Top Line—Public Health:
CDC prepares its public health rapid response for Hurricane Rita’s landfall this week.

While the threat of major infectious disease outbreaks brought on by Hurricane Katrina is less likely now, important concerns remain regarding injury, environmental health, and mental health among evacuees and response workers.

CDC is working with officials in New Orleans and Louisiana on the return of residents to damaged areas.

CDC Public Health Workforce Deployed in Affected Communities:
- **Total**: 161 (205: 9/19) including the following specialties: public health nursing, occupational, laboratory, medical, epidemiology, sanitation, environmental health, disease surveillance, public information and health risk communication
- **Preparing to Deploy**: 14
- **Supporting Hurricane Katrina Director's EOC Response**: @ 352 (as of 9/16)
- **All deployments of CDC staff are on hold** because of the potential threat of Hurricane Rita. CDC’s senior leadership and the Office of Security and Emergency Preparedness are taking steps to ensure the safety and well being of CDC staff deployed in Louisiana, Mississippi, Alabama, and Texas.

CDC Public Health Analysis:

**Return to New Orleans**: The CDC’s team consulting with local, state and federal officials about issues related to the return of residents and business owners to New Orleans is exploring critical health issues. Their primary concerns include housing safety and managing the flow of returning people to protect them from entering dangerous areas. At this time, the city’s condition presents a number of potential health hazards to returning residents. Health and safety issues that should be considered include the following: an operational sewage system; clean water for drinking, cooking and bathing; debris and trash collection; widespread mold; and the capacity to be notified and evacuate should another emergency occur. In addition, greater health risks are faced by children, the elderly, and others with lowered immune systems who are more susceptible to disease. Those with asthma or other respiratory illnesses are at greater risk from mold exposure.

**URI**: Upper respiratory infections are being reported among persons in Louisiana affected by Hurricane Katrina. CDC epidemiologists are attempting to determine if these illnesses represent an increase above normal levels in the population.
Hospital Surveillance/Infection: In limited hospital-visit surveillance in the Hurricane Katrina affected areas of Louisiana, the following conditions, in descending order, were diagnosed: non-infectious rash, acute respiratory infections (including colds, bronchitis, URIs, and sinusitis), vomiting, fever, dehydration, and watery diarrhea. Disease control measures are being taken for those conditions with the potential to spread from person to person.

Hospital Surveillance/Injury or Chronic: In limited hospital-visit surveillance in the Hurricane Katrina affected areas of Louisiana, the following injury and chronic conditions, in descending order, were the reasons for visits: unintentional injury, hypertension and other cardiovascular disease; chronic lower respiratory disease; intentional injury (self-inflicted or violent); hyperglycemia, hypoglycemia or diabetes mellitus; carbon monoxide poisoning; and heat-related injury other than dehydration. CDC is working with local and state public health communication experts and the media to disseminate safety and health messages.

Hospital Surveillance/Mental Health: In limited hospital-visit surveillance in the Hurricane Katrina affected areas of Louisiana, the following mental health and psychological conditions, in descending order, were the reasons for visits: altered mental status or loss of consciousness; substance abuse or seeking; anxiety, depression, or adjustment disorder; and psychotic, suicidal or homicidal ideation. CDC’s mental health professionals are involved in planning to support ongoing and long-term mental health needs of Hurricane Katrina affected populations.

Evacuation Centers: The population in evacuation centers continues to decrease with 80% of the population staying in evacuation centers in the Gulf Coast states. The average number of people in an evacuation center has declined from 378 on September 9, to 101 on September 21. CDC continues to work with local and state public health experts to monitor the health and safety of people who remain in evacuation centers.

Varicella: A suspected cluster of varicella among children staying in an evacuation center has been determined not to be varicella.

Mosquito Control: Post-spraying surveillance in Mississippi at 10 sites found a 91% reduction in total mosquito density compared with the pre-spray surveillance results.

Carbon Monoxide: CDC continues to receive reports of carbon monoxide poisonings in Hurricane Katrina affected areas.

CDC has produced a number of safety education products to help alert residents and recovery workers about this threat. CDC’s materials recommend the following:

Protect yourself and your family from carbon monoxide poisoning (called CO) when using portable generators and pressure washers.

- CO cannot be seen or smelled, but it can kill you or make you sick.
- Be safe when you’re using these machines.

Be Safe:

- Never use the generator indoors or in a garage, carport, or basement.
- Put the generator or pressure washer motor outside and away from doors, windows, and vents.
- Read product directions for other safety tips.
- Install a battery-operated CO detector near the bedrooms.
- Chain the generator to a tree or other fixed object to prevent theft.

