



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
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December 15, 2004

**TO: PARTICIPATING AGENCIES IN THE 2005 CALIFORNIA
ARBOVIRUS SURVEILLANCE PROGRAM**

**SUBJECT: SURVEILLANCE ORDER FORM FOR TESTING MOSQUITO
POOLS AND CHICKEN SERA**

Enclosed is the Surveillance Order Form for the upcoming 2005 season. Note that chicken orders were sent out in November. Please indicate the number of chicken sera samples and mosquito pools your agency plans to submit for testing. Your completed forms need to be faxed to MVCAC no later than January 7, 2005 so the lancets, mosquito vials, bands, filter paper, etc. arrive at your agency in early March.

Please read the entire packet of documents because modifications have been made in certain procedures, e.g., sentinel chickens and use them to replace the 2004 procedures and forms. Note that chickens for southern California agencies will be picked up on March 1, 2005 while northern agencies will pick up chickens on April 5, 2005. Please use the new site registration form for all of your New Jersey light traps, CO₂-baited EVS, and gravid trap locations! We need to add them to the vector map.

The first shipping date for chicken sera samples from southern California agencies to VRDL is Wednesday, March 16. The northern agencies need to ship the first samples by April 20. Samples need be mailed on Wednesdays for samples to arrive on Fridays and no later than Mondays for testing. Agencies that have sera that tested positive will be notified on the following Wednesday afternoon or early Thursday mornings as soon as results are available.

If you have questions about testing results or submission issues concerning chicken sera or mosquito pools, please call (510) 412-6252 or e-mail to ahom@dhs.ca.gov.

Al Hom
Associate Public Health Biologist
Coordinator of the Sentinel Chicken and Mosquito Surveillance Program
Vector-Borne Disease Section

Enclosures



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Vector Borne Disease Section
850 Marina Bay Parkway, Richmond CA 94804
Phone: (510) 412-6252 Internet Address: www.ahom@dhs.ca.gov

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SURVEILLANCE ORDER FORM 2005

PLEASE RETURN YOUR ORDERS NO LATER THAN **JANUARY 7TH**

Agency name: _____ Agency code: _____

Ordered by: _____

Please type or print your name

MOSQUITO POOLS

Number of mosquito pools to be tested*: _____ (@ **\$18.00** ea.) \$ _____

*Pools will be tested at UC Davis for WNV, WEE & SLE.

CHICKEN BLOOD SAMPLES

Number of samples to be tested*: _____ (@ **\$8.15** ea.) \$ _____

*Samples will be tested at VRDL for antibodies to flaviviruses (WNV/SLE) & WEE.

Total \$ _____

When all the orders are received, the laboratories ensure that adequate staff, supplies and equipment are available to process the samples.

Please note that each site from which pools or blood samples are collected must be registered.

The site number for a given site should remain the same, year after year. If a new site is established (**PLEASE NOTE THE NEW FORM**), it must be given a new number and faxed to (530) 752-1537 at UC Davis for inclusion into the database. (Use form MBVS 1)

DO NOT USE AN OLD SITE NUMBER FOR A NEW SITE.

PLEASE ORDER

No later than **January 7th**

FAX TO:

Mosquito and Vector Control Association of California
660 J Street, Suite 480
Sacramento, CA 95814
(916) 442-4182

2005 Surveillance for Mosquito-borne Viruses

Registration of Agencies and Sites

1. Participation of agencies

Agencies interested in participating in the statewide surveillance program for mosquito-borne viruses will place orders through MVCAC for testing of sentinel chicken blood samples and mosquito pools. MVCAC will bill the agency for the number of samples to be tested.

As part of an agreement on coordination of surveillance for mosquito-borne viruses, VRDL will accept and test sentinel chicken blood samples only from those California agencies that have placed orders through MVCAC except for local agencies which test their own chicken sera and send samples (\$ 8.15 per sample) to VRDL for confirmation. CVEC will accept and test mosquito pools only from those agencies that have placed orders through MVCAC.

