

Oil Spill Health Effect Summary



MS Canyon 252 Oil Spill Surveillance Report

Week 32 From 08/08/2010 to 08/14/2010

The Oil Spill Surveillance Summary Report describes the results of the tracking done by the Louisiana Department of Health and Hospitals Office of Public Health (OPH) 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 the Louisiana Poison Center.

SEET is tracking and evaluating reported acute health effects related to the BP Oil Spill. Reports 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. This report is limited to exposures to odors/fumes, skin contact with contaminated water or objects and heat stress.

Data presented in this report are in aggregate form. There are no personal identifiers and no individual line listing that could be used to identify individuals. This is a public document.

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 demographic 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
In Louisiana, there have been 376 reports of health complaints believed to be related to exposure to pollutants from the oil spill, including cases of heat stress. Two hundred ninety (290) reports came from workers and 86 from the general population (see limitations of these data explained on page 2). Most frequently reported symptoms include headache, dizziness, nausea, vomiting, weakness/fatigue and upper respiratory irritation. One hundred forty (140) workers had heat-related complaints. Seventeen (17) workers had short hospitalizations. The general population complaints were primarily related to odors with mostly mild symptoms being reported.

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 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_qm_2010.asp
---	---

- Page 1: Summary
- Page 2: Comments
- Page 3 : Demographics of persons exposed
- Page 4: Details about exposures
- Page 5: Illness and health care utilization
- Page 6: Syndromic surveillance
- Page 7: Air surveillance data

Comments

On April 20, 2010, the Deep Water Horizon exploded and collapsed into the Gulf of Mexico 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 due to exposure to pollutants and heat stress resulting from the spill and clean up efforts. This report does not include injuries. 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 to week comparisons are discouraged as data may change when new information becomes available.

Limitations of exposure histories and health complaints

Because of the nature of environmental exposures, the exact cause of symptoms or exposures cannot be confirmed. 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 Disease 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.

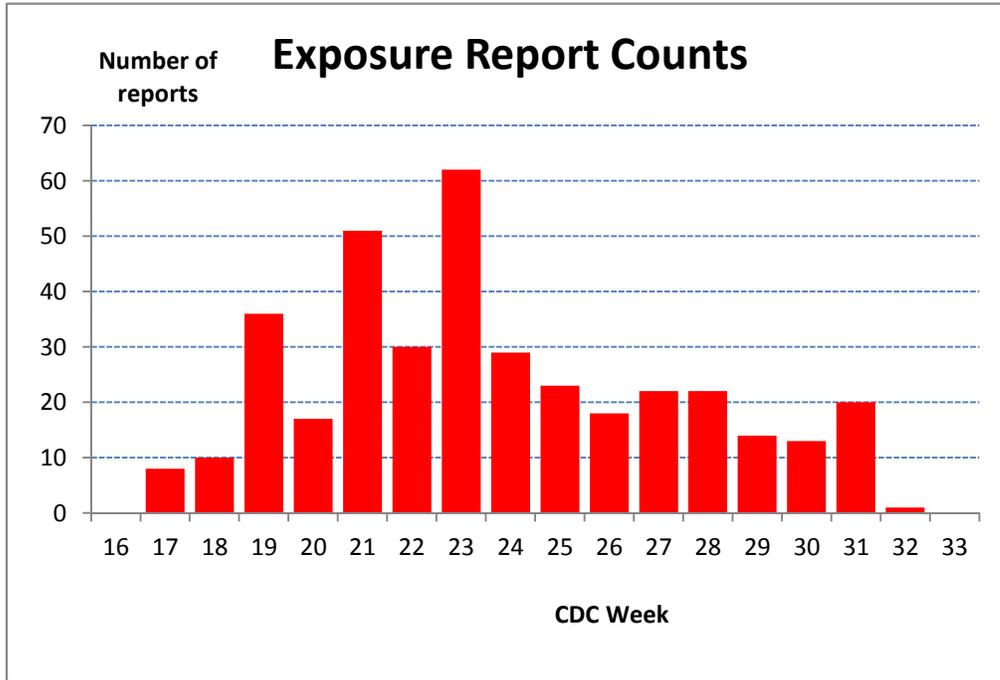
CDC Week

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 the oil spill. This type of data is based on a patient's report and does not necessarily reflect a confirmed health effect from the oil spill.

