

# **MASSACHUSETTS MOSQUITO CONTROL ANNUAL OPERATIONS REPORT**

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**2008** Year of Report

Date of Report: 3/26/2009

Project/District Name: **Central Mass. Mosquito Control Project**

Address: 111 Otis St.

City/Town: Northborough, MA

Zip: 01532

Phone: (508) 393-3055

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**Report prepared by: *Tim Deschamps***

If you have a mission statement, please include it here: The objective of the Project is to attain an efficient, economic mosquito control operation which will provide the best results possible and be consistent with all ecological aspects and the best interests of the member towns.

Our goal is to reduce mosquito exposure to the public, and the potential for disease transmission by mosquitoes, by utilizing proven, sound mosquito control techniques. CMMCP believes the best way to accomplish this task is by practicing an Integrated Pest Management (IPM) approach as it relates to mosquito control in Massachusetts. IPM utilizes a variety of control techniques and evaluation procedures. Control efforts are undertaken only after surveillance data has been collected and analyzed. Training, experience and common sense dictate our response in any given situation.

It is our desire and responsibility for this Project to have the best mosquito control for the communities that we serve.

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## **ORGANIZATION SETUP:**

Please list your Commissioner's names:

Richard Day  
Dean Mazzarella  
Sam Telford III

Pablo Noguera  
Paul mazzuchelli

Please list the Supt./Director's name: Timothy Deschamps

Please list the Supt./Director's contact phone number: (508) 393-3055

Please list your Asst. Supt./Asst. Director's name: Timothy McGlinchy

Do you have a website? Yes

If yes, please list the web address here: <http://www.cmmcp.org>

Please list your staffing levels for the year of this report:

Full time: 18

Part time: 0

Seasonal: 5

Other: (please describe)

Please break these down into the following areas:

Administrative staff: 6 (2 seasonal)

Field staff: 12 (3 seasonal)

Please check off all that apply, and list employee name(s) next to each category:

- Public relations Tim Deschamps, Curtis Best, field staff
- Information technology Tim Deschamps
- Entomologist Curtis Best & Frank Cornine
- Wetland Scientist Katrina Proctor
- Biologist Frank Cornine
- Education Curtis Best & Tim Deschamps
- Laboratory Curtis Best, Frank Cornine & seasonal lab assistant
- Operations Tim McGlinchy & Ed Storonsky
- Facilities Tim Welch
- Other (please list) Office Manager; Karen Millet

For the year of this report, we maintained:

28 vehicles

2 modified wetland equipment (list type) Link Belt excavator & John Deere tractor

12 ULV sprayers (list type) ProMist HD electric sprayers

2 Larval control equipment (list type) Muryama backpack sprayers

Other (please be specific):

**Comments:** \_\_\_\_\_

How many cities & towns in your service area? 39

Please list: Acton; Ashland; Auburn; Ayer; Berlin; Billerica; Blackstone; Boxborough; Boylston (dropped out 7/1/08); Chelmsford; Clinton; Dracut; Fitchburg; Holliston; Hopedale; Hopkinton; Hudson; Lancaster; Leominster; Littleton; Lunenburg; Marlborough; Milford; Millbury; Millville; Natick; Northborough; Northbridge; Sherborn; Shrewsbury; Southborough; Stow; Sturbridge; Tewksbury; Uxbridge; Webster; Westborough; Westford; Wilmington

**\*Please attach a link to a map of your service area if possible.**

**<http://www.cmmcp.org/area.htm>**

## **INTEGRATED PEST MANAGEMENT (IPM):**

**DEFINITION:** a comprehensive strategy of pest control whose major objective is to achieve desired levels of pest control in an environmentally responsible manner by combining multiple pest control measures to reduce the need for reliance on chemical pesticides; more specifically, a combination of pest controls which addresses conditions that support pests and may include, but is not limited to, the use of monitoring techniques to determine immediate and ongoing need for pest control, increased sanitation, physical barrier methods, the use of natural pest enemies and a judicious use of lowest risk pesticides when necessary.

