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HEALTH ADVISORY

SEPTEMBER 9, 2005

COMMUNICABLE DISEASE MANAGEMENT for HURRICANE KATRINA EVACUEES

Among Hurricane Katrina evacuees to date, *Vibrio* species have caused 13 cases of illness (mainly *Vibrio vulnificus* wound infections) and there have been clusters of diarrheal illness (including Norovirus). Elevated lead levels and unacceptably high *E. coli* counts have been confirmed in floodwater from New Orleans.

Gulf Coast evacuees are gradually arriving to the Bay Area and are being housed at shelters, hotels, and private homes. Clinicians who provide care for evacuees or returning volunteers should be aware of communicable disease risks associated with exposure to Gulf Coast floodwaters or to housing in evacuation centers.

Syndromes: In addition to the usual pathogens, clinicians should consider:

Diarrhea – *E. coli* (all pathogenic strains, incl.O157:H7); *Vibrio* species; Norovirus; Cryptosporidia; Giardia.

Vomiting and jaundice – hepatitis A virus, leptospirosis

Open and/or non-healing wounds – *Vibrio vulnificus*, *Pseudomonas*, *Aeromonas*, and of course Tetanus

Immunizations: Adults should receive a tetanus and diphtheria toxoid (Td) vaccine if ≥ 10 years have passed since receiving any Td vaccine. Children may be assumed to be current for most vaccinations; however all children >24 months old should receive hepatitis A vaccine. For details, see www.sfdph.org/cdcp.

ACTIONS REQUESTED OF CLINICIANS ENCOUNTERING GULF COAST EVACUEES OR RETURNEES:

1. **Ask about exposure** to floodwaters, contact with persons sickened after exposure to floodwaters, and housing in evacuation centers
2. **Suspect waterborne disease agents** in evacuees/returnees with diarrhea or open wounds
3. With stool and wound cultures, **notify your laboratory** to look specifically for pathogenic *E. coli* or *Vibrio* species, as these agents are not included in routine cultures
4. **Follow** (and **teach** your staff and patients to follow) good hand and respiratory hygiene procedures
5. **Report** all legally reportable diseases, disease clusters, and increased numbers of infectious disease cases to the **Communicable Disease Control Unit (CDCU) at 415-554-2830** (see attached sheet). Reporting will greatly assist with detection and control of disease outbreaks that may be associated with this disaster.
6. **Notify** the SFDPH TB Section about suspected TB and evacuees currently on TB therapy (415-206-8524)

Visit our new website regularly (www.sfdph.org/cdcp) for important additional clinical information, recommendations, and updates related to this Health Advisory:

- *Vibrio* species, *E. coli* strains, and other relevant infectious disease agents
- Immunization recommendations for evacuees and links to immunization registries in Gulf states
- Infection control guidelines (hand and respiratory hygiene)

(No internet access? Contact the Communicable Disease Control Unit (CDCU) at 415-554-2830 to request a fax.)

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

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

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

REPORTABLE DISEASES AND CONDITIONS

City and County of San Francisco San Francisco Department of Public Health

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643 and §2800-2812 §2500(b).

Every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, must report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.

WHO TO REPORT TO

REPORT OUTBREAKS, DISEASES, AND CONDITIONS TO COMMUNICABLE DISEASE CONTROL UNIT UNLESS OTHERWISE INDICATED

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| COMMUNICABLE DISEASE CONTROL UNIT PHONE: (415) 554-2830 FAX: (415) 554-2848 M-F 8AM to 5PM For urgent reports after hours, follow the prompts to page the on-call MD | AIDS OFFICE PHONE: (415) 554-9050 FAX: (415) 431-0353 | TUBERCULOSIS CLINIC PHONE: (415) 206-8524 FAX: (415) 648-8369 |
| | STD CLINIC PHONE: (415) 487-5555 FAX: (415) 431-4628 | ANIMAL BITES (mammals only) PHONE: (415) 554-9422 FAX: (415) 864-2866 |

DISEASE OR CONDITION / URGENCY REPORTING REQUIREMENTS

URGENCY REPORTING KEY

▲ Report immediately by telephone 1 Report within one working day of identification 7 Report within seven calendar days by FAX, phone or mail

