



# OFFICE OF POLICY, PROCEDURES AND TRAINING

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*Executive Deputy Commissioner*

**DHS-PB-2020-014**

<b>SUBJECT:</b>  Selected Infectious Disease Investigation and Outbreak Prevention	<b>APPLICABLE TO:</b>  All Staff at DHS Facilities	<b>ISSUED:</b>  October 07, 2020
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<b>ADMINISTERED BY:</b>  Office of the Medical Director	<b>APPROVED BY:</b>  Joslyn Carter, Administrator  Department of Social Services/ Department of Homeless Services
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## ■ PURPOSE

The purpose of this policy is to inform staff at the Department of Homeless Services (DHS) facilities about the notification and response process for a suspected or confirmed case/cluster of selected infectious diseases of importance to DHS.

This policy outlines the roles and interactions between DHS facilities, Outreach teams, DHS Office of the Medical Director (OMD), and the Department of Health and Mental Hygiene (DOHMH) in the event of an individual case or potential outbreak.

This policy applies to selected infectious diseases likely to affect persons experiencing homelessness, have a potential for outbreaks, and/or be easily transmissible in congregate settings.

## ■ INTRODUCTION

An infectious disease investigation requires close collaboration between DOHMH, DHS Programs, DHS OMD, DHS facilities, Outreach teams, and on-site clinics or homeless affiliated healthcare providers, if available, to prevent the transmission of infectious diseases.

If a DHS client or employee has one of the infectious diseases listed below that is reportable to DHS, staff at DHS facilities must share any identifying information about the individual with DHS program leadership and DHS OMD to ensure the necessary steps are taken to prevent transmission.

## ■ DEFINITIONS

- **CARES:** DHS case management database for individuals experiencing homelessness and residing in a DHS facilities site.
- **Case Investigation:** a systematic way to gather information and facilitate access to care and services for a person who has been diagnosed with or is suspected of having an infectious disease. Cases investigations determine if additional cases have been reported at a site, identify possible risk factors for illness, and assess the need for and implement control measures, e.g., contact investigation, isolation, etc.
- **Client:** a person who is experiencing homelessness in New York City and receiving services from DHS.
- **Contact:** a DHS client or employee exposed or potentially exposed to one or more infectious diseases of significance to DHS.
- **Contact Investigation:** a systematic way to identify individuals who may have been exposed to the index patient during the infectious period.
- **Homeless Affiliated Health Care Providers:** DHS on-site or contracted medical staff who provide healthcare to DHS clients.
- **Incubation Period:** the period between exposure to an infectious disease and the appearance of symptoms.
- **Index Patient:** the first patient who has a suspected or confirmed disease or condition with the potential to spread to others.
- **Infectious Disease:** a disease caused by an organism that lives on or within human bodies, e.g., bacteria, viruses, fungi, or parasites. Some infectious diseases can be spread directly or indirectly from one person to another person or from a point source such as water or food.
- **Infectious Period:** the time when a person with an infectious disease can transmit an infectious illness to contacts. The infectious period varies according to the specific type of infection.
- **Outbreak:** according to DHS, two cases or more of a reportable infectious disease in the same site within one week, depending on the infectious disease.
- **Outreach Team:** DHS-contracted non-profit providers who operate on streets in all five boroughs and the subways. These teams address mental health, substance use, and other concerns to help clients move indoors.

- **Prophylaxis:** the use of antibiotics, medication, or vaccines to prevent an infection.
- **Selected Reportable Infectious Diseases:** diseases that are an immediate concern to DHS OMD and DOHMH, as outlined in this procedure.
- **StreetSmart:** a DHS case management database for individuals experiencing homelessness and living on the streets.

## ■ PROCEDURE

### I. Selected Reportable Infectious Conditions

DHS programs and facilities do not need to report all infectious diseases or conditions to DHS OMD. The following are Selected Reportable Infections Diseases:

#### A. Infectious Diseases with Procedures and/or Factsheets

- Active Tuberculosis ([DHS-PB-2019-019](#))
- Chickenpox (varicella) (**Attachment A**)
- Gastrointestinal illness (vomiting and/or diarrhea) or suspected foodborne illness/food poisoning that occurs in two or more individuals in the same week at the same site (e.g., norovirus, salmonellosis, Shiga toxin producing *E. coli* infection) (**Attachment B**)
- Hepatitis A (**Attachment C**)
- Legionnaires' disease/ legionellosis ([DHS-PB-2019-009](#))
- Measles (**Attachment D**)
- Meningitis, bacterial (**Attachment E**)
- Pertussis (whooping cough) (**Attachment F**)
- Shigellosis (**Attachment G**)
- Shingles (herpes zoster), disseminated (**Attachment H**)
- Influenza ([DHS-PB-2018-006](#))
- Scabies ([DHS-PB-2019-024](#))

**Note:** The notification process for COVID-19 is different from what is detailed in this procedure. If you suspect a client or employee may have COVID-19 or presents with COVID-like illness, please follow COVID-19-specific guidance provided by DHS ([DHS-PB-2020-011](#)).

## B. Other Reportable Conditions

- Any cluster of 2 or more persons hospitalized with the same illness syndrome (e.g., pneumonia) during a 7-day period.
- Any illness specified by the DHS OMD during public health emergencies, in accordance with DOHMH guidance.
- Any infectious disease that concerns DOHMH in a DHS setting, i.e., a higher number of cases than expected.

## II. Identification

### A. Identifying a Selected Reportable Infectious Disease Case

A case of a selected infectious disease may be identified among DHS staff or client populations in many ways, including the following:

- DOHMH becomes aware, via laboratory or provider report or during a public health investigation, of a DHS employee or client associated with DHS facilities, street outreach, and/or programs who has a selected case of infectious disease as noted in Section I.
- DOHMH finds a case of infectious disease in a person experiencing homelessness, either by comparing a person's address with a list of FHS facility addresses or by data linkage between a disease-specific database, address database, or DHS client database.
- During investigation by DOHMH, client self-reports to DOHMH that they reside in a DHS facility.
- An on-site clinic or homeless affiliated medical provider becomes aware of a client or employee who has one of these infectious diseases.
- DHS becomes aware of a client or employee who has a selected case of infectious disease as written in Section I.
- DHS becomes aware of a case of selected infectious disease from an Institutional Referral from a health care facility while client is hospitalized.

## B. Identifying Contacts

Contacts may be identified at facilities in the following ways:

- DOHMH identifies a person exposed to one of the above infectious diseases from an interview with an index patient.
- DOHMH receives a list of contacts who are possibly experiencing homelessness or working at a DHS facility.

## III. Notification Process

The case, contact, or potential outbreak notification process varies, depending on whether DOHMH, an on-site clinic or homeless affiliated medical provider, or a DHS facility provider or staff member is the first to become aware of a case of a selected reportable infectious disease:

**If DOHMH identifies a contact or case of one of the infectious diseases listed above in a client**, they will contact DHS OMD and provide the information below, if known.

- **Case**
  - Name
  - Date of birth
  - Diagnosis date
  - Diagnosis
  - Illness onset date
  - Infectious period
  - DHS facility location
- **Contact**
  - Name
  - Date of Birth
  - Illness onset date
  - Date(s) of exposure
  - Incubation period
  - DHS facility location

**If a DHS facility provider or staff member becomes aware of a case or contact of a selected reportable disease**, they will inform their DHS program administrator immediately. These cases should also be reported for Priority One emergencies, per the Process for Reporting Incidents Occurring in Shelters ([DHS-PB-2018-004](#)). DHS program leadership will contact OMD as soon as possible if there is a major concern or an immediate response needed.