Please check off all of the services that you currently provide to your member cities and towns as part of your IPM program; details of these services are in the next sections.

- Larval mosquito control
- Adult mosquito control
- Source reduction
- Ditch maintenance
- Open Marsh Water Management
- Adult mosquito surveillance
- Education, Outreach & Public education
- Research
- Other (please list):

Comments: \_\_\_\_\_

## **LARVAL MOSQUITO CONTROL:**

Do you have a larval mosquito suppression program? Yes

If yes, please describe the purpose of this program: To control mosquitoes in the larval stage to reduce mosquito emergence and reduce adulticide use

Please give the time frame for this program: March - October

Describe the areas that this program is used: Wetlands, catch basins, stormwater structures, containers (tires)

Do you use:

- Ground applied (includes hand, portable and/or backpack)
- Helicopter applications
- Other (please list):

Comments: \_\_\_\_\_

What products do you use in – (please use product name and EPA#)

**Wetlands:** Vectobac G, EPA# 73049-10; Agnique MMF, EPA #53263-28

**Catch basins:** Altosid WSP, EPA#2724-448

**Containers:** Vectobac G, EPA#73049-10; Agnique MMF, EPA#53263-28

**Other (please list):**

Please list the rates of application for the areas listed above:

**Wetlands:** Vectobac G, 5-20lbs/acre; Agnique MMF, 0.2-1 gal./acre

**Catch basins:** Altosid WSP, 1 packet per basin

**Containers:** Vectobac G, 5-20lbs/acre; Agnique MMF, 0.2-1 gal./acre

**Other:**

What is your trigger for larviciding operations? (check all that apply)

- Larval dip counts – please list trigger for application: >1 per 5 dips
- Historical records
- Best professional judgment

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of treatment areas if possible. Basin application maps included as standard in town annual reports - check here:  
<http://www.cmmcp.org/about.htm>**

### **ADULT MOSQUITO CONTROL:**

Do you have an adult mosquito suppression program? Yes

If yes, please describe the purpose of this program: To suppress populations of adult mosquitoes

Please give the time frame for this program: June - September

Describe the areas that this program is used: streets, yards, recreational areas

Do you use:

- Truck applications**
- Portable applications**
- Aerial applications**
- Other (please list):**

**Comments:** \_\_\_\_\_

Please list the names of the products used with EPA #:

- 1). Anvil 10+10, EPA# 1021-1688-8329
- 2). Scourge 18%+54% MF Formula II, EPA #432-667
- 3).
- 4).
- 5).
- 6).

Please list your application rates for each product:

- 1). Anvil - 0.0012 lbs a.i./acre, 1.9 oz. per minute at 15mph
- 2). Scourge - 0.001/0.003 lbs. a.i./acre, 3 oz. per minute at 10mph
- 3).
- 4).
- 5).
- 6).

Please describe the maximum amounts or frequency used in a particular time frame such as season and areas

once or twice per week, at least 36 hours apart

What is your trigger for adulticiding operations? (check all that apply)

- Landing rates - please list trigger for application >1 per minute
- Light trap data - please list trigger for application >5 human-biting per night
- Complaint calls - please list trigger for application >2 per square mile
- Arbovirus data
- Best professional judgment

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of treatment areas if possible. N/A**

## **SOURCE REDUCTION**

Do you perform source reduction methods such as tire/container removal? Yes

If yes, please describe your program: To remove mosquito breeding sites and send for recycling or disposal.

