

From the Chief Medical Officer
Dr Henrietta Campbell CB



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

HSS(MD)1/2005

URGENT COMMUNICATION

To:

Directors of Public Health to forward to:

- All GENERAL PRACTITIONERS - please ensure this message is seen by all practice nurses and locum General Practitioners in your practice.
- All Consultants & SpRs in Public Health Medicine

Directors of Nursing, HSS Boards

Directors of Primary Care, HSS Boards

Directors of Pharmacy, HSS Boards

Consultants in Communicable Disease Control, HSS Boards

Medical Directors, HSS Trusts to forward to:

- Consultants in oncology, anaesthetics, cardiology medicine, palliative care and haematology

Directors of Nursing, HSS Trusts

Directors of Primary Care, HSS Trusts

Directors of Pharmacy, HSS Trusts

Consultants in Infectious Diseases

Consultant Microbiologists

Regional Epidemiologists, CDSCNI

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Your Ref:

Our Ref: HSS(MD)1/2005

Date: 4th January 2005

Dear Colleague

Information To Health Professionals Regarding Common Infections In Areas Affected By The Tsunami (Tidal Wave) In The Indian Ocean on 26 December 2004

1. Following the earthquake and tidal wave disaster on 26 December 2004, people are returning from the region to the UK. Some of those returning may be admitted to hospital or they may self-refer to Accident & Emergency Departments or General Practitioners. The information in this communication is mainly intended to alert health professionals and others to the health issues to be considered in those returning from the affected areas.

Communicable Diseases

2. The following advice is based on the advice provided by the Health Protection Agency for health professionals available on the following website See http://www.hpa.org.uk/hpa/news/articles/issues/2004/041230_tsunami_infect.htm and http://www.hpa.org.uk/hpa/news/articles/issues/2004/041230_trav_adv.htm:

3. Gastro-intestinal diseases are the most common travel associated illnesses under normal circumstances. These diseases might be expected to occur with increased frequency in those returning from tidal wave affected areas (http://www.who.int/hac/crises/international/asia_tsunami/tsunami_sitrep2/en/), if safe drinking water is unavailable. Those with gastrointestinal symptoms should be reminded to practice good personal hygiene to minimise the risk of passing on disease to their close contacts. There should be microbiological diagnosis of cases.
4. The most likely infections that travellers may encounter directly after a flood are those transmitted through direct contact with polluted waters, such as leptospirosis, wound and skin infections, eye infections, and ear, nose and throat infections. Arthropod borne disease such as malaria and dengue may also occur at increased frequency in poor environmental conditions.
5. It is not possible to compile a short definitive list of the infections that may occur, as so many countries are affected with different endemic infectious disease profiles. Some of the more relevant ones are listed in Annex A (attached) by country. In view of the wide range but low individual risk of these infections, screening for infection on arrival back in the UK (e.g. at ports) is not justified. However all those returning are advised that if they have health concerns they should seek advice from their general practitioner (GP), and should certainly do so if they experience symptoms.
6. Any fevers or flu-like illnesses in returning travellers from areas affected by the tsunami, particularly malaria/dengue endemic areas, should be investigated. Primary care practitioners should seek advice from their local CCDC or microbiologist as necessary.
7. More details on the types of infection that flood victims may encounter are available from the World Health Organization: <http://www.who.int/hac/techguidance/ems/en/FloodingandCommunicableDiseasesfactsheet.pdf>
8. Clinicians are reminded to record relevant travel histories on any microbiology request or disease notification forms to assist with the surveillance of imported infectious diseases. Normal infection control procedures should apply in the care of patients with suspected infections and advice concerning the public health aspects of infections in returning travellers can be sought from the local CCDC.

Support to travellers returning from the affected area

9. Because of the nature of the incident it is expected that those returning from the area may have significant psychological distress. Services need to be readily available to meet these needs. Clients may access services via many different pathways. Initial support at the airport reception centres at Heathrow, Gatwick, Glasgow and Manchester is being provided by the British Red Cross. In partnership with the FCO, they have also established a dedicated victim support line. Information on this support line is attached at Annex B. **Boards and Trusts should (i) anticipate that there will be need for immediate and long-term counselling support to those patients who require this type of psychological support within their communities and (ii) ensure that GPs and other clinicians are alerted to this.**

Notification of Deaths

10. There has been a single coroner appointed, from West London, to co-ordinate all fatalities, which will be flown into Heathrow. Relative support centres have been established at both London and Manchester. **The West London coroner has requested notification of any deaths as a direct result of the south-east Asian Earthquake and tsunami.**

Please pass this information to the appropriate personnel.

