

**Maryland Department of Health and Mental Hygiene
Office of Epidemiology and Disease Control
September 2005**

***INTERIM* Guidelines for the Prevention and Control of Selected
Communicable Diseases at Shelters**

This guidance document was created to provide information to shelters about illnesses that may be common among shelter patrons including gastroenteritis, respiratory illnesses, scabies, chickenpox, and rash. General information, control measures, and what constitutes an outbreak are included in this document

Illness	You have an outbreak AND you should call your local health department when you have:	Reference for additional info (See attached Guidelines)
Gastrointestinal Illness	3 or more people in a 1 week period with 2 or more instances of loose stools and/or vomiting per day	Page 2
Respiratory Illness	3 or more people in a 1 week period with cough and a fever (oral temperature $\geq 100.5^{\circ}\text{F}$)	Page 3
Scabies	2 or more people in a 1 week period with an itchy rash that looks like red bumps or tiny blisters, which form a line or lines in a few areas on the body	Page 4
Lice	2 or more people in a 1 week period with intense itching of the head, scalp, or body or with visible lice	Page 5
Viral Rash/ Chickenpox	2 or more people in a 1 week period with a fever and an itchy rash that look like tiny bumps or pimples all over the body	Page 6

Detailed guidance from the Centers for Disease Control and Prevention (CDC) about infection control practices (*“Infection Control Guidance for Community Evacuation Centers Following Disasters”*, date 9/13/2005) is included as an attachment to this document. Please review these guidelines for more information about disease prevention and control in shelters. Two posters have also been included with this document. CDC’s “Cover Your Cough” and DHMH’s “Why is Handwashing So Important” are visual, educational materials that could be posted in common areas at your facility and may serve to help reduce illness among residents and staff members.

I. GASTROINTESTINAL ILLNESSES

A. General Information

For residents of shelters, gastroenteritis is important because it can lead to more serious illnesses and complications, such as dehydration, debilitation, hospitalization, and death. Viruses are the most common agents causing outbreaks of gastroenteritis. Viral gastroenteritis is a self-limiting intestinal illness with symptoms of diarrhea and/or vomiting. Additional symptoms may include nausea, abdominal pain, headache, muscle ache, and low-grade fever. Gastrointestinal symptoms usually last 12 to 60 hours. The virus is passed from person to person through the fecal-oral route (fecal matter to mouth); contaminated food and water have also been implicated in outbreaks.

B. Outbreak Control Measures

Staff at facilities with a gastroenteritis outbreak should:

- Call the local health department immediately to report the outbreak.
- Work with your local health department to determine if other evaluation and/or diagnostic testing is appropriate.
- Wear gloves when helping provide care to a person with diarrhea and/or vomiting. In addition, wear gloves when handling feces or soiled articles or equipment (e.g., handling, cleaning or changing an incontinent resident, cleaning feces or vomit from a bed or bedpan, etc.).
- Wash hands frequently throughout the day. Employees and residents must wash their hands carefully for at least 20 seconds with soap and warm water after contact with any vomit, feces or soiled material. Employees should wash their hands after removing gloves.
- Clean environmental surfaces (toilets, countertops, fecally-soiled beds, etc.) with diluted household bleach (1000 parts per million (ppm) sodium hypochlorite or 5 tablespoons of 6% household bleach to 1 gallon of water.)
- Wear masks when cleaning areas grossly contaminated by feces or vomitus (since spattering or aerosols of infectious material of viral gastroenteritis may be involved in disease transmission).
- Handle soiled linen and clothes as little as possible and transport laundry in an enclosed and sanitary manner.
- Exclude staff with gastroenteritis from work until at least 48 hours after their last episode of diarrhea and/or vomiting.
- Designate a specific toilet for use by ill shelter residents. If possible, this toilet should be cleaned hourly as noted above.
- Please review the CDC guidelines, *Infection Control Recommendations for Prevention of Transmission of Diarrheal Diseases in Evacuation Centers* for additional information.

