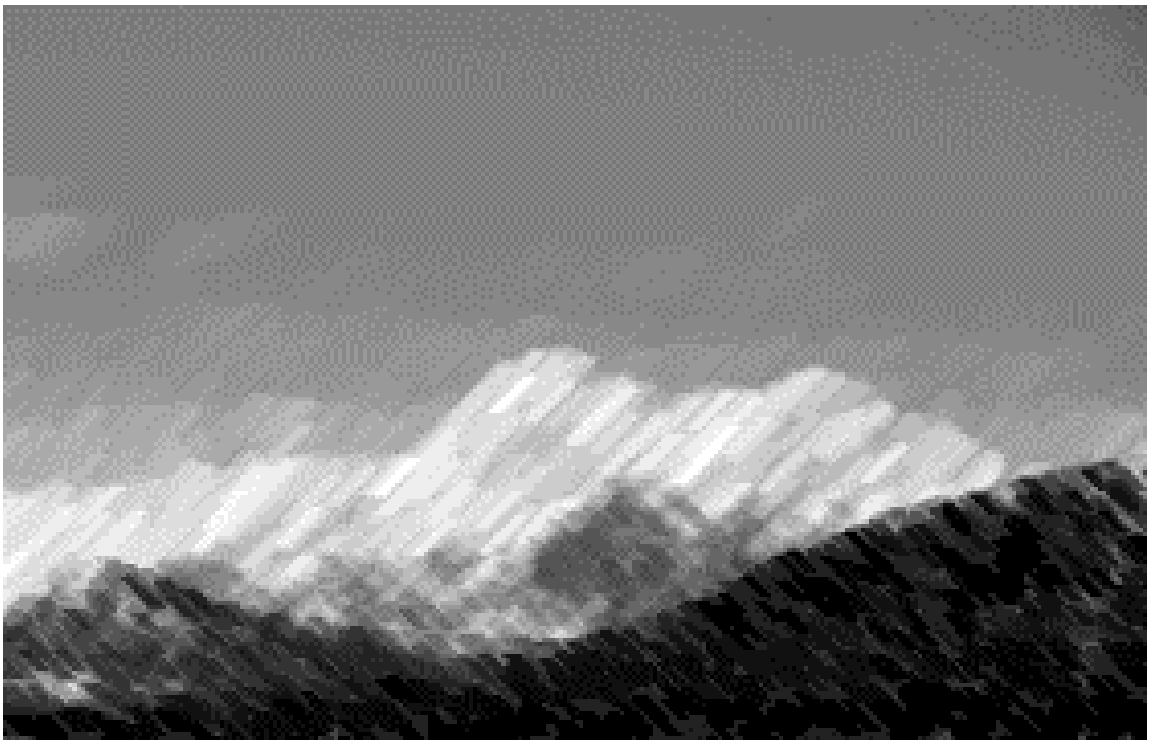


Infection control

in homeless shelters in the state of Alaska

July 2018

Developed for homeless service providers in the state of Alaska

July 2018

Contributors

Emily Mosites, PhD MPH, CDC Arctic Investigations Program

Anna Frick, MPH, Alaska Section of Epidemiology

Leisha Nolen, MD PhD, CDC Arctic Investigations Program

Caldwell Lewin, RN CIC, Sitka Community Hospital

Gail Thompson, BSN CPN CCRP, CDC Arctic Investigations Program

Reviewers

Kim Spink, RN, BSN, CIC, Alaska Section of Epidemiology

Kate Helfrich, RN, MSN/MPH, Alaska Section of Epidemiology

Melissa Boyette, Alaska Section of Epidemiology

Susan Jones, Alaska Section of Epidemiology

Tracy Smith, Alaska Section of Epidemiology

Lisa Caldeira, Catholic Social Services

Monica Gross, MD MPH, United Way of Anchorage

Michael Bruce, MD MPH, CDC Arctic Investigations Program

Kristen Danielle Lecy, BSN CPN, CDC Arctic Investigations Program

Debra Hurlburt, BSN, CDC Arctic Investigations Program

Contents

I. Introduction

Homeless health and infectious disease

People who are experiencing homelessness are vulnerable to many infectious diseases. The risk of infections among homeless people comes from several sources, including:

1) **Underlying medical conditions that are not addressed.** Chronic diseases that are not managed, like diabetes, heart disease, poor nutrition, or substance abuse disorders, can increase a person's risk for acquiring an infectious disease.

2) **Lack of access to resources for hygiene**. People who are experiencing homelessness often are unable to care for their personal hygiene. This can increase the risk of infections.

3) **Spending time in crowded, congregate settings.** Homeless shelters, soup kitchens, and other homeless service facilities are often crowded. This increases the risk of infectious disease spread between clients.

As a result of these factors, people experiencing homelessness are much more likely to acquire and die from infectious diseases compared to the general population. Homeless service facility staff have the opportunity to help protect clients from infectious disease by using infection control recommendations.

How to use this manual

The recommendations in this manual were written specifically for homeless service providers in Alaska. The first section includes information on who to call if you have questions or concerns about infectious disease in your facility. The second section includes information on general infection control recommendations—these are for everyday use to prevent a variety of infections. The third section has information on specific diseases. For example, if you are faced with a client with a cough but you don't know what is causing it, check out page 28. Or if you have a client who was recently discharged from the hospital with *C. difficile*, try page 27. For more in-depth information on infectious diseases, use the additional resources on page 21.

Public health and hospital contact numbers

If you are faced with an infectious disease issue and you aren't sure what to do, use the numbers below to contact a public health or hospital infection preventionist.

State health department

No matter where in Alaska your facility is, you can call the State Section of Epidemiology with questions at (907) 269-8000.

Local health department

There are also local public health centers in different places around Alaska which are staffed by public health nurses. If you don't know who your local public health nurse is, you can go to http://dhss.alaska.gov/dph/Nursing/Pages/locations.aspx to look up which public health center is closest to you and get their phone number.

You can record that information here: _____

_____

_____

Hospital infection prevention

It is a good idea to record contact information for important people at your local hospital ahead of time. One good person to start with at the hospital is the infection preventionist, whose job is to prevent the spread of disease in the hospital. You can call the hospital and ask to talk to the infection control or infection prevention department, and then write down the phone number here:

Hospital Name:_____Phone number:_____

Infection preventionist name:_____

Infection prevention phone number:_____

Hospital Name:_____Phone number:_____

Infection preventionist name:_____

Infection prevention phone number:_____

The Infection preventionist might have some suggestions about other people you need to contact if you have concerns about someone discharged to your shelter (e.g. a lead discharge planner). Record these names and phone numbers below:

_____

_____

_____

Reportable diseases in Alaska

Health care providers are required to report the following diseases to the health department. **The shelter is not required to report these diseases.** However, if you have clients who are experiencing one of these infections and you have questions, call the number below.

IMMEDIATE REPORTING (PUBLIC HEALTH EMERGENCIES)

To report a Public Health Emergency: Business Hours 907-269-8000 • After Hours 800-478-0084

Anthrax
Botulism
Diphtheria
Glanders
Hemorrhagic fever, including dengue fever
Influenza, suspected novel strains
Measles
Melioidosis
Meningococcal invasive disease
Paralytic shellfish poisoning
Plague
Poliomyelitis
Rabies in a human or an animal
Rubella
Severe acute respiratory syndrome (SARS)
Smallpox
Tetanus
Tularemia
Yellow fever
An outbreak or unusual number or clustering of diseases or other conditions of public health importance

ROUTINE REPORTING

To report or ask a question, call 907-269-8000

Acquired immune deficiency syndrome (AIDS)
Amnestic shellfish (domoic acid) intoxication
Antibiotic-resistant organisms of national significance
Arboviral diseases, including West Nile virus infection
Brucellosis
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
Ciguatera fish poisoning
Cryptosporidiosis
Cyclosporosis
Cysticercosis
Diphyllobothriasis
Echinococcosis
Giardiasis
Gonorrhea
Haemophilus influenza, invasive
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome (HUS)
Hepatitis (type A, B, or C)
Human immunodeficiency virus (HIV) infection
Influenza death, laboratory-confirmed
Legionellosis
Leptospirosis
Leprosy (Hansen's disease)
Listeriosis
Lyme disease
Malaria
Mumps
Pertussis (whooping cough)
Pregnancy in a person known to be infected with hepatitis B, human immunodeficiency virus (HIV), or syphilis
Prion diseases, including Creutzfeldt-Jakob disease (CJD)
Psittacosis
Q fever
Rheumatic fever
Salmonellosis
Scombroid fish poisoning
Shiga-toxin producing *Escherichia coli* (STEC) infection, including O157:H7
Shigellosis
Streptococcus agalactiae (Group B streptococcus), invasive
Streptococcus pneumoniae (pneumococcus), invasive
Streptococcus pyogenes (Group A streptococcus), invasive
Syphilis
Trichinosis (trichinellosis)
Tuberculosis
Typhoid fever
Varicella (chickenpox)
Vibrio infection
Yersiniosis

II. General control of infectious disease

The following section contains information on general ways to prevent a variety of infectious diseases. These include recommendations for hygiene, laundry, surface cleaning, food safety, and interactions with health care. These recommendations should be integrated into the daily functioning of the shelter. During times when infectious diseases are more common (for example, during the winter), increasing the frequency of use of these recommendations can help control the spread of infectious diseases.

Supplies for infection control

Throughout this manual, there are recommendations for infection control that require a few key supplies. Make sure your facility has the following items:

Necessary:

- ☐ Hand soap
- ☐ Tissues
- ☐ Wound care kit (See page 11)
- ☐ Bleach
- ☐ Disposable gloves
- ☐ Paper towels
- ☐ Sharps (needles) container
- ☐ Surgical masks

Optional:

- ☐ Body fluid clean up kit (See page 13)
- ☐ Hand sanitizer
- ☐ Eye protection

Hygiene

Throughout the day clients will come into contact with infectious agents like bacteria, viruses, and fungi. An important key to controlling the spread of infection is through proper hygiene. The following are general guidelines for client hygiene:

1) Handwashing: Wash hands with soap and water regularly (*See page 10 for more information)*
2) Hair cleansing: Wash hair with soap or shampoo regularly according to hair type
3) Dental care: Brush teeth twice a day with fluoride toothpaste. Clean between the teeth daily. Visit a dentist for prevention of oral disease.
4) Body hygiene: Shower/bathe regularly according to activity level. If a person is not active, then they can shower a few times per week. Otherwise, taking a short shower once per day is recommended. When showering, pay special attention to face, hands and groin. Clean the body from top to bottom.
5) Clean clothes: Dirty clothes should be washed with laundry soap and dried at a high temperature *(See page 15 for more information)*.
6) Cough etiquette: Turn away from other people and covering the nose and mouth with a tissue or elbow when coughing or sneezing.
7) Disposal of diapers (including adult absorbent underwear): Diapers and absorbent underwear should be placed immediately in a trash bag. Clients and staff should wash their hands after disposing of diapers.
8) Maintain clipped nails on hands and feet
9) Care for wounds and keep them covered when possible *(See page 11 for more information)*
10) Do not share personal hygiene items (razors, hair care items, tooth brushes)

The better the shelter can facilitate these activities, the safer everyone will be from infectious disease. For example, being sure to have soap in the bathrooms and an appropriate place for diaper disposal are essential to preventing spread of diarrheal diseases. Having tissues and trash cans available will help prevent the spread of respiratory diseases.

