2018 Asia Infection Control Measures Project

Keynote: Disaster and infection

1 Risk of infectious diseases emerging after a disaster

2 Identify patients according to syndromes

3 How to determine the morbidity status in a disaster area

4 Control of infection outbreak in a shelter

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A OO disaster of unprecedented magnitude hit OO district!



[Natural disasters]

- Mt. Unzen's Fugen-dake Eruption (1991)
- Great Hanshin-Awaji Earthquake (1995)
- Great East Japan Earthquake (2011)
- Kinugawa River Floods in Joso (2015)
- Kumamoto Earthquake (2016)
- Northern Kyushu Heavy Rain (2017)
- Shinmoe-dake Eruption (2017)
- Western Japan Heavy Rain (2018)

[Human-made disasters]

- Tokyo subway sarin attack (1995)
- Fukushima nuclear power plant accident (2011)
- VX attack in Malaysia (2017)

Health-care efforts required after a disaster plotted over time



Major natural disasters are occurring around the world!



1 Considerations on the risk of infection after a disaster

Factors affecting the risk of infection after a disaster

Pre-disaster conditions

- Integrity of public health infrastructure
 - Water supply, sewage, electricity and gas
 - Housing
- Health of residents
 - Nutritional conditions
 - Prevalence of various infectious diseases
- Immunization rate
 - Routine vaccination
 - Voluntary vaccination

Damage to public health infrastructure increases the risk of infection



Factors affecting the risk of infection after a disaster

Pre-disaster conditions	Acute and chronic post-disaster conditions
 Integrity of public health infrastructure Water supply, sewage, electricity and gas Housing Health of the residents Nutritional conditions Prevalence of various infectious diseases Immunization rate Routine vaccination Voluntary vaccination Region-specific infectious diseases Malaria, dengue fever, leptospirosis, etc. Season-specific infectious diseases Influenza, norovirus gastroenteritis, etc. 	 Disaster types and the extent of damage Earthquake, tsunami, flood, eruption and forest fire Presence or absence of a secondary/ complex disaster

If a major disaster hits the current Japan, people will likely ...

- 1. suffer long-term power shortages and planned outages;
- 2. be unable to communicate due to long-term extensive blackouts;
- 3. be difficult to survive due to lack of water, food and fuel;
- see impacts on the international community and markets;
- 5. be unable to transport goods;
- 6. go about buying out of fear induced by the media;
- see high-rise buildings and skyscrapers collapsing and catching fire;
- 8. unable to get home from work;
- 9. have fires spreading due to traffic jam;
- 10. suffer damage to radio and TV towers;

- 11. unable to access the Internet;
- 12.see fires at sea and industrial complexes;
- 13.find quake-resistant quay walls unusable;
- 14.have difficulty assembling employees;
- 15.have rail lines out of service for a medium to long period of time;
- 16.have riots and disturbances (deteriorated public security);
- 17.have difficulty transporting goods due to lack of fuel;
- 18.suffer a secondary disaster due to aftershocks or heavy rains;
- 19. have fires in large-scale assembly facilities; and
- 20. have panic triggered by a false rumor.

Source: The Cabinet Office Disaster Information <u>http://www.bousai.go.jp/jishin/syuto/taisaku_wg/</u> Tokyo Metropolitan Government Disaster Prevention <u>http://www.bousai.metro.tokyo.jp/taisaku/1000902/1000422.html</u>

Factors affecting the risk of infection after a disaster

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Risk factors change over time	 Food poisoning (S. aureus, C. perfringens₁)

