

Infectious Disease Risks and Management Post-disaster: Implications for Patients with HIV at Health Centers

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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

INFECTIOUS DISEASE RISKS AND MANAGEMENT POST-DISASTER: IMPLICATIONS FOR PATIENTS WITH HIV AT HEALTH CENTERS

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LEARNING OBJECTIVES

- Describe the impact of disasters on infectious disease risks.
- Recognize the unique infectious disease risks faced by patients with HIV post disaster.
- Analyze key strategies for health centers in managing and mitigating infectious disease risks for patients with HIV.

OUTLINE

- **Define disasters and disaster-associated infectious disease risks.**
- Review data related to disasters and HIV care.
- Unique risks with people with HIV (PWH).
- Health Center strategies to mitigate disaster related risks for PWH.

DISASTERS

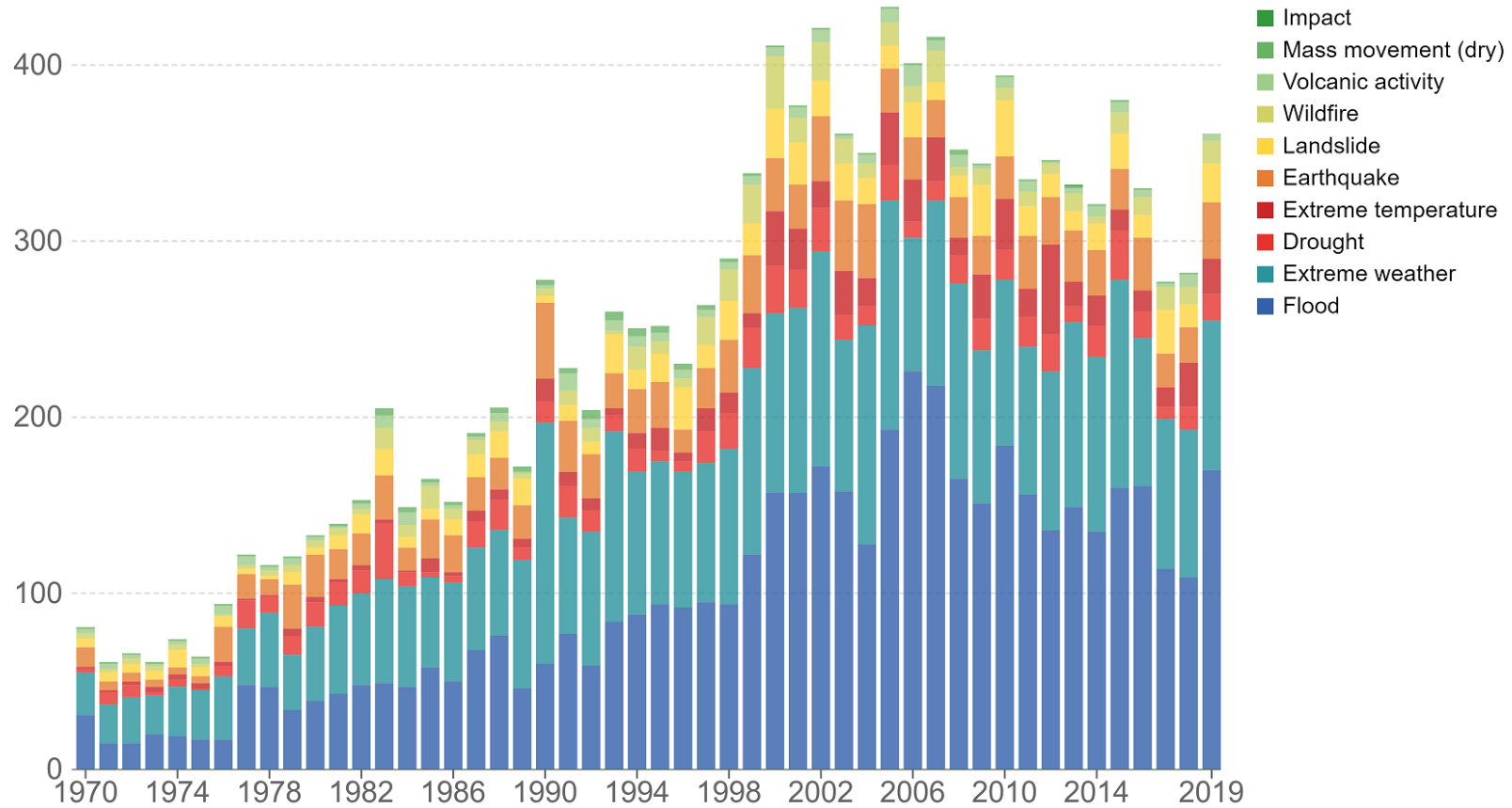
- **Natural disasters: when nature leads to a disaster.**
 - Environmental disasters.
 - Hurricanes, floods, earthquakes, tsunamis, heat waves, droughts.
 - Biological disasters.
 - Epidemics and pandemics (example: flu, cholera).
- **Man-made disasters: when human actions lead to a catastrophe.**
 - Transportation accidents (planes, trains), nuclear accidents, industrial accidents.
 - Terrorist attacks, riots, war/conflicts.
 - Environmental disasters (oil spills).

NATURAL DISASTERS ARE INCREASING

- The number of disasters has increased by a factor of 5 over the last 50 years.
 - Due to environmental change, extreme weather, and better reporting.
- Weather, climate, and water hazards account for 50% of disasters.
- However, due to warnings and disaster management, deaths are down threefold.

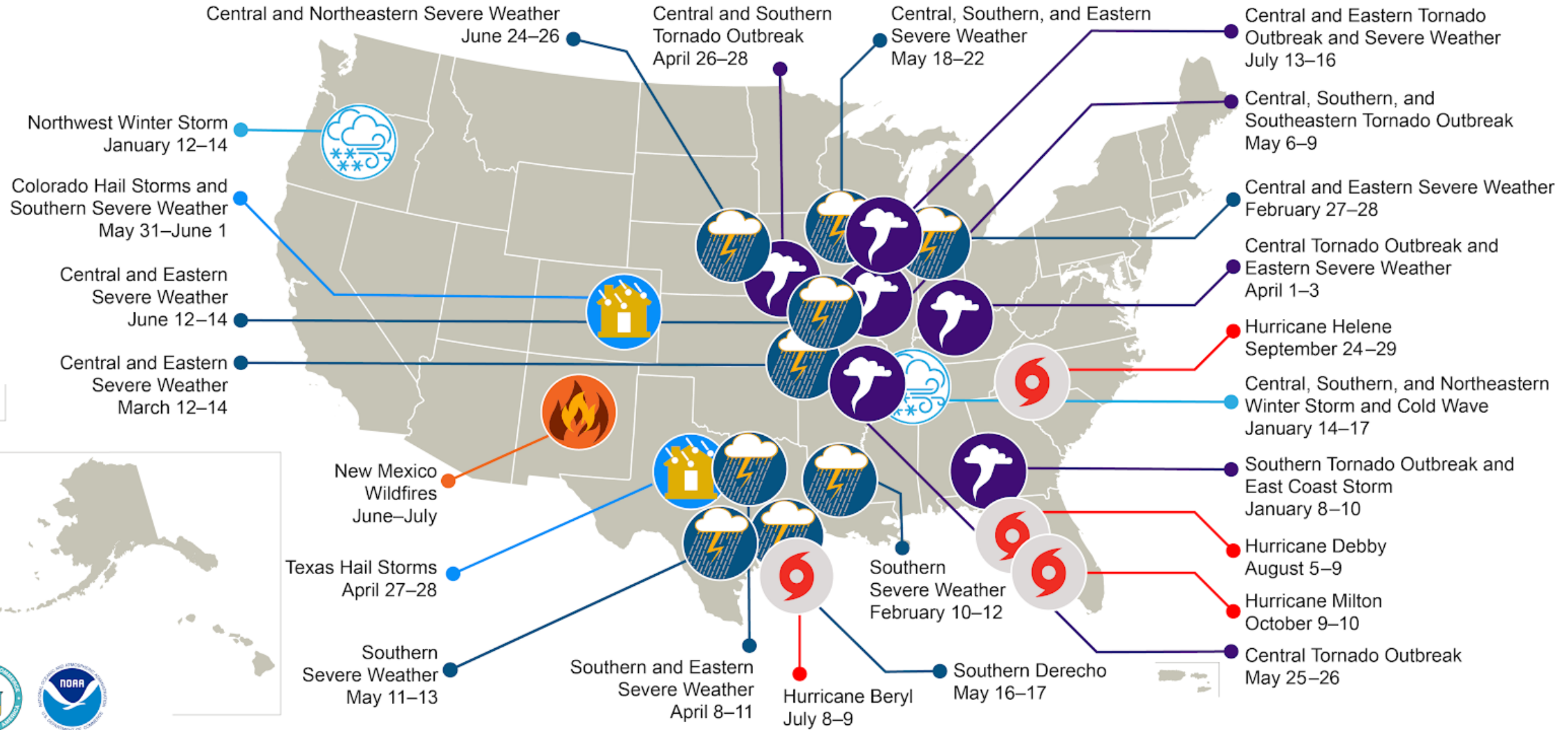
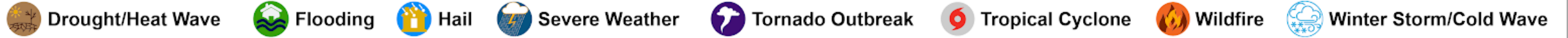
Global reported natural disasters by type, 1970 to 2019

