



Date: August 30, 2018

DPH Numbered Memo BCD- 2018-12

To: Health Care Providers, Local Public Health, Tribal Clinics

From: Stephanie Schauer, Ph.D.
Immunization Program Manager

Flood Water Exposure and Implications for Vaccination

PLEASE DISTRIBUTE WIDELY

According to the Centers for Disease Control and Prevention (CDC), outbreaks of infectious diseases after a flood in the U.S. are unusual and mass vaccination campaigns are not routinely recommended. Exposure to flood water alone is **not** a reason to give tetanus-containing vaccine or any other vaccine.

Tetanus Vaccine

Risk of tetanus after exposure to flood water

Exposure to flood water alone is **not** a reason to give tetanus-containing vaccine. Rather, the need for tetanus vaccination after exposure to flood water depends on the presence of a wound, the condition of the wound, and the likelihood that the injured person is susceptible to tetanus.

- Persons with severe wounds should be evaluated by a medical provider. Those who sustain puncture wounds or wounds that may be contaminated with soil or fecal material should receive tetanus-containing vaccine if more than five years have elapsed since their last tetanus booster. Persons who have not completed a primary tetanus series (a minimum of three doses of tetanus- and diphtheria-containing vaccine) must be vaccinated and given tetanus immune globulin (TIG) as soon as possible.
- Persons who sustain clean, minor wounds should receive tetanus-containing vaccine if they have not completed a primary tetanus series or if more than 10 years have elapsed since their last tetanus booster.
- All persons should receive a tetanus booster every 10 years.

The recommendations for use of tetanus-containing vaccine that apply during a flood are the same as those that apply at any other time. Tdap is preferred to Td for adults who are not up to date and have never received Tdap. Td should be used among adults previously vaccinated with Tdap and are not up to date. Tdap may be used if Td is not immediately available though it is best practice to administer Td if Tdap has been received previously.

Risk of tetanus to emergency responders, cleanup workers, and volunteers

During evacuation and flood cleanup emergency responders, cleanup workers, or volunteers may be at increased risk for wounds such as punctures to the skin or nail sticks, cuts, bruises, lacerations, or scrapes that can become contaminated with flood waters, human or animal wastes, soil, dirt, or saliva. For this reason, such workers should be sure that they are up to date with tetanus vaccination, ideally before starting evacuation or cleanup activities.

Hepatitis A Vaccine

Exposure to flood water alone is **not** a reason to give Hepatitis A vaccine. No transmission of hepatitis A virus from contaminated water has been identified in the U.S. since the 1980s. Hepatitis A vaccine is not routinely recommended for sanitation workers.

Hepatitis B Vaccine

There is no specific reason to give hepatitis B vaccine to the general public during floods. Hepatitis B vaccine is recommended for persons who will be providing direct patient care or who are otherwise expected to have routine exposure to blood or blood-contaminated body fluids in the course of their work activities.