The DHS facility provider or staff member will provide the information below:

- Name
- Date of Birth
- CARES ID
- Diagnosis
- Diagnosis date
- Symptoms
- Treatment, if known
- Medical notes or verbal information provided by the patient

DHS OMD will then notify DOHMH within one business day of becoming aware of selected reportable diseases. DHS OMD will communicate any case findings with program leadership.

**If a DHS Clinic or homeless affiliated medical provider identifies a case or contact of one of the infectious diseases listed above**, they will provide the following information about the index patient to DHS OMD within four hours:

- Name
- Date of Birth
- Diagnosis
- Diagnosis date
- Location
- Date when the symptoms first appeared
- Infectious period, if known
- Patient's cell phone number, if known

DHS OMD will communicate any contact findings with program leadership.

#### **IV. Investigation**

After the notification process is complete, DHS OMD will begin the investigation process. The investigation process will differ, depending on whether a case or contact is investigated.

##### **A. Investigating a Case**

DHS OMD will obtain the following information about the index patient from the clinic or DHS facility provider or staff, if known:

- Clinical history, which includes current symptoms, medical history, treatment or vaccination history, if relevant.
- Diagnosis and whether the selected infectious disease is confirmed or suspected.
- for clients: DHS facility history and infectious period to determine whether the client was infectious while at a DHS location.
- for employees: recent employment history with DHS facility.

#### **V. Investigating a Contact**

DOHMH, DHS OMD, DHS providers, and on-site clinics or homeless affiliated medical providers, if any, must work collaboratively to determine both identifying and contact information for the exposed or potentially infectious persons.

#### **VI. Locating the Patient**

1. If a patient is a DHS client, DOHMH, an on-site clinic or homeless affiliated medical provider, DHS facility staff will report the case and any identifying information to DHS OMD. DHS OMD will then search CARES and/or StreetSmart to verify whether the client resided in a DHS facility during their infectious period and whether they were in a congregate setting or family unit. One of the following scenarios may occur:

- **If notified by DOHMH and the client is found in DHS databases or is known to Outreach team**, DHS OMD will work with the DHS facility to determine if the client was at the site during their infectious period. A contact investigation may occur, depending on the selected disease and other circumstances. DHS OMD will coordinate the response with DOHMH.
  - **If notified by DOHMH and the client is not found in DHS databases and not known to Outreach team**, DHS OMD will stop the investigation and notify DOHMH of the results.
  - **If notified by an on-site clinic or homeless affiliated medical provider**, DHS OMD will work with the site and DOHMH to determine if the client was at a DHS facility during their infectious period and if indicated, work with DOHMH to confirm the diagnosis. If the client was at a DHS facility and a contact investigation is necessary, DHS OMD will coordinate with DOHMH and the site and clinic.
2. If the patient is an employee at a DHS facility, DHS OMD will share their employment information with DOHMH.

## **VII. Environmental Investigation**

If an environmental investigation is required, DHS OMD will collaborate with DOHMH to coordinate communication between the parties responsible for remediation.

DOHMH will inform DHS if water or food specimens are needed, and if so, DHS OMD will coordinate with DHS Programs and sites for specimen collection and interviews with staff and/or clients, as needed. DOHMH will share the outcomes of the investigation and next steps with DHS.

## **VIII. Investigation Communication**

If the patient is at a DHS facility and DOHMH wants to interview the patient or patient's contact or visit the site, DHS OMD will inform the DHS assistant commissioner and program leadership who will coordinate with the DHS facility staff to schedule the visit or a phone or video call interview with DOHMH.



DOHMH will share the outcomes and/or next steps and continue to provide updates until the investigation is complete.

DHS OMD will communicate the required response with DHS program leadership, DHS facility provider or staff, and DOHMH.

## **IX. Outbreak Management at DHS Facilities**

### **A. Outbreak Management Plan**

The outbreak management plan will vary depending on the selected infectious disease. See **Attachments A-H** for disease-specific case investigation and outbreak prevention procedures. The following circumstances will impact diagnostic testing of cases, immunity testing, vaccination requirements, post-exposure prophylaxis, and/or treatment:

- The selected infectious disease in question.
- The timing of case and contact exposure.
- Recommendations made by DOHMH.

### **B. Medical Services**

The DHS facilities may be asked to provide access to medical services:

1. If the site in question has an on-site clinic and the capability, DOHMH may ask the medical director and lead clinician to assist in any required testing, treatment, and/or vaccination by providing space for blood draws, interviewing contacts, administering vaccinations, etc.
2. If the site does not have an on-site clinic or the clinic is unable to perform the needed tests or vaccination/treatment, some or all the following will occur:
  - DOHMH and/or DHS OMD will recommend that individuals see their own medical provider.

- If a client does not have a primary care provider or cannot see their medical provider the same day or within the timeframe indicated by the infectious disease in question, the provider will share information regarding the nearest Health and Hospitals (H+H) hospital, Federally Qualified Health Center (FQHC), urgent care, or other hospital walk-in clinic. Sending clients to an emergency department is not routinely necessary for all selected infectious disease testing or treatment and should not be done unless it is an emergency, alternatives are not available and/or they are instructed to do so by DHS OMD or DOHMH.
  - If the DHS site must refer a patient suspected of having an infectious disease with airborne transmission, such as active tuberculosis or measles, to a healthcare facility, the site must call 911 to inform emergency services and call the hospital where the patient is taken to about the patient's possible communicable disease.
  - If the patient does not allow EMS to divulge the name of the destination hospital to DHS facility staff, ask EMS to alert the hospital that the client may have a communicable disease.
  - If a patient refuses to receive treatment for a selected reportable disease, document their refusal and contact DHS OMD.
- DHS OMD and/or DOHMH will provide guidance for post-exposure prophylaxis, or immunity testing of contacts and the need for treatment or diagnostic testing of cases or contacts, which depends on the selected infectious disease involved.
- Certain testing, such as tuberculosis, can be done at a DOHMH clinic or on-site by DOHMH staff. See list of DOHMH Chest Centers in **Attachment I**. Please call the location for the most up-to-date hours.
- DHS OMD will submit a list of exposed individuals with location and demographic information to DOHMH, as requested.
- Vaccinations can also be offered at the DOHMH Immunization Clinic. If a large group needs to be sent to DOHMH clinic for vaccination (i.e. more than 10 clients), DHS OMD will inform DOHMH Bureau of Immunization. Please see the link below for address and more information on the NYC Health Department clinic in Fort Greene. This location offers patients immunization services regardless of the ability to pay:

<https://www1.nyc.gov/site/doh/services/immunization-clinics.page>

- If many staff members and/or clients need to be tested at once, OMD will work with DOHMH and the nearest H+H facility to arrange for access to a clinic for evaluation, vaccinations, treatment, or urgent care.
- DHS OMD will notify H+H leadership and coordinate the plans for testing, treatment, and/or vaccination with DOHMH and H+H.

**DHS facilities** may not send groups of staff and clients to emergency departments for testing or treatment of non-emergency conditions without approval from DHS program leadership, DHS assistant commissioner, and DHS OMD, as that may overwhelm emergency departments with non-urgent patients. DHS OMD will provide guidance during outbreak investigations.

