# Infectious Disease Management in Austere Conditions

AZ-1 DMAT Team

### **Definitions**

- <u>Epidemic</u>: Occurrence in excess of normal expectancy
- Endemic: Habitual presence within an area
- Pandemic: Worldwide epidemic
- Outbreak: Sudden & rapid increase in # cases
- <u>Communicable Disease</u>: Transmission of a disease by a causative organism from one person to another either directly or indirectly

## **Biggest Worries for DMAT**

- Disruption to water supply and sanitation
- Water Borne Diseases
- Impact on Food supplies and Nutrition
- Patient Care in Contagious Situations
  - Blood and Body Fluids
  - Influenza or SARS like situation

### **Modes of Transmission**

- <u>Direct Person to Person</u> contact (e.g. scabies)
- Water Borne Transmission
   (e.g. dysentery, cholera, hepatitis A)
- <u>Airborne</u> Transmission thru droplet (influenza, TB, viral colds, diphtheria, measles)
- Fomites Inanimate objects as reservoirs (plates, glasses, soaps, forks, surfaces)

### **Modes of Transmission**

- <u>Vector-Borne</u>
  - Rodent: Rats, Mice, Moles (Plague, Typhus, Hanta)
  - Insects: Mosquito's, fleas, lice
     (Encephalitis, Dengue, Lyme disease)
  - Animals: bats, skunks, dogs

(Rabies)

### **Myths**



- Corpses as a Mode of Transmission...
  - Human Cadavers do not give rise to epidemics
  - Unless were diseased prior to death and even then most likely will not transmit disease when proper precautions are observed.

### **Methods of Control**

- Restore normal public health servicespotable water, sanitation, shelter, safe food
- Establish Monitoring/Surveillance Systems
- Share Information with local Public Health
- Investigate all suspected cases
- Develop a strategy to contain, treat and prevent transmission

### **Surveillance**

- Establish presence of diseases
  - identify and confirm the presence of disease
  - Is it local endemic?
- Data Collection through charting
  - Review on daily basis for trends
- Establish vital routes of communication
- Investigate, Report & continue Surveillance

## **Communicable Disease Precautions**

- Standard Precautions
- Isolation Precautions
  - Level A Airborne
  - Level B Droplet
  - Level C Contact
  - Level D Drug Resistant
- Containment vs Quarantine


### **Isolation of Cases**

- Isolate the patient to limit transmission
- Standard Precautions to limit transmission
  - -Handwashing Absolute Must
  - Hand Protection with Gloves
  - -Levels of Isolation according to disease

### **Precaution – Level A**

- Air-Borne Diseases (small particulate)
  - TB, Smallpox, Measles, Chicken Pox, SARS
- N-95 Particulate Mask
- Gown
- Eye Protection (goggles)
- Gloves
- Should be in negative pressure (not likely to be available in field conditions

### **Level B Precautions**

- Droplet : Large Droplet
  - Diphtheria, Neisseria Meningitidis, Haemophilus influenzae type B, Influenza, mumps, adenovirus
  - Private room
    - (not likely to be available in field conditions)
  - Surgical Mask within 3 ft of patient
  - Gown/Gloves at patients bedside

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### **Level C Precautions**

### ■ Contact Diseases

- Enteric infections (infectious diarrhea, C-Diff, salmonella, campylobacter, E.Coli 0157:H7, HIV, Hepatitis B & C)
- Skin Infections (scabies, diphtheria, herpes simplex, Impetigo
- Gloves
- Gown when in contact with patient

### **Level D**

- Drug Resistant
  - MRSA, VRE
- Strict Hand Hygiene
- Isolate
- Gloves always
- Gown, Surgical Mask as needed

### **Level E**

### Extreme

- Reserved for the most severe and contagious diseases
  - (smallpox, hemorrhagic fevers)
- Double glove, gown, head cover, N-95 particulate mask, face shield/goggles, shoe covers