Handwashing for staff & clients

The most important way to prevent the spread of germs is appropriate, effective hand washing. Washing your hands helps stop germs from spreading from one person to another throughout a facility. Appropriate hand washing using soap and water helps remove visible dirt and potentially infectious agents from your hands and clients hands. Hand sanitizers are often an effective alternative when soap and water are not readily available and hands are not visibly dirty. A poster to promote handwashing is included in Appendix A.

When to wash

- Before, during and after preparing/handling food
- Before and after eating, drinking and touching the face and mouth
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or helping a child use the toilet
- After blowing your nose, coughing or sneezing
- After removing gloves
- Before and after smoking
- After any activities in which the hands become visibly dirty

How to wash

Wet, Lather, Scrub, Rinse, Dry

Wet your hands with clean running water (warm or cold) and apply soap.

Lather your hands by actively rubbing them together with the soap.

Scrub your hands for 15 to 20 seconds. Rub the palms and backs of your hands, between fingers, around wrists and under nails.

Rinse your hands under clean running water until the soap lather is gone.

Dry your hands with a clean paper towel and then turn of the water with the towel.

How to use hand sanitizer (alcohol- or non-alcohol-based)

- Apply the product to the palm of one hand (approximately the size of a dime)
- Rub your hands together, being sure to cover the backs of hands, between fingers, thumbs and down to your wrists
- Continue to rub until your hands and fingers are dry
- Sanitizer will not work effectively if your hands are visibly soiled. Use soap and water first!

Wound hygiene

When clients have wounds, they have a risk of developing an infection. Therefore, wound treatment is an important component of infection prevention. However, caring for wounds is often difficult for people experiencing homelessness. Shelter staff can help support wound care by having supplies on hand and promoting wound hygiene.

For new or severe wounds, clients should seek treatment from medical professionals.

For minor wounds and for follow-up wound care, advise the client to:

1. Wash their hands and put on gloves
2. Elevate the affected area
3. Rinse the wound with water
4. Clean around the wound gently with soap and water (not directly on the wound)
5. Apply a clean, sterile bandage over the wound
6. Change the bandage once per day or any time it is wet or dirty

Keep wound care supplies on hand to support clients to protect their wounds. The following basic supplies can help clients maintain proper wound hygiene:

- ☐ Gloves
- ☐ Band-Aids
- ☐ Paper tape
- ☐ Gauze pads and non-adhering dressings
- ☐ Bandage rolls
- ☐ Elastic bandages (like Ace wraps)
- ☐ Burn ointment
- ☐ Antibiotic ointment
- ☐ Alcohol wipes
- ☐ Scissors
- ☐ Tweezers

Clients should seek immediate medical attention if a wound is new and needs to be dressed, a wound becomes red, swollen, or warm, or the client develops fever or disorientation.

Cleaning surfaces

Cleaning vs. Sanitizing vs. Disinfecting

Keeping surfaces clean is important to reduce the number of infectious agents in circulation at the shelter. **Cleaning** is the process of using soap or detergent and water to physically remove bacteria, viruses, and fungus from surfaces. Cleaning also removes dirt and other debris. **Sanitization** is a process of using chemicals to *reduce* infectious agents to a level that can prevent disease transmission. **Disinfection** involves killing most infectious agents on a surface. Cleaning is a necessary first step because sanitization and disinfection will not work if dirt and debris have not been removed. EPA-registered products should be used for sanitization and disinfection. A list of products can be found here: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants. If you need help selecting a product, call the Alaska Section of Epidemiology at 907-269-8000.

Where to sanitize or disinfect:

All surfaces should be cleaned with detergent and water. Areas that are often touched by hands or food should be sanitized. Areas that come into contact with bodily fluids should be disinfected.

Clean: All surfaces • **Sanitize**: Doorknobs, railings, check in counter, tables • **Disinfect:** Bathroom, water fountain, surfaces contaminated with bodily fluids.

Example: How to sanitize or disinfect using 8.25% bleach

Check the label of your bleach to see what percent sodium hypochlorite it contains. Regular bleach commonly has 6%. Here we show the package instructions for disinfecting or sanitizing using Clorox® Germicidal bleach (8.25% sodium hypochlorite), although we do not specifically endorse this product above any other EPA-registered product. Be sure to follow the label instructions for any sanitizing or disinfecting product that you use.

To Sanitize:

- *Wear gloves and eye protection.*
- *Add 2 teaspoons to 1 gallon of water.*
- *Wash, rinse, wipe surface area with bleach solution for at least two minutes, let air-dry.*

To Disinfect:

- *Wear gloves and eye protection.*
- *Add 1/2 cup of bleach to 1 gallon of water (or 2 tablespoons in 4 cups of water)*
- *Pre-wash surface, mop or wipe with bleach solution. Allow solution to contact surface for at least 5 minutes. Rinse well and air dry.*

Additional Notes:

Bleach mixed with water should be used within 24 hours. It's a good practice to make small batches of bleach solutions so that they are used up or discarded frequently to make sure the solution is fresh and effective. Prepare bleach solutions daily and allow to stand 30 minutes before use. Bleach loses its effectiveness if stored for more than one month or if it is exposed to light.

Body fluid clean-up protocol

Bodily fluids (**blood, feces, or vomit**) can carry infectious agents. Staff should consider all bodily fluids to be contaminated. If your facility has a bodily fluid clean-up kit, use the products and follow the instructions in the kit. If not, you can use paper towels, water, and bleach using the following instructions:

1. Block off the area of the spill from patrons until clean-up and disinfection is complete.

2. Put on disposable gloves.

3. Wipe up the spill using paper towels or absorbent material (like cat litter) and place in a plastic garbage bag.

4. Gently pour strong disinfecting bleach solution according to the label onto all contaminated areas of the surface.

5. Let the bleach solution remain on the contaminated area for 10 minutes.

6. Wipe up the remaining bleach solution.

7. All non-disposable cleaning materials used such as mops and scrub brushes should be disinfected by saturating with bleach solution and air dried.

8. Remove gloves and place in plastic garbage bag with all soiled cleaning materials.

9. Double-bag and securely tie-up plastic garbage bags and discard.

10. Thoroughly wash hands with soap and water. If you have had splashes to your eyes, irrigate with clean water or sterile saline. If you have had splashes to your nose, mouth, or skin, flush the area with water.

Sleeping space

In shelters and other homeless service programs, large numbers of people may live together. These individuals often share sleeping facilities and have close contact with other people with infectious diseases.

The following recommendations can decrease the spread of infectious disease:

- Arrange all sleeping areas, including cots or mats on the floor, so there is a minimum of 3 feet between individual sleeping areas to prevent the spread of infections.
- Clients should be instructed to sleep head to toe.
- Clients should stay in the same bed each night.
- Beds should be at least 2 inches from the wall and bedding should not touch the floor.
- Mattresses and pillows should be enclosed in impermeable barriers (plastic cover) to protect them from becoming contaminated.
- Small mattress tears should be mended or covered (e.g., using duct tape) as soon as possible

Client belongings

Many infestations (bed bugs, lice) and infectious disease agents can travel in the belongings of individuals. One way to prevent spread is through plastic bagging of personal belongings. Clients should be discouraged from sharing personal items (hats, scarves, coats, combs and brushes).

Some shelters limit the quantity of belongings to no more than the equivalent of two large (30 gallon) bags full of personal belongings per person.

Storage areas for belongings should include barriers (e.g., tubs or bags) between clients' items and should be regularly cleaned.

Clothing donations for clients should be washed and dried upon arrival and after client use (including if clients try on clothing).

Laundry

Clean clothes and linens reduce the chances of wound infection and help reduce the spread of infection to other clients and staff.

Key Guidelines:

- Strict handwashing should be followed by all persons when handling laundry (after handling dirty laundry and before handling clean laundry)
- Precautions should be followed when handling soiled laundry, for example, choosing appropriate protective equipment: gloves, gown/apron when laundry has blood or other body waste on it
- Clean laundry and dirty laundry should be handled, stored and transported separately

Collection: Dirty laundry should be collected in a way to prevent contamination of the environment and clean laundry. This could be done by placing dirty items in a hamper or bag to transport to the laundry facility.

Sorting: Sorting can be helpful to determine if the laundry contains items that need to be washed differently or if items need to be removed from clothing pockets. Ensure that this is done in an area or a way to prevent contamination of clean laundry. Do not shake items that are dirty.

Washing: Dirty items should be washed for more than 25 minutes the highest temperature possible. Adding bleach or non-chlorine bleach can decontaminate the laundry, where possible.

Drying: **Drying is the most important decontamination step. Use high heat (>120° F) for at least 30 minutes to prevent the spread of lice and bed bugs and kill other infectious agents.** Properly functioning dryers from major manufacturers (e.g., Maytag, Whirlpool, Samsung, GE) will reach at least this temperature. Make sure that your dryer is in good working condition.

Storage: Clean laundry should be stored in a way to prevent contamination. If it needs to be stored in an open area, use a covered container that has been cleaned and disinfected. Clean items should not be stored on the floor.

Food safety

Regulations

Food safety in Alaska is regulated by the Department of Environmental Conservation (DEC) and Municipality of Anchorage Environmental Health Services. If your facility serves food, you should make sure your food service program staff are trained in how to safely store, prepare, and serve foods (as a Certified Food Protection Manager). You can learn more about this by contacting DEC or the Municipality of Anchorage Environmental Health Services. The official set of rules for food safety is the Alaska Food Code, which you can find at https://dec.alaska.gov/eh/fss/food/food-service-markets. There is also a quick reference guide to the Food Code labeled "Primary Requirements" on that website, which you may find helpful.

