

# MS Canyon 252 Oil Spill Surveillance Report

**Week 22 From 05/30/2010 - 06/05/2010**

The Oil Spill Surveillance Summary Report describes the results of the tracking done by the Louisiana Department of Health and Hospitals Office of Public (OPH) Health Section of Environmental Epidemiology & Toxicology (SEET). This report relies on data supplied by sentinel surveillance sites, including hospital emergency departments, outpatient clinics, physicians' offices and Louisiana poison control center.

SEET is tracking and evaluating all acute health effects related to the BP Oil Spill. Potential complaints include exposure to odors/fumes, skin contact with contaminated water or objects, heat stress, in addition to injuries such as lacerations/fractures resulting from clean-up or containment activities. All patients treated for an oil spill-related injury or illness should be reported to OPH/SEET as soon as possible. This information is critical to state agencies monitoring the health impact of the oil spill on Louisiana residents and workers.

## What to report

Patient name and contact information, name of reporting facility, name and telephone number of person reporting event, and brief description of health complaint and treatment. OPH/SEET will follow-up if more information is needed.

## How to report

**Telephone** 888-293-7020 (24/7) **Fax** 225-342-8117

## Database

All human surveillance data are entered in a database maintained by SEET. The data include demographics characteristics about persons exposed, workers from the rigs, workers involved in clean up, other workers (EMS for example) and residents. Data are also collected on the nature of exposure, type of work, route of exposure and location of exposure. Clinical and health care utilization data are also collected.

## Summary

There have been 71 reports of health complaints believed to be related to exposure to pollutants from the oil spill. Fifty (50) reports came from among workers and 21 from among the general population (see limitations of these data explained on page 2). Most workers reported having had symptoms that cleared up quickly (see page 5 for details) resulting from exposures from a variety of chemicals (see page 4 for a description of exposures). Eight (8) had short hospitalizations. The general population complaints were related to odors, and symptoms were considered treatable (pages 4 and 5).

The syndromic surveillance system is monitoring emergency department visits in 7 hospitals in regions 1,3 and 9 to determine if there are increases in upper respiratory illnesses (URI) and asthma increasing in the region. This year's weekly data (percentage of asthma and URI among emergency department visits) are compared with the past 3 years. There is no increase to report. (see page 6).

## Treatment information

Call the Louisiana Poison Center: 1-800-222-1222. The Poison Center is staffed 24-hours a day and can provide medical management advice.

## Information on potential health risks related to the oil spill see

[http://emergency.cdc.gov/chemical/oil\\_spill\\_gm\\_2010.asp](http://emergency.cdc.gov/chemical/oil_spill_gm_2010.asp)

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Page 2: Comments

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Page 5: Illness and health care utilization

Page 6: Syndromic surveillance

## **Comments**

On April 20 the Deep Water Horizon exploded and collapsed into the sea on April 22 (CDC week 16). Four weeks later the health surveillance system in place started to receive reports of human exposures.

### **Goal of the targeted surveillance**

The goal of this surveillance is to monitor possible human health effects of exposure to pollutants resulting from the spill. This report does not include injuries which are the primary conditions affecting the workers. It also does not include chronic disease (for example, it would not include hypoglycemia in a diabetic worker) or acute conditions that are not directly resulting from pollutants (for example, a foodborne outbreak), but it includes any exacerbations of a chronic condition that could be resulting from exposure to pollutants (mainly for pulmonary and dermatologic conditions resulting from inhalation or skin exposure).

### **A surveillance is a dynamic system**

As reports are received they are entered in a database. From this database, interviewers will collect additional information from the reporter and from the patient. This process may take several days. This report summarizes the status of the database at the time the report is compiled. Week over week comparisons are discouraged as data may change when new information becomes available.

### **Limitations of exposure histories and of health complaints**

Because of the nature of environmental exposures, there is no attempt made in this report to confirm the exact cause of symptoms or exposure. Health complaints are the symptoms and signs reported by the person affected. Some of these are objective (vomiting, for example), others are subjective (nausea, for example). There are large variations in how subjective symptoms are perceived and reported.

### **Syndromic surveillance**

Syndromic Surveillance utilizes the detection of well-defined symptoms as an indicator of the possible presence of a public health problem. The Metro New Orleans Hospital Emergency Department Syndromic Surveillance Report is compiled from Emergency Department (ED) Chief Complaint data reported to LAOPH Infectious Diseases Epidemiology Section by Metro New Orleans hospitals (7 hospitals from Regions 1, 3 and 9). Text contained in the Chief Complaint data is analyzed by CDC-supplied software, and ED records are flagged when Chief Complaint data contain text indicative of a specific syndrome.

Infectious Diseases Epidemiology currently flags ED records when Chief Complaint data indicate specific syndromes. For the purpose of this surveillance, "Asthma" and "Upper respiratory symptoms" are of interest.