Infectious diseases triggered by major disasters



Infection can be disaster-specific

Overview of infectious diseases associated with floods



Major infection outbreaks that occurred after floods

Year	Country	Infectious diseases	Oral	Skin/ mucous	Respiratory	Mosquito- borne
1980	Mauritius	Typhoid	0			
1983	Brazil	Leptospirosis		0		
1983	Ecuador	Malaria				0
1983	Peru	Malaria, gastroenteritis, typhoid				0
1988	Brazil	Leptospirosis		0		
1988	Bangladesh	Diarrhea, respiratory infection	0		0	
1988	Sudan (Khartoum)	Diarrhea (including dysentery), hepatitis E, malaria	0			0
1990 to present	South Korea	malaria (re-emergence)		İ		0
1992	Indonesia	Typhoid	0			
1993	U.S. (Iowa, Missouri)	Diarrhea, respiratory infection, leptospirosis	0	0	0	
1994	Nicaragua	Leptospirosis		0		ĺ
1996	Brazil (Rio de Janeiro)	Leptospirosis		ÍOÍ		
1996/1997	Romania	West Nile fever		İ		0
1997	Czech Republic	West Nile fever		i i		0
1997	Russia (Krasnodar)	Leptospirosis		ΙΟΪ		
1997/1998	Kenia, Somalia	Lift Valley fever				ÍО
1998	Italy	West Nile fever		i		Ō
1998	Bangladesh	Diarrhea, respiratory infection	0	İ	0	
1998	India (West Bengal)	Watery diarrhea (cholera)	Ō	i i		İ
1998	Argentine (Santa Fe)	Leptospirosis	_	ΙΟΪ		
1998	Honduras	Leptospirosis		Ō		
1999	India (Orissa)	Leptospirosis		ÍŌ		
1999/2000	Dominican Republic	Malaria				Ó
2000	India (Mumbai)	Leptospirosis		ΙΟİ		_
2000	Thai	Leptospirosis		ÍŌ		
2000	Mozambigue	Cholera	0			İ
2001	Indonesia	Diarrhea	Ō	i i		
2004	Bangladesh	Diarrhea	Ō	i i		
2004	Dominican Republic	Malaria	_	i i		Ó
2005	Pakistan	Hepatitis E	0	İ		
2005	U.S. (New Orleans)	Vibrio infection, MRSA skin infection, norovirus gastroenteritis, conjunctivitis, etc.	0	ÍOÍ		
2005	Guyana	Leptospirosis		ΙΟΪ		
2006/2007	Somalia, Kenia	Lift Valley fever		İ		0
2008	Brazil	Dengue fever		i i		0
2009	Haiti	Cholera (Nepal strain)		İ		
2010	Pakistan	Cholera, leptospirosis, malaria, leishmania, respiratory infection, hepatitis, etc.	0		0	0
2010	Cote d'Ivoire	Dengue fever		İ		0
2013	Philippines	Leptospirosis, measles		0	0	
2014	Mozambique, Malawi, Zimbabwe	Cholera	0	İİ	10	
2015	Taiwan	Dengue fever		İ	TD	0

Infectious diseases that can cause problems after a disaster plotted over time



Day of disease onset

Bold: infectious diseases requiring special attention in Japan 14 Smaller font size: infectious diseases that often cause problems overseas

Infectious diseases that can cause problems after a natural disaster

Disaster-specific infectious diseases

Flood /tsunami

Wound

Purulent wound, tetanus, gas gangrene, anthrax Inhalation or aspiration of contaminated water Melioidosis pneumonia, Pneumonia pseudomonas aeruginosa

Contaminated environments with patients' bodily fluid and waste

Cholera, bacterial dysentery, amoebic dysentery, typhoid, and other intestinal infections

Contact with infected animals and carcasses

Leptospirosis (Weil's disease), plague, hantavirus infection

Spread of vectors' habitats

Arbovirus infectious diseases (dengue fever, West Nile fever, Japanese encephalitis, yellow fever, chikungunya, Lift Valley fever, Crimean-Congo hemorrhagic fever, SFTS, etc.), malaria, filaria, tick-borne disease (scrub typhus, Japanese spotted fever, Lyme disease, etc.)

Spread of contaminated soil Anthrax, strongyloides

Earthquake

Wound-related infections : similar to the case in floods and tsunami

Scattering of fungi in the soil: Coccidioidomycosis Wildfire

Burn: Skin infection

Infectious diseases that can cause problems in shelter life and traveling

Common to all types of disaster

Oral infection

Viral infection (norovirus, rotavirus, etc.), hepatitis A, hepatitis E, cholera, bacterial dysentery, typhoid, salmonellosis, amoebic dysentery, cryptosporidium, giardia lamblia, and others

Droplet infection

Common cold, influenza, meningococcal meningitis airborne infection

Measles, tuberculosis

Percutaneous infection, contact with contaminated water

Schistosomiasis

Contact with wild animals

Leptospirosis, rabies, hantavirus infections, plague, toxoplasmosis, echinococcosis, angiostrongyliasis

Mosquito-borne infections

Arbovirus infection, malaria, filaria

Infection caused by other hematophagous insects and animals

Plague, epidemic typhus, scrub typhus, leishmania, trypanosome

It is important, in peace time, to assess the risk of diseases likely to spread in each particular regions!

In January 2005, Banda Aceh, Indonesia, was hit by tsunami.

With no electricity and limited water supply,

Are there any laboratory tests available on the site?

Even if no tests are available, it is important that patients' conditions be inferred from their symptoms and epidemiological information!