What time frame during the year is this method employed? year round

**Comments:** UNDER DEVELOPMENT - PILOT PROGRAM

## **DITCH MAINTENANCE**

Do you have a ditch maintenance program? Yes

Please check all that apply:

- Inland/freshwater  
 Saltmarsh

If yes, please describe: Maintenance of existing ditch systems by removal of accumulated organic debris AND OTHER OBSTRUCTIONS

Please check off all that apply INLAND DITCH MAINTENANCE:

- Hand tools**  
 **Mechanized equipment**  
 **Other (please list):**

**Comments:** \_\_\_\_\_

Please check off all that apply SALTMARSH DITCH MAINTENANCE:

- Hand cleaning**  
 **Mechanized cleaning**  
 **Other (please list):**

**Comments:** NONE

Please give an estimate of cumulative length of ditches maintained from the list above **INLAND:**

**Hand cleaning 155,657 linear feet**  
**Mechanized cleaning 1,455 linear feet**  
**Other (please list):**

**Comments:** \_\_\_\_\_

Please give an estimate of cumulative length of ditches maintained from the list above **SALTMARSH:**

**Hand cleaning NONE**  
**Mechanized cleaning NONE**  
**Other (please list):**

What time frame during the year is this method employed? year round

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of ditch maintenance areas if possible. N/A**

### **OPEN MARSH WATER MANAGEMENT**

Do you have an OMWM program? No

If yes, please describe:

Please give an estimate of total square feet or acreage:

What time frame during the year is this method employed?

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of OMWM areas if possible.**

### **ADULT MOSQUITO SURVEILLANCE**

Do you have an adult mosquito surveillance program? Yes

Please list the number (not location) of MDPH traps in your service area: 2

Please check off all the types of surveillance that apply to your program:

- |                                                                       |                                            |
|-----------------------------------------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Gravid traps                      |                                            |
| <input checked="" type="checkbox"/> Resting boxes                     |                                            |
| <input checked="" type="checkbox"/> CDC light traps                   | <input checked="" type="checkbox"/> Canopy |
| <input checked="" type="checkbox"/> CDC light traps w/CO <sub>2</sub> | <input checked="" type="checkbox"/> Canopy |
| <input type="checkbox"/> ABC light traps                              | <input type="checkbox"/> Canopy            |
| <input type="checkbox"/> ABC light traps w/CO <sub>2</sub>            | <input type="checkbox"/> Canopy            |
| <input type="checkbox"/> NJ light traps                               | <input type="checkbox"/> Canopy            |
| <input type="checkbox"/> NJ light traps w/CO <sub>2</sub>             | <input type="checkbox"/> Canopy            |

Other (please describe):

Please describe the purpose of this program: Monitor for species population trends and virus isolations

Do you maintain long-term trap sites in any of your areas? Yes

If yes, please describe how you chose these long-term sites. Prior virus isolations, geography and collection data

Please check off the species of concern in your service area:

- |                                                                |                                                             |
|----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> <i>Ae. albopictus</i>                 | <input type="checkbox"/> <i>Oc. cantator</i>                |
| <input checked="" type="checkbox"/> <i>Ae. cinereus</i>        | <input checked="" type="checkbox"/> <i>Oc. excrucians</i>   |
| <input checked="" type="checkbox"/> <i>Ae. vexans</i>          | <input checked="" type="checkbox"/> <i>Oc. fitchii</i>      |
| <input checked="" type="checkbox"/> <i>An. punctipennis</i>    | <input checked="" type="checkbox"/> <i>Oc. j. japonicus</i> |
| <input checked="" type="checkbox"/> <i>An. quadrimaculatus</i> | <input type="checkbox"/> <i>Oc. punctor</i>                 |
| <input checked="" type="checkbox"/> <i>Cq. perturbans</i>      | <input type="checkbox"/> <i>Oc. sollicitans</i>             |
| <input checked="" type="checkbox"/> <i>Cx. pipiens</i>         | <input type="checkbox"/> <i>Oc. stimulans</i>               |
| <input checked="" type="checkbox"/> <i>Cx. restuans</i>        | <input type="checkbox"/> <i>Oc. taeniorhynchus</i>          |
| <input checked="" type="checkbox"/> <i>Cx. salinarius</i>      | <input checked="" type="checkbox"/> <i>Oc. triseriatus</i>  |
| <input checked="" type="checkbox"/> <i>Cs. melanura</i>        | <input type="checkbox"/> <i>Oc. trivittatus</i>             |
| <input type="checkbox"/> <i>Cs. morsitans</i>                  | <input type="checkbox"/> <i>Ps. ferox</i>                   |
| <input checked="" type="checkbox"/> <i>Oc. abserratus</i>      | <input type="checkbox"/> <i>Ur. sapphirina</i>              |
| <input checked="" type="checkbox"/> <i>Oc. canadensis</i>      |                                                             |

