



# County of Santa Cruz

## COUNTY ADMINISTRATIVE OFFICE

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2100 FAX: (831) 454-3420 TDD: (831) 454-2123

SUSAN MAURIELLO, J.D., COUNTY ADMINISTRATIVE OFFICER

## Update on CDFA Spraying for LBAM

**RECEIVED**

**NOV 02 2007**

**CITY CLERK'S DEPT**

Date: November 2, 2007  
Release: Immediately  
Contact: Dinah Phillips  
Public Information Officer

On November 1, 2007, the Court denied Santa Cruz County's request for a temporary restraining order to stop the California Department of Food and Agriculture from conducting aerial pheromone spraying for the Light Brown Apple Moth over portions of Santa Cruz County. CDFA has announced plans to commence spraying in Santa Cruz County as scheduled between November 4 and November 9.

CDFA has set up an email notification system to inform residents of when and where spraying will occur. Those interested in receiving email updates may sign up at

<http://phpps.cdfa.ca.gov/notification/signup2.aspx>

Although the County's request for a temporary injunction was denied, the rest of the County's case is still proceeding. In the coming months, the County will be focusing its efforts on gathering information that may be presented to the court at a later hearing which may take place prior to the next scheduled round of spraying in late February 2008.

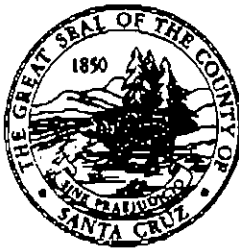
The County will be collecting evidence of illness or injury due to the aerial spraying for presentation to the Court. This information will be collected through local physicians and the County Health Services Agency (HSA).

In accordance with standard practices regarding the reporting of pesticide-related illnesses, the County Health Services Agency has issued a Health Advisory to all physicians in the County advising them that they are required to notify the County Health Officer, through the HSA Disease Control Unit, of illness or injury that they suspect was caused by pesticides.

Reports of illness or injury due to CDFA's aerial spraying can only be tabulated if they are reported by physicians. Self reporting will not be accepted by the Health Services Agency or other County departments.

Residents who believe that they have suffered illness or injury from CDFA's spraying should be seen by a physician. If the physician suspects that the illness or injury was caused by pesticides, the physician must submit a Confidential Report of Known or Suspected Pesticide-Related Illness to the County Disease Control Unit.

A copy of the Health Advisory is attached.



# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1060 EMELINE AVENUE SANTA CRUZ, CA 95061-0962  
 (831) 454-4114 FAX: (831) 454-5049 TDD: (831) 454-4123

### DISEASE CONTROL UNIT

## PUBLIC HEALTH ADVISORY

October 30, 2007

**Public Health Issue:** CheckMate LBAM-F and/or CheckMate OLR-F Spraying  
 for Control of the Light Brown Apple Moth (LBAM)

### INCIDENT

The California Department of Food and Agriculture will be spraying CheckMate LBAM-F and/or CheckMate OLR-F in selected areas of Santa Cruz County—Soquel, Live Oak, Santa Cruz, Capitola, Aptos, and Scotts Valley, in order to address the light brown apple moth (LBAM) infestation.

Spraying will begin on November 4, 2007 and continue through November 9, 2007, between the hours of 8pm and 5am.

### RECOMMENDATIONS

- Physicians are required by law, Health and Safety Code 105200, to notify the County of Santa Cruz Health Officer, via the Disease Control Unit, of illness or injury that you suspect was caused by pesticides.
- Fax your completed **Confidential Report of Known or Suspected Pesticide-related Illness** to (831) 454-5049 or call (831) 454-4114 within 24 hours.
- The reporting form is included as a separate attachment.

### INFORMATION

- The product that will be sprayed, CheckMate LBAM-F and/or CheckMate OLR-F, is a pheromone that purports to disrupt the mating of the light brown apple moth.
- The California Department of Food and Agriculture has posted a list of ingredients in CheckMate LBAM-F (but not CheckMate OLR-F) and it is included as a separate attachment.
- EPA evaluated the safety of the CheckMate products and concluded that the risks to human health and the environment are negligible.
- There are no diagnostic tests/biological markers for localized or systemic CheckMate LBAM-F or CheckMate OLR-F exposure.

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific situation; may not require immediate action.