Preventing Foodborne Illness

There are many important, detailed rules to prevent diseases transmitted through food. Your Certified Food Protection Manager should know about these and make sure that good practices are being followed. A brief explanation of some key points is included here for reference.

1) **People who are sick should not work in the kitchen or serve food**

    - People who have diarrhea or vomiting should not serve food until it has been 24 hours since the last time they had diarrhea and/or vomiting.

2) **Wash hands and surfaces often**

    - Infectious disease agents can get into the kitchen in many ways, and can spread around the kitchen and into food. You can prevent this by cleaning often.
    - Wash hands for at least 20 seconds with soap and water before, during, and after preparing food and before eating.
    - Wash utensils, cutting boards, and countertops with hot, soapy water.
    - Rinse fresh fruits and vegetables under running water.

3) **Don't cross-contaminate**

    - Raw food can spread infectious disease agents to already-cooked food. Maintain separate areas for raw vegetables, raw meat/poultry/seafood, and cooked foods.
    - Use separate, clean cutting boards, knives, and plates for raw meat/poultry/seafood. Wash cutting boards before using them for other foods.
    - When buying food, keep raw meat/poultry/seafood away from other foods.
    - Keep raw meat/poultry/seafood products away from other foods in the fridge.
    - Create standardized processes to prevent cross-contamination.

4) **Cook foods to the right temperature to kill germs**

    - Use a thermometer to make sure food gets hot enough to kill germs.
    - Here are some temperature rules:

- 145°F for whole cuts of beef, pork, veal, and lamb (then allow the meat to rest for 3 minutes before carving or eating)
- 160°F for ground meats, such as beef and pork
- 165°F for all poultry, including ground chicken and turkey
- 165°F for leftovers and casseroles

5) **After food service is finished, quickly move foods to the fridge and keep them cold.**

- Keep the refrigerator temperature below 41 degrees
- Refrigerate food within 2 hours. Bacteria can grow very fast in food that is between 40 and 140 degrees, so don't let food stay at those temperatures. Keep it either hot or cold.

Cleaning the Kitchen

Keeping the kitchen and other food preparation and serving areas clean are key steps in keeping everyone healthy. It's important to clean the whole kitchen regularly- including counters, backsplashes, and floors. This should be done after every served meal. Use hot, soapy water to clean and mop. See page 12 for more information on cleaning and sanitizing surfaces.

Use an industrial dishwasher that can sanitize dishes and utensils. Make sure you know how the dishwasher works and check regularly that it is working correctly.

Food Storage

Cold food: Make sure that refrigerators keep food below 41 degrees. Keep raw and cooked food separate, and ensure that raw foods (especially meat, poultry, and seafood) are not stored above produce or cooked food.

Dry storage: Keep pantries and other dry storage areas clean and organized.

What to do in case of an accidental needle stick injury

1. Wash the site of the injury immediately with soap and water

2. Report the incident to your supervisor

3. Immediately seek medical attention

To prevent needle stick injuries, be sure to have safe needle disposal containers available at the facility. Do not attempt to recap any used needles.

The interface with health care services

When a client needs health care

Infectious disease signs and symptoms that warrant immediate health care include:

- Acute jaundice (yellow eyes or skin)
- Cough lasting more than 2 weeks
- Cough with bloody sputum (coughing up blood)
- Cough with fever
- Cough with weight loss
- Cough with shortness of breath or difficulty breathing
- Diarrhea lasting more than 3 days
- Diarrhea with blood in the stool
- Diarrhea with antibiotic use
- Diarrhea and dehydration
- Headache with neck pain or stiff neck
- Neck or jaw swelling
- New onset rash
- Progressive skin infection
- Skin infection with fever
- Skin infection with nausea/vomiting

If your facility has a health care provider, any individual with a suspected infection or infestation should be encouraged to seek evaluation. If not, ask the client if they have a primary care provider or a "medical home." If the client has these resources, help them contact their provider. If not, you can help them connect with a primary care provider. In Anchorage, this can be done through Anchorage Neighborhood Health Center, Providence Family Practice, or Southcentral Foundation. Through the rest of the state, clients can access a primary care provider through Federally Qualified Health Centers (FQHC). This document includes the names of FQHCs throughout Alaska: http://dhss.alaska.gov/dph/HealthPlanning/Documents/primarycare/FQHC%20List.pdf

Receiving clients from the hospital

Facilities should provide their local health care providers with restrictions for admission. This list could include highly contagious infectious diseases such as norovirus. Work with local hospital infection preventionists to develop a plan for patients with these conditions.

Additionally, when a client is discharged from the hospital, the hospital staff should provide reassurance that a patient is not contagious. If the patient is still considered to be contagious, the hospital should provide information on how to prevent the spread of infection. If the hospital does not provide this information, shelter staff should request it.

Additional resources for staff

Shelter staff members play an important role to protect clients and themselves from infectious diseases. Use the following tips and references to keep yourself and your clients healthy.

Preventive measures for staff

Vaccination

Staff should be current on all vaccinations. Your doctor can help you figure out which vaccinations you might need.

- Check that you are up to date on all childhood immunizations, including MMR (measles, mumps, and rubella)
- Check that you have had appropriate hepatitis A and hepatitis B vaccines
- Make sure to get boosters for tetanus and pertussis as needed
- Get a yearly influenza vaccine

Tuberculosis

Staff should be screened for tuberculosis at the time of hiring and at regular intervals. There is more information about how to manage tuberculosis in homeless shelters at http://www.currytbcenter.ucsf.edu/products/homelessness-and-tb-toolkit. Also please refer to the approach to prevention and treatment of tuberculosis in shelters in Alaska, which is described in a separate document called "Shelter Tuberculosis Infection Control Guidelines."

Other health concerns

Some shelter staff may have health conditions that might make them more likely to get an infection, such as pregnancy, an immune system problem, or cancer. Those staff should consult with their health care provider and explain that they work in a facility that provides services to people experiencing homelessness. It's unlikely that staff would need to take any special actions, but it is a good idea to check in because every person's health status is different.

Training, Practices, and Tools

Staff should be provided an overview of this manual and know where it is kept. Specific staff training should include how to safely clean up any body fluid spills (page 13) and safe needle disposal (page 18). Staff should have access to and knowledge of protective equipment, like gloves, bleach, eye protection, masks, and sharps containers. When helping a sick person, staff should use these materials as they feel necessary to keep themselves safe.

References for staff

The following are resources that we used to develop this manual. Please refer to them for more in-depth information about infectious diseases.

Alaska Section of Epidemiology (SOE): http://dhss.alaska.gov/dph/Epi/Pages/default.aspx

The Alaska SOE website has up-to-date information on recent infectious disease topics (such as current outbreaks) and contact information.

Anchorage Municipal Health Department:
https://www.muni.org/departments/health/Pages/default.aspx

The Health and Human Services department has information about several services, including immunizations, reproductive health exams, contraception, pregnancy testing, gynecological/breast exams, counseling and education.

Four A's: http://www.alaskanaids.org/index.php

The Four A's provides HIV testing, needle exchange, and client services for people with HIV.

Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/DiseasesConditions/

This website has alphabetical listings of fact sheets for infectious diseases.

Boston Health care for the Homeless:

https://www.bhchp.org/sites/default/files/BHCHPManual/pages/chapters_alphalist.html

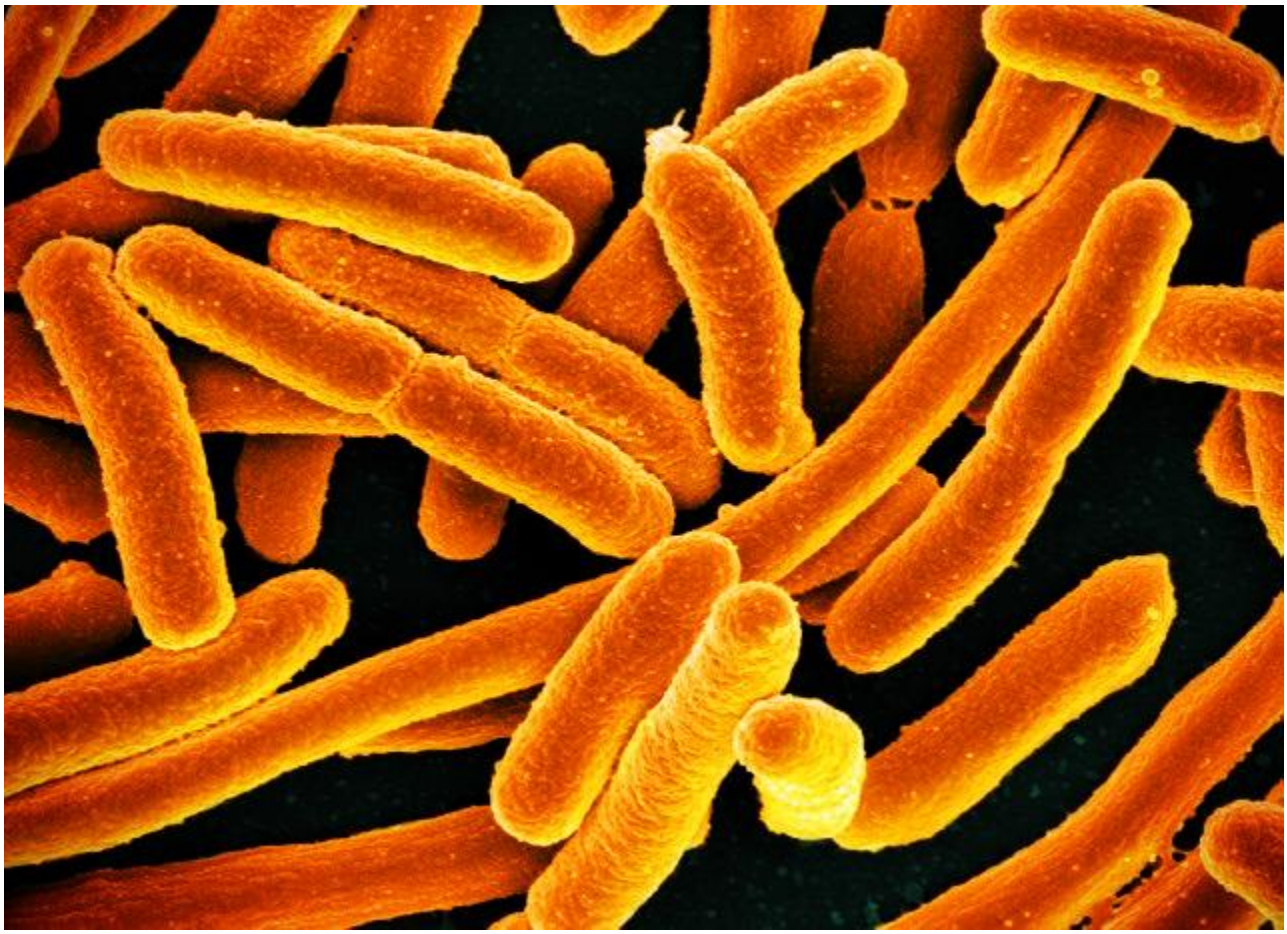
This manual has in-depth clinical infectious disease information specifically for the context of people experiencing homelessness.