## X. Reporting and Documenting Results

The following reporting and documentation of results are required:

- DOHMH communicates the investigation progress, assessment results, and plans to DHS OMD promptly and routinely. DHS OMD will reach out to DOHMH if information is needed.
- DHS OMD staff must add an outbreak note in CARES' outbreak section to summarize the result of the investigation.
- DHS OMD and/or programs must notify DHS executive staff upon notification of certain cases and provide updates promptly and routinely.

## XI. General Recommendations for Infection Control

Specific infection control procedures should be implemented at the time of presentation and provided in consultation with DOHMH, as needed. The following items are general recommendations for infection control.

- Maintain good hand hygiene. Wash hands with soap and water for 20 seconds after using the bathroom, changing diapers, before preparing or serving food and eating, and after handling garbage or trash, even if using gloves. Make sure the soap foams and wash under the nails and the wrist area. When there is limited access to hand washing facilities, use alcohol-based hand sanitizers (**Attachment J**).

- Follow respiratory hygiene and cough etiquette. Offer a surgical mask to all patients with respiratory symptoms. Remind patients to cover their mouth and nose with a tissue or sleeve when coughing or sneezing. Cough in flexed elbow. Throw the used tissues away in a trash can. See *Cover Your Cough* poster in **Attachment K**.
- Keep anyone who is ill with certain symptoms, such as vomiting, diarrhea, cough, fever, or skin rash in a separate room, when possible, until they go to the clinic or hospital.
- Provide clients with respiratory symptoms a surgical mask and place them in a private space until they can go to the hospital.
- Use gloves and surgical masks when exposed to blood or bodily fluids of a patient with or suspected to have an infectious disease.
- Encourage clients to have up-to-date vaccinations. Refer to recommendations by the Center for Disease Control (CDC) and The Advisory Committee for Immunization Practices (ACIP).<sup>1</sup>

*Effective Immediately*

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<sup>1</sup>ACIP provides comprehensive vaccination guidelines. Appropriate recommendations for DHS client and staff population are Zoster (Shingles), Hepatitis A and B, and Measles, Mumps, and Rubella. See the following link for more information about recommended vaccinations: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

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**■ RELATED ITEMS**

<a href="#"><u>DHS-PB-2018-004</u></a>	Process for Reporting Incidents Occurring in Shelters
<a href="#"><u>DHS-PB-2018-006</u></a>	Guidelines for Shelter Staff: Influenza Prevention and Control
<a href="#"><u>DHS PB-2019-009</u></a>	Legionnaires' disease/ legionellosis
<a href="#"><u>DHS-PB-2019-019</u></a>	Guidelines for Tuberculosis
<a href="#"><u>DHS-PB-2019-024</u></a>	Guidelines for Shelter Staff: Incidence of Scabies Among Shelter Clients
<a href="#"><u>DHS-PB-2020-011</u></a>	COVID-19 Testing for DHS Staff and Clients

**■ ATTACHMENTS**

<b>Attachment A</b>	Chickenpox (varicella)
<b>Attachment B</b>	Gastrointestinal illness
<b>Attachment C</b>	Hepatitis A
<b>Attachment D</b>	Measles
<b>Attachment E</b>	Meningitis, bacterial
<b>Attachment F</b>	Pertussis (whooping cough)
<b>Attachment G</b>	Shigellosis
<b>Attachment H</b>	Shingles (herpes zoster), disseminated
<b>Attachment I</b>	DOHMH Chest Centers
<b>Attachment J</b>	Adult Handwashing Poster
<b>Attachment K</b>	Cover Your Cough Poster



## **Chickenpox (Varicella Zoster)**

Information for Providers (PDF)

### **What is chickenpox?**

Chickenpox is a highly contagious disease caused by the varicella virus, a member of the herpes virus family. It is the most commonly reported childhood disease. In 1994, there were 5,977 cases reported among New York City residents (rate of 81.6 cases per 100,000 persons). Effective in 1995, chickenpox is no longer required to be reported to the New York City Department of Health.

### **How is chickenpox spread?**

Chickenpox is transmitted to others by direct person-to-person contact, by droplet or airborne spread of discharges from an infected person's nose and throat, or indirectly through articles freshly soiled by discharges from an infected person's lesions. The scabs themselves are not considered infectious.

### **What are the symptoms of chickenpox?**

Initial symptoms include sudden onset of slight fever and feeling tired and weak. These are soon followed by an itchy blister-like rash. The blisters eventually dry, crust over, and form scabs. The blisters tend to be more common on covered than on exposed parts of the body. They may appear on the scalp, armpits, trunk, and even on the eyelids and in the mouth. Mild or inapparent infections occasionally occur in children. The disease is usually more serious in adults than in children.

### **How soon after infection do symptoms appear?**

Symptoms commonly appear 14-16 days after exposure, with a range of 10-21 days.

### **When and for how long is a person able to spread chickenpox?**

People with chicken pox are contagious from 2 days before the rash appears and until all lesions are crusted over or until no new lesions have appeared for 24 hours.

### **Does past infection with chickenpox make a person immune?**

Chickenpox generally results in lifelong immunity. However, this infection may remain hidden and recur years later as Herpes zoster (shingles) in older adults and sometimes in children.

### **What are the complications associated with chickenpox?**

Reye's syndrome is a potentially serious complication associated with chickenpox. Newborn children (less than one month old) whose mothers are not immune and patients with leukemia may suffer severe, prolonged or fatal chickenpox. Immunodeficient patients and those on immunosuppressive drugs may have an increased risk of developing a severe form of shingles.

## **Is there a treatment for chickenpox?**

In 1992, acyclovir was approved by the U.S. Food and Drug Administration for treatment of chickenpox in healthy children. However, because chickenpox tends to be mild in healthy children, most physicians do not feel that it is necessary to prescribe acyclovir.

## **Is there a vaccine for chickenpox?**

A vaccine to protect children against chickenpox was first licensed in March 1995.

- Children who have never had chickenpox should routinely be administered two doses of varicella vaccine with the first dose at 12 to 15 months and the second dose at four to six years of age.
- Persons 13 years of age and older who have never had chickenpox or have not received the varicella vaccine should get two doses of the varicella vaccine at least 28 days apart.
- The varicella vaccine may be given along with the measles-mumps-rubella (MMR) vaccine in a combination called measles-mumps-rubella-varicella (MMRV) that is approved for use in children 12 months through 12 years of age.

Contact your doctor for further information about the chickenpox vaccine. **Call 311** for help finding a doctor.

Learn about Immunization Walk-in Clinics for New Yorkers

## **What can be done to prevent the spread of chickenpox?**

Maintaining high levels of varicella immunization in the community is critical to controlling the spread of chickenpox. To prevent further spread of chickenpox, people infected with the disease should remain home and avoid exposing others who are susceptible. Infected persons should remain home until the blisters become dry and crusted. It is very important to avoid exposing non-immune newborns and persons with a weakened immune system to chickenpox.

Varicella vaccination is recommended for outbreak control. During an outbreak, persons who do not have adequate evidence of immunity should receive their first or second dose as appropriate.

In 2006, a new product called VariZIG became available to protect patients without evidence of immunity to varicella who are at high risk for severe disease and complications and have been exposed to chickenpox. The patient groups recommended to receive VariZIG include those with a weakened immune system, pregnant women who are not immune to varicella, newborns whose mothers have symptoms of varicella around the time of delivery (five days before to two days after delivery) and certain premature infants exposed to chickenpox as newborns.

