



**Kansas City, Missouri Health Department
Division of Communicable Disease Prevention and Public Health
Preparedness
Health Alert Network Communication**

From: Centers for Disease Control
Through: Kansas City, MO Health Department
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Subject: **Questions and Answers about Immunization Recommendations following Hurricane Katrina (Health Update)**
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Questions and Answers about Immunization Recommendations following Hurricane Katrina

What is CDC doing to make sure vaccine is available for emergency responders in areas impacted by Hurricane Katrina?

Louisiana has ordered vaccine for emergency responders from the Strategic National Stockpile. The first order has been shipped and the second order was being processed on Monday, Sept. 5. Mississippi has also ordered vaccine for emergency responders from the Strategic National Stockpile.

Some emergency responders are receiving vaccination against Hepatitis A. Why didn't CDC recommend Hepatitis A for responders?

No transmission from contaminated water has been identified in the U.S. since the 1980's. Hepatitis A outbreaks have not occurred following other hurricanes or floods in other parts of the country, including the devastating hurricanes in Florida last year, and floods in the Midwest in the late 1990's. The Gulf Region has had few hepatitis A cases in recent years, with less than 10 in the past 3 months reported from the New Orleans area. Even though the water and sewage systems are damaged or out of operation in many areas along the Gulf Coast, the risk of a hepatitis A epidemic is extremely low. Vaccine will take at least one to two weeks to provide substantial immunity.

How will evacuation centers receive adequate vaccine to immunize evacuees?

CDC is collecting estimates of the number of persons in evacuation centers to estimate total vaccine doses needed. CDC will work with immunization program and other public health staff in each state where there are evacuation centers to coordinate with staff at the evacuation centers, staff deployed from CDC, and others, about administering vaccine in the evacuation centers.

Is there adequate influenza vaccine this year to address the new recommendations for evacuees?

CDC is in communication with manufacturers of influenza vaccine to identify vaccine sufficient to vaccinate evacuees for whom influenza vaccine is indicated.

Why vaccinate individuals in crowded group settings with Hepatitis A vaccine but not the volunteers who are working with them?

For PERSONS RESPONDING TO THE DISASTER, the risk of getting the disease is extremely low, and so the vaccine is not recommended for them. We believe the risk is low because in the past 20 years, other responders working in circumstances like those in areas impacted by hurricane Katrina, did not get Hepatitis A.

For PEOPLE LIVING IN THE IMPACTED AREAS, the issues are different. For example, people will likely live together in crowded conditions for a long time. In such conditions, Hepatitis A may be transmitted from person to person. Hepatitis A may be transmitted in households, and evacuation centers are essentially very large households. Hepatitis A does circulate in the region. Even under normal circumstances, 0-2 hepatitis A cases per month are reported in the region. Since up to half of the region's population may be housed in evacuation centers, we might expect a case or two in these settings. It is also possible that transmission from person to person could have occurred this past week in New Orleans. Vaccinating in evacuation centers may lessen the scope of a possible outbreak and save on post-exposure treatment for persons exposed to cases.

With all the flooding in New Orleans and the migration of residents to other states, should surrounding states to Louisiana worry about vaccine-preventable diseases being introduced?

People evacuating from the flood areas pose no increased threat of vaccine-preventable disease exposure to others.

Will responders who have not completed the entire Hepatitis B vaccine series be protected against the virus?

About 75-80% of adults who have received 2 valid doses of vaccine have developed a protective antibody level. Standard precautions to protect against exposure to blood or blood-containing fluids should be used. If a responder who is not fully vaccinated comes into contact with blood or body fluids, post exposure precautions (i.e., the use of HBIG and completion of the Hep B vaccine series) should be taken.

Is it OK to get the Hepatitis A vaccine around the same time as the Hepatitis B vaccine?

Hepatitis A vaccine and Hepatitis B vaccine do not interfere with each other and are often given together. However, Hepatitis A vaccine is not one of the vaccines routinely recommended for responders.

I am a volunteer waiting to be sent somewhere in the area of the hurricane. What vaccinations do I need?

No special vaccinations are called for, but all responders should be up to date for tetanus and diphtheria toxoids (Td) and Hepatitis B vaccine (HepB). Full vaccination recommendations for persons responding to the disaster area are posted on CDC's website at <http://www.bt.cdc.gov/disasters/hurricanes/responderimmun.asp>

What vaccines are recommended for people displaced by the hurricane and flooding?

The major concern for anyone exposed to unsanitary conditions is that they be up to date with tetanus-containing vaccine, because if they are injured (as is common in disaster

settings) the injury is likely to be contaminated. Routinely recommended vaccines are recommended for evacuees, just like they are for everyone else. Full CDC recommendations for vaccines for evacuees are posted on our website at <http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccrecdisplaced.asp>

I evacuated before the hurricane struck but hope to go home soon. Are there any special vaccination recommendations for me?

There are no special vaccination recommendations for persons returning to their homes in the disaster area. However, you should get a booster dose of tetanus-diphtheria toxoid (Td) if you have not had a booster dose within the last 10 years. Td boosters every 10 years are recommended for all adults routinely; the concern in this setting is that clean-up and repairs present an increased risk of injury and tetanus from such injuries is preventable by vaccination. Children and adolescents 11-18 years should receive the new pertussis-containing Tdap rather than Td if this is available.

What if I do not know if I ever received any tetanus-diphtheria toxoid?

Persons who did not receive DTP or DTaP as a child, or whose tetanus vaccination history is not known should receive a primary series of three doses of adult Td. The first two doses should be separated by 4 weeks and the third dose should follow the second by at least 6 months. For persons 11-64 years of age Tdap may be substituted for ONE of these doses, preferably the first dose. Tdap should be substituted for ONE of these doses for persons 11-18 years of age.

What is the immunization guidance for displaced children entering school?

CDC staff is currently reviewing a federal law regarding education for homeless children and youths to determine what impact the law might have in assuring school entry for these displaced children, even without proper documentation. CDC has begun discussions with the Association of State and Territorial Health Officials (ASTHO) to determine whether ASTHO will recommend that states temporarily suspend the school entry requirements for displaced children.

For more information, visit www.bt.cdc.gov/disasters, or the Kansas City, Missouri Health Department at 816-513-6145 or Duty Officer pager (24/7) at 816-717-6721 or the Missouri Department of Health and Senior Services (24/7) at 1-800-392-0272.

An archive of previous Health Alert Network Communications is available at www.kcmo.org/health