Symptoms of CO poisoning:
- Headache Confusion
- Fatigue Seizures
- Dizziness Loss of consciousness
- Nausea/vomiting Death

**Say No to CO!**
- Get out of the house
- Seek medical help immediately if you or a family member have these symptoms!

**Public Health Recommendations: Pass it on**
Common medical problems will continue to be the most prevalent conditions among persons evacuated. However, evacuees may have been exposed to potentially contaminated flood waters and crowded living conditions, and have had many opportunities for traumatic injury therefore; clinicians also should consider some less common diagnoses when evaluating patients. The following are some conditions to consider when providing healthcare to evacuees; more are available for consideration on the website listed below.

**Fever with poorly localized signs:** Fever is one of the most common presenting complaints of patients and may indicate mild or life-threatening conditions. There are many clinical conditions, both infectious and non-infectious, that may present with fever. Most febrile conditions will present with other localizing diagnostic clues, such as rash or diarrhea. The entries listed below (not meant to be all-inclusive) may present with fever alone, or as a first symptom well before others develop.
- Adenoviruses
- Arboviral disease or mosquito-borne disease (West Nile virus disease, St. Louis encephalitis virus disease)
- Enteroviruses (including coxsackie and echoviruses)
- Leptospirosis
- Mumps

**Rashes:** A wide range of pathogens, toxins, allergens, and autoimmune conditions could cause rash illness in hurricane evacuees. Some of the infectious causes of rash illnesses could lead to outbreaks given the crowded living conditions evacuees have encountered and include: adenoviruses, enteroviruses, chicken pox, measles, rubella, and human parvovirus B19. Some of these and other etiologies that should be considered when evaluating an ill evacuee include the following.
- Arboviral disease or mosquito- borne disease (West Nile virus disease, St. Louis encephalitis virus disease)
- Enteroviruses (e.g., hand-foot-and-mouth disease)
- Group A streptococcus
- Meningococcal disease
- Measles
- Rubella
- Scabies
- Ringworm (tinea pedis, tinea cruris, tinea corporis)

**Clinician/Patient Consultation Help:** The National Institutes of Health (NIH) in partnership with the Association of American Medical Colleges have established the “Medical Coordination and Referral for Healthcare Professionals Hotline.” The toll-free number for the call center is: **1-866-887-2842.**

**All Children 18 and Under Displaced by Hurricane Katrina Will Receive Free Vaccinations**
HHS Secretary Mike Leavitt announced that all children from birth to 18 years old displaced by Hurricane Katrina are eligible to receive free vaccines through the federally-run Vaccines for Children program (VFC), regardless of whether they are staying at shelters, hotels, or with family and friends and regardless of previous health insurance coverage status. Managed by HHS’ CDC, the VFC helps families of children who may not otherwise have access to vaccines by providing free vaccines to doctors who serve them.

CDC’s immunization recommendations for children displaced by Hurricane Katrina are aimed at keeping them up-to-date on routine vaccinations and protecting them from disease outbreaks in large, crowded group settings. The nation’s childhood immunization coverage rates continue at record high levels, so there is no immediate threat of vaccine-preventable disease outbreaks among these children.

HHS considers all children from birth to 18 years old who have been displaced by the effects of Hurricane Katrina to effectively be uninsured, because they are not expected to have access to medical records or proof of insurance. Taking this action allows doctors, clinics, and health departments who provide childhood vaccinations to immunize these children using VFC vaccine.

The Vaccines for Children program is an entitlement program (a right granted by law) for eligible children, age 18 and below, known as section 1928 of the Social Security Act. VFC became operational Oct. 1, 1994. Through the VFC program, public purchased vaccine is available at no charge to enrolled public and private health care providers for eligible children.

**SAFER • HEALTHIER • PEOPLE™**
More information about the VFC program can be obtained at [www.cdc.gov/nip/vfc/](http://www.cdc.gov/nip/vfc/).

**CDC’s Interim Immunization Recommendations** for Individuals Displaced by Hurricane Katrina can be accessed at [www.bt.cdc.gov/disasters/hurricanes/katrina/vacceredispaced.asp](http://www.bt.cdc.gov/disasters/hurricanes/katrina/vacceredispaced.asp).

**Where to Find Out More About:**

**Free Health Education Information:**
The CDC has produced free information in many languages on health and safety topics. A comprehensive index of available resources can be found at: [www.bt.cdc.gov/disasters/hurricanes/printindex.asp](http://www.bt.cdc.gov/disasters/hurricanes/printindex.asp)

**CDC Foundation Emergency Preparedness and Response Fund:**
The CDC Foundation has activated its Emergency Preparedness and Response Fund and is seeking donations. Contributions can be made online at [www.cdcfoundation.org](http://www.cdcfoundation.org) or by calling 1-888-880-4CDC.

The next CDC DEOC Hurricane Katrina update will be Friday, September 23, 2005.

**NOTE:** Information in this update is TIME SENSITIVE and information is EVOLVING.

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**Public Health Regions**

![Public Health Regions Map](image-url)