

WSVI-WZVI-Quarterly Issues and Problems Report
From October 1 2014-December 31 2014

FEDERAL AND TERRITORIAL ELECTIONS

The gubernatorial election cycle began with a Primary Election in August of 2014. It concluded with a new Governor and Lt. Governor selected in a runoff. The US Virgin Islands elected a new Governor, choosing Kenneth Mapp in a run-off.

Mapp's election concluded a three-month electoral process. He becomes the United States territory's eighth governor, and will succeed Governor John de Jongh in the role.

De Jongh took to the airwaves to "...congratulate Governor-elect Kenneth E. Mapp and Lieutenant Governor-elect Osbert Potter on tonight's victory and assure them and the people of the Virgin Islands of my commitment to a smooth and successful transition as our new leaders prepare to take the helm of the Government of the Virgin Islands," said in a statement. "We are at a time when the Virgin Islands is confronted by a number of issues and challenges that we must all work together to build our future."

Mapp, an independent, defeated the territory's current Congressional representative, Donna Christensen, in the run-off.

A longtime policeman, Mapp had previously served as Lieutenant Governor of the territory from 1995 to 1999 after three terms in the USVI's Senate.

It was a landslide victory for Mapp, who received around 64 percent of the vote according to initial estimates.

VIRGIN ISLANDS PUBLIC HEALTH CRISIS

Chikungunya 'Epidemic' in the US and British Virgin Islands

As chikungunya cases continue to skyrocket in St. Thomas, WSVI covered stories on the news that residents have been calling on the Department of Health to conduct truck-mounted fogging to quell the seemingly unstoppable wave of the contagious disease. However, Health Commissioner Darice Plaskett hinted at other methods being used—even as the territory's epidemiologist, Dr. Esther Ellis, has confirmed that the Virgin Islands are now experiencing an epidemic. Pictured above, an Indonesian government employee makes fog at Bintaro residential to prevent the spreading of Chikungunya.

In August, the Virgin Islands Health Department reported there were over 150 suspected cases of chikungunya in the territory. In early September, that number had almost tripled as the department reported 415 suspected cases. Of that number, 389 suspected cases were reported on St. Thomas and St. John, while only 22 suspected cases were reported on St. Croix.

The amount of chikungunya cases now being reported in the territory is so widespread it has become difficult for the Department of Health (DOH) to keep count.

The U.S. Centers for Disease Control and Prevention has been assisting the Virgin Islands Health Department in strengthening its efforts to better investigate and diagnose potential cases, conduct proper surveillance and help educate health care workers about the clinical management of the virus. Because research confirmed that the *Aedes aegypti* mosquitoes carrying the chikungunya disease are usually found in homes and enclosed places, and lay their eggs in homes and other dwellings, the strategy used to help minimize the spread of the disease in the V.I. has been a combination of public outreach, source reduction and education on personal protection. The same strategy was reiterated in a media campaign waged by the DOH; however, the community's frustration, especially in St. Thomas where almost all cases have been reported, is now palpable.

Brett Ellis, Health Department entomologist said, "The impact of fogging to control *Aedes aegypti*, the mosquito responsible for transmitting dengue and chikungunya, has been controversial but most vector control programs acknowledge its extremely limited effect. Extensive trials carried out by the CDC others have repeatedly shown disappointing results, and there is no well-documented example of using fogging to interrupt an epidemic."

He added: "The primary reason for this is not because the chemicals are ineffective, but that it has been difficult to get the chemical in direct contact with the mosquito. This type of mosquito spends a lot of its time indoors near us, in dark places like our closets or under our beds, and do not come into contact with the chemicals when sprayed. Unlike many mosquito species, *Aedes aegypti* mosquitoes are aggressive daytime biters, and fogging is typically performed in the evening. Fogging can also kill other beneficial insects such as bees."

Ellis went on to say there were "unique concerns" with implementing fogging in the Territory, particularly as it relates to safeguarding cisterns and potable water sources.

"Control programs should focus their efforts on an integrated approach that includes effective surveillance, clinical case management, community education, personal protection, and the destruction of mosquito breeding sites in and around our homes and public places," he said.