The annual reported number of natural disasters, categorised by type. This includes both weather and non-weather related disasters.



Source: EMDAT (2020): OFDA/CRED International Disaster Database, Université catholique de Louvain – Brussels – Belgium
OurWorldInData.org/natural-disasters • CC BY

U.S. 2024 Billion-Dollar Weather and Climate Disasters



This map denotes the approximate location for each of the **24 separate billion-dollar weather and climate disasters that impacted the United States through October 2024.**

REASONS FOR INFECTIOUS DISEASE OUTBREAKS AFTER A DISASTER

- Disruption of healthcare infrastructure.
- Poor water, sanitation, and hygiene.
- Population displacement.
- Poor housing / overcrowded shelters.
- Vector behavior change.
- Collapse of healthcare facilities and systems.
- Disruption of surveillance and health programs.
- Low levels of immunity of vaccine preventable diseases or insufficient vaccine coverage.

1. Charnley GEC, et al. *BMJ Open* 2020;10:e039608.
2. Kouadio IK et al.. *Expert Rev. Anti Infect. Ther.* 10(1), 95–104 (2012).

MOST COMMON RISK FACTORS FOR DISEASE FROM NATURAL AND MAN-MADE DISASTERS

- In a systematic review of 132 post-disaster disease outbreaks, 418 risk factors were reported.
- Most common risk factors:
 1. **Displacement** (N=81).
 2. **Water, sanitation and hygiene (WASH)** (N=59).
 3. **Poor housing** (N=48).
 4. **Changes in vector (mosquito) or animal (domestic, livestock, wildlife) exposure.**

Source: Charnley, Gina EC, et al. "Traits and risk factors of post-disaster infectious disease outbreaks: a systematic review." *Scientific reports* 11.1 (2021): 5616.

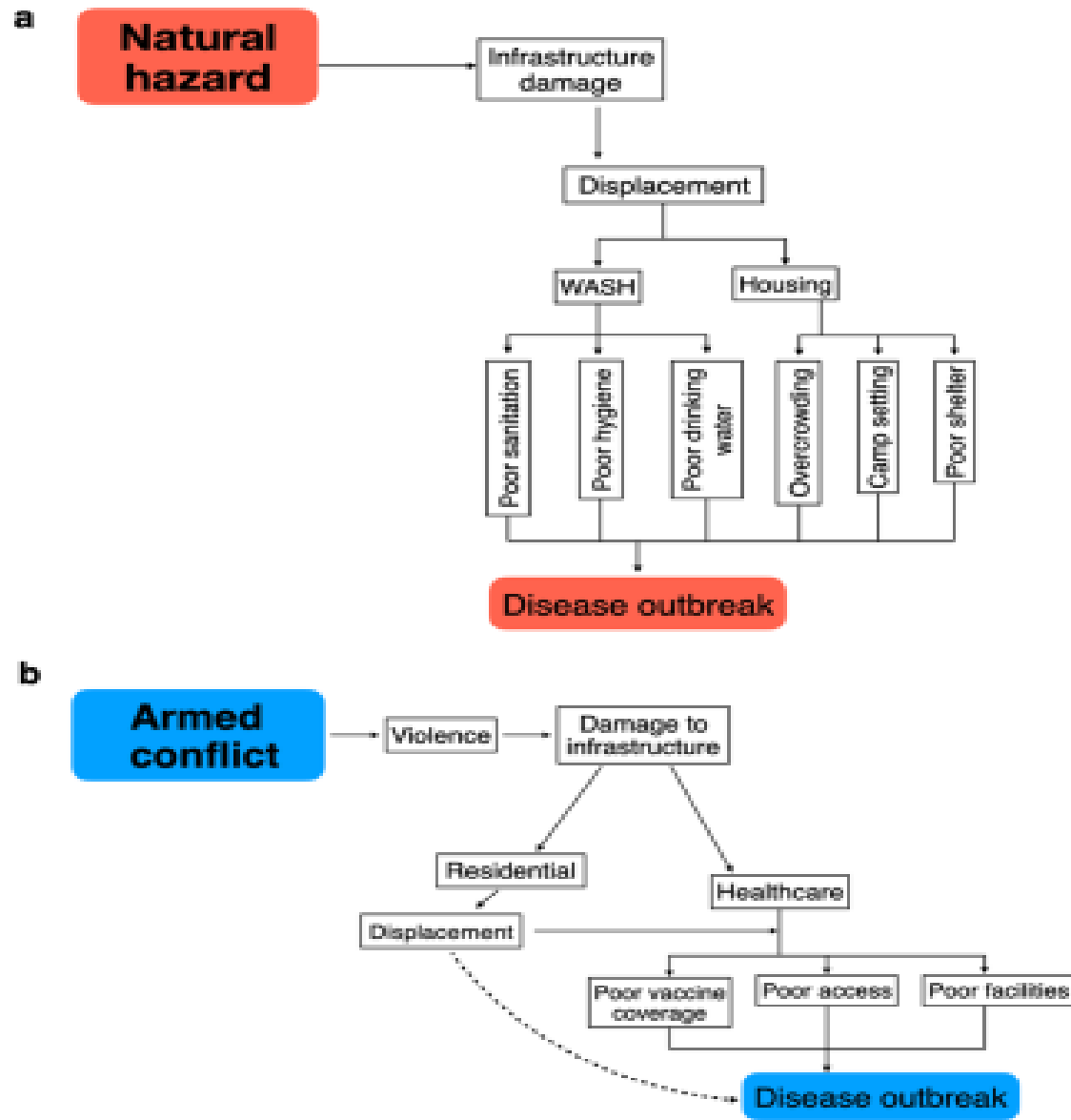
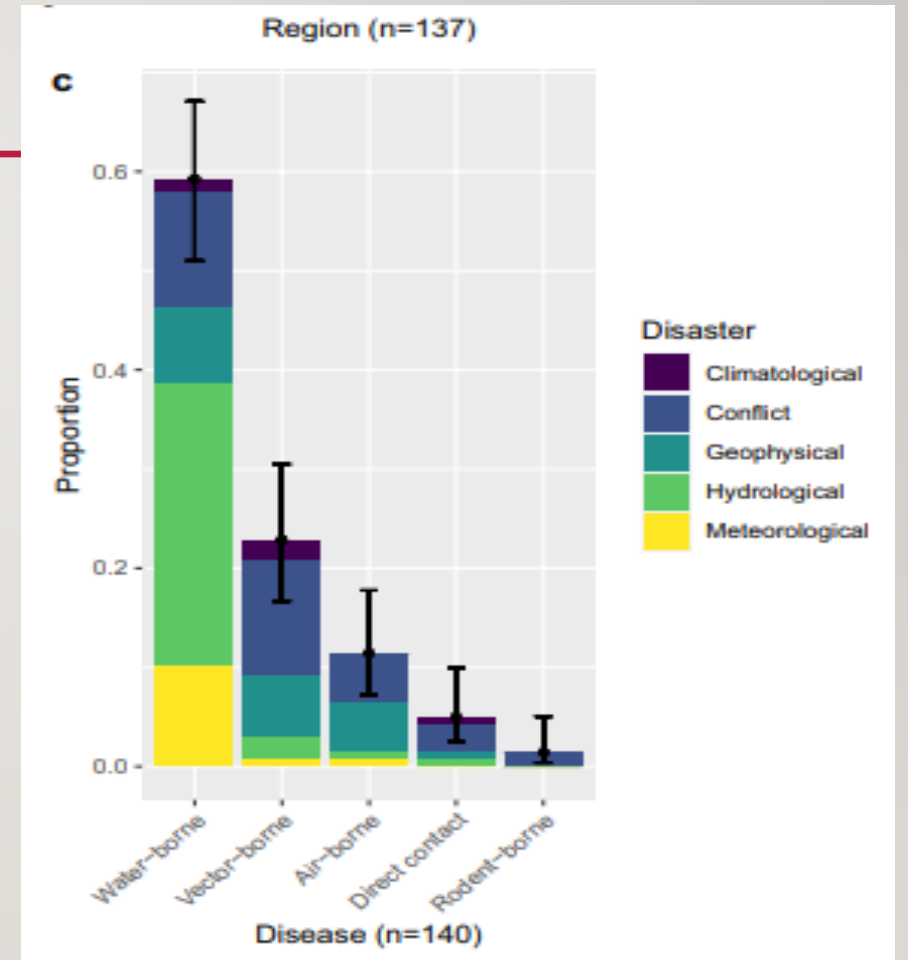
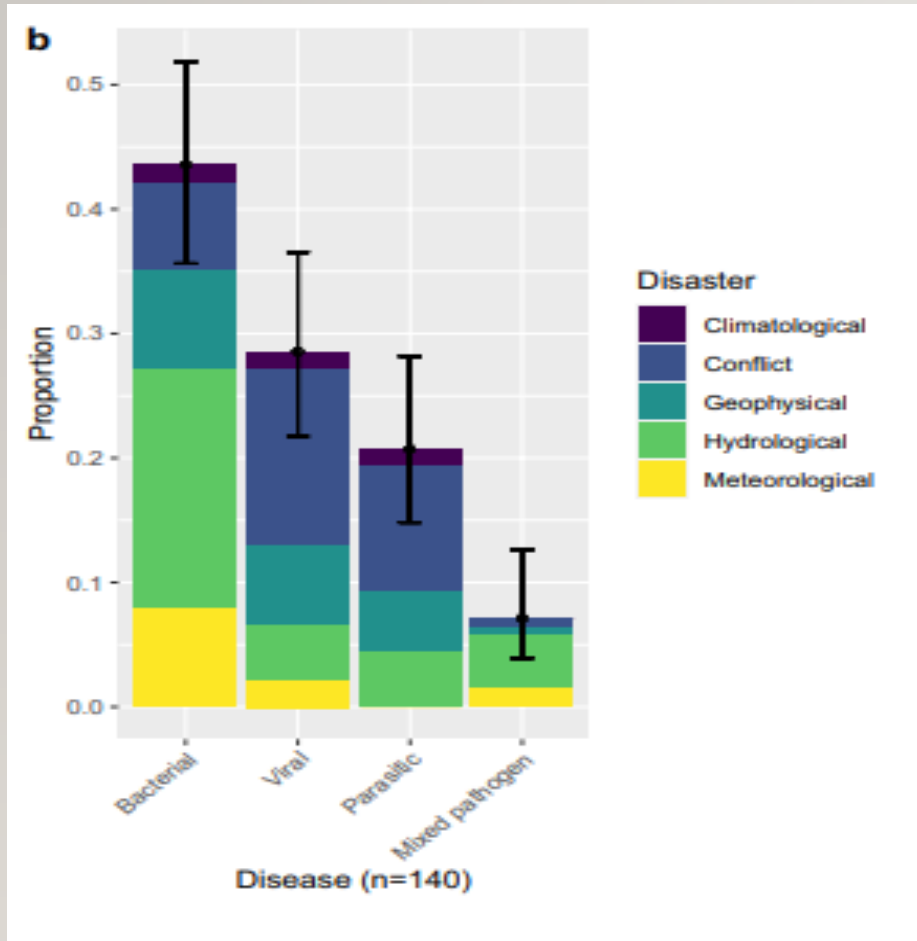