Other infectious disease manuals for shelters:

Toronto- Breaking the Chain: Infection Control Manual, March 2006

Seattle- https://www.kingcounty.gov/depts/health/locations/homeless-health/health care-for-the-homeless/~/media/depts/health/homeless-health/health care-for-the-homeless/documents/shelter-health-safety-guidelines.ashx

Philadelphia- http://www.philadelphiaofficeofhomelessservices.org/wp-content/uploads/2016/08/eh_infectious-disease_control_guidelines.pdf



III. Infectious disease fact sheets

The previous section provided information about general practices that can help decrease the spread of infectious disease in the shelter. The fact sheets in the following section provide information about specific infectious diseases. Each fact sheet will include a description of the disease, recommendations for management of cases, recommendations for management of contacts (people who have spent time close to the person with the disease), cleaning recommendations, and considerations for the interaction with the health care system. Each section begins with a general fact sheet that can be used if you have clients experiencing symptoms, but you don't know what is causing it.

Diarrheal disease

Diarrheal diseases can cause a variety of symptoms and can be caused by a variety of infectious agents. We have included some common examples in the following section.

You might suspect that someone has a diarrheal disease if they have had abnormally frequent semi-solid to liquid feces. A general rule of thumb is if a person experiences 3 or more episodes of loose stools in one day, they have diarrhea. People with these infections can also have vomiting, cramping, and fevers. Some diarrheal disease agents are very contagious. These can be transmitted through food if a person who is sick helps prepare the food. The diarrheal disease agents can also live on surfaces like doorknobs or countertops and be transmitted if someone touches the surface and then eats or puts their fingers in their mouths. They can also be transmitted directly from a person with the infection.

What should we do if a client has a diarrheal disease?

Clients should seek medical attention if the diarrhea lasts more than 2 days without improvement, the client becomes dehydrated, the client has severe abdominal pain, stools are bloody or black, or if the client has a high fever.

The best way to avoid transmission of diarrheal diseases is through handwashing. Clients with diarrheal disease and those who interact with them should wash their hands thoroughly and regularly with soap and water. Additionally, if the client participates in food preparation, they should be excluded from this activity until their symptoms resolve. If possible, clients who are experiencing diarrheal disease should use a different bathroom than those who are healthy.

What if several clients (and/or staff) have diarrheal disease?

If an unusual number of people have diarrheal disease in the facility, the infectious agent might be transmitting between people or from food. Notify the Alaska Division of Public Health Section of Epidemiology (907-269-8000), even if you don't know what type of infectious agent is causing the disease. It is okay to call the Section of Epidemiology if you aren't sure if there is a problem; they can help you figure out what to do.

If a diarrheal disease is circulating among clients of the facility, increase the frequency of surface sanitization (see page 12). Increase messaging about handwashing and availability of soap and hand sanitizer. Ensure that volunteers and staff that prepare food are not sick.

Hepatitis A

Hepatitis A virus infections used to be very common in Alaska. Today there is a vaccine to protect against hepatitis A, but infections still occur occasionally. Most people who have this infection feel sick to their stomach and have vomiting, dark urine, and jaundice. Jaundice is when your skin and the white parts of your eyes turn yellow.

Hepatitis A is in the stool of an infectious person and is spread from person-to-person when someone with hepatitis A does not wash his or her hands adequately after using the bathroom. People who are infected with hepatitis A can spread the disease 2 weeks before they feel sick and they can continue to spread it until 7 days after they show signs of being sick. The best way to prevent hepatitis A is through vaccination and handwashing.

Management of hepatitis A cases

If any client has vomiting, diarrhea and their skin color or the whites of their eyes turns yellow, the staff should encourage them to visit a clinic immediately.

If a client has hepatitis A:

1. That person should not be involved in preparing or serving food until one week after they became jaundiced or two weeks after developing symptoms if they don't have jaundice.
2. The client should be very careful to wash their hands often.

If possible, the resident with hepatitis A should be housed away from other clients and use a separate toilet facility until one week after they became jaundiced or two weeks after developing symptoms if they don't have jaundice.

Management of hepatitis A contacts

People who have not previously received the hepatitis A vaccine and who are exposed to hepatitis A can receive either hepatitis A vaccine or a medication called immune globulin (IG) within 2 weeks of exposure to prevent the infection. All people who were in contact with someone infected with hepatitis A should be seen in a clinic to be evaluated and receive the vaccine or IG as necessary.

Facility cleaning recommendations

Bathrooms, diaper changing areas and food preparation areas must have nearby sinks with soap for people to wash their hands. These facilities should be cleaned regularly (See page 12). Containers for diaper disposal should also be available. Sinks used for hand washing after diaper changing should not be in or near food preparation or eating areas.

Health care interaction

If someone has had jaundice for less than 7 days, and cannot be accommodated by the shelter, they should be sent to a health care facility where they can have their own room and toilet facilities.

Noroviruses

Noroviruses cause inflammation of the stomach and/or intestines. This is called acute gastroenteritis. A person usually develops diarrhea or vomiting 12 to 48 hours after being exposed to norovirus. Most people with norovirus illness get better within 1 to 3 days. If you have norovirus illness, you could feel extremely ill and throw up or have diarrhea many times a day. This can lead to dehydration, especially in young children, older adults, and people with other illnesses. Norovirus spreads quickly through direct physical contact with a person who is infected, eating food or drinking liquids that are contaminated, or touching surfaces or objects with norovirus on them and then putting your hands in your mouth.

Management of norovirus cases

The most common symptoms are diarrhea, vomiting, nausea and stomach pain/cramping. Other symptoms that can develop are fever, headache, and body aches. People with norovirus illness are most contagious from the moment they begin feeling ill until the first few days after they recover. Some people may be contagious for even longer.

There are no specific medical treatments available for norovirus infection. If a client has norovirus or is suspected to have norovirus, they should rest and drink plenty of liquids. Ideally, clients with norovirus should use a separate bathroom from other clients and practice proper hand hygiene.

Management of norovirus contacts

Because norovirus is easily spread, it is important for contacts of people with norovirus infection to use prevention methods. Most importantly, contacts should practice proper hand hygiene. Wash hands carefully with soap and water, especially after coming in contact with a sick person and before eating. Importantly, hand sanitizer does not effectively kill norovirus. Handwashing must be done using soap and water if norovirus is circulating at your facility.

Any staff with symptoms of norovirus infection should be sent home and should not return to work until at least 48 hours after symptoms have resolved. Food service staff must not prepare, handle or serve food under any circumstances likewise until at least 48 hours after symptoms resolve.

Facility cleaning recommendations

If someone vomits or has diarrhea on a surface and you suspect that the person has norovirus, put on disposable gloves and instruct others to avoid the area until it has been cleaned and disinfected. Use an EPA-registered disinfectant (https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants) according to the product's instructions. If you aren't sure which product will work, call the Alaska Section of Epidemiology (907-269-8000) for help. Immediately remove and wash clothing or linens that may be contaminated with vomit or stool. Handle soiled items carefully—try not to shake them. Wear disposable gloves while handling soiled clothing or linens and wash your hands after handling.

Hospital interaction

Usually, clients with norovirus do not need to be hospitalized unless they become severely dehydrated.

Shigella

Shigella bacteria infects the intestines and causes diarrhea. Shigella usually resolves in 5 to 7 days but some people may experience symptoms up to 4 or more weeks. In some cases, it may take several months before bowel habits are entirely normal. Some people who are infected may have no symptoms at all, but may still pass the shigella bacteria to others. Frequent and careful handwashing with soap and surface sanitization can stop the spread of shigella.

Management of shigella cases:

Clients who are sick from shigella infection usually start experiencing symptoms 1 to 2 days after contact with the bacteria. Symptoms of shigella include diarrhea (sometimes bloody), fever, stomach pain, feeling the need to pass stool even when the bowels are empty.

Refer clients to medical care if symptoms are present and accompanied by any of the following: Fever, bloody diarrhea, severe stomach cramping or tenderness, symptoms of dehydration, or severe weakness. People who are in poor health or who have immune systems weakened from diseases like HIV/AIDS or cancer are more likely to get sick for longer if they have shigella.

Management of shigella contacts:

People usually get sick from shigella bacteria after putting something in their mouth that has come into contact with the stool of someone else who is sick from shigella bacteria. There is no vaccine to prevent shigella. Contacts of shigella cases should:

1. Wash hands carefully with soap and water, especially after using the toilet and before eating or preparing food. If soap and water aren't available, use an alcohol-based hand sanitizer.
2. Practice diaper hygiene. Wash your hands, the child's hands, and all surfaces after changing diapers of children. Promptly throw away soiled diapers in a covered, lined garbage can. Clean up any leaks or spills of diaper contents immediately.
3. Avoid sexual activity with those who have diarrhea or who recently recovered from diarrhea.
4. Stay home from work if they work in food service, health care, or child care until they have no episodes of diarrhea for 24 hours, antibiotics have been taken for 48 hours, and two stool cultures collected at least 24 hours apart have both tested negative.
5. Not share food with clients who have shigella.

Facility cleaning recommendations:

If someone has diarrhea on a surface and you suspect that the person has shigella, put on disposable gloves and instruct others to avoid the area until it has been cleaned. Use an EPA registered disinfectant (https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants) according to the product's instructions. If you aren't sure which product will work, call the Alaska Section of Epidemiology (907-269-8000) for help. Immediately remove and wash clothing or linens that may be contaminated with vomit or stool. Handle soiled items carefully—try not to shake them. Wear disposable gloves while handling soiled clothing or linens and wash your hands after handling.

"C. diff" *(Clostridium difficile)*

Clostridium *difficile* (sometimes referred to as "C. diff") is a bacterium found in the bowel and stool. C. *difficile* infection can cause severe diarrhea. This is most frequently seen in persons that have taken antibiotics within the previous two months. Being elderly, having a weakened immune system, or frequently using antibiotics increase the risk of acquiring this disease. Healthy people who are not taking antibiotics are at a low risk of getting diarrhea from C. *difficile*. People can become infected if they touch items or surfaces that are contaminated with stool and then touch their face. The bacteria can be spread from contaminated surfaces through contact.

