



FACT SHEET

Infection Control Recommendations for Prevention of Transmission of Respiratory Illnesses in Evacuation Centers

People crowded together in places such as in evacuation centers are vulnerable to outbreaks of respiratory illness. In some cases, such as with influenza, the disease can spread very rapidly in these settings and may have important health consequences for residents and workers. This document provides guidance on some simple measures that can help prevent transmission.

Facts about Spread of Respiratory Diseases

- Respiratory diseases can be caused by many different germs, including bacteria and viruses.
- Asthma and chronic obstructive pulmonary disease (COPD) are noninfectious, chronic illnesses that can cause coughing, wheezing, and shortness of breath. Persons with asthma or COPD can suffer exacerbations as a result of infectious respiratory diseases. They are also at risk of exacerbations due to increased exposure to environmental asthma triggers and lack of their routine medications.
- Some of the most common respiratory illnesses are caused by influenza and the "common cold" viruses, but some forms of bacterial pneumonia can be transmitted from person to person in crowded settings.
- Many of the germs that cause respiratory diseases spread in respiratory droplets caused by coughing and sneezing. These germs usually spread from person to person when they are in close contact with one another, though sometimes people become infected by touching something with respiratory germs on it and then touching their mouth or nose.
- In general, the best way to avoid spread of respiratory disease is to avoid contact with respiratory droplets or secretions. Things that can help include the following:
 - Perform hand hygiene regularly.
 - Help ill persons to contain respiratory droplets that result from their coughing and sneezing (see [Respiratory Hygiene/Cough Etiquette](#) below).
 - Minimize contact with persons with symptoms of respiratory illness.
 - Avoid sharing personal items such as eating/drinking utensils, toothbrushes, and towels, especially with ill persons.
 - Maintain a clean environment.
- Some respiratory illnesses, such as influenza, can be prevented with a vaccine. Check with local health officials to see if vaccination is appropriate in your evacuation center.

Early Detection of Respiratory Diseases Among Evacuation Center Residents and Workers

Screening for respiratory disease among residents and evacuation center workers

To prevent the transmission of respiratory infections in evacuation centers, efforts should be made to identify ill persons and implement appropriate infection control measures as soon as possible. In addition, certain ill persons should be referred for medical evaluation in order to ensure appropriate diagnosis and treatment. Early diagnosis can be an important part of prevention.

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- If possible, post visual alerts both at the entrance to and in residential areas of evacuation centers instructing residents and workers to report symptoms of a respiratory infection, and to practice respiratory hygiene/cough etiquette as described below. Examples of such visual alerts are available at <http://www.cdc.gov/germstopper/materials.htm> and <http://www.cdc.gov/ncidod/dhqp/pdf/Infdis/RespiratoryPoster.pdf>
- If possible, screen for respiratory illness among residents and workers upon initial evacuation center admission/registration.
 - Ask every resident and worker about the presence of the following symptoms of respiratory illness:
 - Cough
 - Sneezing
 - Sore throat
 - Fever
 - Wheezing
 - Shortness of breath
 - Night sweats
 - Runny nose
 - Weight loss
 - Ask persons with respiratory symptoms if they have asthma or COPD (including emphysema).
 - Any person meeting one of the following criteria should be referred for medical evaluation:
 - Any person with respiratory symptoms that are accompanied by fever, wheezing, or shortness of breath;
 - any person with a chronic cough (a cough that persists for weeks or months) that is accompanied by either fever, night sweats, or weight loss; and
 - any person with respiratory symptoms who also has asthma or COPD.
 - If residents do not have symptoms of respiratory illness upon initial evacuation center admission/registration, tell them to report any new respiratory symptoms to staff when they first occur.

Infection Control Measures to Prevent the Spread of Respiratory Diseases

General measures for all evacuation center staff and residents

- Wash hands regularly. This is especially important after touching surfaces or objects that might be contaminated with respiratory droplets, or after touching persons who are ill with respiratory symptoms. Alcohol hand gels are an adequate substitute when soap and clean water are not readily available. <http://www.bt.cdc.gov/disasters/commshelters.asp>
- Maintain a clean living environment. If frequently touched surfaces are contaminated with respiratory secretions:
 - Wipe up visible material with paper towels and dispose of used towels in a plastic garbage bag
 - Disinfect using any standard household disinfectant
- Maintain good personal hygiene techniques including the following:
 - Do not share eating utensils or drinking containers
 - Do not share other personal articles such as toothbrushes or towels with any one else
- To reduce the potential for spread of droplets between evacuation center residents, staff should separate sleeping cots by 3 feet, if possible.

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Measures for persons with symptoms of respiratory illness

- Provide symptomatic residents with information on preventing spread of illness by practicing Respiratory Hygiene/Cough Etiquette, which includes the following measures to contain respiratory secretions:
 - Cover the nose/mouth when coughing or sneezing;
 - Use tissues to contain respiratory secretions and dispose of the tissues in the nearest waste receptacle after use;
 - Perform hand hygiene (e.g., hand washing with soap and water, or alcohol hand gel) after having contact with respiratory secretions and contaminated objects/materials.
- When possible, evacuation centers should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette for residents:
 - Provide tissues and a receptacle for used tissue disposal (e.g. paper or plastic bag).
 - Provide personal dispenser of alcohol hand gel; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- Separate sick persons and close contacts such as family groups from other residents until 24 hours after the symptoms have resolved. If possible, put them in a separate room or, alternatively, place sick people in a separate section of the evacuation center away from other residents who are not sick. If this is not possible, encourage persons with respiratory illness to stay at least 3 feet away from those not providing direct care and support.
- Persons who are not ill should avoid close contact with the sick persons (e.g., kissing, hugging, hand shaking, other direct touching, talking within 3 feet), except as necessary for care and support.
- Evacuation center workers who are symptomatic should be excused from work.

These guidelines are specific for controlling respiratory illness in evacuation centers. For additional information, see:

<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

<http://www.bt.cdc.gov/disasters/commshelters.asp>

<http://www.bt.cdc.gov/disasters/hurricanes/handwashing.asp>

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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