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## GUIDELINES FOR FACILITIES DURING OUTBREAKS OF NOROVIRUS/ GASTROENTERITIS: RECOMMENDATIONS AND PRECAUTIONS

- Encourage frequent hand washing with soap and warm water.
- Provide and encourage use of alcohol based (62%) waterless hand sanitizers when entering facility.
- Reinforce strict hand washing policy among staff.
- Do not allow symptomatic staff to work in facility.
- Assure glove use for handling of all ready-to-eat foods and eating utensils.
- Increase frequency for cleaning/sanitizing “high touch” surfaces, e.g., door handles, light switches, handrails, faucets, ice machine, etc. (see next page for facility specific recommendations)
- Use disposable cleaning cloths; use a new cloth for each room/area cleaned.
- Dispose of vacuum cleaner bags between uses. *Note: if area is visibly soiled with fecal spillage or vomit do not vacuum—either steam clean or use hot water and detergent.*
- Do not enter food service area with items soiled with vomit or fecal spillage.

The following cleaning agents are recommended for use during an outbreak:

Suggested Uses	Suggested Cleaning Method	How to Make (1 cup = 240ml)	Strength (parts per million)
Porous surfaces such as wood floors or surfaces visibly soiled with vomit/feces	Chlorine bleach*	1 ½ cup bleach in 1 gallon water	5000ppm (1:10 dilution)
Non-porous surfaces such as: handrails, tile floors, counter-tops, sinks, toilets, doorknobs and other commonly handled items. See <i>facility specific section for suggested items.</i>	Chlorine bleach*	1/3 cup bleach in 1 gallon water	1000ppm (1:50 dilution)
Food/mouth contact items, stainless steel and toys mouthed by children	Chlorine bleach* then rinsed with water OR dishwasher at 170°F	1 Tbsp. bleach in 1 gallon water	200ppm (1:250 dilution)
Carpet & upholstered fabrics visibly soiled with vomit or fecal spillage. Do <u>not</u> dry vacuum as viruses can become airborne.	Hot water and detergent OR Steam clean	NA	NA
<p>*Bleach solution must: contain 5.25% Sodium Hypochlorite; be prepared fresh daily; have 10-20 minute surface contact time. Use unopened bleach for outbreak-related sanitization (open bottles lose effect after 30 days). EPA-registered disinfectants may also be used although effectiveness in outbreaks has not been evaluated.</p> <p><i>Warnings:</i></p> <ol style="list-style-type: none"> <li>1. Cleaning staff should wear protective equipment when handling chemicals.</li> <li>2. Food preparation/food contact areas must be washed, rinsed and sanitized using standard protocol after cleaning with the stronger bleach solutions listed above.</li> </ol>			

### **Additional Recommendations for Healthcare/Assisted Living Facilities:**

- Reinforce proper glove use when giving patient/resident care. Remove gloves before leaving ill patient’s/resident’s room and wash hands immediately.
- Do not “float” staff between units with ill patients/residents and units with non-ill patients/ residents.
- Assign staff members to care for only ill group or only non-ill group to help prevent transmission.
- Exclude non-essential personnel from units with ill patients/residents.
- Discontinue new admissions to the facility until the outbreak has ended.
- Confine ill patients/residents to their rooms until 72 hours after their symptoms end.
- Do not allow patients/residents from outbreak-affected units to enter/transfer to unaffected units, unless medically urgent to do so, until end of outbreak.
- Discontinue group activities (communal dining, etc.) until outbreak has ended.
- Limit visitation until outbreak has ended.
- Store and launder contaminated soiled linens separately from non-contaminated soiled linens.



## **Facility-specific List of Suggested Items to Sanitize with 1000ppm bleach solution (1/3 cup bleach in 1 gallon water)**

This is a list of suggested items to sanitize in order to reduce the number of illnesses during a gastroenteritis outbreak. This list is not exhaustive and your facility may have additional items in need of sanitation.

### **General:**

- Doorknobs, water fountains, bathroom stall and sink hardware, paper towel dispenser, soap dispenser, handrails, countertops, light switches, and other common items shared among staff/patrons.

### **Restaurants/Food Service:**

- Doorknobs, water fountains, bathroom stall and sink hardware, paper towel dispenser, soap dispenser, handrails, countertops, light switches, common telephones, menus, table placards, folders for credit cards, trays, tray stands, baskets, salt & pepper shakers, table bottle of ketchup and other condiments, sugar packet dispensers, booths, tables, exposed parts of buffet line, sneeze guards, and other common items shared among staff/patrons.

### **Healthcare Facilities:**

- Doorknobs, water fountains, bathroom stall and sink hardware, paper towel dispenser, soap dispenser, handrails, bedrails, countertops, common telephones, cards/games in common room, common craft materials, TV remote controls, computer keyboards, drawer/cabinet pulls, light/lamp switches, recliner chair handles, dining hall tables and chairs, dining hall salt/pepper shakers, walkers, wheelchair handles, any physical therapy shared items, and other common items shared among staff/patients/residents.

### **Schools/Childcare Facilities:**

- Doorknobs, water fountains, bathroom stall and sink hardware, paper towel dispenser, soap dispenser, handrails, countertops, light switches, common telephones, shared games/books/toys, playground equipment, diaper changing table, diaper changing pad, locker hardware, shared classroom equipment (microscopes, musical instruments, computer keyboards), physical education shared equipment, cafeteria tables and chairs, cafeteria salt/pepper shakers, and other common items shared among staff/students.
- Cloth items unable to withstand bleach sanitization (plush toys, pillows, etc.) should be laundered in hot water or discarded if laundering/sanitization not possible.

**CONTACT THE LOCAL HEALTH DEPARTMENT IF YOU SUSPECT AN OUTBREAK IN YOUR FACILITY.**

#### References:

[http://www.cdc.gov/ncidod/dhqp/id\\_norovirusFS.html](http://www.cdc.gov/ncidod/dhqp/id_norovirusFS.html)  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5009a1.htm>  
[http://www.michigan.gov/documents/Guidelines\\_for\\_Environmental\\_Cleaning\\_125846\\_7.pdf](http://www.michigan.gov/documents/Guidelines_for_Environmental_Cleaning_125846_7.pdf)  
[http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf)  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5633a2.htm>  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5839a2.htm>



## Hepatitis A Frequently Asked Questions

### What is hepatitis A?

Hepatitis A is a virus that infects and can damage the liver. It is usually passed from one person to another through unsafe food or water, or through sexual contact. There is a vaccine to prevent hepatitis A.

### How is the hepatitis A virus spread?

The hepatitis A virus enters the body through the mouth and is passed in the stool (feces). The virus is spread when a person swallows tiny amounts of stool that are too small to be seen. It can be carried on an infected person's hands and spread by touching their hands, consuming food or drink that they handled or through sexual contact.

### What are the symptoms of hepatitis A?

Symptoms include jaundice (yellowing of eyes and skin), fatigue (feeling tired), stomach pain, nausea and diarrhea. People typically develop symptoms about one month after they are exposed to the virus.

Not everyone who gets hepatitis A will have all these symptoms. Infants and young children tend to have very mild symptoms and are less likely to develop jaundice than older children and adults.

### When could I first get sick and when could I spread the infection?

Symptoms usually appear within three to four weeks after exposure, although they can appear as early as two weeks or as late as seven weeks after exposure. An infected person is most likely to spread the virus in the two weeks before and one week after they begin to show symptoms.

### What is the treatment for hepatitis A?

There is no treatment for hepatitis A. Most people get better on their own within a few weeks by resting and not drinking alcohol. Some people who have chronic liver disease or a weakened immune system experience more severe illness and require supportive care. While recovering from hepatitis A, **do not** drink alcohol or take drugs that can hurt the liver, such as acetaminophen or Tylenol.