Health Commissioner Plaskett backed up Ellis' claim, adding that, according to CDC's arboviral experts and vector control specialists, "the most effective method of abatement for *Aedes aegypti* mosquito in the territory is source reduction/elimination (draining and dumping stagnant water from containers like buckets, pet dishes, flower pots and tires)," and eradicating mosquito larva from large bodies of stagnant water that cannot be drained or dumped, by using the bacterial insecticide known as Bti briquettes or mosquito dunks.

The Department of Health's territorial epidemiologist, Dr Esther Ellis, has said that the territory was now experiencing a chikungunya epidemic, and gave residents as well as visitors to the Islands, pertinent advice to protect themselves from catching the disease.

They include:

Use insect repellents — Repellents containing DEET or oil of lemon eucalyptus. Apply repellent only to exposed skin or clothing, follow product instructions carefully. Do not use repellents on babies less than two months of age.

Use air conditioning or window/door screens to keep mosquitoes outside. If you are not able to protect yourself from mosquitoes inside your home or hotel, sleep under a mosquito bed net.

Wear clothing that protects you from mosquito bites (long-sleeved shirts and long pants).

Protect infants: cover cribs, strollers and baby carriers with cotton mosquito netting at all times, day and night, both inside and outside of your home. Dress babies in loose cotton clothing that covers arms and leg.

Treat clothing with permethrin or purchase permethrin-treated clothing.

Awareness

Commissioner Plaskett reassured the community of the DOH's dedication to fighting the spread of chikungunya, and said the Department will increase the number of volunteers and staff traversing neighborhoods to raise awareness. Schools will also be canvased.

The mosquito-borne illness has symptoms similar to dengue. The symptoms generally begin three to seven days after being bitten by an infected mosquito, and may include fever, severe joint pain (often in the hands and feet), headache, muscle pain, joint swelling, or rash.

Chikungunya has been classified as an epidemic by the Environmental Health Department and it was announced that the community will need to partner with the various public agencies to curtail the spread of the virus which reportedly affects Tortola, Virgin Gorda, Jost Van Dyke and Anegada also within the Channel 8 viewing area

The Chikungunya virus is carried mainly by the *Aedes Aegypti* mosquito and is classified as a dengue-like sickness. Symptoms include a sudden high fever, severe pain in the wrists, ankles or knuckles, muscle pain, headache, nausea, and rash. Joint pain and stiffness are more common with Chikungunya than with dengue fever which is a widely known mosquito-carried infection. The symptoms appear between four to seven days after the bite of an infected mosquito and the majority of clinical signs and symptoms last three to ten days. Currently, there is no known vaccine or treatment for this condition.

25 cases have been recently confirmed in the United States Virgin Islands. Last June the Pan American Health Organization (PAHO) reported that most of the new cases were from the Latin regions of the Caribbean, with Guadeloupe, Martinique, and the French part of St. Martin all reporting new suspected and confirmed cases. The number of chikungunya cases in the region has risen to 135,427 suspected or confirmed cases.