Figure 8. Shows an example of cascading risk factors for (a), natural hazards and (b), armed conflicts. The dashed line between displacement and disease outbreaks in 8b represents the authors understanding that displacement does not directly lead to disease outbreaks, but instead the conditions it creates.

Source: Charnley, Gina EC, et al. "Traits and risk factors of post-disaster infectious disease outbreaks: a systematic review." *Scientific reports* 11.1 (2021): 5616.

MOST COMMON DISEASE AGENTS AND SOURCE



Source: Charnley, Gina EC, et al. "Traits and risk factors of post-disaster infectious disease outbreaks: a systematic review." *Scientific reports* 11.1 (2021): 5616.

THREE CLINICAL PHASES OF INFECTIOUS DISEASE RISKS POST DISASTERS

- Phase 1, the impact phase (lasting 0 – 4 days).
 - When victims are extricated and initial treatment of disaster-related injuries are provided.
- Phase 2, the post-impact phase (4 days to 4 weeks).
 - When the first waves of infectious diseases (air-borne, food-borne, and/or water-borne infections) might emerge.
- Phase 3, recovery phase (> 4 weeks).
 - When symptoms of victims who have contracted infections with long incubation periods or those with latent-type infections may become clinically apparent.
 - During this period, infectious diseases that are already endemic in the area as well as newly imported ones among the affected community may result in an epidemic.

MOST COMMON INFECTIOUS DISEASE OUTBREAKS POST DISASTER

- Diarrheal disease.
- Respiratory infections.
- Skin infections.

Source: Saatchi, M et al. Communicable diseases outbreaks after natural disasters: A systematic scoping review for incidence, risk factors and recommendations. Progress in Disaster Science 2024; 23: 100334.



Table 2. Risk factors and onset of communicable diseases following natural disasters[†].

Major risk factors following natural disasters	Water-borne diseases				Air-borne/droplet diseases			Vector-borne diseases		Contamination from wounded injuries		Clinical phase of natural disasters				
	<i>Diarrhea (cholera; dysentery)</i>	<i>Leptospirosis</i>	<i>Hepatitis</i>		<i>ARI (pneumonia/ influenza)</i>	<i>Measles</i>	<i>Meningococcal meningitis</i>	<i>TB</i>	<i>Malaria</i>	<i>Dengue fever</i>		<i>Tetanus</i>	<i>Cutaneous mucormycosis</i>	<i>Impact phase (0–4 days)</i>	<i>Postimpact phase (4 days–4 weeks)</i>	<i>Recovery phase (>4 weeks)</i>
Population displacement from nonendemic to endemic areas									✓	✓						✓
Overcrowding (close and multiple contacts)	✓				✓	✓	✓	✓							✓	
Stagnant water after flood and heavy rains	✓	✓							✓	✓						✓
Insufficient/contaminated water and poor sanitation conditions	✓		✓												✓	
High exposure and proliferation to disease vectors		✓							✓	✓						
Insufficient nutrient intake/ malnutrition	✓				✓	✓		✓								✓
Low vaccination coverage						✓										
Injuries												✓	✓		✓	✓

[†]Disasters do not carry diseases/epidemics. Disease risk factors need to be in place and exacerbated as a result of the after effects of the disaster. ARI: Acute respiratory infection.

Source: Kouadio IK et al. *Expert Rev. Anti Infect Ther.* 10(1), 95–104 (2012).