If you believe you may have hepatitis A, talk to your health care provider.

### How is hepatitis A diagnosed?

If your health care provider suspects hepatitis A, they can request a blood test.

### Can a person get hepatitis A more than once?

No. Once a person recovers from hepatitis A, they are immune (protected) for life and no longer carry the virus.

### **Can hepatitis A lead to death?**

Hepatitis A rarely leads to death (less than 1% of cases).

### **How can hepatitis A be prevented?**

Get the hepatitis A vaccine. Ask your health care provider about getting the hepatitis A vaccine or call 311 to find a vaccine provider.

Wash your hands carefully with soap and warm running water before touching food and after using the bathroom or changing diapers.

Avoid sexual practices that may result in hand or mouth exposure to stool. Condoms help prevent other sexually transmitted infections, including HIV, but may not prevent hepatitis A.

If you travel to a country where hepatitis A is common, use bottled water or boil tap water for one minute before using. Avoid eating shellfish that may have come from a contaminated water source.

### **Who should get the hepatitis A vaccine?**

Anyone who wants lasting protection against hepatitis A should get two doses of the vaccine at least six months apart.

In addition, routine vaccination is recommended for people in the following groups:

- All children between ages 1 and 2 years
- Travelers to areas where hepatitis A is common, including countries in the Caribbean, Central and South America, Africa, Eastern Europe and parts of Asia. Travelers should get the first dose at least two weeks before travel.
- Gay men and other men who have sex with men
- People who have chronic liver disease
- People who use drugs
- People who have clotting-factor disorders
- People who live on the street, in a shelter or otherwise do not have a permanent address
- People who work with hepatitis A in a laboratory



## Measles Frequently Asked Questions

### What is measles?

Measles is a highly contagious viral disease that causes fever and a rash.

### Who gets measles?

Anyone who is not vaccinated can get measles at any age.

### How is measles spread?

The measles virus lives in an infected person's nose and throat mucus. When that person sneezes or coughs, the measles virus sprays into the air and people can breathe in the virus. The virus remains active and contagious in the air for up to two hours.

The disease is highly contagious — if one person has it 90 percent of people around them will also get it if they are not immune.

### What are the symptoms of measles?

Early symptoms of measles include fever (which can reach 103 to 105 degrees F), cough, runny nose and red, watery eyes. Three to five days after symptoms start, a rash of red spots appears on the face and then spreads over the entire body.

### How soon do symptoms appear?

Symptoms usually appear 10 to 12 days after breathing in the virus; symptoms may start as early as seven days or as late as 21 days after exposure.

### When can a person with measles spread it to others?

A person can spread measles from four days before through four days after the appearance of the rash.

### Can a person get measles more than once?

No. Infection makes a person immune for the rest of their life; that means they cannot get it again.

### Is there a vaccine to prevent measles?

Yes. The measles vaccine is given on or after a child's first birthday. It is combined with mumps and rubella vaccines into one vaccine called MMR (measles, mumps and rubella). A second dose of MMR vaccine is recommended before children enter school at 4 to 6 years of age. Anyone who has received two doses of a measles vaccine is considered immune and is unlikely to get measles.

### What is the treatment for measles?

There is no specific medicine to treat the measles virus, but there are medicines that can treat some of the symptoms, such as medication to reduce high fever.

### **Can measles cause other health problems?**

About a third of reported measles cases have at least one complication. Health problems caused by measles can include diarrhea, ear infections, pneumonia, seizures and infections of the brain and nervous system. In some cases, measles can cause death. In pregnant women, measles can cause miscarriages and premature labor. Measles can be serious in all age groups. However, infants, young children, pregnant women and people whose immune systems are weak are more likely to suffer from measles complications.

### **How can measles be prevented?**

The best way to prevent measles is with vaccination. Anyone born after January 1, 1957, who has not received two doses of a measles-containing vaccine or does not have a blood test proving that they are already immune to measles, should receive two doses of MMR vaccine (the measles, mumps and rubella combination vaccine). All children enrolled in pre-kindergarten and day care programs are required to receive one dose of the measles vaccine. Children enrolled in school and college or university students must have two doses of the measles vaccine. Health care workers are required to receive two doses of a measles-containing vaccine or have a blood test showing that they are immune.

### **Does the MMR (measles, mumps and rubella) vaccine work?**

The MMR vaccine is very safe and effective. Two doses of the MMR vaccine are about 97 percent effective at preventing measles; one dose is about 93 percent effective.

### **Is the measles vaccine safe?**

Most people who receive the MMR vaccine do not have any side effects. Some people experience mild side effects like fever, mild rash or swelling of glands in the cheeks or neck. Severe problems are very rare. For more information about the MMR vaccine, visit Immunization Action Coalition: Vaccine Information Statements at [immunize.org/vis/vis\\_mmr.asp](http://immunize.org/vis/vis_mmr.asp).

For more information on where your child can be vaccinated, call 311.

### **Where can I get more information about measles or the MMR vaccine?**

Visit these online resources:

Measles (Immunization Action Coalition): [vaccineinformation.org/measles](http://vaccineinformation.org/measles)

Measles Overview (Centers for Disease Control): [cdc.gov/measles](http://cdc.gov/measles)



# Meningitis

Health Topics Neighborhood Health Emergency Prep Publications

## Bacterial Meningitis

### What is bacterial meningitis?

Bacterial Meningitis is usually a severe type of infection of the lining of the brain or spinal cord that can be caused by different germs. Though most people with meningitis recover, it can cause complications such as brain damage, hearing loss, or learning disabilities.

Learn more about one type of meningitis recently reported: Meningococcal Meningitis.

### Who is at risk?

People of any age group are at risk. However, there are factors that can increase risk of bacterial meningitis. Newborns, infants and children are at a higher risk for bacterial meningitis than people in other age groups. Larger groups of people like students living in college residence halls tend to spread infectious diseases more quickly.

### How is bacterial meningitis spread?

Some of the germs that can cause bacterial meningitis are contagious. However, most of the bacteria that cause meningitis are not as contagious as the cold or flu and are not spread by casual contact or breathing where an infected person has been.

Some bacteria can be spread by exchanging saliva or mucus, such as kissing. Close or long contact with a sick person in the same household or daycare center may spread meningitis to other people.

Other meningitis-causing bacteria are not spread person-to-person but can cause disease in people with weak immune systems or head trauma. One bacteria that causes meningitis may be spread through contaminated food.

Tell your doctor if you think you have been exposed to someone with meningitis.

### What are the symptoms?

Symptoms can appear quickly or over several days and typically are sudden fever, headache and stiff neck. Other symptoms that can result are nausea, vomiting, increased sensitivity to light and confusion.

In newborns and infants, meningitis symptoms of fever, headache and neck stiffness may be difficult to notice. The infant may be slow or lack alertness, irritable, vomiting or feeding poorly. If you think your infant has any of these symptoms, call the doctor or clinic right away.

Later signs of bacterial meningitis can be severe and people who are infected may experience seizures or coma. If you suspect you have meningitis, see a doctor as soon as you can.

## **How is it diagnosed?**

Samples of blood or spinal fluid are collected and sent to the laboratory. Testing can identify the specific bacteria causing meningitis, which helps doctors decide how best to effectively treat the infection.

## **How is bacterial meningitis treated?**

Bacterial meningitis can be treated effectively with antibiotics. Appropriate antibiotic treatment that is started early greatly reduces the risk of dying, though the risk remains higher among infants and the elderly.