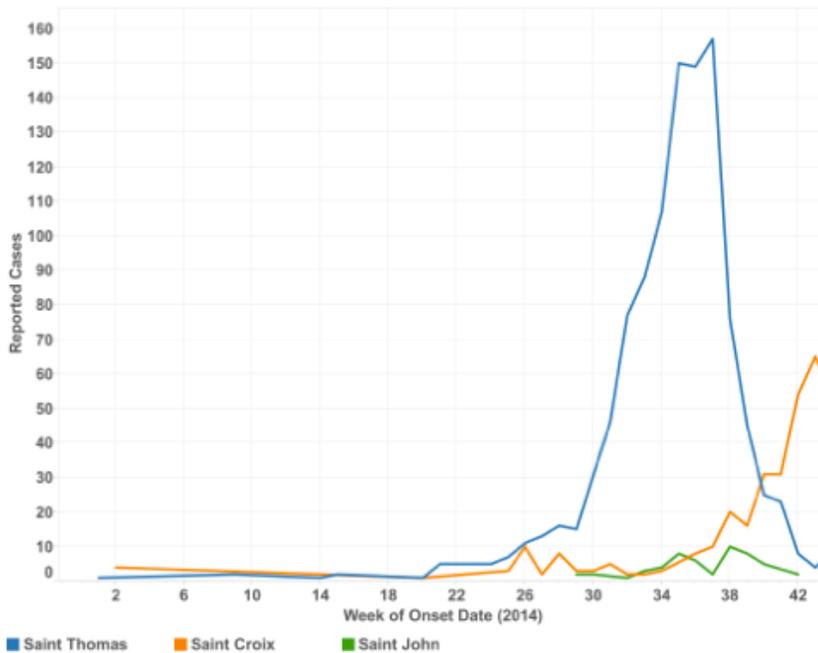
In a statement to the House of Assembly on 11 September, Minister for Health and Social Development, Hon. Ronnie Skelton announced that the Ministry of Health, the Environmental Health Division, and the BVI Health Services Authority are working closely together to control and respond to the current outbreak. "After the earlier outbreak in Jost Van Dyke which largely subsided, there has been increased reporting of cases over the last few weeks, particularly on Virgin Gorda. Local transmission of the virus is documented on all islands except Anegada. Unfortunately, Madam Speaker, due to the high case load around the region, samples are no longer being sent to the Caribbean Public Health Agency (CARPHA) for confirmation," the Minister stated.

However, on 16 September Chief Environmental Officer, Cernel Smith classified the current territorial Chikungunya situation as an epidemic and said that actions need to be taken to stop the spread of the virus. The announcement was made on the Speak out BVI radio program where Mr. Smith, and Dr. Paula Trotman-Hastings of the BVI Health Services Authority (BVIHSA) were guests.

In that radio broadcast, Mr. Smith said: "I think it is in epidemic proportion and if we don't control it, it could get worse. We have the vector, which is the *Aedes Aegypti* mosquito in our Territory. If we are not careful it might very well become endemic and therefore you can always have a little spike in Chikungunya, and dengue if we don't control the mosquitoes. I think the public needs to be warned, the public needs to take heed. The public needs to do what they are being asked to do because it's in their best interest, so I don't think we want to cut corners here or play politics."

WSVI has carried bulletins from the Department of Health on statistics. The latest weekly figures are on this chart from the Department of Health.

Figure 1. Chikungunya cases by week of illness onset, 2014



VIRGIN ISLANDS PUBLIC HEALTH CRISIS

WSVI TV devoted many programs to the efforts of the local St. Croix 'Juan Luis Hospital' to remain open in the face of a federal order that the hospital was no longer eligible for federal funding. After a series of meetings which Channel 8 covered, it was determined to send a delegation to the mainland to fight for a reversal of that order which would have certainly brought the hospitals closure.

WSVI-TV also covered the political controversy connected with it. Including the plans of one of the candidates for Governor to address the crisis. After consulting with health administrators, doctors and community leaders, Gubernatorial candidate Ken Mapp announced today his proposed turnaround plan to rescue the Juan F. Luis Hospital and Medical Center from potential closure after the federal government decertified and removed the accreditation of St. Croix's only hospital.

The federal agency, US Centers for Medicare and Medicaid Services (CMS), notified the Juan F. Luis Hospital that its certification to participate in the Medicare program will be terminated effective October 9, 2014 because of numerous violations of standards of care and conditions and non-compliance with local and federal laws. In addition, it was stated that the hospital does not have a proper governing body, does not protect patient's rights and has insufficient medical staff and nursing services. Because of the decertification, the hospital will lose millions of dollars of revenues and basic healthcare services for all of St. Croix's residents, especially the elderly, are in serious jeopardy.

After discussions with the Juan F. Luis Hospital CEO, Dr. Kendall Griffith, former Health Commissioner and former Governor Roy L. Schneider, MD, various prominent doctors and community leaders, Mapp is proposing what steps should be taken to move St. Croix's only hospital back towards certification and avoid imminent insolvency. Mapp stated that he does not believe that fighting with CMS is the best road back to an accredited and certified hospital.