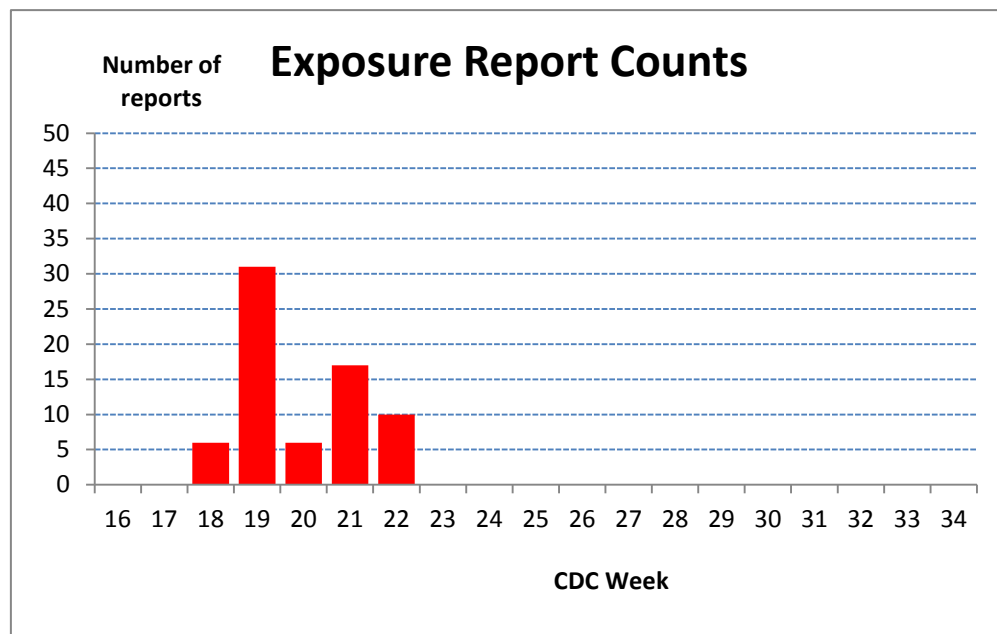
### **CDC Week**

To facilitate the coordination of reporting, the Centers for Disease Control, assigns a number to each week of the year. The dates corresponding to each week in the report are explained on Page 3.

## Oil Spill Exposure Demographic Information

This graph shows the number of reports for conditions perceived to be related to exposure to oil spill materials. This type of data is based on a patient's report and does not necessarily reflect a confirmed health effect from the oil spill. On the other hand, cases of exposures that did not warrant accessing medical care are not reported here.

<b>Total numbers</b>	<b>Reports</b>	<b>71</b>	<b>Workers</b>	<b>50</b>	<b>Home</b>	<b>21</b>
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First day of the week CDC Week Report

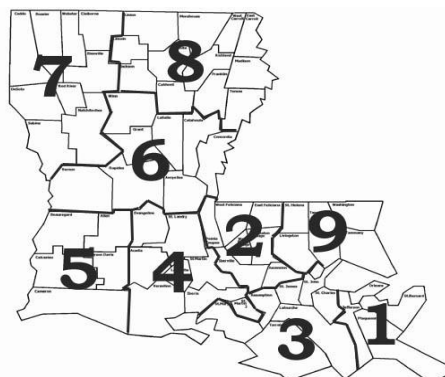
04/18/10	16	0
04/25/10	17	0
05/02/10	18	6
05/09/10	19	31
05/16/10	20	6
05/23/10	21	17
05/30/10	22	10
06/06/10	23	
06/13/10	24	
06/20/10	25	
06/27/10	26	
06/28/10	27	
06/29/10	28	
06/30/10	29	
07/01/10	30	
07/02/10	31	
07/03/10	32	
07/04/10	33	
07/05/10	34	
07/06/10	35	

### Age and Gender distribution

	Gender		Age				Total
	M	F	0-17	18-44	45-64	65+	
Worker	48	2	0	28	14	0	42
General population	6	15	3	10	7	1	21
Total	54	17	3	38	21	1	63

### Parish of residence

Region	Total
1: Greater NO	11
Orleans	3
Jefferson	4
Plaquemine	4
St Bernard	
2: Baton Rouge	1
3: Houma/Thibodaux	10
Lafourche	2
Terrebonne	4
Other	
4: Lafayette	6
5: Lake Charles	1
9: North Shore	6
Out of State	14
Total	66



## Exposure Data

## Source of report

	Total
Poison Control Center PCC	19
Emergency Department	28
Urgent care/Physician/Clinic	20
Hotline	3
Total	70