REAL WORLD EXAMPLES OF INFECTIONS AFTER A DISASTER FROM THE UNITED STATES

- Norovirus outbreak in Texas after Hurricane Katrina in 2005 (Louisiana / Mississippi).
- Tuberculosis outbreak after Hurricane Katrina in 2005 (Louisiana / Mississippi).
- Necrotizing cutaneous mucormycosis after a tornado in 2011 (Missouri).
- Cholera after Hurricane Allison in 2001 (Texas).
- Viral gastroenteritis and ED visits after Hurricane Sandy (2012, New York), Matthew (2016, Florida), and Florence (2018, North Carolina).

OTHER HEALTH CONSIDERATIONS (NON-INFECTIOUS)

- Increased need for behavioral health services due to psychological impact.
- Increased social services needs (housing, food, and nutritional supplements).
- Lack of access to needed medications.

OUTLINE

- Define disasters and disaster-associated infectious disease risks.
- **Review data related to disasters and HIV care.**
- Unique risks with PWH.
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SPECIFIC RISKS TO PEOPLE WITH HIV AFTER HURRICANE KATRINA

- In a study in New Orleans Post Katrina, the decline in CD4 counts of evacuees (average decline 28) was higher than returnees (average decline 18) in the 18 months post hurricane. (1.)
- HIV Clinic at LSU/Charity reopened in a temporary space in New Orleans in November (3-months) but was short staffed due to layoffs and salary reductions (2.)
 - Hard to get staff to return sooner as no habitable housing available, no water, no schools, no phone service, and intermittent electricity.
 - Had a temporary clinic in Baton Rouge to see New Orleans patients as early as September.

1. Robinson WT et al. Changes in CD4 count among persons living with HIV/AIDS following Hurricane Katrina. *AIDS Care* 2011;23:803-6.

2. Infectious Disease Section, LSU. Eight Months Later: Hurricane Katrina Aftermath Challenges Facing the Infectious Diseases Section of Louisiana State University Health Sciences Center. *CID* 2006;43:485-9.

RECOMMENDATIONS BY HIV PROVIDERS AFTER HURRICANE KATRINA

- Reinforce patient responsibility in knowing important parameters such as CD4 cell counts, HIV RNA levels, and their medications in case they need to evacuate.
- Whenever possible, convert to server or electronic storage of clinical records.
- Frequent back-ups of information on distant servers are critical for information retrieval.
- Clinical programs should develop their own disaster plan for patients.
 - Information on what to do if they are unable to access medications for several days.
 - Instructions on how to find future clinical care sites if the established clinic is nonfunctional.

Clark RA, et al. Six Month Later, The effect of Hurricane Katrina on health care for persons living with HIV/AIDS in New Orleans. *AIDS Care* 2006;18:59-61

PEOPLE WITH HIV AND DRUG USE IN PUERTO RICO AFTER HURRICANE MARIA 2017

- After controlling for demographic, social, and behavioral factors:
 - There was a 9% reduction in viral suppression between pre- and post-Hurricane Maria (HM) ($P = 0.02$).
 - The access to care scale demonstrated a 22% reduction post-HM compared to pre-HM ($P = 0.003$).
 - Average CD4 counts decreased and viral load (VL) increased.

Source: Hernandez D et al. Assessing HIV Care Outcomes Among Persons who Use Drugs in Puerto Rico Before and After Hurricane Maria. *Disaster Med Public Health Prep* 2023;17(e197), 1-7.

HURRICANE SANDY 2012, NEW YORK STATE

- Survey of 31 HIV/STD providers.
 - 84% had services and outreach disrupted.
 - 76% had HIV-related support services (such as food banks) disrupted.
 - Challenges: lack of phone service, lack of power, problems getting fuel, lack of generators, could not access work facility, staff shortages, poor communication between agencies external to each other, and client frustration with lack of services.
 - Recommendations:
 1. Strengthen partnerships with outside agencies.
 2. Emergency planning for staff.
 3. Universal database of patients.
 4. Educate patients on services, resources, and planning for an emergency.

Source: Vacca K et al. Experiences of HIV/STD Providers in New York State During Hurricane Sandy: Strengths, Challenges, and Recommendations. *Dis Med Public Health Prep.* 2020;15(6):691-6.

abc NEWS

HURRICANE IDA FORECAST PATH

Lafayette

New Orleans

Biloxi

Sun 7:00 PM CT
100 mph

Sun 7:00 AM CT
130 mph

HURRICANE IDA, NEW
ORLEANS 2021



CLINIC LEVEL RESPONSE AND RECOVERY CHALLENGES

- **Infrastructure Issues**
 - Internet outages prevented phone service at the hospital (internet phone service).
 - Despite being staffed, phones did not work, and no messages could get through.
 - Lack of power limited team's ability to communicate.
 - Some could access city sponsored cell phone charging stations.
 - Mandatory curfews in place.
 - Lack of access to basic needs (food, gas, ice, housing, etc.).
- **Staffing Issues**
 - Employees dispersed across the region in hotels and with extended family.
 - Employees with significant damages to their houses.
 - Boil advisories and lack of potable water limited staff in the area.

PATIENT LEVEL RESPONSE AND RECOVERY CHALLENGES

- Some reported issues with getting medications.
 - Not sure who to call or where to go.
- Unable to evacuate.
- Housing unlivable.
- Unable to work, employers not open.
- Staying with extended family or friends, fearful to be seen taking HIV medicines.
- Lack of food.

PATIENT LEVEL RESPONSE AND RECOVERY BARRIERS- SUMMARY

- Structural barriers

- Access to medicines.
 - Both patients who evacuated and those who stayed had issues accessing care and medicines.
 - Higher for those with Medicaid.
 - Physicians' ability to write prescriptions was limited if the patient was out of the covered area.

- Providers reports from patients

- Housing (damages, unlivable, or temporary).
- Food shortages.
- Loss of income.
 - Extra need for Ryan White Emergency Financial Assistance services.
- Fear of taking medicine in front of extended family or friends.
- Lack of knowledge about how or where to access medicines.

MITIGATION – LESSONS LEARNED

- Be flexible
- Collecting the data from patients can result in innovative approaches.
- **Education of patients is imperative.**
 - Especially on the importance of requesting refills when 3-7 pills left
 - How to use the patient portal.
 - How to access resources from the City and Clinic's websites.
- Expand communication strategies.
 - Websites with up-to-date information.
 - Cross agency and other stakeholder communication.
- Patient follow-up strategies during preparations and emergencies.

OUTLINE

- Define disasters and disaster-associated infectious disease risks.
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FUNDAMENTAL FORMULA USED IN RISK ASSESSMENT

$$\text{POPULATION RISK} = \text{HAZARD} * \text{VULNERABILITY} * \text{EXPOSURE}$$

- **Hazard** refers to the inherent danger of the risk, it cannot be changed.
- **Vulnerability** indicates how susceptible a community is to those hazards.
 - Factors that make a population vulnerable:
 - Poor general health, poor social conditions, inadequate health systems, low generational immunity, high average age, and high population density.
- **Exposure** is how long or how many people are exposed.
- Reducing **exposure** and **vulnerability** can significantly lower overall risk.

VULNERABILITY PLAYS AN IMPORTANT ROLE IN THE RISK IN PEOPLE WITH HIV

- Immune system vulnerability (varies based on CD4 count).
- Lower response to vaccination due to immune system defects.
- Social and economic disadvantages.
- Stigma and othering, resulting in less access to healthcare.
- Malnutrition / non-optimal nutrition.
- Co-infections and comorbidities.
 - Such as hepatitis C, heart disease, or COPD.
- Higher rates of tobacco use.

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PREVENTION AND PREPAREDNESS STEPS



PREVENTION AND PREPAREDNESS STEPS

- 1. Regional risk assessment.**
2. Internal plans, trainings, and protocols.
3. Patient education materials and messaging.

REGIONAL RISK ASSESSMENT

- FEMA calculator
 - <https://hazards.fema.gov/nri/map>
 - Click your county or parish on the map to see calculated risks.