Unless otherwise indicated, all control measures for gastroenteritis outbreaks can be lifted after consultation with the local health department when there are no new cases for 4 days after onset of the last case.

II. RESPIRATORY ILLNESSES

A. General Information

Because people are in close proximity to one another, once any respiratory illness is introduced into a shelter, it can spread rapidly. Each year outbreaks of respiratory illness including pneumonia occur in the community as well as health care facilities with close living conditions, such as nursing homes. Shelter residents and visitors may have underlying health conditions that could put them at high risk for developing serious complications or dying when they become ill. Historically, specific emphasis has been placed on influenza. In the United States, influenza is associated with an average of 20,000 deaths yearly, and an even larger number of hospitalizations. Not only are morbidity and mortality a problem, but because people are in close proximity to one another, once the influenza virus is introduced into a shelter population, it can spread rapidly. In addition to the burden of influenza, other respiratory viruses that cause the “common cold” and bacterial pathogens causing respiratory illness affect residents and staff of shelters each year. Because infection with these agents can compromise an already poor health status of the shelter resident, control of these agents is also critical.

B. Control Measures

Staff at facilities with a respiratory illness outbreak should :

- Call the local health department immediately to report the outbreak.
- Work with your local health department to determine if other evaluation and/or diagnostic testing is appropriate.
- Encourage cases to limit contact with other residents staff at the facility, whenever possible.
- Encourage cases to cover their mouth with a tissue or with their sleeve whenever they cough or sneeze.
- Observe the roommates or other close contacts of a case closely for cough and fever.
- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
- Change gloves and gowns after each patient encounter and perform hand hygiene.
- Decontaminate hands before and after touching the patient, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn.
- Coordinate efforts with the health department and/or other appropriate agencies to offer influenza vaccination to shelter residents and staff members during the influenza season.
- Post the attached hand washing and “Cover your Cough” signs throughout the facility.

Unless otherwise indicated, all control measures for respiratory illness outbreaks can be lifted after consultation with the local health department when there are no new cases for 3 days after onset of the last case.

III. SCABIES

A. General Information

Scabies is a very contagious parasitic infestation of the skin caused by a mite. Scabies appears as rash. Often the rash looks like red bumps or tiny blisters, which form a line. Rashes due to scabies can appear anywhere on the body, but are most common on the hands, breasts, elbows, knees, wrists, armpits, genital area, and waistline. Rashes due to scabies are very itchy, especially at night. Both care givers and residents of shelters are at increased risk of exposure to scabies. The increased risk is attributed to the close contact of residents and caregivers in a shelter.

Scabies is usually spread from person to person by close, prolonged physical contact such as touching a person who has scabies or holding hands. It can also be spread during sexual contact. Clothes, towels, or bed sheets can spread the scabies mite if the items were recently in contact with a person who has scabies. Scabies can spread quickly in crowded situations where there is frequent skin-to-skin contact (such as shelters).

B. Control Measures

Staff at facilities with a scabies outbreak should:

- Call the local health department to immediately report the outbreak.
- Work with your local health department to determine if other evaluation and/or other diagnostic testing is appropriate.
- Consult with the health department to develop a treatment/prophylaxis plan for all staff and residents at the shelter. Ideally, within a 24 hour time period, all staff and residents will be treated with a cream or lotion that will kill the mite, such as 5% permethrin or lindane. All shelter residents and close contacts of a person with scabies should be treated at the same time as the person with scabies.
- Encourage cases to limit direct contact with other residents and staff at the facility, whenever possible.
- Clothing and bed linens worn or used in the 48 hours before treatment should be washed and dried on hot cycles or professionally dry cleaned.
- House persons with scabies in an area that is separate from the general sleeping area (e.g. a private room) if at all possible until 24 hours after starting treatment.
- No one should share clothing, bedding, or other personal articles with an infected person.
- Store clothing that cannot be laundered or dry-cleaned for several days to avoid reinfestation.