Other (please list):

Do you participate in the MDPH Arboviral Surveillance program? Yes

How many pools do you submit weekly on average? 60

Please check off the arboviruses found in your area in the past 5 years:

- West Nile Virus  
 Eastern Equine Encephalitis  
 Other Please list:

Did the above listed diseases cause human or horse illnesses? Yes

Please explain: Sporadic isolations of EEE, WNV is now endemic to area

At what arbovirus risk level did the year begin in your area? (If more than one please list)

**WNV: low/moderate**

**EEE: low/moderate**

At what arbovirus risk level did the year end in your area? (If more than one please list)

**WNV: Moderate**

**EEE: Low**



What time frame during the year is this method employed? May - October

Comments: \_\_\_\_\_

**\*Please attach a link to maps of surveillance areas if possible. Mosquito trap locations included as standard in town annual reports - check here: <http://www.cmmcp.org/about.htm>**

## **EDUCATION, OUTREACH & PUBLIC RELATIONS**

Do you have an education/public outreach program program? Yes

If yes, please describe: Letters sent out to all school superintedents regarding our program each year. Program describes mosquito biology and ways to minimize mosquito breeding from containers

Please check off all that apply:

- School based program
- Website
- PR brochures/handouts
- Community events
- Science fairs
- Meeting presentations
- Other (please describe):

Please give an estimate of attendance/participants in this program: 3,000

Please list some events you participated in for the year of this report: Milford Health Fair; Tewksbury Health Fair; 61 school presentations.

What time frame during the year is this method employed? year round

Have you performed any research projects, efficacy, bottle assays, etc.? Yes

If yes, please elaborate on your research projects: Bottle assays to determine insecticide resistance; host seeking activity of selected Mass. mosquito species; efficacy of barrier treatments; resident survey of satisfaction of the CMMCP program; the diet of the little brown bat; non-target effects of adulticiding; DNA testing of *Cs. melanura* to determine host preference

Are you involved in any collaborations with academia, industry, environmental groups, etc.? Yes

If yes, please elaborate on your collaborations this past year: Boston University with Dr. Kunz; study of the diet of the little brown bat - Tufts School of Vet. Medicine with Dr. Telford; study of non-target effects of the adulticiding program - CT Agr. Experiment Station with Dr. Andreadis; DNA sampling of *Cs. melanura* to determine host preference

Please provide a list of technical reports, white/grey papers, publication in journal or trade magazines, etc. See annual reports here: <http://www.cmmcp.org/about.htm>

Does your staff participate in educational opportunities? Yes

If yes, please list the training and education your staff received this year: Clarke seminar; NMCA meeting; CPR/AED training

Please list the certifications and degrees held by your staff: Curtis Best, B.A. in Entomology; Frank Cornine, B.A. in Biology; Tim McGlinchy, working on a Masters in Public Admin.

**Comments:** Technical reports, white/grey papers, etc. included as standard in town annual reports

## **BIOLOGICAL CONTROL EFFORTS**

Do you have a biological control program? No

If yes, please describe:

Is this program the introduction of mosquito predators or the enhancement of habitat for native predators?

Please check off all that apply:

- Predatory fish
- Predatory invertebrates
- Other (please describe):

What time frame during the year is this method employed?