• Example:

Coastal Flooding

Rank	Community	State	Rating	Score	0	100
1	Philadelphia County	PA	Relatively High	51.53		100
2	Orleans Parish	LA	Relatively Moderate	32.61		100
	Fulton County	GA	Not Applicable	--		

Heat Wave

Rank	Community	State	Rating	Score	0	100
1	Philadelphia County	PA	Very High	89.78		100
2	Orleans Parish	LA	Relatively Moderate	14.64		100
	Fulton County	GA	No Rating	0.00		100

Hurricane

Rank	Community	State	Rating	Score	0	100
1	Orleans Parish	LA	Very High	80.14		100
2	Philadelphia County	PA	Relatively Low	5.66		100
3	Fulton County	GA	Very Low	4.14		100

Rank	Community	State	Rating	Score	0	100
1	Orleans Parish	LA	Very High	49.30		100
2	Philadelphia County	PA	Very High	41.10		100
3	Fulton County	GA	Relatively Moderate	16.31		100

PREVENTION AND PREPAREDNESS STEPS

1. Regional risk assessment.
- 2. Internal plans, trainings, and protocols.**
3. Patient education materials and messaging.



Hurricane season is here

Are you ready?

Fill out your **Emergency Team Acknowledgement** in our **Emergency Communications System (ECS)** by June 30 and you'll be entered to win a Yeti Hopper M30 Soft Cooler.



[Acknowledge your team for 2022](#)

Planning is key. Being prepared starts with confirming your team designation in our Emergency Communications System (ECS).

Now is the time. We know you want to stay informed during hurricane season. This information will feed directly into our emergency texting system.

Know what to do when skies are grey! Code Grey is used in response to severe weather like flooding, thunderstorms, tropical weather, and tornadoes. Make sure you know what to do when severe weather approaches.

[Code Grey Response Guide](#)

[Severe Weather Plan](#)

EMPLOYEE PREPAREDNESS AND EXPECTATIONS

EMPLOYEE PREPAREDNESS AND EXPECTATIONS

- Update clinic internal phone tree at the beginning of hurricane season.
- This phone tree quickly allows for clinic leadership to communicate with staff and to ascertain the safety and location of staff.
 - The staff member's location is important to assess the availability of staff and their ability to return to work when needed.
- The phone tree is not shared publicly and is used only for emergency purposes.

EMPLOYEE PREPAREDNESS AND EXPECTATIONS

- Employees are expected to understand the emergency policy and weather response levels.
- Example:
 - Level 1: heavy rain, tornadoes.
 - Level 2: ice storm, tropical storms.
 - Level 3: hurricanes.

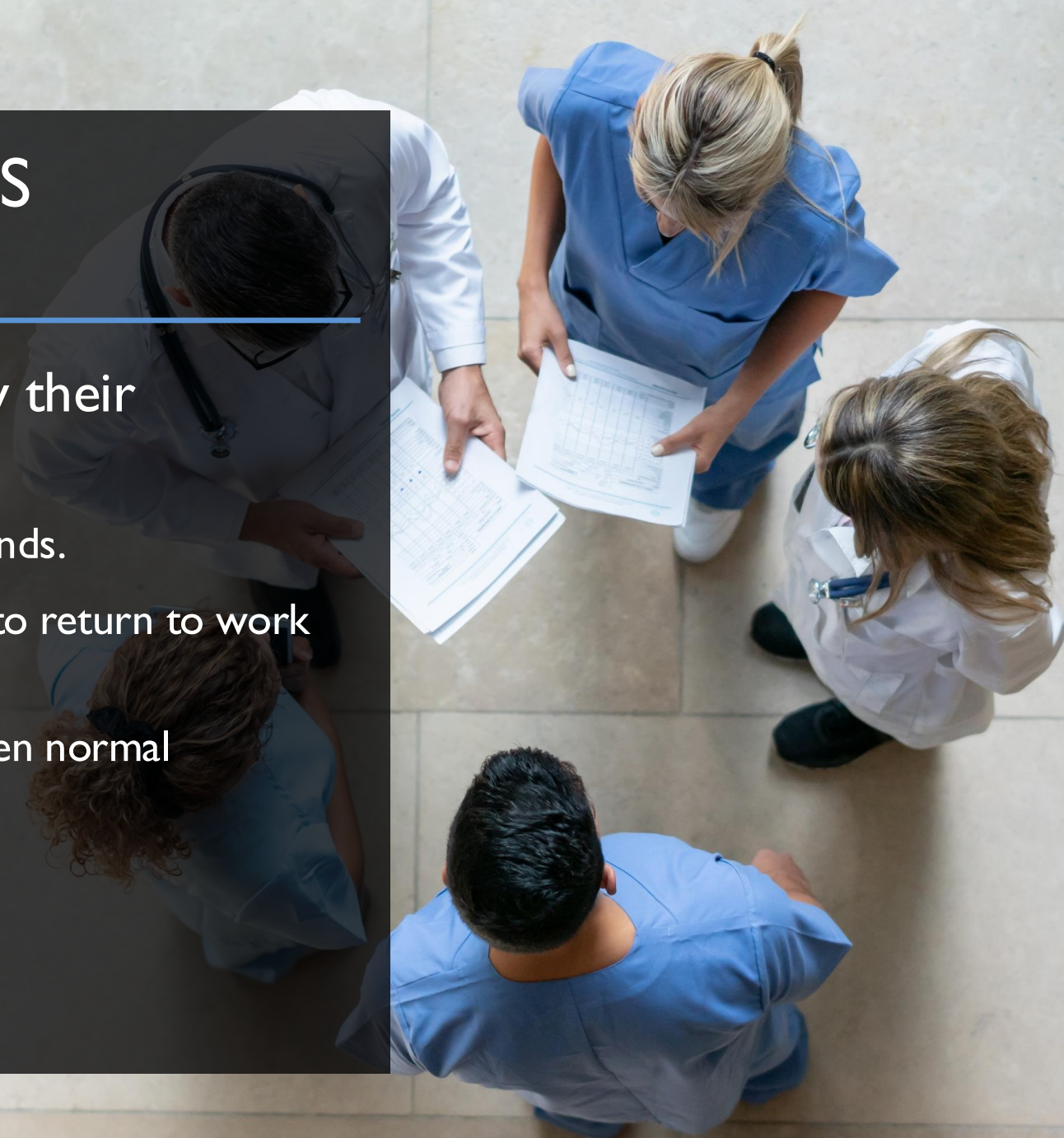
Code Grey response level guide



Level	Event type	Expect	Actions
I Short notice events	Heavy rain / thunderstorm Severe thunderstorm Risk 1 - 3	<ol style="list-style-type: none"> 1. Potential street flooding 2. Normal route may be impacted 3. Potential car damage if street floods 4. Patients may self cancel appt/test 5. Staff on site may not be relieved at shift change 	<ol style="list-style-type: none"> 1. Don't drive through flooded streets 2. Take alternate route to work 3. Move car if street flooding possible 4. Wear rain boots, umbrella, rain coat 5. Communicate concerns with supervisor
	Severe thunderstorm Risk 4 - 5	In addition to above: <ol style="list-style-type: none"> 1. Potential for flash flooding 2. High winds 	In addition to above: <ol style="list-style-type: none"> 1. Monitor weather and take appropriate safety actions
	Tornado	<ol style="list-style-type: none"> 2. Short notice/no notice 3. Temporary shelter in place 	<ol style="list-style-type: none"> 1. Shelter in place inside building 2. Move away from windows if in direct path 3. Consider delay travel or use alternate route
II Limited notice events	Ice storm	<ol style="list-style-type: none"> 1. Possible road, overpass, or bridge traffic impacted 2. Patients may self cancel appt/test 3. Non-critical services may delay start or cancel services 4. Short term voluntary sheltering may be offered for staff scheduled to work 5. No plan for lockdown 	<ol style="list-style-type: none"> 1. Take alternate route to work to avoid closed or impacted roads 2. Talk to your supervisor regarding any travel issues and if you need short term voluntary sheltering (See your hospital's <i>Emergency Operations Plan - Sheltering Plan</i>)
	Tropical storm Tropical depression	<ol style="list-style-type: none"> 1. Rain and wind event 2. No mandatory evacuation 3. No plan for lockdown - may be evaluated based on path, speed, and potential impact 4. Employee short term voluntary sheltering may be offered for staff scheduled to work 5. No hospital decompression 	<ol style="list-style-type: none"> 1. Take alternate route to work 2. Talk to your supervisor regarding any travel issues and if you are scheduled to work and need short term voluntary sheltering (See your hospital's <i>Emergency Operations Plan - Sheltering Plan</i>)
III Notice events	Hurricane Category 1-2	<ol style="list-style-type: none"> 1. Potential direct impact to city 2. Voluntary evacuations outside the levee protection system 3. Possible state emergency declaration 4. Decision for lock down will be made based on path, forward speed, and potential impact. 	In addition to Level II event actions: <ol style="list-style-type: none"> 1. Update information in Emergency Communication System 2. Staff prepare home, family, and pets 3. If no lockdown, evaluate if short term voluntary hospital sheltering is needed
	Hurricane Category 3-5	<ol style="list-style-type: none"> 1. Direct impact to city 2. Mandatory evacuations 3. State/federal emergency declaration 4. Hospital decompression 5. Lock down typically 12 hours before landfall 6. Activation of <i>Disaster Severe Weather Response Staffing Policy</i> 	<ol style="list-style-type: none"> 1. Update information in Emergency Communication System 2. Essential Team A staff prepare home, family, and pets