2. Registration of collection sites

It is extremely important that sites for sentinel chicken flocks, mosquito virus pools, collections for mosquito abundance estimates, and other collections relating to arbovirus surveillance be registered using Form MBVS-1, revised 11/24/03. Obsolete forms should not be used. Additional forms may be obtained from either DHS (ahom@dhs.ca.gov) or UC Davis (bfeldridge@ucdavis.edu). Accurate geographic coordinates in the form of degrees, minutes, and seconds are especially important, because they will be used to generate computer maps that will show test results weekly. These maps may be seen by going on the California statewide surveillance website, <http://vector.ucdavis.edu>. To insure accuracy of map coordinates, it is very useful to include street addresses or street intersections. This provides an excellent cross-check of locations by geocoding. Site registration numbers may refer to single collection sites (e.g., a chicken flock), or may be applied to several sites that fall within a 1/2-mile radius (e.g., a group of CO₂ traps for mosquito pools). Questions concerning this form (including how to convert decimal forms of coordinates to the degree-minute-second form) can be answered by sending an email to Bruce Eldridge or Chris Barker (cmbarker@ucdavis.edu).

3. Registration of sentinel flock sites and wing band numbers

Prior to submitting any sentinel chicken blood samples to VRDL, each agency must register each new flock site with UC Davis using the "SURVEILLANCE SITE REGISTRATION" form MBVS-1 (revised **11/15/04**). Blood samples sent to VRDL must be accompanied by the form "SENTINEL CHICKEN BLOOD – 2005" (MBVS-2, revised **12/09/02**) for each flock site.

Fill out a MBVS-2 form for each site and include a four digit numeric code for the site along with the wing band numbers of chickens placed at that site. Also include the date the chickens were bled. VRDL will cross check the agency and site code numbers before testing the samples.

VRDL will test samples only if they are accompanied by the appropriate 2005 form which includes the registered agency code (assigned by DHS), the registered site code (assigned by local agency), for blood samples, the wing band numbers

assigned to that site and include date bled. **Also, form must always indicate any and all changes made and match the sample card exactly.**

The above requirements apply to confirmation samples as well.

4. Registration of mosquito sampling sites, including New Jersey, EVS and gravid locations

Registration of new sites used for collection of mosquitoes for virus testing and 2005 locations of New Jersey light traps may be accomplished by faxing a copy of the "SITE SURVEILLANCE REGISTRATION 2005" form to (530) 754-6360 (UC Davis) or e-mailing it to bfeldridge@ucdavis.edu at the same time the pools are shipped to UC Davis. UC will test the pools provided that adequate information is provided on the "MOSQUITO POOL SUBMISSION" form (MBVS-3, revised **12/19/01**), including your agency code, your site code for the site and geographic coordinates. If you are unable to determine the geographic coordinates, please provide a map to UC Davis showing the location of each site and its site code.

The geographic coordinates will be used to generate computer maps that will show all registered sites and test results for each site each week. Also, as part of a collaborative effort, UC Davis will be generating up-to-date maps from the weekly results for inclusion on Vector Web site: <http://vector.ucdavis.edu/>.

5. If there are any questions, please contact Al Hom, Vector-Borne Disease Section at (510) 412-6252 or ahom@dhs.ca.gov.

SURVEILLANCE SITE REGISTRATION 2005
Please fax to 530-754-6360 or email to bfeldridge@ucdavis.edu

AGENCY CODE: _____
(MUST BE 4 LETTERS, NO NUMBERS)

SITE CODE: _____
(MUST BE 4 NUMBERS, NO LETTERS)

Agency Name

County in which site located

Latitude _____
(Degrees, minutes, seconds)

Longitude _____
(Degrees, minutes, seconds)

Elevation (feet) _____

Note: Please do not record coordinates in decimal form. If you need help in converting decimal coordinates to the degrees-minutes-seconds form, please send an inquiry by email to Bruce Eldridge or Chris Barker

Address or road intersection (this is highly desirable for geocoding)

Site is located _____ miles in a _____ Direction from _____
(Nearest **city** or **town** --- this will be the city or town reported by DHS for positives for this site. If the site is **within** a city or town, leave the first two spaces blank)

NAME OR NUMERICAL SITE DESIGNATION USED BY AGENCY: _____
(e.g., Adore Farms, or 234A. The use of a name for each site is highly recommended)

LAND USE SURROUNDING THE SITE: Check ONE selection that best describes the site.

