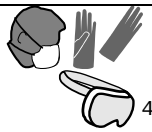
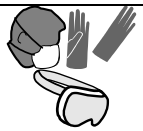
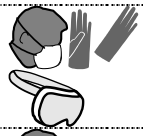
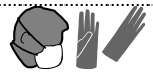
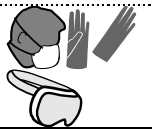
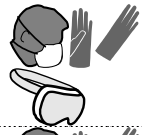
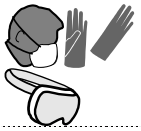
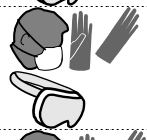
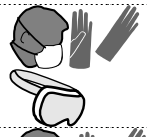
Population-Specific Recommendations for Protection From Exposure to Mold in Flooded Buildings,[1] by Specific Activity[2] and Risk Factor

Exposure Activity					
Risk Factor	**Observing from outside the demolition area (disturbs no dust)**	**Inspecting or Assessing Damage (disturbs little dust or mold)**	**Recovering moldy personal belongings (Disturbs some dust or mold)**	**Sweeping, light cleaning, removing mold (disturbs much dust or mold)**	**Using power tools, cleaning, demolishing (disturbs all dust and mold)**
None	No special precautions Needed	No special precautions needed	 3	 4	
People at High Risk for Infection or Colonization					
Profound immuno-suppresssion[5]	Avoid exposure	Avoid exposure	Avoid exposure	Avoid exposure	Avoid exposure
Immunosuppression[6]			Avoid exposure	Avoid exposure	Avoid exposure
Obstructive or cavitary lung disease[7]					Avoid exposure
People Who Have Diseases With Immune Sensitization[8]					
Allergic rhinoconjunctivitis (exacerbated by moldy materials)					Avoid exposure
Asthma (exacerbated by moldy materials)				Avoid exposure	Avoid exposure
Hypersensitivity pneumonitis caused by moldy materials				Avoid exposure	Avoid exposure
People With Unknown Risk[9]					
Younger than 12 years[10]	Avoid exposure	Avoid exposure	Avoid exposure	Avoid exposure	Avoid exposure
Pregnant				Avoid exposure	Avoid exposure
Older than 65 years				Avoid exposure	Avoid exposure

Note: Everyone should avoid unnecessary exposure to mold, especially anyone at high risk for infection and anyone with a disease caused by immune sensitization to mold and mold constituents.

Important: See footnotes on next page.

Footnotes

1. Significant mold contamination is assumed if the building's interior was saturated with water for more than 48 hours, extensive water damage is present, extensive mold growth is visible, or "mildew" odors are clearly stronger than before Hurricanes Katrina and Rita.

2. A visible dust cloud suggests high potential for exposure. However, activities can be associated with high fungal exposure even without visible dust. Consider more protective interventions for activities of longer duration or greater frequency.

3.  Recommended respiratory protection for residents is a respirator at least as protective as an N-95 filtering face piece. Respirator protection for workers in isolated areas of mold contamination (100 square feet or less) or small isolated areas of heating, ventilation, and air conditioning (HVAC) systems (10 square feet or less) where mold is disturbed is a respirator at least as protective as an N-95 filtering face piece. For working in areas of extensive contamination (greater than 100 contiguous square feet) or HVAC systems with large areas of contamination (greater than 10 square feet) and significant mold-containing dust, full face-piece respirators with N100, R100, P100 particulate filters (or for powered air-purifying respirators – HEPA filters) are recommended.

    Gloves and dermal protection.

4.  Occlusive eye protection (safety goggles, not regular eyeglasses); see discussion of personal protective equipment (PPE) in Chapter 4 of CDC's report, *Mold: Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes Katrina and Rita*. Available at: http://www.bt.cdc.gov/disasters/mold/report/.

5. Transplant recipients, including organ or hematopoietic stem cell recipients within 6 months of transplant or during periods of substantial immunosuppression; neutropenia (neutrophil count < 500/µL) due to any cause (including neoplasm, cancer chemotherapy); CD4+ lymphopenia (lymphocyte count < 200/µL) due to any cause, including HIV infection. Affected individuals should consult with their physicians before entering the affected area.

6. Includes immunosuppressant drug therapy, such as cancer chemotherapy, corticosteroid, or other immunosuppressive drug therapy; and diseases impairing host defense such as leukemia or lymphoma. Affected individuals should consult with their physicians before entering the affected area. Duration and frequency of exposures should be minimal.

7. Such diseases include COPD, asthma not exacerbated by mold, cystic fibrosis, and cavitary tuberculosis. Risk of airway colonization and subsequent diseases following mold exposure is unknown. Recommendations are based on best professional judgment.

8. The optimal treatment for allergic rhinitis, allergic asthma, or hypersensitivity pneumonitis is avoidance of the sensitizing agent. If symptoms occur despite the recommended preventive measures, avoidance of exposure is indicated. In many cases, allergic etiology of rhinitis or asthma needs to be inferred from clinical information, since the available diagnostic reagents for documenting IgE-sensitization to fungi are mostly unstandardized. Similarly, the precise antigenic agent causing hypersensitivity pneumonitis is often unclear.

9. The level of risk associated with exposure activities and the potential benefit of recommended PPE are unknown for these vulnerable populations. Due caution is recommended.

10. Exposure-reducing behavior and respiratory protection are problems for this group.

Important: See Table on first page.