

Recommendations for vaccinations as related to flood workers and victims

Interim Immunization Recommendations for Disaster Responders

Tetanus and diphtheria toxoid (receipt of primary series, and Td booster within 10 years)

Hepatitis B vaccine series **for persons who will be performing direct patient care** or otherwise expected to have contact with bodily fluids

There is no indication for the following vaccines given the anticipated conditions:

- **hepatitis A vaccine** (low probability of exposure, even under these conditions, in U.S.) No transmission from contaminated water has been identified in the U.S. since the 1980s. Hepatitis A outbreaks have not occurred following other hurricanes or floods in other parts of the country, including the devastating hurricanes in Florida last year, and the Midwestern floods of the late 1990's. The Gulf Region has had few hepatitis A cases in recent years, with less than 10 in the past 3 months reported from the New Orleans area. Thus, even though the water and sewage systems are damaged or out of operation in many areas along the Gulf Coast , the risk of a hepatitis A epidemic is extremely low. Vaccine will take at least one to two weeks to provide substantial immunity.
- **typhoid vaccine** (low probability of exposure, even under these conditions, in U.S.).
- **cholera vaccine** (low probability of exposure, even under these conditions, in U.S. , plus no licensed cholera vaccine available in the U.S.).
- **meningococcal vaccine** (no expectation of increased risk of meningococcal disease among emergency responders).

rabies vaccine series (the full series is required for protection). Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis, as clinically appropriate