Residential

Park/Cemetery/
Golf course

Undeveloped

School

Forest

Wildlife refuge

Commercial/
Industrial/
Transportation

Agriculture

Marsh/swamp

Rangeland

Other

CONTACT PERSON: _____

CONTACT TELEPHONE: _____ **EXT:** _____

Procedures for Processing Mosquitoes for Arbovirus Detection - 2005

1. Collect mosquitoes alive and return them immediately to the laboratory. Females should be offered 5-10% sucrose if held overnight or longer before processing.
2. Anesthetize mosquitoes by carbon dioxide, or triethylamine (TEA). TEA is recommended because specimens are permanently immobilized with minimal mortality and with no loss of SLE or WEE virus titer (Kramer et al. 1990). TEA should be used either outdoors or under a chemical hood. Collections can be knocked down outdoors using a few drops of TEA, the specimens transferred to Petri dishes, and then taken into the laboratory for processing. If refrigerated, mosquitoes will remain alive in covered Petri dishes for 1 or 2 days without additional anesthesia.
3. Sort mosquito collections to species under a dissecting microscope at 10X to ensure correct identification and to make sure that other small insects such as chironomids or *Culicoides* are not inadvertently included in the pools. Count and discard dead and dried mosquitoes. Lots of 50 females (minimum of 12 females) per pool of each vector species from each collection site are then counted. Place each mosquito pool in an individual plastic (**not glass**) screw-cap cryovial fitted with O-rings to prevent contact with CO₂ during transport and storage. Recommended sampling effort are 10 pools of 50 females of each species from each site per week to detect minimum infection rates (MIRs) ranging from 2 to 20 per 1,000 females tested. Pools should be labeled sequentially starting with #1 each year after the site code. **VERY IMPORTANT: POOLS MUST BE ACCOMPANIED BY "MOSQUITO POOLS SUBMITTED FORM MBVS-3" AND CAN ONLY BE TESTED FROM REGISTERED SITES (USE FORM MBVS-1 TO REGISTER COLLECTION SITES).**

List the site code for each pool that consists of a designated four-letter agency code followed by four digits identifying the site, i.e., KERN0001. Keep the pool numbers in sequence for the whole year regardless of the number of site codes, i.e., pool #1 may be from KERN0001, and pool #2 may be from KERN0004.

4. Freeze pools immediately at -70°C either with dry ice in an insulated container or in an ultra-low temperature freezer. Pools are shipped frozen on dry ice to the UC Davis Center for Vector-borne Disease Research for testing by an *in situ* enzyme linked **immunosorbent assay (EIA)**. Care must be taken not to allow pools to defrost during storage or shipment, because each thaw and freeze kills approximately half the virus, and all virus will be lost if the specimens sit at room temperature.

Pools are shipped frozen on dry ice and must have a dry ice label on outside of container to indicate the weight of the dry ice. **Mosquito pools sent for arrival on Friday must be received at CVEC no later than 3: 00 PM.**

**UC Davis
Center for Vector-borne Disease Research
Old Davis Road
Davis, CA 95616**

5. Questions concerning test results should be directed to the Vector-Borne Disease Section, California Department of Health Services (DHS) at (510) 412-6252 or ahom@dhs.ca.gov. The weekly Arbovirus Surveillance bulletin will report test results and a list of agencies that submitted samples for that week.

**INSTRUCTIONS FOR
SENTINEL BLOOD SAMPLES
January, 2005**

REMEMBER TO TAKE A REFERENCE BLOOD SAMPLE FROM EACH OF YOUR CHICKENS ON THE DAY YOU PICK THEM UP. SAVE THIS SAMPLE FOR REFERENCE AND PLACE IN REFRIGERATOR, USE ONLY IN THE EVENT YOUR FIRST 2-WEEK SAMPLE FROM THAT BIRD COMES UP POSITIVE.

Blood samples (dried on filter paper strips) should be stapled onto cards and must be accompanied by form MBVS-2 (Sentinel Chicken Blood-2005) outside the plastic bag. Do not staple form to bag.

Send to:

DEPARTMENT OF HEALTH SERVICES, RICHMOND CAMPUS
SPECIMEN RECEIVING ROOM B106 (**ATTN: ARBO**)
850 MARINA BAY PARKWAY
RICHMOND, CA 94804

INSTRUCTIONS:

Bi-weekly dry blood sample submissions:

1. **Ensure all staff involved follows these instructions exactly!**
2. Blood samples are collected on half-inch wide filter paper strips (supplied by MVCAC). THE BLOOD MUST COMPLETELY SOAK THROUGH ON A ¾ INCH LENGTH OF THE STRIP. Use alcohol swabs on comb before bleeding and ensure strip is dried in dust free environment.
3. Each strip must include the date bled and the wing band number.
4. Attach strips to a 5" X 7" card in sequential order, from left to right. See example on next page.
5. Place the soaked-end down. Attach samples firmly to card in same sequence as listed on form. Sample should not move.
6. Do not cover the information on the strips.
7. Place the following on the card:
County, Agency code, Site, and Date Bled.
8. Place card with attached samples in a Zip Lock plastic bag large enough to fit around card.
(Do not use plastic wrap.)
9. Do not staple form to bag.
10. Do not put form in the bag with the samples.
11. Do not put more than one sample card per bag.