Management of *C. diff* cases:

Clients with C. diff may have watery diarrhea (3 or more times a day for several days), fever, loss of appetite, nausea, abdominal pain/tenderness. If possible, clients with diarrhea should use dedicated toilet facilities until symptoms resolve.

Refer clients to medical care if symptoms begin after taking an antibiotic, symptoms last longer than 3 days, or if symptoms worsen. Clients with C. diff who have seen a health care provider should follow their recommendations carefully.

Management of *C. diff* contacts:

Most healthy people who are not taking antibiotics have a low risk of becoming infected with C. diff. However, contacts of C. diff cases should practice careful hand hygiene. Wash hands carefully with soap and water, especially after using the toilet and before eating or preparing food.

Facility cleaning recommendations:

Laundry and dishes can be washed per routine. If someone has diarrhea on a surface and you suspect that the person has shigella, put on disposable gloves and instruct others to avoid the area until it has been cleaned. Use an EPA registered disinfectant (https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants) according to the product's instructions. If you aren't sure which product will work, call the Alaska Section of Epidemiology (907-269-8000) for help. Immediately remove and wash clothing or linens that may be contaminated with vomit or stool. Handle soiled items carefully—try not to shake them. Wear disposable gloves while handling soiled clothing or linens and wash your hands after handling.

Respiratory disease

In this section, we have included diseases that are transmitted through coughing, sneezing, or being in close proximity to someone who is sick. You might suspect that someone has a respiratory disease if they are coughing frequently. However, there are also some causes of cough that are not a result of infectious diseases. Allergies, smoking, asthma, and some medications can cause people to cough. Usually, clients with a respiratory infection will also have other symptoms such as a runny nose, body aches, or fever.

What should we do if a client has a respiratory disease?

If your facility has a health care provider, they should evaluate clients with respiratory disease symptoms, especially if they also have a fever. If not, encourage the client to seek health care as soon as possible.

The best way to avoid transmission of respiratory diseases is to limit contact between those who are sick and those who aren't sick. Sufficient distance between beds or separate rooms for sick clients are necessary to prevent spread (see page 14). If separation is not possible, the client should wear a mask to help prevent spread. Clients with respiratory disease and those who interact with them should wash their hands thoroughly and regularly.

What if several clients (and/or staff) have respiratory disease?

If a respiratory disease is circulating among clients of the facility, increase the frequency of surface sanitization (see page 12). Increase messaging about handwashing and availability of soap and hand sanitizer. Provide tissues and make trash cans available for disposal. Post signs for cough etiquette (see appendix A).

A note on tuberculosis (TB):

Clients with tuberculosis require careful attention. Please refer to the approach to prevention and treatment of tuberculosis in homeless shelters in Alaska, which is described in a separate document called "Shelter Tuberculosis Infection Control Guidelines."

Influenza

Influenza (or "flu") viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose, or eyes. Flu causes people to have a fever, cough, and sometimes a sore throat. This is different than what some people call the "stomach flu" (i.e., norovirus); people with influenza have a coughing-type illness, and don't usually vomit or have diarrhea. People usually feel very bad when they have the flu, and will feel sick for about a week. When someone has the flu, they can make other people sick for 5–7 days after they become sick. Usually, people get the flu in the winter, but in Alaska sometimes we have flu outbreaks in the summer as well, especially in areas that have a lot of cruise ship visitors.

Management of flu cases

Clients with the flu will have a fever and a cough, and feel sick, tired, and achy. They may have a sore throat. Some people have upset stomachs, but that is less common.

Encourage clients with the flu to wash their hands often, and cover their mouths when they cough. Clients can wear a mask if they want and should drink lots of water. People with the flu will usually get better on their own, but if the person is very young or old, pregnant, or has a chronic disease (e.g., diabetes) they should see the clinic. Some people may get very sick with the flu and need to go to the hospital.

You don't need to call the health department unless it seems like a lot of people have gotten the flu and you need help.

Management of flu contacts

Getting a flu vaccine every year is important for both clients and staff to stay healthy. Contacts of people with the flu should wash their hands often, especially when you have been around someone who seems sick, before eating or drinking, and after using the bathroom.

Facility cleaning recommendations

Flu viruses can be killed by normal cleaning and disinfection procedures (see page 12). Be sure to clean frequently touched surfaces, such as doorknobs, keyboards, and tables at least once per day. Follow the directions for how to use the cleaning supplies you have.

Hospital interaction

Most people don't have to go to the hospital when they have the flu. However, sometimes people develop a secondary infection after having the flu (for example, pneumonia). If symptoms appear to get better but then worsen, or the client has difficulty breathing, chest pain, dizziness, or confusion, they should seek medical attention immediately. If a child is sick and is not drinking enough fluids or has a bluish skin color, they should be taken to seek medical attention.

Whooping cough (Pertussis)

Pertussis, also called "whooping cough", is a bacterial respiratory infection that causes coughing for a long time, sometimes lasting several months, and is very contagious. The coughing can be very intense, and can have a particular strange "whooping" sound. Pertussis can cause serious illness in babies, children, teens, and adults. Pertussis is most dangerous for babies. Half of babies with pertussis have to go to the hospital. Whooping cough vaccination is recommended for all babies and young children, preteens, and pregnant women (during the 27–35th week of each pregnancy). Adults who have never received a dose of the adolescent and adult version of the vaccine (Tdap) should also get vaccinated against pertussis.

Management of pertussis cases

Pertussis usually starts with cold-like symptoms and maybe a mild cough or fever. After a week or two, intense coughing can start. The coughing fits can make it hard to breathe, which causes a gasping "whoop" sound. People may vomit after a coughing fit. Coughing can last for up to 10 weeks or longer. It's important to know that, in babies, the cough can be minimal or not even there. Babies may have a symptom known as "apnea," in which they stop breathing and can turn blue. People who are vaccinated but still get pertussis usually get less sick.

Staff should encourage anyone coughing to cover their cough and wash their hands frequently. Anyone with symptoms of pertussis should see a doctor. Kids, babies, and pregnant women especially should seek prompt medical attention. If someone has seen a doctor and definitely has pertussis, *call the Section of Epidemiology for help at (907) 269-8000*.

Management of pertussis contacts

Antibiotics are sometimes provided to people who have been exposed to pertussis to prevent them from getting sick. This is especially important for people who are at risk for severe disease, or who have routine contact with someone who is at risk for severe disease (such as babies less than one year old and pregnant women). The shelter should call the health department for help figuring out who has been exposed and who should receive antibiotics. Shelter staff should advise contacts of cases who might have been exposed to see a health care provider.

Staff should get vaccinated for pertussis according to the recommendations by the health department.

Facility cleaning recommendations

No special cleaning is needed for pertussis. Be sure to wipe down high-touch surfaces like doorknobs and counters regularly.

Hospital interaction

Most adults with pertussis won't have to go to the hospital. If a client with pertussis has been discharged from the hospital after a few days and received appropriate treatment, they are probably no longer infectious, even though they might still be coughing.

Mumps

Mumps is a viral infection that can cause swelling of a gland near the corner of the jaw. Mumps is spread by saliva and mucus from the mouth, nose, or throat, which can move from a sick person to a new person when the sick person coughs, sneezes, or talks. Mumps can also be spread when people share cups or eating utensils or have prolonged close contact with a person with mumps. There is a vaccine for mumps most people get as kids, but over time people's immune systems may forget about mumps so they can still get the disease. It takes about 2–3 weeks for someone who has been exposed to mumps to get sick. People with mumps are contagious for 2 days before until 5 days after their face swelling starts.

Management of mumps cases

Clients with mumps will usually feel pretty sick. They have a fever, aches, and tiredness. Mumps is best known for causing swelling of a gland by your jaw, which makes your cheek and jaw look swollen and puffy. This swelling can be painful. It is uncommon, but men with mumps can have painful testicle swelling or women can have painful swelling of their ovaries/breasts.

If possible, staff should encourage sick people to see a doctor. It's hard to tell if someone has mumps or a different problem, so a doctor needs to make the diagnosis. As always, encourage people to wash their hands often and to cover their coughs. If they are diagnosed with mumps, they should be encouraged to stay away from others while infectious, for example, by sleeping in different rooms, staying home from work, or not going to social events.

Management of mumps contacts

Contacts should avoid spending time close to people with mumps, and should not share food or drinks with them. Contacts should wash their hands often, and make sure they are fully vaccinated. During mumps outbreaks, the health department might recommend an additional or third dose of the vaccine for groups of people at increased risk for getting mumps.

All staff should make sure they are up to date with their vaccinations, including the MMR (mumps, measles, and rubella) vaccine.

Facility cleaning recommendations

No special cleaning is needed for mumps. Be sure to wipe down surfaces like doorknobs and counters regularly.

Hospital interaction

Most people won't go to the hospital with mumps. Follow the guidelines described above for any mumps patients.

Meningococcal disease

Meningococcal disease is a serious medical condition. The two most common types of meningococcal disease are meningitis, in which the lining of the brain and spinal cord are infected and swell, and septicemia (bloodstream infection). Many germs can cause meningitis, so a health care provider must do a laboratory test to see which germs are present. Meningococcal disease is contagious. If someone has symptoms of meningococcal disease, they are very sick and need to go to the hospital right away.

Management of meningococcal disease cases

The most common symptoms of meningococcal meningitis are fever, headache, and stiff neck; other symptoms include nausea, vomiting, confusion, and sensitivity to light. Symptoms of meningococcal septicemia include fever; chills; vomiting; cold hands and feet; severe aches in the muscles, joints chest, or abdomen; diarrhea; and, in the later stages, a dark purple rash.

Clients with these symptoms need to see a doctor right away. You can send them to the clinic if it's open or send them to an emergency room at a hospital. *Also notify the Section of Epidemiology immediately at (907) 269-8000.*

Management of meningococcal disease contacts

Close contacts need to take antibiotics quickly to prevent getting sick. The health department can help figure out who is a close contact -- usually anyone who might have shared saliva by kissing or sharing food and drinks, and anyone who spends a lot of time with the patient is considered a close contact. The health department can help get people antibiotics.

Vaccines against the most common types of meningococcal disease are available and may be recommended if there is an outbreak.

Facility cleaning recommendations

No special cleaning practices are needed. Items that may have come in contact with the patient's saliva, such as food, drinks, or cups, should be thrown out or washed as a precaution.

Hospital interaction

After 24 hours of antibiotics, a person with meningococcal disease is no longer contagious. If someone is discharged from the hospital after being treated for meningococcal disease, they should be safe for others to be around.

Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus or RSV can cause respiratory illness in both children and adults. Babies and older adults are at high risk for severe infections. Each year many babies in Alaska have to be hospitalized because of RSV. At this time there is no vaccine to protect against this virus. Premature babies or those with other conditions can get a medicine to protect them against this virus when they are very young.

Management of RSV cases

RSV infection can seem like a severe cold. Most people will have symptoms of cough, runny nose, decreased appetite, and fever. Some people will get very sick from this virus and develop pneumonia. Babies may have a very hard time breathing when they have this infection.

If possible, clients with RSV and their families should be housed together away from other clients. This should continue until all symptoms have stopped. Clients with RSV should be encouraged to stay away from infants under a year of age. Individuals with RSV or other coughing illnesses should not be involved in food preparation or serving.

Management of RSV contacts

Contacts of people with the RSV should wash their hands often, especially when they have been around someone who seems sick, before eating or drinking, and after using the bathroom.

Facility cleaning recommendations

No special cleaning practices are needed.

Hospital interaction

If someone is symptomatic with RSV, they should have their own room. If this is not possible at the shelter, the client should not be admitted until they are no longer symptomatic.

Bloodborne and sexually transmitted infections

Bloodborne infections can be transmitted through sharing needles or accidentally being stuck by a needle that someone has used. Sexually transmitted diseases can be transmitted by sharing bodily fluids through anal, oral, or vaginal sex.

Most likely, it will not be obvious that someone has a bloodborne or sexually transmitted infection. For specific examples of symptoms and signs, see the disease fact sheets in this section.

What should we do if a client has a bloodborne or sexually transmitted disease?

Make sure that clients are aware that they can access confidential testing and health care services if your facility has a health care provider. Otherwise, make sure clients know where to seek testing if they are experiencing symptoms of a bloodborne or sexually transmitted disease.

Many sexually transmitted diseases can be prevented through the use of condoms. Make sure condoms are available for clients to discretely access in the facility.

Bloodborne infections can be prevented by ensuring that clients who use drugs have access to clean needles. The organization Four As operates a syringe exchange in Anchorage and Juneau (http://www.alaskanaids.org/index.php/prevention/syringe-exchange).

What if several clients (and/or staff) have bloodborne or sexually transmitted disease?

If you suspect that there is an increase in sexually-transmitted or bloodborne infections among clients of the facility, call the Anchorage Municipal Health Department (907-343-4799) or the Alaska Section of Epidemiology (907-269-8000). Both these groups have special staff who are trained to be sensitive and discrete when investigating these diseases.

Hepatitis B

Hepatitis B is caused by a virus and can lead to liver failure and cancer. Hepatitis B used to be very common in Alaska. Today there is a vaccine against this virus, but infections do occasionally occur. Some people will have symptoms when they are very first infected. These symptoms include fever, tiredness, decreased appetite, nausea, vomiting, stomach pain, clay-colored stool, joint pain, and dark urine. Many people will fight off the infection, but the infection will become life-long in some people.

This infection is spread by blood and body fluids. People can become infected through sex, IV drug use, direct contact with blood or sores of an infected person, needle sticks, unclean tattoo equipment, razors or other objects with blood. Some people are infected when they are born to an infected mother. Hepatitis B is NOT spread through food or water, sharing eating utensils, breastfeeding, hugging, kissing, hand holding, coughing, or sneezing.

Management of hepatitis B cases

The most specific sign of hepatitis B is jaundice. Jaundice is when a person's skin and the white parts of their eyes turn yellow. People with hepatitis B can also have fever, fatigue, joint pain and stomach problems.

If clients have these symptoms, staff should encourage them to visit a clinic quickly. The clinic will test the person for hepatitis and other liver problems. The clinic is responsible for reporting this disease to the health department. This infection can be treated and anyone with this disease should go to a clinic to be evaluated. No activity restrictions are needed for people with hepatitis B.

Management of hepatitis B contacts

The only people at risk of becoming infected with hepatitis B are those people who have come in contact with the blood or body fluids of someone with hepatitis B. Sexual contacts of an infected person or anyone exposed to body fluids of someone with hepatitis B should go to the clinic for testing.

All clients and staff should use precautions at all times when around blood and body fluids no matter if the person has hepatitis B or not.

All clients should be reminded not to share toothbrushes, razors, or needles.

Hepatitis B infection is spread through sex. All clients should be encouraged to use a condom during sex to prevent the spread of this and other infections

Facility cleaning recommendations

Blood spill should be immediately cleaned using the recommendations on page 13. Hepatitis B virus can survive for very long on surfaces, so it is important to clean any surfaces that body fluids have gotten on. The shelter should have a safe needle disposal container.

Hospital interaction

There are no special considerations if a client is discharged from the hospital with hepatitis B.

Hepatitis C

Hepatitis C is caused by a virus and can lead to liver failure and cancer. Most people who have this infection do not know they are infected. Some people will have symptoms when they are very first infected. These symptoms include fever, tiredness, decreased appetite, nausea, vomiting, stomach pain, clay-colored stool, joint pain, jaundice and dark urine. However most people never have these symptoms.

This infection is spread by blood or other body fluids that contain blood. Many people who are infected with Hepatitis C because of IV drug use, but it's also possible to get it from needlestick injuries, birth to an infected mother, sex with an infected person, or sharing objects contaminated with blood (like razors). People can also become infected from unclean tattoo equipment, razors or other objects with blood.

Management of hepatitis C cases

Most people with hepatitis C will not know they are infected. To confirm that someone is infected they need to be tested in a clinic. This infection can be cured and anyone with this disease should go to a clinic to be evaluated.

Hepatitis C is spread by blood. For this reason there are no specific precautions needed around clients with hepatitis C. Clients should be reminded to not share toothbrushes, razors, or needles as these can transmit hepatitis C.

Management of hepatitis C contacts

The only people at risk of becoming infected with hepatitis C are those people who have come in contact with the blood of someone with hepatitis C. This can occur by sharing IV drug equipment, razors or toothbrushes. If someone is thought to have been exposed they should go to the clinic for testing.
All clients and staff should use precautions at all times when around blood no matter if the person has hepatitis C or not. All clients and staff should be reminded not to share toothbrushes, razors, or needles. Given the small risk of hepatitis C infection through sex, clients should be encouraged to use a condom during sex.

Facility cleaning recommendations

Blood spill should be immediately cleaned using the recommendations on page 13. The shelter should have a safe needle disposal container.

Hospital interaction

There are no special considerations if a client is discharged from the hospital with hepatitis C.

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)

HIV weakens a person's immune system by destroying the immune system. Untreated HIV can lead to Acquired Immunodeficiency Syndrome (AIDS), which is the stage of infection that occurs when the immune system is weakened, leaving a person vulnerable to other infections. HIV is spread through direct contact with infected blood, vaginal and anal secretions, semen and during birth and breast feeding.

Management of disease cases

A few weeks after becoming infected, people infected with HIV may experience an illness like the flu (fever, chills, rash, night sweats, tiredness, swollen lymph nodes or mouth sores). These symptoms can last anywhere from a few days to several weeks. At this time, HIV infection may not show up on an HIV screening test, but can be detected by using a more sensitive test. During this time, infected people are highly infectious and can easily spread HIV to others through condomless sexual contact or sharing drug injection equipment. If left untreated, the immune system deteriorates and the individual may develop other infections.

Staff should refer clients to the clinic if they report these symptoms. The clinic is then responsible for reporting these cases to the Alaska Section of Epidemiology. The health department will follow-up with the client to provide education, support, and counselling.

To prevent the spread of HIV, clients should practice safer sexual and needle-use practices. Staff should make condoms and safe needle disposal available. Clients living with HIV should adhere to antiretroviral medication to prevent further transmission of HIV to sexual and needle-sharing partners. HIV positive women should be counselled about using anti-retroviral treatment while pregnant and not breastfeeding.

There is no cure for HIV. However, with lifelong medication, people can live long lives with this virus.

Management of disease contacts

Casual contact cannot spread HIV. The best prevention for HIV is through safer sex and harm reduction. Condoms should always be used for sex and needles should never be shared. After a potential exposure, contacts should see a health care provider and tell them about their risk. The only way to determine if someone is infected is through an HIV test.

Facility cleaning recommendations

No additional cleaning is necessary. All blood and body fluids should be considered infectious (see page 13). The shelter should have safe needle disposal containers.

Hospital interaction

If a client is discharged to the shelter with HIV they should be instructed to follow their health care provider's recommendations, see their health care provider regularly, take anti-retroviral medication as prescribed, and use condoms.

Chlamydia

Chlamydia is one of the most common sexually transmitted infections in the United States. Chlamydia is spread through unprotected anal, oral or vaginal sex with someone who has chlamydia. It can take two to six weeks or longer for symptoms to appear. It's possible to get repeat infections with chlamydia. If left untreated chlamydia can make it difficult for a woman to get pregnant.

Management of chlamydia cases

Many people do not have any symptoms (especially women) and symptoms of chlamydia may come and go. Most likely, symptoms will not be noticeable by shelter staff. Women who have symptoms might experience increased vaginal discharge and/or irritation, bleeding during or after sexual intercourse, painful lower abdomen during sex, painful or burning urination, or abnormal vaginal bleeding. Men with symptoms might experience discharge and/or itching from the penis, pain and swelling in the testicles, or painful or burning urination.

If staff are concerned that someone has chlamydia they should recommend that the client consult a health care professional for assessment and appropriate treatment. Once diagnosed, chlamydia can be treated with antibiotics. It is important that all the antibiotics are completed and that sex be avoided for seven days after treatment is finished.

The clinic will report chlamydia to the health department. The health department may want to speak with the infected client to determine who might have contracted it.

Management of chlamydia contacts:

Sexual partners of clients with chlamydia should seek testing and medical treatment with antibiotics. Safe sex practices (proper and consistent use of male or female condom) are essential to prevent the spread of chlamydia. Regular screening for those with high-risk sexual behavior is recommended.

Facility cleaning recommendations

No specific facility cleaning is necessary.

Hospital interaction

If a client is discharged to the shelter with chlamydia they should be instructed to follow their health care provider's recommendations, complete antibiotics as directed and practice safe sex.

Gonorrhea

Anyone who is sexually active can get gonorrhea, a type of bacteria that can cause infections in the genitals, rectum, and throat. Gonorrhea infection can sometimes lead to permanent complications. Pelvic inflammatory disease occurs in women when the gonorrhea infection affects their uterus or fallopian tubes, which can lead to infertility. Gonorrhea is common in Alaska.