Unless otherwise indicated, all control measures for scabies outbreaks can be lifted after consultation with the local health department when there are no new cases for 2 weeks after onset of the last case.

IV. LICE

A. General Information

Lice are small insects that live on the hair, eyebrows, eyelashes or body of humans where they feed and lay eggs. Itching of the infested areas, such as head, neck, or body is common with lice. Itching may be mild to intense. Lice may be difficult to see. They are most commonly seen at the nape of the neck and behind the ears. Nits (eggs) may be seen as specks "glued" to the hair shaft. Nits range in color from yellow to grey. Lice can be transmitted through direct contact with an infested person's head or through an infested person's personal belongings such as combs, brushes, or hats. As long as lice or eggs remain alive on the infested person, the person is considered infectious and therefore, can transmit lice to others.

Risk factors for lice outbreaks in shelter settings are also exacerbated by overcrowding.

B. Control Measures

Staff at a facility with a lice outbreak should:

- Call the health department immediately to report the outbreak.
- Work with your local health department to determine if other evaluation and/or diagnostic testing is appropriate.
- Use a permethrin-based medication (such as Nix) as the treatment of choice which can be purchased over-the-counter. Removal of nits is recommended in addition to proper medication. Fine-toothed combs are available to help remove nits from hair.
- Vacuum floors, rugs, pillows, and upholstered furniture.
- Wash hats, scarves, clothing, towels and bed linen in hot water (130 F) and dry using high heat for at least 20 minutes.
- Dry clean or tie up non-washable items in a plastic bag for 2 weeks.
- Soak combs and brushes for 1 hour in rubbing alcohol or another disinfectant, or wash with soap and hot water (130 F).
- Avoid physical contact with a person who has lice.
- Do not share combs, brushes, hats, scarves, ribbons, or other personal items.
- Close contacts of a person with head lice should be examined and may need to be treated if they are infested.
- Exclude children with head lice from school or day care until the morning after treatment is completed.

Unless otherwise indicated, all control measures for presumed lice can be lifted after consultation with local health department staff when there are no new cases for 7 days after onset of the last case.

V. VIRAL RASH ILLNESS/CHICKENPOX

A. General Information

Chickenpox is caused by the varicella-zoster virus, and is generally characterized by a fever accompanied by an itchy rash with fluid-filled vesicles. Chickenpox is considered to be the most communicable of diseases, especially in the early stages of the rash. Until the rash lesions have crusted over, a person is considered infectious. It is transmitted from person-to-person by direct contact or by droplet spread of respiratory tract secretions.

An outbreak of chickenpox is exacerbated by the close proximity of individuals living in close living quarters and the decreased personal hygiene due to conditions of evacuation shelters. For adults and immunocompromised individuals, chickenpox can be a serious infection because it can lead to more serious illnesses and complications, such as pneumonia, secondary bacterial infections, encephalitis, debilitation, hospitalization, and death. It is primarily of grave concern among adults who have not been previously infected (i.e. as a child).

Other viruses can also cause rash illnesses, some of which can look like chickenpox.

B. Control Measures

Staff at a facility with a chickenpox outbreak should:

- Call the health department immediately to report the outbreak.
- Work with your local health department to determine if other evaluation and/or diagnostic testing is appropriate.
- Wear disposable gloves when dealing with the ill residents or handling any contaminated articles (linens, used tissues, etc.).
- Wash hands carefully after any contact with the ill residents or items used by the ill resident. Staff should wash their hands after removing gloves.
- If you know of shelter residents or staff, who have not been previously infected with chickenpox, try to 'cohort' these individuals away from the affected cases. In other words, the affected cases must be sectioned away from the general population
- If ill residents cannot be cohorted from the general population, put a surgical mask on the affected case at all times, if he/she can tolerate it.
- Employees with chickenpox should be excluded from work until all lesions have crusted over.

Unless otherwise indicated, all control measures for presumed chickenpox can be lifted after consultation with local health department staff when there are no new cases for 7 days after onset of the last case.