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| <ul style="list-style-type: none"> 7 Acquired Immune Deficiency Syndrome (AIDS) to <i>AIDS Office</i> 7 Alzheimer's Diseases and Related Conditions 1 Amebiasis 7 Animal bites (mammals only) to <i>Animal Care and Control</i> 1 Anisakiasis ▲ Anthrax* 1 Babesiosis ▲ Botulism* (Infant, Foodborne, Wound) ▲ Brucellosis* 1 Campylobacteriosis 7 Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) 7 Chancroid to <i>STD Clinic</i> 7 Chlamydial infections to <i>STD Clinic</i> ▲ Cholera ▲ Ciguatera Fish Poisoning 7 Coccidioidomycosis 1 Colorado Tick Fever 1 Conjunctivitis, Acute Infectious of the Newborn (specify etiology) 1 Cryptosporidiosis 7 Cysticercosis ▲ Dengue ▲ Diarrhea of the Newborn, outbreaks ▲ Diphtheria 7 Disorders Characterized by Lapses of Consciousness ▲ Domoic Acid poisoning (Amnesic Shellfish Poisoning) 7 Echinococcosis (Hydatid Disease) 7 Ehrlichiosis 1 Encephalitis, infectious (specify etiology) ▲ <i>Escherichia coli</i> O157:H7 infection ▲ Foodborne illness (2 or more cases from different households) 7 Giardiasis | <ul style="list-style-type: none"> 7 Gonococcal infections to <i>STD Clinic</i> 1 <i>Haemophilus influenzae</i> Invasive Disease ▲ Hantavirus infections ▲ Hemolytic Uremic Syndrome 7 Hepatitis, Viral 1 Hepatitis A 7 Hepatitis B (specify acute case or chronic) 7 Hepatitis C (specify acute case or chronic) 7 Hepatitis D (Delta) 7 Hepatitis, other acute 7 Human Immunodeficiency Virus (HIV) (reporting is NON-NAME) to <i>AIDS Office</i> 7 Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) 7 Legionellosis 7 Leprosy (Hansen Disease) 7 Leptospirosis 1 Listeriosis 7 Lyme Disease 1 Lymphocytic choriomeningitis 1 Malaria 1 Measles (Rubeola) 1 Meningitis (specify etiology) ▲ Meningococcal infections 7 Mumps 7 Non-Gonococcal Urethritis to <i>STD Clinic</i> ▲ Paralytic Shellfish Poisoning 7 Pelvic Inflammatory Disease (PID) to <i>STD Clinic</i> 1 Pertussis (Whooping Cough) ▲ Plague (Human or Animal)* 1 Poliomyelitis 1 Psittacosis 1 Q Fever | <ul style="list-style-type: none"> ▲ Rabies (Human or Animal) 1 Relapsing Fever 7 Reye Syndrome 7 Rheumatic Fever, Acute 7 Rocky Mountain Spotted Fever 7 Rubella (German Measles) 7 Rubella Congenital Syndrome 1 Salmonellosis (other than typhoid fever) ▲ Severe Acute Respiratory Syndrome (SARS) ▲ Scombroid Fish Poisoning 1 Shigellosis ▲ Smallpox (Variola)* 1 Streptococcal Infections, outbreaks of any type and individual cases in food handlers and dairy workers only 1 Swimmer's itch (Schistosomal dermatitis) 1 Syphilis to <i>STD Clinic</i> 7 Tetanus 7 Toxic Shock Syndrome 7 Toxoplasmosis 1 Trichinosis 1 Tuberculosis to <i>Tuberculosis Clinic</i> ▲ Tularemia* 1 Typhoid fever (cases and carriers) 7 Typhus fever ▲ Varicella (deaths only) 1 <i>Vibrio</i> infections ▲ Viral Hemorrhagic Fevers* (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses) 1 Water-associated disease 1 West Nile Virus ▲ Yellow Fever 1 Yersiniosis ▲ ANY UNUSUAL DISEASES ▲ NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECOGNIZED ▲ OUTBREAKS OF ANY DISEASE |
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*Potential Bioterrorism Agents