EMPLOYEE DESIGNATIONS

- Employees are expected to know their designation during an event.
 - Activated - stay on-site until lockdown ends.
 - Recovery - return within 48 hours, plan to return to work with 24 hours notice.
 - Non-Activated - monitor and return when normal operations resume.





PREVENTION AND PREPAREDNESS STEPS

1. Regional risk assessment.
2. Internal plans, trainings and protocols.
 1. Summary
 1. Phone tree/updated contacts for all employees.
 2. Emergency categories: expectations and actions.
 3. Employee categories: active, recovery, non-activated.
 4. Communication plan.
3. **Patient education materials and messaging.**

LOOK INTO LOCAL RESOURCES

The NOLA Ready guides are available in clinic in English and Spanish.



Each year in New Orleans, hurricane season lasts from June to November.

You're probably no stranger to storms. Still, it's important to make a plan with your family in case a storm comes our way. This guide offers the basics.

As a city on the Gulf Coast, New Orleans regularly experiences tropical weather and is at a higher risk for hurricanes. Dangers include high winds, heavy rains, tornadoes, flooding, and power outages, which means you should ensure your property for both wind and flood damage.

There are extra things to consider during an emergency for seniors, young children, people with medical needs, and pet owners.

Find more information at ready.nola.gov.

Helping you stay ready year round,

- THE TEAM AT NOLA READY

NOLA Ready is the city of New Orleans' emergency preparedness campaign, managed by the New Orleans Office of Homeland Security and Emergency Preparedness.



NOLA READY GUIDE TO HURRICANES



STAY CONNECTED

Sign up for NOLA Ready emergency alerts. Text **NOLAREADY** to **77295** or go to ready.nola.gov



MAKE A PLAN

Make plans in case you need to evacuate or shelter at home. Include your family's and pets' specific needs in your plans.



GATHER SUPPLIES

Gather supplies for a "go bag" and a "home kit" in advance.

LOOK INTO LOCAL RESOURCES

The NOLA Ready guides are available in clinic in English and Spanish.

SHELTER IN PLACE

Make a "home kit"

- Non-perishable food for 3 days
- 3 gallons of water per person
- Manual can opener
- Flashlight & extra batteries
- Books & games
- Matches or lighter
- First Aid Kit
- 1 to 2+ weeks supply of medication
- Radio

Clean & secure your property

- Remove debris from gutters & downspouts.
- Clear debris from catch basins.
- Prune trees & shrubs around your property.
- Bring outdoor furniture & decoration inside.
- Secure or bring garbage bins indoors.

Prepare for power & water outages

- Fill a bathtub with water to clean & flush toilets.
- Turn the fridge to its lowest temperature.
- Charge electronic devices.
- Preserve cell phone battery life.

Stay safe and informed

- Bring pets inside.
- Lock doors & windows.
- Stay inside until officials say it's safe.
- Storms can be scary for kids. Talk about what's happening & entertain with games & toys.

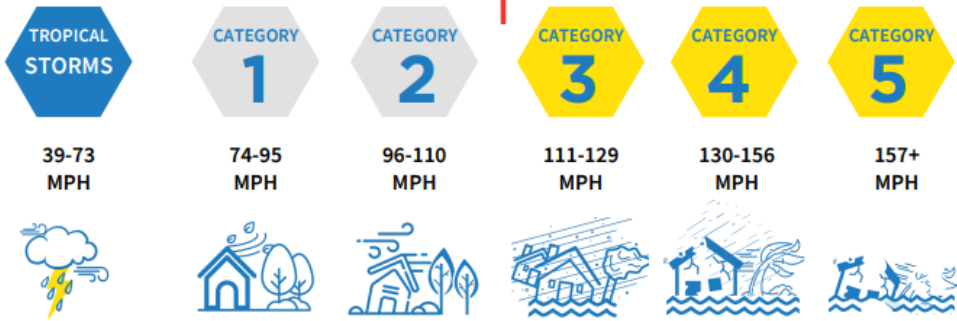
Call 9-1-1 in an emergency. Call 3-1-1 for info.

Depending on storm severity and timing, a mandatory evacuation might be ordered.

If an evacuation is NOT ordered, it's up to you to decide to evacuate or shelter in place.

If the City of New Orleans issues a mandatory evacuation, all residents and visitors MUST leave.

Measuring the wind strength of a storm:



Sign Up for Smart911

The New Orleans Health Department recommends that ALL residents add their medical information to **Smart911**, especially if they have a disability, rely on electricity-dependent medical equipment, or if they have mobility needs. This will enable you to receive customized alerts and resources that may be available during all types of emergencies.



Create a Smart911 Safety Profile for your household at www.smart911.com or download the Smart911 App (Apple Store or Google Play)



EVACUATE

Make a "go bag"

- Identification
- Cash
- Emergency contacts
- Clothes
- Soap, toothbrush, & toothpaste
- Bedding
- Medications & medical records
- Birth & marriage certificates
- Documents proving residence
- Insurance policies
- Pet supplies

Plan your route

- Know where, how & with whom you're going.
- Leave with a full tank of gas. Plan for a trip that is longer than 4 times the usual.

Use the city-assisted evacuation if you can't evacuate on your own

- During a mandatory evacuation, the city will set-up a centralized evacuation location. Get there by making your way to your nearest bus stop.
- If you can't self-evacuate because of medical needs, you may be eligible to be picked up from your home. Call 3-1-1.
- Buses will bring you to a state shelter outside of the affected area and bring you back when it's safe.
- Registration is not required to use this service.
- Identification documents are recommended, but not required.
- Each person may bring only 1 carry-on size bag, and any necessary medical equipment.
- Families will be kept together, and all pets are welcome.
- Pets should have an ID collar, leash, medications, and a carrier.

Depending on impact and resource needs, the City may operate a post-storm evacuation.

GATHER LOCAL RYAN WHITE / HIV RESOURCES

AVAILABLE IN ENGLISH
AND SPANISH.

Louisiana Ryan White Case Management Agencies

Each part of the state has agencies to provide support services for people living with HIV. These services help you stay healthy and well. Call them directly to find out how to get medical care, medicine, dental care, housing, and transportation. Contact info can be found below.