In the laboratory a single punch is removed from the blooded end of the paper and placed into one well of a 96-well plate with 150 µl of diluent. Specimens are allowed to soak for 2 hours on a rotator and the eluate tested for WEE, WNV and SLE IgG antibody using the ELISA. Positive specimens are confirmed the following Thursday using an indirect fluorescent antibody test.

Confirmation sample submissions:

1. Bleed the chicken (s) requested "for confirmation" into vacutainer/microtainer tubes.*

2. Centrifuge whole blood and aliquot serum into micro-centrifuge tube. Do not put whole blood into micro-centrifuge tube.
3. Clearly state sites, site code, band number, and date bled on tube. If sending whole blood (only if unable to send serum) vacutainer/microtainer tubes must be sent on blue ice (ice packs). For serum aliquots, shipments must be sent accompanied by dry ice. Whole blood is not serum. Do not send frozen whole blood.
4. A completely filled out copy of form MBVS-2 must accompany each separate confirmation sample submitted. Indicate on form that the sample is for “confirmation.”
5. Ship sample (s) in an adequate shipping container with appropriate “potentially hazardous” shipment precaution taken.
6. You must include a valid return address with each shipment.

Contact Al Hom, VBDS in Berkeley (510) 412-6252 concerning any questions about sample submissions or test results.

INSTRUCTIONS FOR SENTINEL BLOOD SAMPLES-page 2

Attach filter paper strips to a 5" X 7" card as shown below. Write the date and wing band number on the blank end of each strip and write the identifying information on the card as shown.

COUNTY:

THESE ARE CHICKEN BLOOD SAMPLES

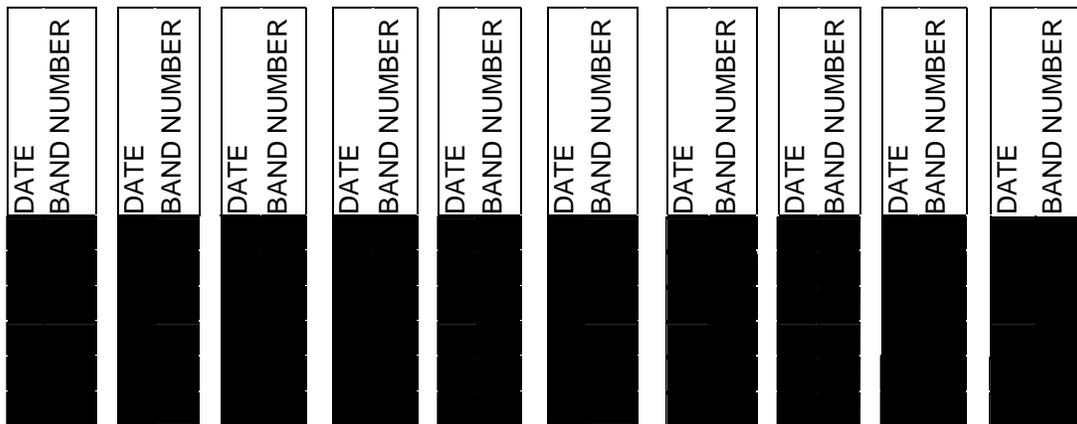
AGENCY CODE:

SITE CODE:

DATE BLED:

PLACE STRIPS IN SEQUENTIAL ORDER AS LISTED ON THE FORM FROM LEFT TO RIGHT

STAPLE THIS END



SOAK AT LEAST A 3/4" LENGTH OF THE STRIP. PLACE THE SOAKED END AT THE CARD AND STAPLE THE OTHER END TO THE CARD

VRDL sets up tests of sentinel chicken blood samples on Monday and Tuesday mornings. Your samples must arrive at VRDL by 5PM on Monday. It is up to you which day of the week you bleed your birds and which day you ship the samples to VRDL. However, we suggest bleeding the birds in time to ship or mail them on Wednesday (to ensure that they are in Richmond on Friday and no later than Monday). You should verify that your samples were tested on time. If the weekly surveillance bulletin doesn't show that your samples were tested, the most likely reason is that they did not arrive in the laboratory by 5PM on Monday. Be sure that the names of the person to be notified of positive samples and the alternate are listed. If you or the alternate are available by telephone during working hours on Wednesdays, you will be notified of at least the first positive sample from your sites.

