

Attachment B – Mosquito Control Program Questionnaire – Word Version

Form Approved
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Instructions

Welcome! This data collection is meant for state, local, and tribal vector control department and district staff and aims to assess the status and needs of your district or jurisdiction in regards to vector control and surveillance.

Your feedback is important to us and will help us develop a baseline of current vector control activities and competencies.

Completing the questionnaire is voluntary and takes approximately 7.5 minutes. CDC and NACCHO will not publish or share any identifying information about individual respondents. There are no known risks or direct benefits to you from participating or choosing not to participate, but your answers will help CDC and NACCHO to best determine how to support vector control and surveillance activities in response to vector-borne pathogens, including Zika virus.

If you have any questions or concerns about this assessment, please contact Chelsea Gridley-Smith at cgridley-smith@naccho.org.

To begin, please click next.

CDC and NACCHO estimate the average public reporting burden for this collection of information as 7.5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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Q1 Does your program conduct routine surveillance for mosquitoes through standardized trapping and species identification?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Does your program have the capability...

Q2 Does your program make treatment decisions based on that surveillance?

- Yes (1)
- No (2)

Q3 Does your program have the capability to conduct the following: (Select all that apply)

- Larviciding (1)
- Adulticiding (2)
- Neither (3)

Q4 Does your program engage in routine vector control (eg. chemical, biological, source reduction, or environmental management) specifically for *Aedes aegypti* and/or *Aedes albopictus*?

- Yes (1)
- No (2)
- There is no *Aedes aegypti* or *Aedes albopictus* identified in the area (3)

Q5 Does your program engage in control activities other than chemical control (i.e. biological, source reduction, or water management)?

- Yes (1)
- No (2)

Q6 Does your jurisdiction require any of the following for the application of pesticides? (Select all that apply)

- Operate on a general use applicator license (1)
- Operate on a separate mosquito control pesticide applicator license (2)
- Have several applicators operate under one Master applicator's license (3)
- Operate with each individual Applicator licensed to apply pesticides (4)
- No licensing required (5)

Q7 Does your program conduct pesticide resistance testing?

- Yes (1)
- No (2)

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Q8 Does your program directly engage in or provide community outreach and education campaigns that inform people on how mosquito-borne diseases are transmitted and how they can be avoided?

- Yes (1)
- No (2)

Q9 Does your program currently communicate with and receive human surveillance, epidemiology and activity reports from a state or local public health department/program?

- Yes (1)
- No (2)

Q10 Is your program willing and able to communicate or share equipment/personnel with nearby mosquito control programs?

- Yes (1)
- No (2)
- Not sure (3)

Q11 Thank you for taking the time to fill out this assessment. To submit your responses, please click the red "Next" button on the bottom right side of your screen.