase the mosquito and bird surveillance activities.	Multi-sectoral collaboration and coordination  Response as level above Health sector  Response as level above Public communication  Response as level above AND:  Implement public information on personal protection and source reduction Vector management response  Response as level above AND:  Increase effort for public information on personal protection and source reduction Continued larval control  If surveillance indicates virus circulation is increasing initiate ground adult mosquito control in areas at high risk for humans or in hot spot sites (if known)
4	WNV-specific     IgM detected in     local non-     vaccinated     horse(s) or WNV     isolated from     local horse.     The probability     of a human     outbreak is high.	What is the geographic extension of the area where WNV is being transmitted to horses (as humans are likely to follow soon)?	Obligatory:  • As above AND:  • Human:     active/enhanced     surveillance in the     area with confirmed     virus circulation • Ensure timely     reporting of human     cases by     passive/active     surveillance • As part of the	Multi-sectoral collaboration and coordination     Create/establish multi-sectoral outbreak response team     Health sector     Response as level above     Increase awareness among health professionals     Public communication     Conduct public information campaigns to strengthen use of personal protection measures against mosquito bites and source reduction.

surveillance plan:	Vector management response
increase the	
mosquito, bird and	Response as level above
horse surveillance	If surveillance indicates virus circulation is
activities.	increasing, initiate ground adult control in
	high-risk areas for humans or in hot spot
	sites (if known).

Risk level	Description and triggers	Questions to be addressed	Surveillance activities	Suggested public health actions and interventions
5	At least one human case detected (i.e. probable or confirmed human case according to EU case definition). Outbreak ongoing.	What is the geographic extension of the 'affected area' where WNV is being transmitted to humans?      What is the risk of increasing numbers of human cases?	Obligatory:  As above AND: Human:     active/enhanced     surveillance in the area     with confirmed virus     circulation. Ensure timely reporting     of human cases by     passive/active     surveillance. As part of the     surveillance plan:     continue the     surveillance activities.	<ul> <li>Regular meetings of multi-sectoral outbreak emergency response team</li> <li>Establishment of geographical boundaries of affected area.</li> <li>Health sector</li> <li>Response as level above</li> <li>Increase awareness among health professionals</li> <li>Safety of SoHO: implement EU directive for blood, tissues, cells and organ safety in affected area, quantitative risk assessment of transfusions/transplantations, implement deferral policy, +/- NAT screening, +/- inactivation techniques, evaluate impact of measures implemented on blood supplies.</li> <li>Public communication</li> <li>Response as level above;</li> <li>AND:</li> <li>Increase public information campaigns in order to reach most people at risk.</li> <li>Vector management response</li> <li>Response as level above;</li> <li>AND:</li> <li>Intensify ground adult mosquito control with multiple applications in areas of high risk of human cases.</li> <li>Enhance risk communication.</li> <li>Monitor efficacy of spraying on target mosquito populations.</li> <li>If a large area is involved coordinate the programme through an emergency unit with all authorities involved.</li> </ul>