## BRIEF GUIDANCE ON THE SHELTER SURVEILLANCE PROCESS IN KENTUCKY

The Kentucky Department for Public Health (KDPH) has a basic process for morbidity (illness) surveillance in shelters. Please use the following guidance for this purpose.

## <u>The Regional Epidemiologist is responsible for morbidity (illness) surveillance in shelters in</u> <u>their region.</u>

Regional Epidemiologist responsibilities:

1) **Identify Shelters:** Identify any shelters, formal (Red Cross, County-operated) or informal (e.g., churches) that are operating in your region. Emergency Management and most LHDs (especially the environmental health program) will be aware of shelters in their area but some might be heard about only "through the grapevine."

2) Assess Need for Morbidity Surveillance: Assess whether the shelter will remain open for 3 or more days. We don't normally initiate shelter morbidity surveillance in Kentucky until Day 3 due to the temporary nature of most shelter situations.

3) **Establish Primary Contact:** If a shelter exists and looks like it will be housing evacuees for several days, you should initiate contact with whoever is managing the shelter to introduce the shelter morbidity surveillance process. Look for a shelter manager as the primary contact, or in bigger shelters there may be a clinical person as a point of contact of health care issues who would be the best primary contact.

4) **Set up Surveillance Process:** Once a primary contact is established at each shelter, work with that contact to determine how best to collect daily illness data. This can be done a number of ways:

a. **Shelter Primary Contact Collects Data:** The Primary Contact you have identified can fill out the aggregate form and fax it in daily, or even just call you and report what is happening every day if that works for your area.

b. **Regional Epi Collects Data:** You could personally visit each shelter each day (if the number of shelters is small) to collect data yourself.

c. **Other Person Collects Data:** Since environmentalists will be visiting each shelter daily, they could solicit whether there are any illnesses and collect data on those as needed.

5) **Data To Collect:** I have attached two forms for your use: 1) The Summary Morbidity Surveillance Form which is collected on each shelter each day and submitted to the state; and 2) and Individual Morbidity Surveillance Form, which can be used by you or shelter staff if you want to collect specific data about each person who develops illness in a shelter. This form DOES NOT need to be submitted to the state.

H:\Disaster Preparedness\All Hazard Plan\BRDHD All Hazards Plan\BRDHD All Hazards Plan 2022\12 - Tab and Appendices-Mass Patient Care\Tab 12 Appendix E - Environmental Surveillance Forms

6) **Submit Data:** Fax forms to the fax number printed on the data collection form. ONLY SUBMIT THE SUMMARY FORM FOR SHELTERS TO THE STATE, not the individual form.

7) **Data Collection Duration:** Collect data until the shelter closes or until the count of residents is so small (e.g., only one family or < 5 people) as to make surveillance of limited utility.

8) <u>State Contact persons for Questions</u>: (All at: 502-564-3418) Doug Thoroughman (x4315), TJ Sugg (x4244), Sara Robeson (x4211)