Total numbers	Reports	376	Workers	290	Home	86
----------------------	----------------	------------	----------------	------------	-------------	-----------



First day of the week	CDC Week	Report
04/18/10	16	0
04/25/10	17	8
05/02/10	18	10
05/09/10	19	36
05/16/10	20	17
05/23/10	21	51
05/30/10	22	30
06/06/10	23	62
06/13/10	24	29
06/20/10	25	23
06/27/10	26	18
07/04/10	27	22
07/11/10	28	22
07/18/10	29	14
07/25/10	30	13
08/01/10	31	20
08/08/10	32	1
08/15/10	33	
08/22/10	34	
08/29/10	35	

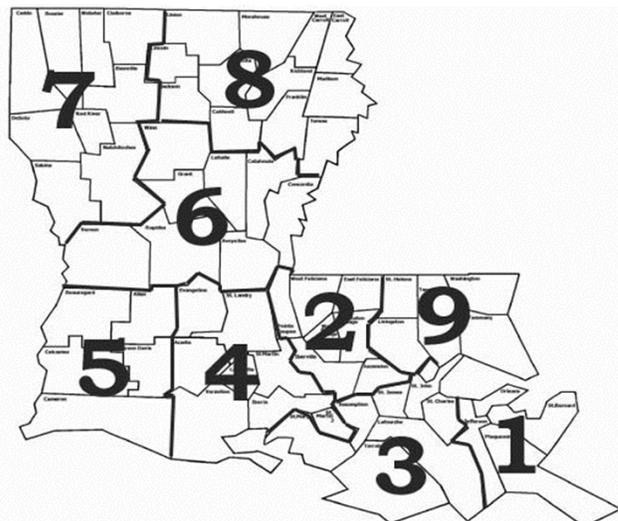
Age and Gender distribution

	Gender		Age					Total
	M	F	0-17	18-44	45-64	65+	Unk	
Worker	258	32	2	202	79	3	4	290
General population	32	54	11	29	30	7	9	86
Total	290	86	13	231	109	10	13	376

Parish of residence

Region	Total
1: Greater NO	29
Orleans	36
Jefferson	24
Plaquemines	10
St. Bernard	9
2: Baton Rouge	35
3: Houma/Thibodaux	30
Lafourche	9
Terrebonne	20
Other	6
4: Lafayette	14
5: Lake Charles	6
9: North Shore	6
St. Tammany	4
Other	45
Other Louisiana	99
Out of State	4
Unknown	376
Total	

Louisiana Department of Health and Hospitals' Regional Map



**Illness
Health Care Utilization**

Illness Information			
	Work	Pop	
Respiratory:	Nose irritation	13	9
	Nose bleed	2	2
	Throat irritation	36	23
	Shortness of breath/difficulty breathing	23	15
	Aggravation of existing asthma	3	11
	Aggravation of existing respiratory illness (COPD)/other	1	4
	Cough	29	14
	Wheezing	3	4
Eye	Eye irritation	15	22
	Blurry vision	9	1
GI	Nausea	80	30
	Vomiting	55	12
	Diarrhea	20	4
Cvasc	Chest pain	22	0
	Irregular beat/rapid beat	8	0
Skin	Rashes	30	2
	Other	16	4
Neuro	Headache	108	37
	Dizziness	66	5
	Tremors	3	0
	Altered Taste	7	1
	Syncope	14	0
General	Weakness/Fatigue	58	2
	Diaphoresis	7	0
	Fever	10	1
Total Reported Symptoms*		638	203
*Cases may report more than one symptom			
Total Cases		290	86

Health care utilization

	Work	Pop
Type of health care obtained		
Call, no care delivered	11	58
Emergency department/Hospital	152	10
Clinic /Physician office/Urgent Care	127	18
Total	290	86
Hospitalization: All were short, generally 1 day	17	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.

02-05/13/2010: 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.