Please advise the Coroner's Office on:

Tel: 020 8753 6806

Fax: 020 7384 2762

Need for Staff Assistance

11. The Department of Health, England, has been involved in an overall needs assessment for the affected region led by the Department for International Development (DFID) in order to provide a co-ordinated government response. Following this, the Department of Health has been informed by DFID that the affected countries are not requiring any external staffing assistance at present. However, the Health Protection Agency (HPA) has received a Global Outbreak Response Network (GOARN) request for specialist assistance in the region. In response to this, the Department of Health is ensuring that the Health Protection Agency is linking with DFID in co-ordinating specialised help from England and the UK Devolved Administrations. DHSSPS will co-ordinate the HPSS input to this.

Further Advice/Information for Health Professionals

12. For advice on individual cases please contact your local CCDC or microbiologist. Further Information on the health aspects of the Tsunami Disaster in SE Asia will be disseminated as appropriate and will also be posted on the Departments website at www.dhsspsni.gov.uk

Contact Points for further information

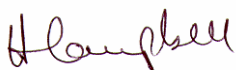
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Yours sincerely



Dr Henrietta Campbell
Chief Medical Officer

Table:
Infections in areas affected by the tsunami in the Indian Ocean, 26 December 2004.

Countries Affected

| Country/area affected | Endemic diseases |
|--|---|
| <p>Indonesia (west and north coast of Aceh province, northern Sumatra – not an area tourists are likely to go, especially as there has been civil unrest recently. The Foreign and Commonwealth Office (FCO) has already issued advisories against travel to this region)</p> | <p>Gastrointestinal infections (cholera, dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever, malaria.</p> |
| <p>India (southern coast - Tamil Nadu, Andhra Pradesh, Kerala, Andaman and Nicobar Islands)</p> | <p>Gastrointestinal infections (cholera, dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever, malaria.</p> |
| <p>Sri Lanka (eastern, southern and south eastern coast – including southern port town of Galle most affected)</p> | <p>Gastrointestinal infections (cholera, dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever, malaria.</p> <p><i>NB. FCO information (29.12.04) advises that an exotic virus is being spread through seafood due to contaminated seawater, although signs and symptoms of the virus are not known at the time of writing.</i></p> |
| <p>Maldives (most resort islands)</p> | <p>Gastrointestinal infections (cholera (low risk), dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever.</p> |

| | |
|--|---|
| <p>Thailand (islands and resorts off south western Thailand, including Phuket, Ko Phi Phi, Ko Lanta, Krabi, Pangna)</p> | <p>Gastrointestinal infections (cholera (low risk), dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever, malaria (not usually a risk in the areas affected but could become so)</p> |
| <p>Malaysia (NW coast of peninsular Malaysia, including tourist resorts of Penang, Langkawi)</p> | <p>Gastrointestinal infections (cholera (low risk), dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever.</p> |
| <p>Myanmar (unknown which areas affected but thought that Mergui archipelago off the southern coast may have been affected but the main tourist resorts of Ngwesaung, Chaungtha and Ngapali have not been affected)</p> | <p>Gastrointestinal infections (cholera, dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, hepatitis E, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever, malaria</p> |
| <p>Somalia (island of Hafun, off NE coast)</p> | <p>Gastrointestinal infections (cholera, dysentery, <i>Escherichia coli</i> infection, typhoid, hepatitis A, enteroviruses, intestinal parasitic infections), leptospirosis, dengue fever, malaria, yellow fever</p> |

NB: Bangladesh, Madagascar, Tanzania, Kenya, Mauritius, and Seychelles also but only moderately affected

Source: Health Protection Agency website www.hpa.org.uk

British Red Cross Helpline for those affected by the Asian earthquake

The British Red Cross, working in partnership with Cruse and Victim Support and other voluntary organisations, is providing a telephone help line for those directly affected by the South Asia earthquake, either because they were on holiday there or because they have a relative who has been involved in the disaster. The helpline will operate from 11.00am to 9.00pm on Saturday 1 January 2005 and thereafter from 9.00am to 9.00pm every day.

The helpline will provide information, emotional support and advice. Where callers are in need of more sustained support or counselling they will be advised to contact their GP. Those who are particularly distressed and need more immediate specialist support will be advised to phone the Samaritans.

The helpline number is 0845 054 7474. However, the Red Cross is keen to avoid it being over-loaded with general inquiries from members of the public at the expense of those directly affected. The phone number will therefore not be given directly to the media or put on the website. Instead it will be given directly to those returning to this country from the affected areas. Those who have already returned are being advised through the media to contact the Red Cross in the first instance who will guide the caller to helpline staff.