## **How can I prevent meningitis?**

The best way to protect yourself and your child of bacterial meningitis is to complete the recommended vaccine schedule.

## **Resources**

Centers for Disease Control

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Search

Health Topics Neighborhood Health Emergency Prep Publications  
Information for Providers (PDF)

## Whooping Cough (Pertussis)

DOHMH Health Alert # 29: Pertussis in New York City (PDF)

Other languages:[[יידיש](#)]

### What is pertussis?

Pertussis, also known as whooping cough, is a highly contagious bacterial illness. It causes a cough that can last several weeks, even months.

### Who gets pertussis?

People can get pertussis at any age. Children who are too young to be fully vaccinated and those who have not received all vaccinations are at highest risk for severe illness. Since the 1980s, the number of reported pertussis cases has gradually increased in the United States. In 2014, over 28,000 pertussis U.S. cases were reported, the highest number since 1959. In New York City, between 2008 and 2014, around 200 cases were reported to the Health Department each year.

### How is pertussis spread?

Pertussis is usually spread when an infected person coughs or sneezes, exposing others to infected mucus or droplets.

### What are the symptoms?

Pertussis usually starts with cold-like symptoms. These early symptoms can last for one to two weeks and usually include:

- Runny nose
- Low-grade fever
- Mild, occasional cough (may be minimal or absent in infants)
- Apnea — a pause in breathing (in infants)

Later, the traditional symptoms of pertussis appear. Those include:

- Paroxysms (fits) of many, rapid coughs, which empty the lungs, followed by a high-pitched "whoop" when inhaling afterwards
- Vomiting (throwing up)
- Exhaustion after coughing fits



The coughing fits can go on for up to 10 weeks or more. For teens and adults, especially those who were vaccinated, the "whoop" is often not there, and the infection is generally less severe.

## **How soon after infection do symptoms appear?**

Symptoms usually appear seven to 10 days after exposure to an infected person, but can appear as late as six weeks afterwards.

## **When and for how long is a person able to spread pertussis?**

People are most contagious during the early, "cold-like" stage. A person is contagious for up to three weeks after the onset of cough or until five days after antibiotic treatment has begun.

## **Does past infection with pertussis make a person immune?**

No—neither vaccination nor a past infection with pertussis guarantees lifelong immunity. Since immunity drops after about five years after the last pertussis vaccine dose, older children, teens and adults may need additional vaccine doses.

## **What are the complications associated with pertussis?**

Complications of pertussis are most common in young infants and can include pneumonia, ear infections, seizures, problems of the nervous system and brain, and death. About half of infants younger than age 1 who get the disease are hospitalized.

## **What is the vaccine for pertussis?**

The vaccine for pertussis is given together with the vaccines for diphtheria and tetanus. There are two vaccines to protect against pertussis: one for children under 7 years old (diphtheria-tetanus-acellular pertussis vaccine, or DTaP), and another for people aged 7 and older (tetanus-diphtheria-acellular pertussis vaccine, or Tdap).

Infants should get DTaP doses at 2, 4 and 6 months and a fourth dose between 15 and 18 months. Children should get a fifth "booster" dose between 4 and 6 years, before starting school. If a 7- to 10-year-old child has not received all of the recommended DTaP vaccine doses, a dose of Tdap should be given before the 11- to 12-year-old checkup.

Teens attending sixth through twelfth grades are required to receive a Tdap booster dose to start school.

Adults should also get the Tdap vaccine; it is especially important for those in close contact with infants under 1 year old, such as parents, caregivers and health care workers. Pregnant women should also get Tdap vaccine, preferably during the late second or third trimester (after 20 weeks gestation and preferably between 27 and 36 weeks). Vaccination during pregnancy helps protect the baby before he or she is old enough to get vaccinated. If a mother didn't get Tdap while pregnant, she should get it right after giving birth.

## **What can be done to prevent pertussis from spreading?**

The single most effective way to prevent pertussis is by ensuring that as many people as possible in the community are vaccinated.

Antibiotics can shorten the time people are contagious. People who have pertussis should stay away from young children and infants until they have been treated. People in close contact with an infected person may need antibiotics (post-exposure prophylaxis) to prevent them from becoming ill and spreading the disease.

For more information on where you or your child can be vaccinated, **call 311**.



## Shigellosis

### What is shigellosis?

Shigellosis is an infection that affects the intestines. It is caused by the bacteria (germs), *Shigella*. It is a fairly common infection, especially among young children. For data on shigellosis in New York City visit EpiQuery.

### Who gets shigellosis?

Anyone can get shigellosis, but it is seen most often in young children. Those who may be at greater risk include children in day care centers, travelers to certain foreign countries, men who have sex with men, and individuals living in institutional settings (for example: nursing homes, shelters, prisons, etc).

### How is the *Shigella* germ spread?

*Shigella* germs are found in the intestinal tract of infected people and are passed in their stool (feces). The *Shigella* germ is spread by eating or drinking contaminated food or water, or by direct contact with an infected person. Sexual practices that allow oral or hand contact with stool (feces) may also result in spread.

### What are the symptoms?

People exposed to the *Shigella* germ may experience mild or severe diarrhea, often with fever, nausea, and cramps. There may be traces of blood or mucous in the stool. Some infected people may not show any symptoms.

### How soon after infection do symptoms appear?

The symptoms may appear 1 to 7 days after exposure, but usually within 2 to 3 days.

### When and for how long is a person able to spread shigellosis?

Most people pass *Shigella* in their stool (feces) for one to four weeks.

### How is shigellosis diagnosed?

Shigellosis is diagnosed by checking the patient's stool (feces) for the *Shigella* germ.

### What is the treatment for shigellosis?

Most people with shigellosis will recover on their own. Some may require fluids to prevent dehydration. Antibiotics are occasionally used to treat severe cases, but generally not recommended.

## **Should an infected person stay home from work or school?**

Since the *Shigella* bacteria are passed in the stool (feces) of an infected person, people with active diarrhea who are unable to control their bowel habits (e.g., infants, young children, certain handicapped individuals) should stay home until the diarrhea has stopped. Most infected people may return to work or school when their stools become formed (solid), as long as they carefully wash their hands after using the toilet. Food handlers, children in day care, and health care workers must obtain the approval of the Health Department before returning to their routine activities. This requires follow-up stool testing to be sure that they are no longer infectious.

## **What can be done to prevent the spread of shigellosis?**

### **Wash hands often.**

Since germs are passed in stool (feces), the single most important prevention activity is frequent and careful hand washing with soap and warm running water after using the toilet or changing diapers.

### **Take extra care when traveling.**

When traveling to developing countries, simple precautions can prevent disease.

- Drink bottled water, or boil water for drinking.
- Only eat food that has been thoroughly cooked.
- Avoid raw fruits and vegetables that you did not wash or peel yourself.

### **Protect yourself and others.**

Persons with any diarrheal illness should avoid any sexual practice that may expose a partner to their stool (feces). Avoid unprotected sexual practices that may result in hand or mouth exposure to stool, such as anal sex or oral-anal contact.



## **Shingles (herpes zoster)**

### **What is shingles?**

Shingles, also called herpes zoster or zoster, is a painful skin rash caused by the varicella-zoster virus, the same virus that causes chickenpox. After a person recovers from chickenpox, the virus remains inactive in the body. Usually the virus does not cause any further problems; however, the virus may re-emerge years later, causing shingles.