### Working in oil spill related activity when exposed

	Work	Pop
<b>Worker</b>		
Cleanup unspecified	9	
Sheen busting	7	
Boom deployment	3	
Offshore work	4	
Oil rig	21	
Burning	2	
Other worker (not oil)	1	
Unspecified	3	
<b>Residents</b>		
Home		20
Beach walking		
Boating		
Swimming		
<b>Total</b>	50	20

**Exposure to (these exposures could not be validated)**

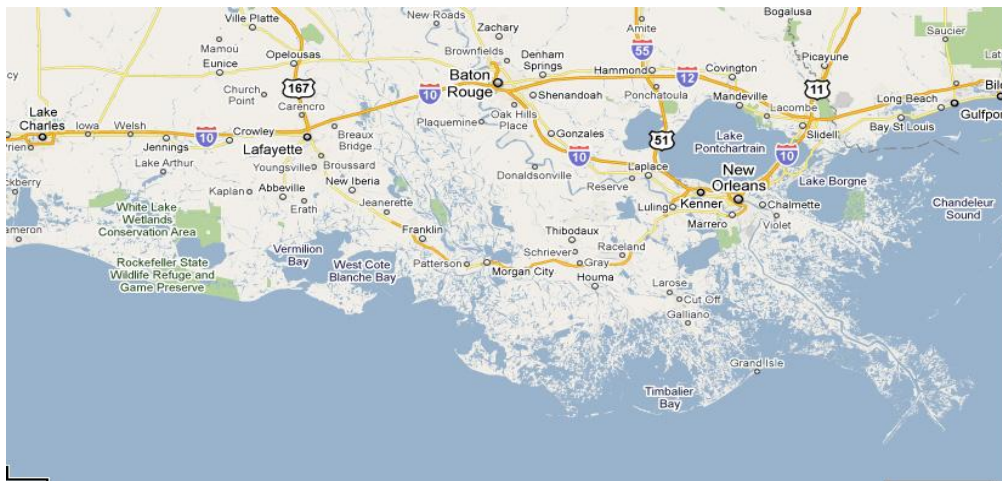
	Work	Pop
Polluted water	1	0
Tar ball	0	0
Liquid oil	0	0
Odor and fumes	5	20
Emulsified/Dispersant	30	0
Heavy equipment	0	0
Heat	0	0
Wildlife	0	0
Seafood	0	0
Total	36	20

### Route of exposure

	Work	Pop
Odor/inhalation	38	21
Eye contact	1	0
Skin contact	3	0
Ingestion	0	0
Other	0	0
Total	42	21

### Location of exposure

	Work	Pop
Shore of ...or Parish		
Plaquemines	1	3
St Bernard	0	2
Orleans	1	10
Jefferson	2	0
St. Tammany	0	4
Lafourche	2	0
Terrebonne	0	2
Offshore	38	0
Total	44	21



**Illness  
Health Care Utilization**

<b>Illness Information</b>		
	Work	Pop
Respiratory		
Nose irritation	2	2
Nose bleed	1	0
Throat irritation	8	13
Shortness of breath/difficulty breathing	5	6
Aggravation of existing asthma	0	5
Aggravation of existing respiratory illness (COPD)/other	0	2
Cough	8	4
Other		
Eye		
Eye irritation	7	5
Other	0	0
GI		
Nausea	10	5
Vomiting	5	1
Diarrhea	2	2
Cvasc		
Chest pain	5	1
Irregular beat	0	0
Aggravation of existing cardio-vascular disease	0	0
Skin		
Rashes	1	1
Other	0	0
Other		
Headache	18	8
Dizziness	0	1
Patients	50	21
*Cases may be counted in more than 1 category		

**Health care utilization**

	Work	Pop
Type of health care obtained		
Poison control center call	0	13
Emergency department/Urgent care	18	4
Clinic /Physician office	28	3
Call to health department /Hotline	0	1
No formal visit	0	0
Total	46	21
Hospitalization: All were short, generally 1 day	8	0

**Clusters**

01-05/13/10: Sixteen oil rig workers were exposed to fumes reported to be dispersant. They experienced nausea, vomiting and flu-like symptoms. They were sent to a Plaquemines Parish clinic. By the time they arrived most symptoms have been alleviated. They were examined, treated symptomatically and released immediately.

02-Five offshore oil rig workers complained of irritative symptoms after being exposed to fumes thought to be dispersant. They were sent to Lafayette clinic, examined, treated symptomatically and released immediately.

03-05/26/10 Seven clean-up workers had been working on a boat, busting oil sheen for two weeks. They experienced nausea, headaches, burning throat and chest pain. They were exposed to fumes they believed to be dispersant. They were transported to West Jefferson hospital. One was released the same day. Six others were hospitalized (5 for 1 day, 1 for 2 days). An investigation is pending.

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The black lines (smooth, no dots) represent the lowest and the highest percentages observed in the past 3 years. The red lines (with dots) represent the percentages observed this year. The syndromic surveillance does not show any higher rates in the GNO area.