Management of gonorrhea cases

Some people with gonorrhea have no symptoms. Even when women have symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Women with gonorrhea are at risk of developing pelvic inflammatory disease even if they do not have any symptoms. If women experience symptoms, they can include pain or burning sensation when urinating, increased vaginal discharge, vaginal bleeding between periods, or bleeding during or after sexual intercourse. Men who have symptoms may have a burning sensation when urinating, a white, yellow, or green discharge from the penis, or painful or swollen testicles (although this is less common). In both men and women, gonorrhea from oral sex can cause a sore throat and swollen glands. From anal sex, gonorrhea may cause itchiness, discharge or bleeding from the anus.

If staff are concerned that someone has gonorrhea they should recommend that the client consult a health care professional for assessment and appropriate treatment. Once diagnosed, gonorrhea can be treated with antibiotics. Although medication will stop the infection, it will not repair any permanent damage done by the disease. If a client's symptoms continue for more than a few days after receiving treatment, he or she should return to a health care provider to be reevaluated. To avoid reinfection, sex partners should be instructed to abstain from unprotected sexual intercourse for 7 days after they have completed treatment.

The clinic will report gonorrhea to the health department. The health department may want to speak with the infected client to determine who might have contracted it.

Management of gonorrhea Contacts

Sexual partners of clients with gonorrhea should seek testing and medical treatment with antibiotics. Safe sex practices (proper and consistent use of male or female condom) is essential to prevent the spread of gonorrhea. Regular screening for those with high-risk sexual behavior is recommended.

Facility cleaning recommendations

No specific facility cleaning is necessary.

Hospital interaction

If a client is discharged to the shelter with gonorrhea they should be instructed to follow their health care provider's recommendations, complete antibiotics as directed, and practice safe sex.

Syphilis

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis is spread through contact with a syphilis sore during vaginal, anal or oral sex. Sores can be found on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth. Anyone who is sexually active can get syphilis. In addition, pregnant women with syphilis can pass the infection to their unborn child.

Syphilis is divided into stages, with different signs and symptoms associated with each stage. The signs and symptoms of syphilis can be mild and they might not be noticed. When transmitted from mother to child, syphilis can cause serious problems for a pregnancy and is very dangerous for newborn babies. The symptoms of syphilis vary greatly between people and are different during the stages of the infection. During the first stage of syphilis, there might be one or more sores in the location where syphilis entered the body. The sores are usually painless, so they might not be noticed. Sores go away after 3-6 weeks even if a person is not treated, but it's important to get treated as early as possible to prevent the infection from progressing. The second stage of syphilis can include a rash on the skin or wart-like growths in the mouth, anus, or vagina. If not treated, syphilis can then remain in the body without causing symptoms for many years. It can affect multiple organ systems and can even lead to death. Neurosyphilis is when syphilis invades the nervous system. It can occur during any stage of syphilis and can cause a wide range of symptoms such as hearing loss, changes in vision, and headache.

Management of syphilis cases

If staff are concerned that someone has syphilis, they should recommend that the client consult a healthcare professional for assessment and appropriate treatment. Once diagnosed, syphilis can be cured with the right antibiotics. Clients who receive treatment for syphilis should avoid sexual contact until their syphilis sores are completely healed.

The clinic will report cases of syphilis to the health department. A health department worker will then reach out to clients regarding their infection and to assist them in notifying others who may have the infection or who may have been exposed to it. This allows any sex partners to pursue testing and treatment. It also prevents syphilis complications and helps stop the spread of disease within the community. The local health department's Partner Services program may be able to assist clients with notifying their partners in a confidential way.

If a pregnant woman has syphilis, it can spread to her unborn baby and cause stillbirth or make the baby extremely sick. To prevent this, all pregnant women should be screened for syphilis at their first prenatal visit—this is required by law in Alaska. However, one test isn't enough for every pregnancy. Pregnant patients at high risk for syphilis or from high prevalence areas should be tested again at the beginning of the third trimester. Known risk factors for syphilis among women include multiple sex partners; substance use disorders; poverty; exchanging sex for drugs, money or housing; and a history of incarceration. Some women may have no risk factors of their own *but* are at risk because of partners with these risk factors. Women with diagnosed or suspected syphilis should be treated immediately.

Management of syphilis contacts

Sex partners of clients with syphilis should seek testing and medical treatment with antibiotics. The use of latex condoms during each sex act can help prevent the spread of syphilis by preventing contact with a syphilis sore. Sometimes sores occur in areas not covered by a condom and contact with these sores can still spread syphilis. Regular syphilis screening for those with high-risk sexual behavior is recommended.

Facility cleaning recommendations

No specific facility cleaning is necessary.

Hospital interaction

If a client is discharged to the shelter with syphilis, they should be instructed to follow their healthcare provider's recommendations, complete antibiotics as directed, and avoid sexual contact until they have finished treatment and their sores have healed.

Skin rashes and infections

People who are experiencing homelessness have a high risk of acquiring skin rashes and infections. Some are caused by small parasites that live on the skin and cause redness and itching. Some are caused when bacteria or fungi enter broken skin and cause redness, swelling, pain, and/or itching. Finally, some are caused by viruses that are actually transmitted through breathing (like chickenpox, rubella, and measles). Skin infections can lead to serious disease that can be life threatening.

Bacteria and fungi that cause skin infections can be transmitted by direct contact with the person who is infected or from contact with a surface that the infected person touched. The parasites that cause skin infestations can be transmitted through close contact or sharing contaminated items like bedding or clothes.

What should we do if a client has a skin rash or infection?

If your facility has a health care provider, they should evaluate clients with skin infection or infestation symptoms. If not, encourage the client to seek health care as soon as possible.

Skin infections and infestations are best prevented through client hygiene and shelter sanitation. Clients should be encouraged to wash their hands and shower as often as possible. Client clothing and bedding should be laundered at a high temperature regularly. People who enter the shelter with infestations, and their close contacts, should be treated immediately.

What if several clients (and/or staff) have skin rash or infection?

If skin infections or infestations are circulating among clients of the facility, increase the frequency of client and facility laundry (see page 15). Increase messaging about handwashing and showering. As possible, limit contact between those with the infections/infestations and those without.

Head and Pubic Lice

Head lice are parasites that can infect the hair and scalp. Pubic lice usually infect the pubic hair but can infect other places on the body with thick hair, like beards, eyebrows and armpits. Lice feed on human blood and their bites can cause significant itching and irritation. Head and pubic lice are spread by close person-to–person contact. The lice eggs are called nits. These can live for many days on clothing and bedding.

Management of head and pubic lice cases

Most people who are infected with head or pubic lice will have significant itching. Some people may not have any symptoms. It is possible to see lice—they are usually near the base of the hair, near the scalp or skin, but they move very fast. Lice eggs will look like little white spots stuck to the hair.

Staff should encourage clients to treat their lice with over the counter medicine. Clients should follow the instructions on the bottle because each kind is different. In general,

- Do not wash the hair for 1–2 days after the medicine is used.
- Use a nit comb to comb the hair and remove the lice and nits.
- All lice should stop moving 12 hours after the lice shampoo. If they are still moving check the lice shampoo was used correctly. If it was used correctly the person should visit a clinic to get stronger lice shampoo.
- Some lice shampoos will require the client to retreat the infected area after one week. This is to kill the lice that were eggs during the first treatment.
- If the treatment is not successful the client should visit a clinic. The clinic may need to give a stronger lice shampoo.

If someone has an infection of their eyelashes, they need to visit the clinic to get treatment.

Management of head and pubic lice contacts

All close contacts should be checked for head lice. Some people may be infected but not have any itching. It is important to use a lice comb to brush their hair and check for lice and eggs.

Facility cleaning recommendations

1) Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment. Use the hot water (130°F) laundry cycle and the high heat drying cycle.

2) Clothing and items that are not washable need to be dry–cleaned or sealed in a plastic bag and stored for 2 weeks.

3) Soak combs and brushes in hot water (at least 130°F) for 5–10 minutes.

4) Vacuum the floor and furniture, particularly where the infested person sat or lay.

Hospital interaction

There are no restrictions regarding patients with lice, but they should be treated promptly.

Body Lice

Body lice are parasites on the body. Lice feed on human blood and their bites can cause significant itching and irritation. Some people may be infected and not have any symptoms. Body lice are spread by shared clothing or bedding. They can be found at the seams of clothing.

Management of body lice cases

Most people who are infected with body lice will have lots of itching, but some people may not have any symptoms. It is possible to see the lice but they are very small. They are easiest to find at the seams of clothing. They move very fast.

Clients can treat their body lice by improving personal hygiene. Usually no medicine is needed. In extreme cases it is possible to use the lice shampoo on the body.

- Clients should change their clothes at least once per week.
- Clothing, bedding, and towels used by an infested person should be laundered using hot water (at least 130°F) and machine dried using the hot cycle.

Management of body lice contacts

All close contacts should be checked for body lice. Some people may be infected but not have any itching. Check their clothing and bedding.

Facility cleaning recommendations

1. Machine wash and dry clothing, bed linens, and other items that the infested person wore or used in hot water (130°F) laundry cycle and the high heat drying cycle.
2. Clothing and items that are not washable need to be dry–cleaned or sealed in a plastic bag and stored for 2 weeks.
3. Vacuum the floor and furniture, particularly where the infested person sat or lay.

Hospital interaction

There are no restrictions regarding patients with body lice, but they should be treated promptly.

Scabies

Scabies is an itchy red rash caused by a mite that burrows into skin. Often, the burrowing is around the webbing of fingers, in joint folds, under arms, at the beltline, or at other body folds. Scabies mites are too small to see and are passed between people through prolonged personal contact. For example, you can get scabies from holding hands but not from shaking hands.. Usually, it is not transmitted by contaminated items. It can take over one month for the rash to appear after transmission has occurred.

Management of *scabies* cases

Clients who have a scabies rash will show small bumps around the webbing of fingers, in joint folds, or at clothing lines.

Staff should encourage clients who are infected to be treated for scabies. 5% permethrin cream are possible options for treatment and can be purchased at a regular drug store. Lotion or cream should be washed off after 8–14 hours

Figure: Scabies rash

Management of *scabies* contacts

Close contacts of clients who are infected should:

1. Be treated as above even if they do not show signs of the rash
2. Bedding and clothing should be washed in hot water and in a hot dryer
3. Clothing that cannot be washed should be removed and stored in a sealed plastic bag for several days to a week

Facility cleaning recommendations

Disinfection of the facility is not necessary.