### **Who gets shingles?**

Anyone who has recovered from chickenpox may develop shingles, including children. However, shingles most commonly occurs in people 50 years old or older. The risk of getting shingles increases as a person gets older. People who have medical conditions that keep the immune system from working properly, like cancer, leukemia, lymphoma, and human immunodeficiency virus (HIV) infections, or people who receive drugs that weaken the immune system, such as steroids and drugs given after organ transplantation, are also at greater risk to get shingles.

### **How is shingles spread?**

A person must have already had chickenpox in the past to develop shingles. A person cannot get shingles from a person that has shingles. However, the virus that causes chickenpox and shingles can be spread from a person with active shingles to a person who has never had chickenpox or had the chickenpox vaccine. The person exposed to the virus would develop chickenpox, not shingles. A person with shingles can spread the virus when the rash is in the blister-phase. The blister fluid is filled with virus particles. The virus is spread through direct contact with the rash or through breathing in virus particles that get mixed in the air. Once the rash has developed crusts, the person is no longer contagious. A person is not infectious before blisters appear or if pain persists after the rash is gone (post-herpetic neuralgia).

## **What are the symptoms of shingles?**

Shingles usually starts as a rash on one side of the face or body. The rash starts as blisters that scab after seven to ten days. The rash usually clears within two to four weeks.

Before the rash develops, there is often pain, itching, or tingling in the area where the rash will develop. Other symptoms of shingles can include fever, headache, chills, and upset stomach.

## **How soon do symptoms appear?**

The virus lies dormant in someone who has had chickenpox in the past. It can reactivate many years later.

## **What are the complications associated with shingles?**

Shingles is not usually dangerous to healthy individuals although it can cause great misery during an attack. Anyone with shingles on the upper half of their face, no matter how mild, should seek medical care at once because of the risk of damage to the eye. Very rarely, shingles can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death. For about one person in five, severe pain can continue even after the rash clears up. This pain is called post-herpetic neuralgia. As people get older, they are more likely to develop post-herpetic neuralgia, and it is more likely to be severe.

## **Is there a treatment for shingles?**

Several antiviral medicines, acyclovir (Zovirax), valacyclovir (Valtrex), and famciclovir (Famvir), are available to treat shingles. These medications should be started as soon as possible after the rash appears and will help shorten the illness and decrease how severe the illness is. Pain medicine may also help with pain caused by shingles. Call your provider as soon as possible to discuss treatment options.

## **Does past infection make a person immune?**

Usually. Most people who have shingles have only one episode with the disease in their lifetime. Although rare, a second or even third case of shingles can occur.

## **Is there a vaccine for shingles?**

There are two shingles vaccines currently available, Shingrix and Zostavax. Shingrix vaccine, a newer vaccine, is preferred over Zostavax for the prevention of shingles and its complications. Two doses of Shingrix given 2 to 6 months apart are recommended for healthy adults 50 years

of age and older. Shingrix is also recommended for adults who have previously received Zostavax. A single dose of Zostavax may still be used to prevent shingles in certain cases for healthy adults 60 years and older.

### **What can be done to prevent the spread of shingles?**

A vaccine for chickenpox is available and it is hoped that individuals immunized against chickenpox will be less likely to develop shingles in later life.

The risk of spreading the virus that causes shingles is low if the rash is covered. People with shingles should keep the rash covered, not touch or scratch the rash, and wash their hands often to prevent the spread of shingles. Once the rash has developed crusts, the person is no longer contagious.

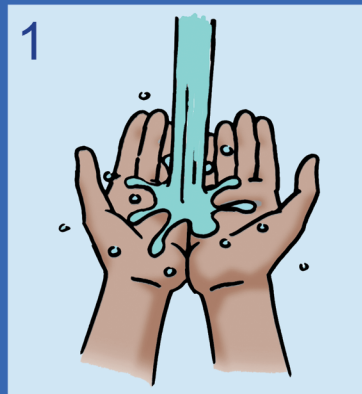
Source: [https://www.health.ny.gov/diseases/communicable/shingles/fact\\_sheet.htm](https://www.health.ny.gov/diseases/communicable/shingles/fact_sheet.htm)

## DOHMH TB Clinic Locations

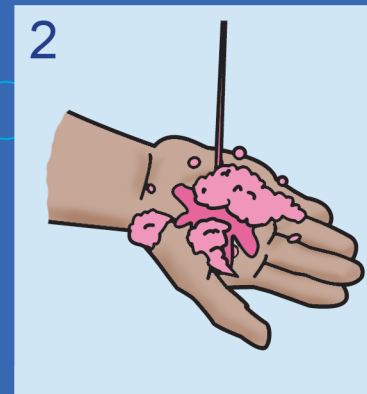
<b>BRONX</b>	
<b>Morrisania Chest Center</b> 1309 Fulton Avenue, 1st Floor Bronx, NY 10456 <b>718-838-6876</b>	<b>Hours:</b> Wednesday, Thursday, and Friday, 8:30 a.m. to 5 p.m. <b>Bus:</b> Bx11, Bx15, Bx21, Bx35, Bx41
<b>BROOKLYN</b>	
<b>Fort Greene Chest Center</b> 295 Flatbush Avenue Ext., 4th Floor Brooklyn, NY 11201 <b>718-249-1468</b>	<b>Hours:</b> Monday through Friday: 8:30 a.m. to 5 p.m. Saturday, 8:30 a.m. to 4:30 p.m. <b>Subway:</b> A, C to Jay St – Metro Tech / B, Q, R to DeKalb Ave. / 2,3,4,5 to Nevins Street <b>Bus:</b> B25, B26, B38, B52, B54
<b>MANHATTAN</b>	
<b>Washington Heights Chest Center</b> 600 West 168th St, 3rd Floor New York, NY 10032 <b>212-368-4500</b>	<b>Hours:</b> Monday and Tuesday, 8:30 a.m. to 5 p.m. <b>Subway:</b> A, C, 1 to 168 Street <b>Bus:</b> Bx7, M2, M3, M5, M100
<b>QUEENS</b>	
<b>Corona Chest Center</b> 34-33 Junction Boulevard, 2nd Floor Jackson Heights, NY 11372 <b>718-396-5154, 718-396-5134</b>	<b>Hours:</b> Monday and Thursday: 8:30 a.m. to 8 p.m. Tuesday, Wednesday and Friday: 8:30 a.m. to 5 p.m. Saturday, 8:30 a.m. to 4:30 p.m. <b>Subway:</b> 7 to Junction Boulevard <b>Bus:</b> Q23, Q49, Q66, Q72
<b>Services provided at these clinics:</b> <ul style="list-style-type: none"> <li>• TB Testing by skin test/ IGRA blood test</li> <li>• Chest X-ray</li> <li>• Medical Evaluation for TB</li> <li>• Treatment for active TB disease</li> <li>• Treatment for TB Infection</li> <li>• Sputum Induction</li> <li>• Social Services Referral</li> <li>• HIV Counseling and Testing</li> <li>• Directly Observed Therapy (in-person/video conference)</li> </ul>	