2 Identify patients according to syndromes

Wound infection

Disease 1

Neurological syndromes Generalized convulsion and facial features



Risus sardonicus

Trismus (lockjaw)

Symptoms consist of trigeminal palsy and rigidity masticatory.

Wound infection

Neurological syndromes Generalized convulsion and facial features





Wound infection

Mucocutaneous syndrome

Gas and blisters form in infected wounds.



Pain, edema/swelling, and blistering Gas formation and snow-ball crepitation

Patients susceptible to this syndrome often have underlying diseases such as diabetes, arteriosclerosis and colorectal cancer.

Mucocutaneous syndrome

Gas and blisters form in infected wounds.



Gas gangrène

Acute respiratory syndrome

High fever, headache, chill, muscle pain



+ dry cough and chest pain

Use of a humidifier can cause respiratory infection.



A nursing home in Kunisaki City, Oita, January 2018 (Source: Nshinippon Shinbun)

Legionellosis

: Infiltrative shadow

Acute respiratory syndrome

Cough, night sweats, bloody sputum, and slight fever lasting over 2 weeks



Acute gastrointestinal syndrome

Slight fever, vomiting, abdominal pain and diarrhea



Norovirus gastroenteritis

Acute gastrointestinal syndrome

High fever, abdominal pain and diarrhea

Difference between salmonellosis and campylobacter gastroenteritis



Acute gastrointestinal syndrome Fever, abdominal pain and jelly-like bloody diarrhea





Delicious strawberry jelly

Mucus Bloody stool

Amoebic dysentery

Acute gastrointestinal syndrome

Fever, abdominal pain and bloody stool





Bloody diarrhea

Bacterial dysentery Enterohemorrhagic E. coli infection

disease 9

Acute gastrointestinal syndrome Vomiting and watery diarrhea without abdominal pain (without fever)



Rice water



Rice water stool

Acute gastrointestinal syndrome Vomiting and watery diarrhea without abdominal pain (without fever)



Sunken eyes, high nose and cheekbones, lack of Abnormal eye expression and facial pallor

Abnormal eye movement

Facial features characteristic to dehydration

Acute gastrointestinal syndrome Vomiting and watery diarrhea without abdominal pain (without fever)



Skin tenting



Washer Woman's Hand

Skin findings for dehydration



Acute gastrointestinal syndrome

Abdominal pain and diarrhea without vomiting (without fever)

Are these safe to eat because they're boiled?





Stew

Curry

Clostridium perfringens

Acute jaundice syndrome

High fever, jaundice, ocular hyperemia + difficulty walking





Gastrocnemius muscle pain



Animal-derived infection

Disease 11

Acute jaundice syndrome



Barefoot is a risk factor.



Risk increases after a flood.



Wounds add to risk.



Contact with brown rats

Acute mucocutaneous syndrome

Redness, swelling and intense pain in dog and cat bite



- Intense pain, redness and swelling (30 min to 2-3 h after being bitten)
- Often results in cellulitis.

https://www.bird-x.com/pasteurellosis--pages-355.php



Does not respond to Cefalexin therapy.Sepsis and arthritis will develop.

Lecture note Mammal and Human bite injuries, from Dr. Jim Holliman http://www.slideshare.net/openmichigan/gemc-resident

Pasteurellosis

Acute mucocutaneous syndrome

Blisters and lymph node swelling due to dog and cat bite wounds





1-3 weeks after being bitten.Swelling of regional lymph nodes with pain

Swelling of postauricular lymph nodes

Rash at a ruptured blister

Hardin MD homepage: Cat Scratch Fever, http://hardinmd.lib.uiowa.edu/dermnet/catscratch3.html

Bartonellosis (cat scratch fever)

- Meningitis

- Cerebellar ataxia

Droplet, contact, and fecal-oral infection

Acute mucocutaneous syndrome Rash on the hands, feet and mouth



http://xn--y8j2a2702e.com/teashikuchibyou/teashikuchibyou.html

Hand-foot-and-mouth disease

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Acute mucocutaneous syndrome

Rash on the hands, feet and mouth



Figure 1. Changes in the number of reported patients with hand-foot-and-mouth disease from weeks 1 of 2002 to week 52 of 2011 (infectious disease trend survey)



Becoming epidemic nationwide in 2011, this infectious disease also did so later in the **disaster area**. It was **brought in** by volunteers.