Region 1 – New Orleans

CrescentCare- Health & Wellness Center
3308 Tulane Ave
New Orleans, LA 70119
Tel: 504-207-2273
www.crescentcare.org

CrescentCare- NO/AIDS Taskforce
1631 Elysian Fields Ave
New Orleans, LA 70117
Tel: 504-821-2601
www.crescentcarehealth.org

Frontline Legal Services
631 St. Charles Avenue
New Orleans, Louisiana 70130
http://frontlinelegalservices.org/

Priority Health Care Inc. - Marrero
4700 Wichers Dr, Suite 307
Marrero, LA 70072
Tel: 504-309-6057
www.priorityhealthcare.org

Priority Health Care Inc. - Gretna
12 A Westbank Expressway
Gretna, LA 70053
Tel: 504-509-4800

St. Thomas Community Health Center
1936 Magazine St
New Orleans, LA 70130
Tel: 504-529-5558
www.stthomaschc.org

Tulane Total Health Clinic at Ruth Fertel
711 North Broad Street
New Orleans, LA 70119
Tel: 504-988-3002
https://medicine.tulane.edu/tulane-doctors/total-health-clinic-ruth-fertel-tulane-community-health-center/services

UMCNO ID CENTER/ HOP clinic
2000 Canal St
Ambulatory Care Building - 4C
New Orleans, LA 70112
Tel: 504-702-4344
www.umcno.org/infectiousdisease

Region 2 – Baton Rouge

CareSouth
3140 Florida Blvd
Baton Rouge, LA 70806
Tel: 225-650-2000
www.ccfhc.org

Family Service of Greater Baton Rouge (FSGBR)
4727 Revere Ave
Baton Rouge, LA 70802
Tel: 225-927-9810
www.fsgbr.org

Open Health Care Clinic (HAART)
3849 North Blvd
Baton Rouge, LA 70806
Tel: 225-655-6422
www.ohcc.org

Volunteers of America, Greater Baton Rouge (VOAGBR)
7389 Florida Blvd – Suite 101 A
Baton Rouge, LA 70806
Tel: 225-387-0061
www.voagbr.org

Region 3 – Houma

Exchange Support Services
106 Exchange Alley
Houma, LA 70360
Tel: 985-223-4017
www.crescentcarehealth.org/crescentcare/services/exchange-support

Region 4 – Lafayette

AcadianaCARES
809 Martin Luther King Jr. Dr
Lafayette, LA 70501
Tel: 337-233-2437
www.acadianacares.org

Region 5 – Lake Charles

Comprehensive Care Center SWLA
425 Kingsley St
Lake Charles, LA 70601
Tel: 337-439-5861

Region 6 – Alexandria

Central Louisiana AIDS Support Services (CLASS)
1785 Jackson St
Alexandria, LA 71301
Tel: 318-445-1010
www.class-cenla.org

Tulane Doctors – Alexandria
1208 Wisteria St
Alexandria, LA 71301
Tel: 318-484-4801
www.tulane.edu/som/departments/medicine/tmcid/clinical-care/tulane-cd4-clinic.cfm

Region 7 – Shreveport

The Philadelphia Center
2020 Centenary Blvd
Shreveport, LA 71104
Tel: 318-222-6633
www.philadelphiacenter.org

Region 8 – Monroe

Greater Ouachita Coalition Providing AIDS Resources and Education (GO CARE)
1801 North 7th Street
West Monroe, LA 71291
Tel: 318-325-1092
www.go-care.org

Region 9 – Bogalusa/Mandeville

Volunteers of America IX
823 Carroll St, Suite B
Mandeville, LA 70448
Tel: 985-674-0488
www.voagno.org

S.E. Louisiana AHEC
1302 J.W. Davis Dr
Hammond, LA 70403
Tel: 985-345-1119
www.selahec.org

GATHER LOCAL RYAN WHITE / HIV RESOURCES

AVAILABLE IN ENGLISH
AND SPANISH.

LA HAP Emergency Preparedness Guide

In the event of an evacuation due to a hurricane or other emergency, please remember to do the following:

Ahead of time, prepare:

- Keep your prescriptions up to date.
- Refill your medications as early as possible.
- Ask your doctor for a copy of your current labs and an extra paper copy of all of your prescriptions.
- Prepare a list of important phone numbers:
 - LA HAP: 504-568-7474 ➢HIP: 225-424-1799
 - Ramsell: 1-888-311-7632 ➢Your case manager
- Visit lahap.org to see a list of LA HAP network pharmacies and print it if you can.
- At the beginning of hurricane season contact your case manager for updated emergency preparedness information.

When you evacuate, take:

- All your medications in their original bottles
- An extra paper copy of all of your prescriptions
- Copies of your medical information
- Important phone number list
- Doctor & clinic name & contact information
- LA HAP card and (if you have one) insurance card
- Medical equipment and devices (such as dentures, crutches, prostheses, etc.)
- Water and non-perishable food
- Clothes, sleeping supplies, maps, cash
- Your family members and pets

If you can't get to your usual pharmacy or if your usual pharmacy is closed, and you are:

- **Uninsured:** you can bring your LA HAP card and a copy of your prescription to any pharmacy that is in the LA HAP **uninsured** network.
- **Insured:** you can bring your LA HAP card and a copy of your prescription to any pharmacy that is in both the LA HAP network and your insurance company's network.

You can see your insurance company's pharmacy network by going to their website or calling the number on the back of your insurance card. You can see LA HAP's pharmacy network on www.lahap.org/pharmacists. Pharmacies that accept uninsured clients are written in **blue**. *Because you may not have internet access during an emergency, it is advisable to print or write down the information for several pharmacies in the area where you plan to be.*

In an emergency situation only, LA HAP will authorize medications to be mailed out of state. LA HAP's list of their pharmacy network indicates which pharmacies provide mail order services.

CREATE YOUR OWN CLINIC / AGENCY EMERGENCY PREPAREDNESS GUIDE

The plan starts with updating the guide and distributing to patients in clinic as early as March for hurricane prone areas. The guide is available and offered throughout the clinic and on our website.

Emergency Preparedness

Prepare for hurricane season by planning for your medical needs and medications.

Step 1: Get ready. Have a plan for evacuation and for sheltering in place.

If a mandatory evacuation is issued and you can't evacuate on your own, the city will set up centralized evacuation locations throughout Orleans Parish. Text **EVACNOLA** to **77295** to get set up and stay informed about city-assisted evacuation.

- Sign up for **NOLA Ready alerts** at ready.nola.gov/stay-connected/emergency-alerts/ or text **NOLAREADY** to 77295.
- Sign up for **Smart911**. It's free and can provide updates on resources specific to your needs. Create a Smart911 Safety profile for your household at smart911.com or download the Smart911 app from your app store.
- In **Jefferson Parish**, register online at jeffparish.net or call 504.349.5360. Or, just text **JPALERT** to 888777. Spanish speaking residents can text **JPNOTICIAS** to 888777.
- **Keep your prescriptions up-to-date.** Refill your prescriptions before the storm. Do not wait until the last minute. At all times, keep enough medication on hand to last you at least 14 days.
- **Ask your doctor to give you a copy** of helpful medical information—and keep it with you.
- **Sign up for a free LCMC Health Patient Portal account online.** The LCMC Health Patient Portal lets you to view your upcoming appointments. You can also request prescription renewals. Ask a nurse for your activation code to get you started. The code will print out on your "After Visit Summary" sheet.

For emergencies, call 911.

For non-emergency information and referrals in Louisiana, call 504.269.2673 or visit 211.org.

University 
Medical Center
New Orleans
LCMC Health

Step 2: Evacuate when instructed and take:

- All of your medicines and supplements in their original bottles, with a back-up list of medications and dosages
- Helpful medical information—your condition, diagnoses, and allergies
- Your clinic's name, your doctor's name, and phone number
- Your most recent hospital card, LDAP medication card (formerly called ADAP), insurance cards, etc.
- Picture identification, Social Security card, insurance policies, birth certificates, and other important legal papers
- Medical equipment and supplies (dentures, glucometers and strips, nebulizers, crutches, prostheses, etc.)
- First aid kit, battery powered radio, flashlight, extra batteries, cell phone, and charger
- Clothes, sleeping supplies, maps, and personal hygiene items
- A three-day supply of water, non-perishable food, and cash
- Plan for your pet's needs

Step 3: Medication, medication, medication – bring all of your medications with you.



It's a good idea to have enough to last 14 days or more. **Do not** skip dosages to stretch them out. Get refills as soon as possible.

- **If you run out of one of your HIV medications stop all HIV medications** until you get refills. But, **take your other medications** which lower your blood pressure or cholesterol, control your diabetes, or treat your eye or lung infections
- Ask your doctor, nurse, or pharmacist if you have questions about which medications you are taking for different conditions
- If you are on LDAP, call 504.568.7474 or the LA Statewide AIDS/STD Info Line at 800.992.4379 for assistance. You may be able to fill your prescriptions in your evacuation city

CLINIC EMERGENCY PREPAREDNESS GUIDE

MY GUIDE IS GEARED TOWARDS WHAT TO DO PRIOR TO AND DURING EVACUATION.