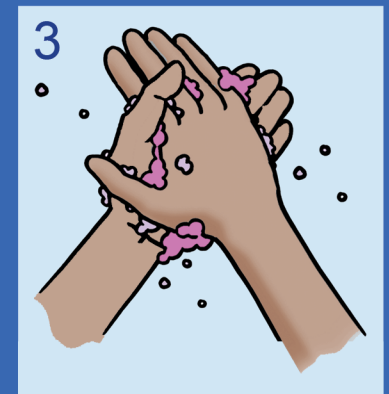
# wash your hands



WET



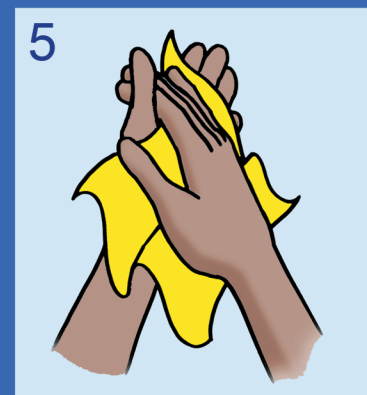
SOAP



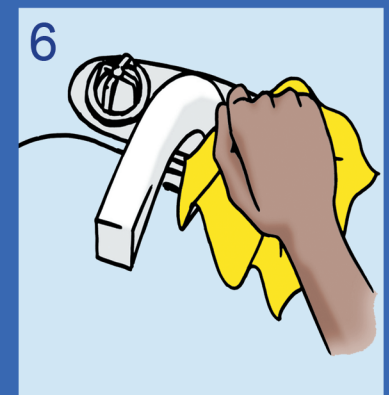
SCRUB



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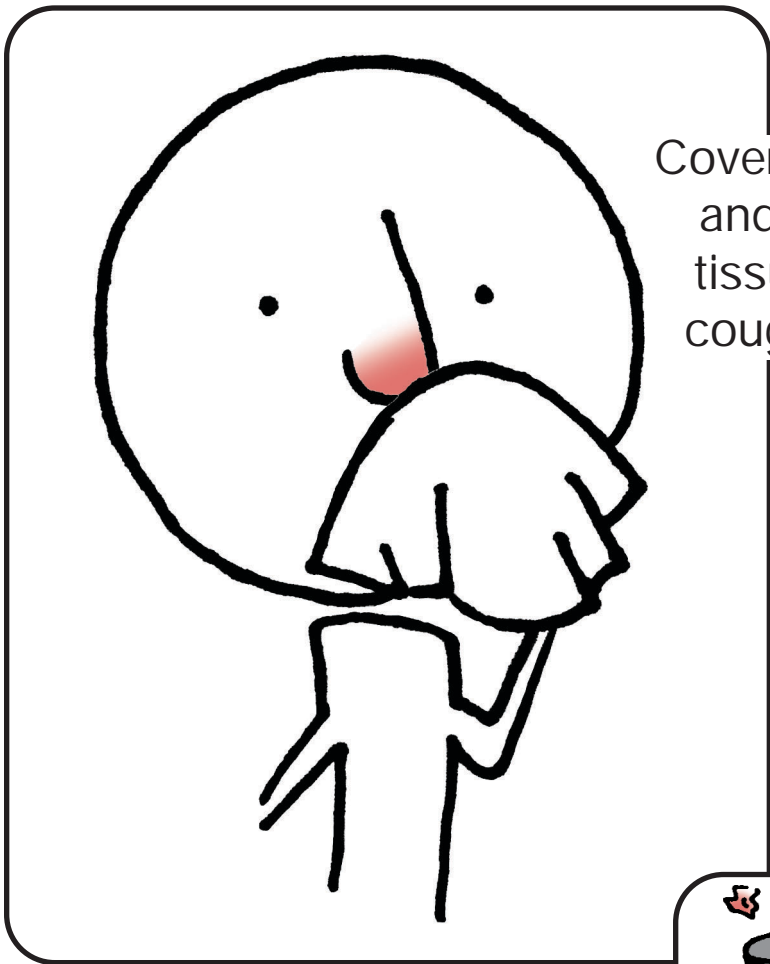


TURN OFF  
WATER



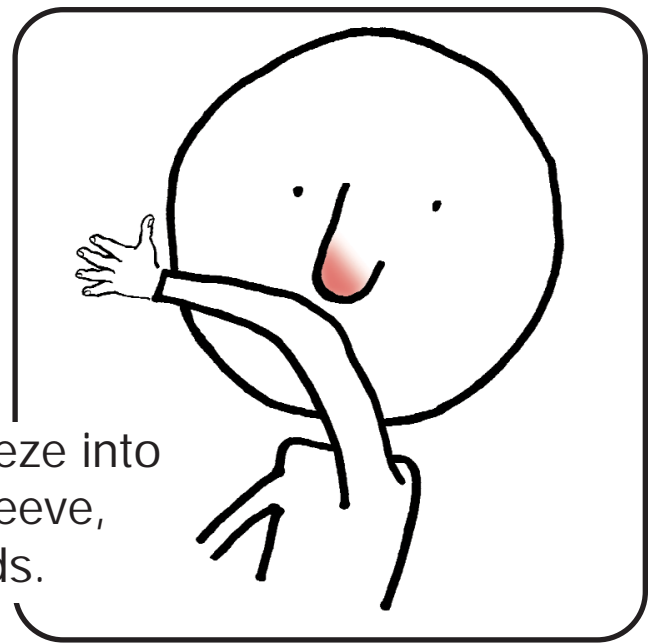
Stop the spread of germs that make you and others sick!

# Cover your Cough

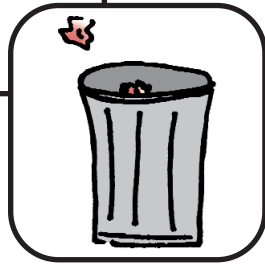


Cover your mouth and nose with a tissue when you cough or sneeze

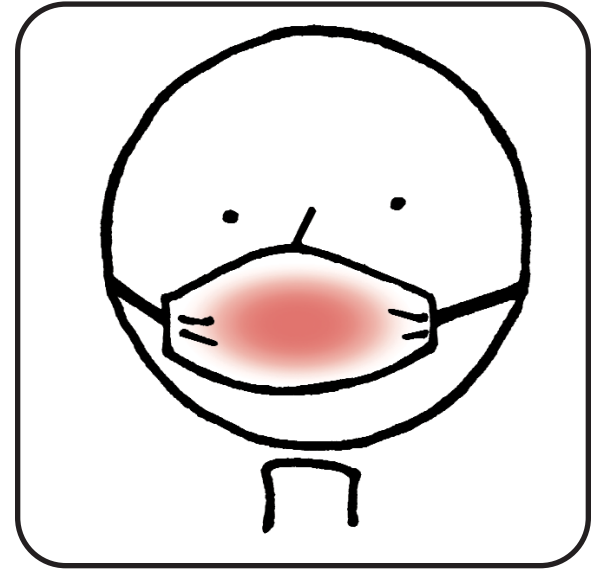
or  
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in a waste basket.



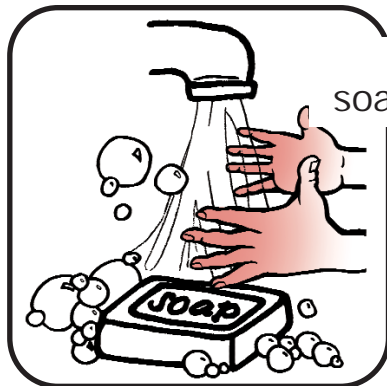
You may be asked to wear a surgical mask in public. Don't worry if you see staff and others wearing masks.



They are preventing the spread of germs.

# Wash your Hands

after coughing or sneezing.



Wash with soap and water

or  
clean with alcohol-based hand cleaner.



Alcohol-Based Hand Cleaner

Special thanks to the Minnesota Department of Health and the Minnesota Antibiotic Resistance Collaborative.