Hand-foot-and-mouth disease

Airborne infection (human-to-human)

Respiratory syndrome → rash Cough, fever, catarrh symptoms + rash



Conjunctivitis, nasal discharge and cough



Measles

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Buccal mucosa lesion (Koplik's spots)

Airborne infection (human-to-human)

Acute neurological syndrome + mucocutaneous syndrome High fever, headache + rash + hemorrhagic purpura



Headache and stiff neck





Purpura fulminans

Early rash

Meningococcal meningitis

5 main syndromes likely to occur after a disaster

Syndrome	Clinical symptom	Expected infectious disease	
	Fever, headache, respiratory symptoms	Influenza	
Acute respiratory syndrome	General malaise, headache, muscle pain, chill, chest pain, dry cough	Legionella pneumonia	
	Slight fever, cough, sputum (sometimes bloody)	Tuberculosis	
	Bloody diarrhea, fever	Dysentery, EHEC, salmonella, campylobacter, etc.	
	Watery diarrhea, no fever	Cholera	
Acute gastrointestinai	Fever, abdominal pain, diarrhea	Norovirus gastroenteritis, etc.	
syndrome	Abdominal pain, vomiting/ diarrhea, etc., no fever	Toxin type food-poisoning (Staphylococcus aureus, Clostridium perfringens, etc.)	
Acute respiratory			
syndrome → mucocutaneous syndrome	Fever, catarrh symptoms, late rash	Measles	
1	Pain, edema/swelling, snow-ball crepitation	Gas bacilli	
	Fever, swollen lymph nodes, rash	Rubella	
Mucocutaneous syndrome	Fever, swelling/pain in parotid lymph nodes	Mumps	
	Fever, headache, rash	Meningococcal	
	Blistering	Varicella, herpes simplex, hand-foot-and-mouth disease	
Neurological syndrome	Trismus, dysphagia, convulsion	Clostridium tetani	
acute jaundice syndrome	Fever, chill, conjunctival hyperemia, jaundice, difficulty walking, renal impairment	Leptospirosis	

Infection control measures differ between times of peace and disaster

Peace time

Disaster time

Just after the pathogen is confirmed by laboratory, pathogen specific control measure will be added. Pathogens are empirically predicted based on syndromes before confirmed by testing.



Applicable to all patients

Applicable to all patients

Syndromes likely to occur after a disaster

	Clinical symptoms	Expected infectious disease		Infection control measures		
Syndrome			Treatment/procedure	Standard precautionary measures	Empirical precautions	
Acute respiratory syndrome	Fever, headache, respiratory symptoms	Influenza	Rapid test (influenza antigen)	0	Droplet infection Control + Contact infection control	
	General malaise, headache, muscle pain, chill, chest pain, dry cough	Legionella pneumonia	Rapid test (urinary antigen)	0	Droplet infection Control + Contact infection Control	
	Slight fever, cough, sputum (sometimes bloody)	Tuberculosis	PCR test	0	Air borne control measures	
Acute gastrointestinal syndrome	Bloody diarrhea, fever	Dysentery, EHEC, salmonella, campylobacter, etc.	Antibacterial agent administration, symptomatic therapy	0	Contact infection Control	
	Watery diarrhea, no fever	Cholera	Oral rehydration, symptomatic therapy	0	Contact infection Control	
	Fever, abdominal pain, diarrhea	Norovirus gastroenteritis, etc.	Symptomatic therapy	0	Contact infection Control	
	Abdominal pain, vomiting/ diarrhea, etc., no fever	Toxin type food-poisoning (Staphylococcus aureus, Clostridium perfringens, etc.)	Symptomatic therapy	0	-	
Mucocutaneous syndrome	Fever, catarrh symptoms, late rash	Measles	Symptomatic therapy	0	Air borne control	
	Pain, edema/swelling, snow-ball crepitation	Gas gangrane	Wound management, administration of penicillium/Metronidazole	0	-	
	Fever, swollen lymph nodes, rash	Rubella	Symptomatic therapy	0	Droplet infection Control + Contact infection Control	
	Fever, swelling/pain in parotid lymph nodes	Mumps	Symptomatic therapy	0	Droplet infection Control + Contact infection Control	
	Fever, headache, rash	Meningococcal	Antibacterial agents	0	Droplet infection Control	
	Blistering	Varicella, herpes simplex, hand-foot-and-mouth disease	Symptomatic therapy	0	Air borne control + Contact infection Control	
Neurological syndrome	Trismus, dysphagia, convulsion	Clostridium tetani	Wound management, bolus penicillium/Metronidazole injection, immune globulin, convulsion management, symptomatic therapy	0	-	
acute jaundice syndrome	Fever, chill, conjunctival hyperemia, jaundice, difficulty walking, renal impairment	Leptospirosis	PCR test, etc., administration of antibacterial agents such as tetracycline	0	-	