**Health Update:** provides updated information regarding a situation; unlikely to require immediate action.

## CONFIDENTIAL REPORT OF KNOWN OR SUSPECTED PESTICIDE-RELATED ILLNESS

Please provide as much information as possible. Fields marked with an asterisk\* are critical for follow-up investigations.

Patient's Last Name*		Social Security Number		Birth Date*			Ethnicity* (check one)	
<input type="text"/>		<input type="text"/>		Month	Day	Year	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	
First Name*		Middle Name (or Initial)		Age		Units		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Address: Number, Street*						Apt/Unit Number		
<input type="text"/>						<input type="text"/>		
City/Town*		State*	ZIP Code*		County*			
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>			
Home Telephone*		Cellular Telephone*		Gender*				
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown				
Work Telephone		Occupation						
<input type="text"/>		<input type="text"/>						
Race* (check one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Other Race: _____ <input type="checkbox"/> Unknown								

Reporting Provider - Last Name*		First Name*		Telephone Number*	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Reporting Health Care Facility*				FAX Number	
<input type="text"/>				<input type="text"/>	
Address: Number, Street			Suite Number		Submitted by*
<input type="text"/>			<input type="text"/>		<input type="text"/>
City		State	ZIP Code		Date Submitted*
<input type="text"/>		<input type="text"/>	<input type="text"/>		Month   Day   Year <input type="text"/> <input type="text"/> <input type="text"/>

Illness Onset Date		Initial Examination Date*		List Any Pre-existing Conditions, If Known (e.g., allergies, asthma, pregnancy, etc)			
Month	Day	Year	Month	Day	Year	<input type="text"/>	
Signs and Symptoms* (check all that apply)							
<b>Dermatologic</b> <input type="checkbox"/> Blistering <input type="checkbox"/> Burns <input type="checkbox"/> Edema <input type="checkbox"/> Erythema (redness) <input type="checkbox"/> Irritation/Pain <input type="checkbox"/> Pruritis (Itching) <input type="checkbox"/> Rash <input type="checkbox"/> Other _____		<b>Neurologic/Sensory</b> <input type="checkbox"/> Anxiety/Irritability <input type="checkbox"/> Ataxia (incoordination) <input type="checkbox"/> Confusion <input type="checkbox"/> Depressed consciousness/Coma <input type="checkbox"/> Diaphoresis (profuse sweating) <input type="checkbox"/> Dizziness <input type="checkbox"/> Fasciculation (muscle twitching) <input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain/cramping <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Numbness/Tingling <input type="checkbox"/> Salivation <input type="checkbox"/> Seizure <input type="checkbox"/> Tremors <input type="checkbox"/> Other _____		<b>Ocular</b> <input type="checkbox"/> Blurred vision <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Irritation/Pain <input type="checkbox"/> Lacrimation (tearing) <input type="checkbox"/> Miosis (pinpoint pupils) <input type="checkbox"/> Photophobia <input type="checkbox"/> Other _____		<b>Other Systemic</b> <input type="checkbox"/> Chest pain <input type="checkbox"/> Excessive urination <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever/Hyperexia <input type="checkbox"/> Malaise <input type="checkbox"/> Tachycardia <input type="checkbox"/> Other _____	
<b>Gastrointestinal</b> <input type="checkbox"/> Abdominal pain/cramping <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Other _____		<b>Respiratory</b> <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea (shortness of breath) <input type="checkbox"/> Rhinitis (runny nose) <input type="checkbox"/> Upper respiratory irritation/Pain <input type="checkbox"/> Wheezing <input type="checkbox"/> Other _____		<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Pesticide-related death Date of Death Month   Day   Year <input type="text"/> <input type="text"/> <input type="text"/>			
Were Diagnostic or Laboratory Tests Conducted?				Treatment Rendered*			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Completed <input type="checkbox"/> Yes, Pending				<input type="text"/>			
If Completed or Pending, Please Describe				Medical Diagnosis			
Test				<input type="text"/>			
Results (include reporting units)				<input type="text"/>			
Normal range or baseline used				<input type="text"/>			
Remarks (Include physician observations, or other detail relevant to the case, not provided above. Additional pages may be attached)							
<input type="text"/>							