**Comments:** \_\_\_\_\_

## **INFORMATION TECHNOLOGY**

Does your program use (check all that apply):

- Computers
- GIS mapping
- GPS equipment
- Computer databases
- Aerial Photography
- Other (please describe):

Please describe your capabilities in these areas: Beginning to use GIS systems; all computers networked

Please describe your current GIS abilities: Intermediate

Give details if possible on your GIS abilities:

Please describe any changes/enhancements in this area from the previous year:

**Comments:** \_\_\_\_\_

## REVENUES & EXPENDITURES

Please give a concise statement of revenues & expenditures for the prior fiscal year ending June 30.

\$1,473,888 budget FY07. \$1,353,916 expended, \$119,972 surplus.

**Comments:** \_\_\_\_\_

## PESTICIDE USAGE

Please total your pesticide usage with information from your Mass. Pesticide Use Report, WNV Larvicide Use records and contracted pesticide applications. Applications methods include; hand/backpack, aerial, ULV, mistblower, other (please explain)

Product Name: Vectobac G  
EPA Reg. #: 73049-10  
Application method: hand/backpack  
Targeted life stage: Larvae  
Total amount of concentrate applied: 11,115 lbs.  
Comments: \_\_\_\_\_

Product Name: Vectobac G  
EPA Reg. #: 73049-10

Application method: aerial  
Targeted life stage: Larvae  
Total amount of concentrate applied: 11,327 lbs.  
Comments: \_\_\_\_\_

Product Name: Agnique MMF  
EPA Reg. #: 53263-28  
Application method: pump can  
Targeted life stage: Larvae/pupae  
Total amount of concentrate applied: 67 gal.  
Comments: \_\_\_\_\_

Product Name: Altosid WSP  
EPA Reg. #: 2724-448  
Application method: hand  
Targeted life stage: Larvae  
Total amount of concentrate applied: 540 lbs.  
Comments: catch basins only

Product Name: Scourge 18+54  
EPA Reg. #: 432-667  
Application method: truck (ULV)  
Targeted life stage: Adult  
Total amount of concentrate applied: 20 gal.  
Comments: \_\_\_\_\_

Product Name: Anvil 10+10  
EPA Reg. #: 1021-1688-8329  
Application method: truck (ULV)  
Targeted life stage: Adult  
Total amount of concentrate applied: 179 gal.  
Comments: \_\_\_\_\_

Product Name: Suspend SC  
EPA Reg. #: 432-763  
Application method: truck (barrier)  
Targeted life stage: Adult  
Total amount of concentrate applied: 21 oz.  
Comments: trial applications

Product Name:  
EPA Reg. #:  
Application method:  
Targeted life stage: Choose one  
Total amount of concentrate applied:  
Comments: \_\_\_\_\_

Product Name:  
EPA Reg. #:  
Application method:  
Targeted life stage: Choose one  
Total amount of concentrate applied:  
Comments: \_\_\_\_\_

### **LARGE AREA EXCLUSIONS**

Do you have large areas of pesticide exclusion, such as estimated or priority habitats?  
Yes

If yes, please explain, and attach maps or weblinks if possible. Only a few ACEC's, Sudbury Valley Trustees Property, and Assabet River National Refuge

### **SPECIAL PROJECTS**

Do you perform any inspectional services such as inspections at sewage treatment facilities or review sub division plans? No

If yes, please elaborate

Do you work with DPW departments or other local or state officials to address stormwater systems, clogged culverts or other areas that you have identified as man-made mosquito problem areas? Yes

If yes, please elaborate: On a requested, as needed basis

Have you worked with these departments on long term solutions? No

If yes, please elaborate:

### **CHILDREN AND FAMILIES PROTECTION ACT**

Is your program impacted by the Children and Families Protection Act? Yes

If yes, please explain: Incomplete compliance by schools regarding our products, including larval control products

If you have data on compliance with this Act and your program, please list here:

If you had difficulties with implementation of your program due to this law, please elaborate here: We have sent letters and hand delivered information packets to the

School Superintendents' offices for 5 years now, compliance is slowly rising. this year went sent packets to all school superintendents by registered mail with a return receipt.

Comments:

### **GENERAL COMMENTS**

Please list any comments not covered in this report: \_\_\_\_\_