CO₂-BAITED EVS TRAPS

Adult Mosquito Occurrence Report Summary

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 VECTOR-BORNE DISEASE SECTION
 850 MARINA BAY PARKWAY
 RICHMOND, CA 94804
 (510) 412-6254
 FAX (510) 412-6263
 e-mail: arbovirus@dhs.ca.gov

Record # _____ (For CDHS/VBDS use only)
--

REPORTING AGENCY NAME: _____

AGENCY CODE: _____

AGENCY CONTACT: _____

WEEK NUMBER: _____

SERVICE DATES:
FROM: _____
TO: _____

	Traps located more than one mile inside a densely populated urban area (URBAN)		Traps located more than 1/4 to one mile inside a densely populated urban area (SUBURBAN)		Traps located outside of or less than 1/4 mile inside a densely populated urban area (SUBURBAN / RURAL)	
	FEMALES		FEMALES		FEMALES	
	TOTAL (A)	PER TRAP *	TOTAL (A)	PER TRAP *	TOTAL (A)	PER TRAP *
<i>Culex tarsalis</i>						
<i>Culex pipiens/quinquefasciatus</i>						
Other <i>Culex</i>						
<i>Anopheles</i>						
<i>Ochlerotatus</i> **						
<i>Culiseta</i>						
<i>Psorophora</i>						
Other Genera						
GRAND TOTAL						

Total number of traps (B)			
----------------------------------	--	--	--

* Number of females divided by the number of traps (A/B). Because EVS traps are run for only 1 night, this number is also equal to the number of females per trap-night.
 ** includes all Californian species formerly in the genus *Aedes* except *Ae. vexans*, *Ae. hemiteleus*, and *Ae. purpureipes*.

NOTE: To be included in the current weekly summary, reports must be received no later than Wednesday of the week following collection. CDHS reports are based on weeks ending on Wednesday. To make all reports as comparable as possible, trap collections should be made on Thursday or Friday.

GRAVID TRAPS

Adult Mosquito Occurrence Report Summary

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 VECTOR-BORNE DISEASE SECTION
 850 MARINA BAY PARKWAY
 RICHMOND, CA 94804
 (510) 412-6254
 FAX (510) 412-6263
 e-mail: arbovirus@dhs.ca.gov

Record # _____
(For CDHS/VBDS use only)

REPORTING AGENCY NAME: _____

AGENCY CODE: _____

AGENCY CONTACT: _____

WEEK NUMBER: _____

FROM: _____

TO: _____

SERVICE DATES:

	Traps located more than one mile inside a densely populated urban area (URBAN)		Traps located more than 1/4 to one mile inside a densely populated urban area (SUBURBAN)		Traps located outside of or less than 1/4 mile inside a densely populated urban area (SUBURBAN / RURAL)	
	FEMALES		FEMALES		FEMALES	
	TOTAL (A)	PER TRAP *	TOTAL (A)	PER TRAP *	TOTAL (A)	PER TRAP *
<i>Culex tarsalis</i>						
<i>Culex pipiens/quinquefasciatus</i>						
Other <i>Culex</i>						
<i>Anopheles</i>						
<i>Ochlerotatus**</i>						
<i>Culiseta</i>						
<i>Psorophora</i>						
Other Genera						
GRAND TOTAL						
Total number of traps (B)						

* Number of females divided by the number of traps (A/B). Because gravid traps are run for only 1 night, this number is also equal to the number of females per trap-night.

** includes all Californian species formerly in the genus *Aedes* except *Ae. vexans*, *Ae. hemiteles*, and *Ae. purpureipes*.

NOTE: To be included in the current weekly summary, reports must be received no later than Wednesday of the week following collection. CDHS reports are based on weeks ending on Wednesday. To make all reports as comparable as possible, trap collections should be made on Thursday or Friday.

