

This is an official
DHEC Health Advisory

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Illnesses and Injuries Following Natural Disasters

Guidance to Clinicians

Due to the recent impacts of Hurricane Matthew, this Health Advisory from the South Carolina Department of Health and Environmental Control provides information to health care providers regarding potential health consequences following natural disasters. For this particular incident, the resulting wind damage and flooding have been major concerns.

In general, outbreaks of communicable diseases after natural disasters in the U.S. are unusual. However, the rates of vaccine preventable diseases, enteric infections and other diseases that were present before an event, may increase because of compromised sanitation or overcrowding among displaced persons. Increases in infectious diseases that were not present in the community before the event are not usually a problem. Populations affected by flood may also be at risk for traumatic injuries, chemical exposures, animal exposures and vector-borne diseases

Immunizations

Vaccine-preventable diseases generally do not increase and therefore mass immunization clinics are not a standard recommendation. Routine recommendations apply in the aftermath of a natural disaster and should be maintained to prevent outbreaks. There may be the need to vaccinate particular individuals involved in clean-up efforts, those providing medical care or displaced individuals living in communal settings for prolonged periods of time. Information about the vaccine schedule is available through the CDC website at <http://www.cdc.gov/vaccines/schedules/hcp/index.html>

Tetanus Vaccine

Clean-up and repairs following natural disasters present an increased risk of injury and tetanus from injuries is preventable by vaccination. Evaluate any persons with a puncture wound or other potentially contaminated wound for current tetanus immunization status to determine whether a tetanus booster is necessary. Everyone should be immunized with a primary series of tetanus, diphtheria and pertussis-containing vaccine. In accordance with the current CDC guidelines, individuals should receive a tetanus booster if they have not been vaccinated for tetanus during the past 10 years. Td (tetanus/diphtheria) or Tdap (tetanus/diphtheria/pertussis) can be used: getting the Tdap formulation for one tetanus booster during adulthood is

recommended to maintain protection against pertussis. Adults who did not receive DTP or DTaP as a child, or whose tetanus vaccination history is unknown should receive a primary series of three doses of tetanus-containing vaccine in accordance with the Advisory Committee on Immunization Practices (ACIP) recommended schedule. Take this opportunity to vaccinate individuals with Tdap to provide protection against pertussis as appropriate.

Hepatitis A Vaccine

There is no recommendation for mass vaccination with hepatitis A during natural disasters. The virus is not common in the U.S. and is generally not present even in sewage. For persons responding to the disaster, and the general population the risk of getting the disease is extremely low, and so the vaccine is not recommended during disaster recovery.

Influenza Vaccine

It is influenza season and the influenza vaccine is recommended for all individuals > 6 months of age.

Vaccine Availability

The Adult Vaccine Program which is funded through federal 317 funds, allows for Td or Tdap vaccine for uninsured and underinsured adults age 19 and older at local DHEC health departments. In support of vaccination efforts in a disaster relief situation, the 317 funded Td and Tdap vaccine can be administered to fully insured adults age 19 and older. If your office is unable to provide Td or Tdap vaccine, patients can be referred to local DHEC health departments. For children ages 7 to 18, Tdap/Td vaccine is available through the VFC program and state vaccine program for participating providers. If your office does not participate with these programs, children ages 7 to 18 can be referred to the local DHEC health department. An appointment is required for vaccine administration; patients can call 1-800-868-0404 to schedule an appointment.

Enteric Pathogens

Consider laboratory testing for enteric pathogens for anyone that reports three or more days of diarrhea, any bloody diarrhea, diarrhea plus a fever, or if there are other concerns.

Report any cluster of illnesses to your local public health region and counsel patients who are ill with gastrointestinal symptoms to stay home from work, child care or school and to not prepare food for others until at least 24 hours after symptoms have resolved.

Other Exposure Risks

Counsel patients about the risks of exposures to displaced animals to reduce the risk of bite injuries. Individuals working outdoors should consider protection against mosquitos to reduce the risk of mosquito-borne illnesses Mosquito breeding sites may be difficult to control for some time following flooding.

For more information on safety and health following natural disasters, please visit the following CDC website: <https://www.cdc.gov/disasters/index.html>

Regional Public Health Offices – 2016

Mail or call reports to the Epidemiology Office in each Public Health Region

MAIL TO:

<p style="text-align: center;">Lowcountry</p> <p>4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051</p>	<p style="text-align: center;">Midlands</p> <p>2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993</p>	<p style="text-align: center;">Pee Dee</p> <p>145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859</p>	<p style="text-align: center;">Upstate</p> <p>200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373</p>
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CALL TO:

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For information on reportable conditions, see
[http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverse
Events/ReportableConditionsInSC/](http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/)

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- Health Update** Provides updated information regarding an incident or situation; unlikely to require immediate action.
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