



DISASTER RECOVERY FACT SHEET

Questions and Answers About Immunization Recommendations Following a Disaster

How will evacuation centers receive adequate vaccine to immunize evacuees?

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.

Will persons 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 should be taken according to previously published recommendations <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.

Is it okay to get the hepatitis A vaccine around the same time as the hepatitis B vaccine?

Yes. 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.

Why vaccinate individuals in crowded group settings with Hepatitis A vaccine but not the emergency responders?

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 virus 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. In addition, persons living in evacuation centers will continue to circulate in the community and might be exposed to hepatitis A during daily activities. Vaccinating in evacuation centers may lessen the scope of a possible outbreak and save on post-exposure treatment for persons exposed to cases.

Questions and Answers About Immunization Recommendations Following a Disaster (continued from previous page)

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?

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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.

What vaccines are recommended for evacuees of a disaster?

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>.

What immunizations should be offered/administered to a person who was displaced by a disaster and was not able to recover their original vaccination records?

Providers seeing persons displaced by a disaster should follow CDC's recommendations issued in September 2005 for those persons who were not able to recover documentation of immunizations.

Thus:

- **Children aged 10 years and younger** should be treated as if they were up-to-date for their age and given any doses recommended for their current age and not received in the interim. (This guidance applies to any child except when there is information, e.g., parental report, that the child was not up-to-date.)
- **Children/adolescents aged 11-18 years** should receive recommended vaccines (Tdap, MCV, and influenza if indicated) if not already received.
- **Adults** should receive Tdap, PPV, and influenza vaccines (if indicated)
- In addition, **any displaced person living in a crowded group setting** should receive influenza, varicella, MMR, and hepatitis A vaccines. Immunocompromised persons in these settings should not receive the live virus vaccines MMR and varicella.

Questions and Answers About Immunization Recommendations Following a Disaster (continued from previous page)

I evacuated before a 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 child evacuees entering school?

As a result of a disaster, many school-age children may be displaced from their schools to other schools away from home. To facilitate school enrollment for child evacuees, some states may opt to waive their school entry immunization requirements for these children. CDC has indicated its support for these actions and ASTHO encourages states to consider waiving school entry requirements as the situation warrants, consistent with state laws.

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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