"Northern" Schedule

Ship First Samples April 20 for testing April 22-25, 2005

AGENCY NAME	CODE	COUNTY	STATE
Alameda Co. MAD	ALCO	ALAMEDA	CA
Burney Basin MAD	BURN	SHASTA	CA
Butte Co. MAD	BUCO	BUTTE	CA
Colusa MAD	CLSA	COLUSA	CA
Consolidated MAD	CNSL	FRESNO	CA
Delano MAD	DLNO	KERN	CA
East Side MAD	EAST	STANISLAUS	CA
Fresno MVCD	FRNO	FRESNO	CA
Fresno Westside MAD	FRWS	FRESNO	CA
Glenn Co. MVCD	GLEN	GLENN	CA
Inyo Environmental Health	INYO	INYO	CA
Kern MVCD	KERN	KERN	CA
Kings MAD	KNGS	KINGS	CA
Lake County MAD	LAKE	LAKE	CA
Madera Co. MVCD	MADR	MADERA	CA
Marin-Sonoma MVCD	MARN	SONOMA	CA
Merced County MAD	MERC	MERCED	CA
Napa County MAD	NAPA	NAPA	CA
No. Salinas Valley MVCD	NSAL	MONTEREY	CA
Placer Co. VCD	PLCR	PLACER	CA
Sacramento-Yolo MVCD	SAYO	SACRAMENTO	CA
San Joaquin Co. MVCD	SJCM	SAN JOAQUIN	CA
San Mateo Co. MAD	SANM	SAN MATEO	CA
Santa Clara Co. VCD	STCL	SANTA CLARA	CA
Santa Cruz Co. MVCD	SCRZ	SANTA CRUZ	CA
Shasta MVCD	SHAS	SHASTA	CA
Solano Co. MAD	SOLA	SOLANO	CA
South Fork MAD	SFMO	KERN	CA
Sutter-Yuba MVCD	SUYA	SUTTER	CA
Tehama County MVCD	TEHA	TEHAMA	CA
West Side MVCD	WEST	KERN	CA
Turlock MAD	TRLK	STANISLAUS	CA

"Southern" Schedule

Ship First Samples March 16 for testing March 18-21, 2005

AGENCY NAME	CODE	COUNTY	STATE
Antelope Valley MVCD	ANTV	LOS ANGELES	CA
Benton Co. MCD	BENT	BENTON	WA
City of Long Beach	LONG	LOS ANGELES	CA
City of Moorpark VC	MOOR	VENTURA	CA
Coachella Valley MVCD	COAV	RIVERSIDE	CA
Delta VCD	DLTA	TULARE	CA
Greater LA Co. VCD	GRLA	LOS ANGELES	CA
Indian Health Services, Ft. Yuma	IHSY	IMPERIAL	CA
L.A. County West VCD	LACW	LOS ANGELES	CA
Moab MAD	MOAB	MOAB	UT
Northwest MVCD	NWST	RIVERSIDE	CA
Orange Co. VCD	ORCO	ORANGE	CA
Riverside Co. Env. Health	RIVR	RIVERSIDE	CA
San Bernardino Co. VCP	SANB	SAN BERNARDINO	CA
San Diego Co. VS&C	SAND	SAN DIEGO	CA
San Gabriel Valley MVCD	SGVA	LOS ANGELES	CA
Santa Barbara Coastal VCD	SBCO	SANTA BARBARA	CA
Tulare MAD	TLRE	TULARE	CA
Ventura Co. Env. Health	VENT	VENTURA	CA
West Valley VCD	WVAL	SAN BERNARDINO	CA

Southern California Schedule For Chicken Sera

March 1: Pick up chickens in San Jacinto. Bleed and hold sample in refrigerator for reference.
 Mail sample on March 16 to the address below for testing the following week by VRDL.

March-2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April-2005

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May-2005

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24*	25	26	27	28
29	30	31				

* Due to Memorial Day

June-2005

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July-2005

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August-2005

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30**	31			

** Due to Labor Day

September-2005

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October-2005

S	M	T	W	T	F	S
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November-2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December-2005

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Legend:

 = Chicken pick-up date

 = Bleeding date

Mail sample to: Department of Health Services, Richmond Campus
 Specimen Receiving Unit Room B106 (ATTN: ARBO)
 850 Marina Bay Parkway
 Richmond, CA 94804

If there are questions, call Al Hom at (510) 412-6254 or e-mail: arbovirus@dhs.ca.gov

Northern California Schedule For Chicken Sera

April 5: Pick up chickens in Modesto. Bleed and hold samples in refrigerator for reference.
 Mail sample on the dates outlined in squares below to the address below for testing the following week by VRDL.