Pesticide Exposure Date		Name of Pesticide(s) or Active Ingredient(s)*	
Month	Day	Year	<input type="checkbox"/> Unknown
Location Where Pesticide Exposure Occurred (please provide street address, cross streets, or other appropriate detail)*			
County of Exposure*		Describe How Patient Was Exposed to Pesticide (e.g., drift, direct spray, environmental residue, spill, ingestion)	
Did Exposure Occur at Work?*		If Yes, Name of Patient's Employer	Name of Patient's Supervisor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Patient's Activity When Pesticide Exposure Occurred (Check one)			
<input type="checkbox"/> Mixing/loading/applying pesticide		<input type="checkbox"/> Transporting/storing/disposing of pesticide	
<input type="checkbox"/> Field work		<input type="checkbox"/> Routine indoor activity not involved with pesticide application	
<input type="checkbox"/> Flagging		<input type="checkbox"/> Routine outdoor activity not involved with pesticide application	
<input type="checkbox"/> Maintaining/repairing pesticide application equipment		<input type="checkbox"/> Emergency response	
<input type="checkbox"/> Manufacturing/formulating pesticide		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Packing/processing agricultural commodities		<input type="checkbox"/> Unknown	
Were Others Exposed?		Additional Detail on Pesticide Exposure Incident	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

Reporting Agency Name*			
Street Address			Suite Number
City	State	ZIP Code	County
Telephone Number	FAX Number	Date Reported*	Person Filing Report with State
( )	( )	Month Day Year	

**Definition of a Pesticide Illness**

A pesticide illness case is a patient who is or may be suffering from pesticide poisoning or any disease or condition caused by a pesticide. The term **pesticide** includes any product intended to repel, kill, prevent, destroy, control, or mitigate any pest. Pesticides include insecticides, herbicides, plant growth regulators, rodenticides or other vertebrate control agents, repellents, dessicants, fungicides, miticides, disinfectants, sterilants, and sanitizers. Spray adjuvants are pesticides under California law.

**Reporting Requirement**

**Physicians** are required to report known or suspected pesticide-related illness to the **local health officer** within 24 hours (Health and Safety Code §105200). Failure to report is a citable offense and subject to civil penalty (\$250).

The **local health officer** is required to immediately notify the **county agricultural commissioner** and to file the pesticide-illness report with the following **state agencies** within 7 calendar days:

<b>Office of Environmental Health Hazard Assessment</b> Pesticide and Environmental Toxicology Branch P.O. Box 4010 Sacramento, CA 95812-4010 (916) 327-7324 (Voice) (916) 327-7320 (Fax)	<b>Department of Pesticide Regulation</b> Worker Health and Safety Branch P.O. Box 4015 Sacramento, CA 95812-4015 (916) 445-4222 (Voice) (916) 322-8577 (Fax)	<b>Department of Industrial Relations</b> Division of Labor Statistics and Research P.O. Box 420603 San Francisco, CA 94142-0603 (415) 703-3020 (Voice) (415) 703-3029 (Fax)
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**Medical Cost Reimbursements from Pesticide Drift Episodes**

Food and Agricultural Code §12997.5 requires that persons responsible for pesticide drift, which causes acute pesticide illness or injury in a non-occupational setting that requires emergency medical transport or treatment, be liable to the individual harmed or to the medical provider for the immediate costs of uncompensated medical care. The acute pesticide illness or injury must result from a pesticide use violation where the pesticide was used for agricultural commodities. For more information, visit the Department of Pesticide Regulation website at <http://www.cdpr.ca.gov/docs/county/sb391.pdf>.

**Confidential Patient Medical Information Requirements**

This document contains confidential medical information, subject to federal and state law. Submission as prescribed will not violate the Health Insurance Portability and Accountability Act of 1996, or HIPAA (Pub. L. 104-191; 45 CFR Part 160 and Part 164, Subparts A and E). Information is confidential pursuant to Cal. Const. Art. 1, §1; Gov. Code §6254(c); and Civil Code §1798 et seq.

Reporting of known or suspected pesticide illness is mandatory. Use of this exact form is not required, but it is provided for data standardization  
**For additional forms, please visit: <http://www.oehha.ca.gov/pesticides>.**

**Thank-you for reporting a known or suspected pesticide-related illness!**