Local pharmacies

City	Phone	Fax	Website
Avita New Orleans	504.822.8013	504.822.8141	avitapharmacy.com
Avita Baton Rouge	888.792.8482	877.284.8232	avitapharmacy.com
Avita Atlanta	404.270.9242	404.270.9273	avitapharmacy.com
Avita Houson	713.592.0211	713.432.0307	avitapharmacy.com
Mumfrey's Chalmette	504.279.6312	504.279.6314	mumfreyspharmacy.com
Walgreens New Orleans	504.758.3718	504.758.3720	umcno.org/walgreenspharmacy

Louisiana: HIV/AIDS service organizations

City	AGENCY (* case management available)	Phone
Alexandria	Central LA AIDS Support Services*	318.442.1010
Baton Rouge	Family Services of Greater Baton Rouge*	225.927.9810
Baton Rouge	Volunteers of America	225.387.0061
Baton Rouge	HAART *	225.927.1269
Hammond	Southeast Louisiana AHEC	985.345.1119
Houma	Exchange Support Services*	985.223.4017
Lafayette	Acadiana Cares*	337.233.2437
Lake Charles	Southwest Louisiana AIDS Council	337.439.5861
Mandeville	Volunteers of America	985.674.0488
Monroe	GO CARE *	318.325.1092
New Orleans	New Orleans Regional AIDS Planning Council	504.821.7334
New Orleans	FACES* (of NO/AIDS Task Force)	504.821.4611
New Orleans	Crescent Care—NO/AIDS Task Force*	504.821.2601
New Orleans	Orleans Family Practice* NO East	504.208.8467
New Orleans	Priority Health Care (Marrero, Westbank)	504.309.6057
Shreveport	The Philadelphia Center*	318.222.6633

Other states: HIV/AIDS service organizations

State	State	Agency	Phone
Alabama	Birmingham	AIDS Alabama	205.324.9822
Alabama	Mobile	AIDS Alabama	251.471.5277
Arkansas	Little Rock	Arkansas AIDS Foundation	501.376.6299
Florida	Jacksonville	NE Florida AIDS Network	904.356.1612
Georgia	Atlanta	AID Atlanta	404.870.7700
Mississippi	Biloxi	South MS AIDS Task Force	228.385.1214
Mississippi	Hattiesburg	AIDS Services Coalition	601.450.4286
Mississippi	Jackson	Mississippi Dept. of Health	601.576.7723
Tennessee	Memphis	Friends for Life Corp	901.272.0855
Texas	Austin	AIDS Services of Austin	512.458.2437
Texas	Dallas	AIDS Resource Center	214.528.0144
Texas	Houston	Montrose Counseling	713.529.0037
Texas	Houston	Thomas Street Health	713.873.4000
Texas	San Antonio	San Antonio AIDS Foundation	210.225.4715

CLINIC EMERGENCY PREPAREDNESS GUIDE

THE HOP GUIDE PROVIDES A LIST OF RESOURCES IN NEARBY
“EVACUATION” CITIES.

Listen to local radio before, during, and after evacuation for current updates.

City	AM Radio	FM Radio
New Orleans	WWL 870	WLMG 101.9
Alexandria	KZMZ 580	KZMZ 96.9
Baton Rouge	WJBO 1150	WFMF 102.5
Lafayette	KVOL 1330	KTDY 99.9
Lake Charles	KLCL 1470	KNGT 99.5
Monroe	KNOX 540	KNOX 101.9
Shreveport	KWKH 1130	KRUF 94.5

Estimated evacuation drive times from New Orleans to:
Alexandria, LA— 16 hours
Baton Rouge—8 hours
Lafayette, LA—8 hours
Lake Charles, LA—16 hours
Shreveport, LA—20 hours
Hattiesburg, MS— 8 hours
Jackson, MS— 24 hours
Meridian, MS— 16 hours

New Orleans Metro News	Website
The Times Picayune	nola.com
The New Orleans Advocate	theadvocate.com/new_orleans
City of New Orleans	nola.gov
WVUE TV (FOX Channel 8)	fox8live.com
WWL TV (CBS Channel 4)	wwltv.com

LSU Patient Relations: 877.578.8255

19-2486-0620

Hospitals and Clinics (alphabetical order by city)	Clinic Phone	Pharmacy Phone/Fax
Alexandria Tulane University Medical Clinic	318.484.4801	P 225.924.1930 F 225.924.3217
Baton Rouge Our Lady of the Lake EIC	225.987.9166	P 225.374.0270 F 225.374.0271
Bogalusa Our Lady of the Angels ID Clinic	985.730.6970	P 985.730.7219 F 985.730.7220
Houma Chabert Medical/Ochsner	985.873.1880 or 985.873.1234	P 985.873.2148 F 985.873.5192
Independence Lallie Kemp Medical Center	985.878.1681	P 985.878.1317 F 985.878.1548
Lafayette UMC/Lafayette General Medical	337.261.6480	P 337.261.6238 F 337.261.6237
Lake Charles Moss Center Urgent Care	337.480.8185	P 337.475.8275 F 337.475.8477
Monroe E.A. Conway Medical Center	318.330.7820	P 318.330.7819 F 318.330.7760
New Orleans University Medical Center ID Center/HOP	504.702.4344	UMC 504.758.3718 Clinic F 702.5733
Shreveport LSU Medical Center/University	318.862.9977	P 318.813.1814 F 318.813.1810

CLINIC EMERGENCY PREPAREDNESS GUIDE

THE LAST PAGE OF THE HOP GUIDE INCLUDES THE HIV CLINICS AT LOUISIANA HOSPITAL SYSTEMS.

PATIENT PORTAL

- Throughout the year, patients are encouraged to sign up for MyChart (patient portal).
- Instructions are also included on the HOP Emergency Preparedness Guide.
- Flyers are available throughout the clinic promoting the benefits of MyChart.
- Access to a computer (or smart phone) and to the internet is required. Not all patients have access to the technology required.
- Allows easy access to labs, records, and messaging to the clinic.

What you Can Do with the Patient Portal



Message your doctor

Get answers to medical questions on the go!



Access your test results

No more waiting for a phone call or letter.



Pay your bill

View & pay your bill quickly & securely.



Request prescription refills

Send a refill request for any of your refillable medications.



View upcoming appointments

View your appointments & book your next one.



Manage healthcare for others

Manage other's healthcare & print their records.

HOW TO REDUCE VULNERABILITY IN PWH AT YOUR HEALTH CENTER

- Provide patient-driven and welcoming care that engages and retains patients, resulting in viral suppression and improved immune systems.
- Keep patients healthy by encouraging exercise, a proper nutrient rich diet, and maintaining a normal weight.
- Keep vaccinations up to date.
- Encourage and/or provide masks, disinfectants, and hand hygiene products for both shelter in place and evacuation supplies.

HOW TO REDUCE VULNERABILITY IN PWH AT YOUR HEALTH CENTER

- Enhance the physical structure of the buildings that serve to provide medical and social support to PWH to reduce disruption after hazards (fortified roofs, sandbags, etc.).
- Educate patients to improve their knowledge of HIV, their lab numbers and what to do if short on medicines.
- Encourage patients to create an individual disaster plan.
- Provide materials for patients to take during disasters which provide information on local and surrounding HIV resources.
- Have clear disaster definitions, employee designations, and communication plan for employees.

HOW TO REDUCE VULNERABILITY IN PWH AND ALL PEOPLE IN YOUR COMMUNITY

- Provide testing and contact tracing to identify people with communicable infections and isolate them from the vulnerable and uninfected (Public Health Department).
- Enhance the physical structures of the public and community buildings, improve transportation and evacuation systems.
- Training community members to respond to disasters with preparation and emergency response plans.
- Improve access to healthcare to all in the community, to improve the overall health and access to vaccines.
- Collaborate with insurance companies for 90-days refills and/or early fills in disaster prone areas.



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Thank You!

Questions/Comments?



NATIONAL LGBTQIA+ HEALTH
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