April-2005

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May-2005

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June-2005

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July-2005

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

August-2005

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September-2005

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

***Due to July 4th

October-2005

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November-2005

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December-2005

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Legend:
 = Chicken pick-up date
 = Bleeding date

Mail sample to: Department of Health Services, Richmond Campus
 Specimen Receiving Unit Room B106 (ATTN: ARBO)
 850 Marina Bay Parkway
 Richmond, CA 94804

If there are questions, call Al Hom at (510) 412-6254 or e-mail: arbovirus@dhs.ca.gov

THESE AGENCIES WILL PICK UP THEIR CHICKENS

IN SAN JACINTO - ONLY ON MARCH 1ST

AGENCY NAME	CODE	COUNTY	STATE
Antelope Valley MVCD	ANTV	LOS ANGELES	CA
City of Long Beach	LONG	LOS ANGELES	CA
City of Moorpark VC	MOOR	VENTURA	CA
Coachella Valley MVCD	COAV	RIVERSIDE	CA
Delta VCD	DLTA	TULARE	CA
Greater LA Co. VCD	GRLA	LOS ANGELES	CA
L.A. County West VCD	LACW	LOS ANGELES	CA
Northwest MVCD	NWST	RIVERSIDE	CA
Orange Co. VCD	ORCO	ORANGE	CA
Riverside Co. Env. Health	RIVR	RIVERSIDE	CA
San Bernardino Co. VCP	SANB	SAN BERNARDINO	CA
San Diego Co. VS&C	SAND	SAN DIEGO	CA
San Gabriel Valley MVCD	SGVA	LOS ANGELES	CA
Santa Barbara Coastal VCD	SBCO	SANTA BARBARA	CA
Tulare MAD	TLRE	TULARE	CA
Ventura Co. Env. Health	VENT	VENTURA	CA
West Valley VCD	WVAL	SAN BERNARDINO	CA

THESE AGENCIES WILL PICK UP THEIR CHICKENS
IN MODESTO - ONLY ON APRIL 5TH

AGENCY NAME	CODE	COUNTY	STATE
Alameda Co. MAD	ALCO	ALAMEDA	CA
Burney Basin MAD	BURN	SHASTA	CA
Butte County MAD	BUCO	BUTTE	CA
Colusa MAD	CLSA	COLUSA	CA
Consolidated MAD	CNSL	FRESNO	CA
Contra Costa MVCD	CNTR	CONTRA COSTA	CA
Delano MAD	DLNO	KERN	CA
East Side MAD	EAST	STANISLAUS	CA
Fresno MVCD	FRNO	FRESNO	CA
Fresno Westside MAD	FRWS	FRESNO	CA
Glenn Co. MVCD	GLEN	GLENN	CA
Inyo Enivronmental Health	INYO	INYO	CA
Kern MVCD	KERN	KERN	CA
Kings MAD	KNGS	KINGS	CA
Lake County MAD	LAKE	LAKE	CA
Madera Co. MVCD	MADR	MADERA	CA
Marin-Sonoma MVCD	MARN	SONOMA	CA
Merced County MAD	MERC	MERCED	CA
Napa County MAD	NAPA	NAPA	CA
No. Salinas Valley MVCD	NSAL	MONTEREY	CA
Placer Co. Env. Health	PLCR	PLACER	CA
Sacramento/Yolo MVCD	SAYO	SACRAMENTO	CA
San Joaquin Co. MVCD	SJCM	SAN JOAQUIN	CA
San Luis Obispo Co.	SLOC	SAN LUIS OBISPO	CA
San Mateo Co. MAD	SANM	SAN MATEO	CA
Santa Clara Co. VCD	STCL	SANTA CLARA	CA
Santa Cruz Co. MVCD	SCRZ	SANTA CRUZ	CA
Shasta MVCD	SHAS	SHASTA	CA
South Fork MAD	SFMO	KERN	CA
Solano Co. MAD	SOLA	SOLANO	CA
Sutter-Yuba MVCD	SUYA	SUTTER	CA
Tehama County MVCD	TEHA	TEHAMA	CA
West Side MVCD	WEST	KERN	CA
Turlock MAD	TRLK	STANISLAUS	CA