Hospital interaction

There are no restrictions for patients who have been discharged with scabies, but they should be treated promptly.

Measles

Measles is a disease that gives people a fever and a rash and is spread through breathing. Measles used to be common, but is now very rare in the US, because almost everyone is vaccinated against measles when they are children. Measles cases are a public health priority because measles is EXTREMELY contagious and can make people (especially kids) very sick. Measles should be suspected in persons with febrile rash illnesses who are unvaccinated and if they have traveled or been in contact with someone who has traveled.

Management of measles cases

Measles starts with cough, stuffy nose, pink eye, and fever. After a few days, a rash will start. Measles rash is flat, red, and usually starts as many small spots on the face and head. The rash will get worse and start to move down the body, and the spots will get bigger and merge together.

If measles is suspected, staff should escort the patient to a health care facility. Call the doctor you are sending the patient to and let them know a possible measles case is coming. *Also call the Alaska State health department at (907) 269-8000 immediately*.

The client should wear a surgical mask to prevent the spread of measles, and should be kept away from others in a separate room with the door closed.. Clients should stay away from other people for the duration of their infectious period (through 4 days after they develop the rash). They should wash their hands often with soap and water, cover their nose and mouth with a tissue when they sneeze or cough, and immediately throw the tissue away.

Management of measles contacts

First, check with the health department to make sure the measles diagnosis has been confirmed. If it is a case of measles, the health department will come to help find who has been exposed. If a client or staff member is exposed to someone with measles, they should immediately contact a health care provider. The provider will determine if the individual is presumed immune based on age, vaccination record or laboratory evidence of immunity. All staff should make sure they are up to date with their vaccinations, including the MMR (mumps, measles, and rubella) vaccine.

Facility cleaning recommendations

Measles can be spread in the air. It is important to move a measles patient to a room with the door closed and away from others. Once the patient has been sent to the hospital, wait at least 2 hours before going into the client's room to let the measles virus die. Then, clean anything the patient might have touched with your normal cleaning procedure.

Hospital interaction

First, contact the hospital or health department and let them know there is a potential measles case. A contagious measles patient cannot stay in a shelter without infecting others, so ask the hospital and health department for help finding somewhere for the patient to safely go.

Rubella

Rubella is a virus that causes a fever and rash. People are not usually very sick when they have rubella, but it can be very bad for pregnant women and their babies. Most people in the US are vaccinated against rubella, and it is very rare here. However, someone could get rubella in a different country and bring it to the US. Rubella is spread by coughing and sneezing, or from a mother to her baby in the womb. People with rubella are contagious until a week after they develop a rash.

Management of rubella cases

Clients with rubella may have a red rash that starts on the face and then spreads. They might also have a low fever, sore throat, pink eye, and generally not feel good. Women with rubella can get arthritis. Rubella is very bad for fetuses and newborn babies, and can cause miscarriages and birth defects.

Staff probably won't be able to tell if someone has rubella. If someone tells you they have rubella, staff should call the health department (907-269-8000) immediately so they can check if that is true and respond as necessary. Make sure people with rubella stay away from other people, especially pregnant women. Encourage them to cover their mouths when they cough or sneeze, and wash their hands frequently.

Management of rubella contacts

Contacts of people with rubella should get the vaccine if they don't have immunity. Pregnant women need to see a doctor and tell them they were exposed to rubella.

All staff should make sure they are up to date with their vaccinations, including the MMR (mumps, measles, and rubella) vaccine.

Facility cleaning recommendations

No special cleaning is needed for rubella. Be sure to wipe down high-touch surfaces like doorknobs and counters regularly.

Hospital interaction

Most people will not go to the hospital with rubella. If someone is discharged after having rubella, call the health department for help figuring out if they are still contagious or if other actions are necessary to protect other clients.

Chickenpox and Shingles

Chickenpox is caused by a virus (varicella) and is easily spread between people through breathing. Most adults have already had this infection and cannot get it a second time. If someone has never been sick with chickenpox, they should get a vaccine to protect themselves. All shelter staff who did not have chickenpox disease should get the vaccine.

As people get older the virus that causes chickenpox can reactivate. This is called shingles. People who are ≥50 years old can get a vaccine to prevent shingles.

Management of chickenpox cases

Chickenpox causes a fully body rash and fever. The rash looks like small fluid-filled blisters. These blisters are very itchy. Shingles causes a very painful rash on the skin. It will usually only affect only one part of the body.

Chickenpox

Shingles

Staff should refer any client thought to have chickenpox or shingles to the clinic.

Residents with chickenpox or shingles and their families should be housed together, sharing the same living space and bathrooms, away from other clients. This should continue until all of the rash has crusted over.

Management of chickenpox contacts

If a case of chickenpox occurs, all unvaccinated individuals in the shelter should be vaccinated if they have not previously had the disease. Pregnant staff or clients who were not vaccinated and have never had chickenpox should not be in the shelter while anyone has chickenpox or shingles.

Facility cleaning recommendations

The area where the ill person was staying should be cleaned and disinfected and all clothing/linens should be washed.

Hospital interaction

Clients can only be transferred to a shelter with an active infection if there are separate rooms and bathrooms for them to use, away from the rest of the shelter. If this is not possible, the client should not be admitted to the shelter.

Staph and MRSA

There are many different types of staph bacteria. These bacteria are often found on healthy peoples' skin but sometimes they can cause disease. Usually the infection starts when the skin is cut or broken and the bacteria can get through. Some people can get very sick from this bacteria, especially if it enters the bloodstream. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a form of staph bacteria that is resistant to antibiotics. It is important to prevent MRSA from spreading to other people because it is so dangerous.

Management of staph cases

Figure: Boil caused by staph

Staph infections can look like spider bites. They appear:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

Clients should be advised to cover any skin infection with a bandage. Used bandages and tape can be thrown away with the regular trash. Make sure the client and anyone who helps the client washes their hands after touching the infection or near the infection. The client should not try to pick or pop the sore. The person should be sent to a clinic so they can be checked and given treatment. Clients should limit contact with the wound and keep it covered. Clients should not share personal items, such as towels, washcloths, razors and clothing, including uniforms.

Management of staph contacts

Anyone with contact with someone with a skin infection should wash their hands frequently with soap and water or hand sanitizer. Contacts should look for any possible infections on their own skin. If an infection starts it is better to get treatment early. Contacts should not share personal items. Personal items include towels, washcloths, razors and clothing, including uniforms.

Facility cleaning recommendations

Wash used sheets, towels, and clothes with water and laundry detergent. Use a dryer to dry them completely (see page 15). Sanitize commonly touched surfaces like doorknobs and counters.

Hospital interaction

If someone is discharged from the hospital with a staph infection it is important that they keep their wound covered until the next clinic visit or until the wound heals. If the client is on antibiotics it is important they take all the antibiotics they are prescribed.

Group A Strep

Group A strep is a common type of bacteria that can live on people's skin or in their throats. Most of the time, the bacteria do not cause disease, but sometimes they can cause mild disease like strep throat. In rare cases, the bacteria can invade the bloodstream or tissue causing severe infection. Usually this infection starts when the bacteria enter through an existing cut or other broken skin. People experiencing homelessness have an increased risk of these severe infections. When someone who is infected coughs or sneezes, the bacteria can travel up to 3 feet in small droplets called respiratory droplets. Strep is transmitted through breathing in these small respiratory droplets or through direct contact with infected sites or mucous.

Management of group A strep cases

Group A strep skin infections appear:

- Red
- Swollen
- Painful
- Warm to the touch

Severe cases can be accompanied by a fever, disorientation, and rapid pulse.

Clients with skin infections should cover the infection with a bandage, wash their hands frequently, and go to a clinic so they can be checked and given antibiotics if necessary. Clients should not share personal items. Personal items include cups, plates, utensils, towels, washcloths, razors, and clothing.

Management of group A strep contacts

If a client has a group A strep skin infection, staff and other clients should:

1) Wash their hands frequently with soap and water or hand sanitizer.
2) Look for possible infections on their own skin.
3) Seek medical care for possible infections early.

Facility cleaning recommendations

Sanitize commonly touched surfaces like doorknobs and counters (See page 12). Clients should have sufficient space between them (3 feet or more) to avoid transmitting the bacteria through breathing droplets from an infected client. Clients and staff should clean their hands after touching any personal items from someone with a skin infection.

Hospital interaction

Usually, a person who is discharged from the hospital after a group A strep infection is no longer infectious. It is important that they keep their wound covered until the next clinic visit or until the wound heals. If the client is on antibiotics it is important they take all the antibiotics they are prescribed.

Fungal skin infections

Fungal skin infections are caused by a variety of fungi, such as ringworm (tinea) and yeast (candidiasis). Fungal infections can cause red, itchy, or painful rashes which can be in various locations on the body. Ringworm can cause infections on feet, scalp, groin, and beard. Yeast can cause infections around the mouth or vagina. Sometimes yeast can invade the bloodstream and spread throughout the body.

People with weakened immune systems are at a higher risk of getting fungal infections. Yeast infections usually develop as an overgrowth of fungus that was otherwise normally growing on the body. Therefore, it is not usually contagious. Ringworm infections can be transmitted between people through direct contact or contact with contaminated surfaces.

Management of fungal infection cases

Fungal infections appear:

- Red
- Itchy
- Scaly
- Painful

Clients with skin infections should visit the clinic for examination, take recommended antifungals, and should not scratch the infected areas.

Management of fungal infection contacts

Yeast infections usually are not contagious between people. However, ringworm can be very contagious. Anyone in contact with someone with ringworm should:

1) Wash their hands frequently with soap and water or alcohol- based hand sanitizer
2) Avoid sharing personal items such as combs, hairbrushes, towels, clothing, or bedding
3) Look for possible infections on their own skin
4) Treat infections early
5) Treat pets if they are suspected to be carrying ringworm

Facility cleaning recommendations

Thorough cleaning is recommended to prevent the spread of ringworm. Areas that have high moisture (e.g., showers) can facilitate the spread of ringworm, so if high transmission of ringworm is suspected, clean and sanitize bathroom surfaces daily.

Hospital interaction

Sometimes people who are discharged from the hospital can be at a higher risk of yeast infection. Make sure that clients have easy access to the clinic for examination and treatment.

APPENDIX A- Posters and Signs

https://www.cdc.gov/handwashing/pdf/one-trillion-germs_508_8x11.pdf

https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet.pdf

https://www.cdc.gov/handwashing/pdf/handwashing-is-in-8x11.pdf

http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/gen/cycpgeneng.pdf

https://www.publichealth.va.gov/flu/materials/posters/respiratory-etiquette.asp