Recent Twin Earthquakes in Northwest Iran: Infectious Concerns

To the Editor—Recently, on 11 August 2012, in East Azerbaijan Province, Iran, twin earthquakes, both measuring higher than 6 on the Richter scale, led to the death of 300 individuals and thousands more injured. Immediate rescue measures were taken, and all the survivors were placed in temporary shelters (tents) provided by the rescue teams. The primary shock has abated; however, both the survivors and unaffected persons living in the neighboring areas are exposed to incalculable health threats, among which public hygiene concerns are of utmost importance and require prompt measures to be implemented. Great emphasis should be placed on the risk of an outbreak of vector-borne diseases: (1) gastrointestinal infectious diseases caused by unhealthy drinking water or food consumption [1]; (2) respiratory tract infections in the cold climate [2]; (3) zoonotic diseases stemming from carcasses of dead animals [3]; (4) tetanus, measles, diphtheria, etc, where immunization coverage is often low or nonexistent [4]; and (5) hospital-acquired infections due to increased circulation between and inside the hospitals [5]. In addition to the aforementioned probable outbreaks, one should bear in mind the sporadic cases with animal (eg, snake, scorpion, spider) bites [6]. At the moment, abundant amounts of bottled water, canned and dry food, and special potable water tanks have been provided in the rescue camps. Safe disposal of dead animals was performed and a special hotline was devoted to the report of any suspicious cases. Furthermore, the surviving livestock were vaccinated. Injured people with no or incomplete history of previous tetanus immunization were given supplementary vaccines and antitoxins according to World Health Organization guidelines [7]. The Center for Disease Control at the Iranian Ministry of Health has not hitherto reported any case of infectious diseases outbreak or animal bite in the affected areas. However, precautionary measures must be adopted, especially considering the forthcoming cold season and subsequently the probable increased risk of respiratory tract infections. Therefore, appropriate emergency housing should be guaranteed for the homeless. And last, but not least, the underestimated risk of hospital-acquired infections should be borne in mind and lessened by the establishment of applicable protocols, formation of ideal intensive care units, and implementation of enhanced surveillance.

Note

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