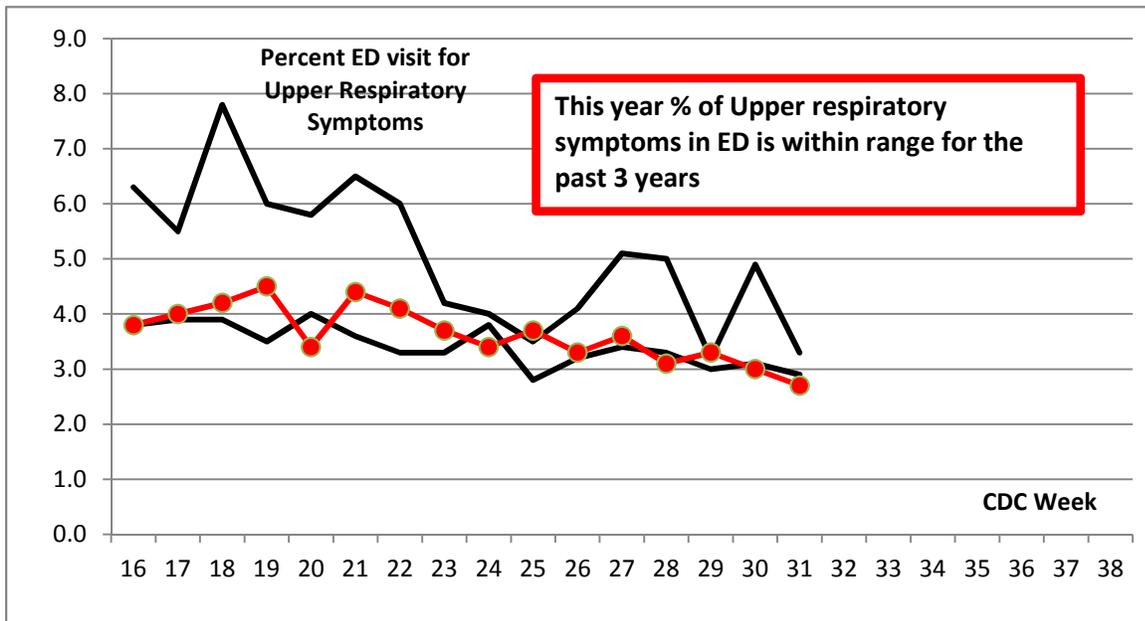
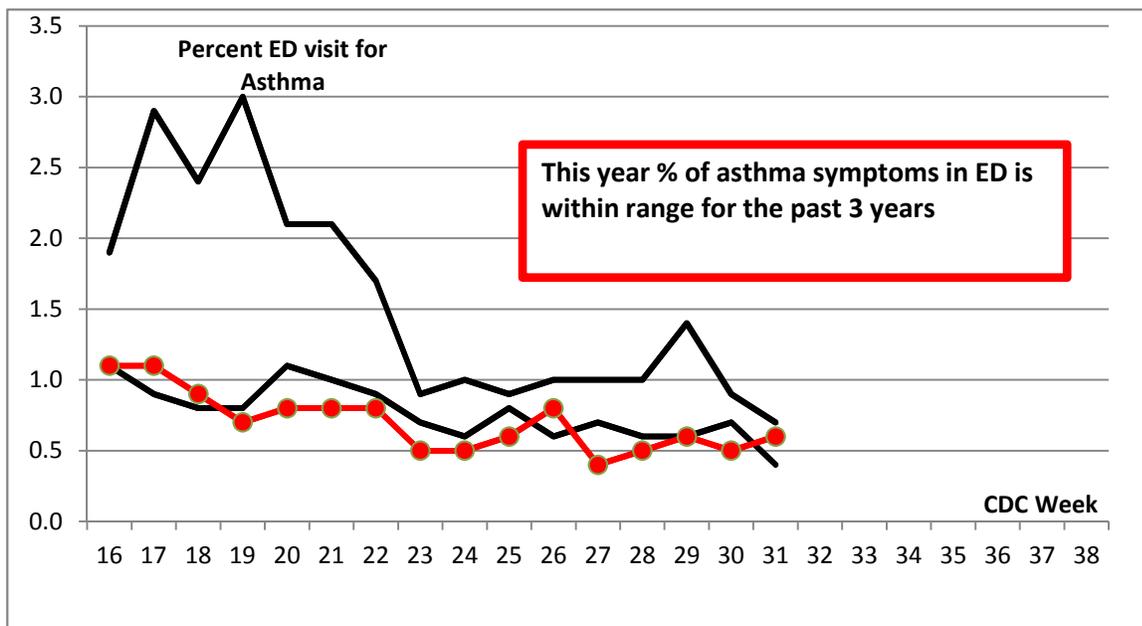
03-05/26/10 Seven clean-up workers from 5 different vessels busting oil-sheen for several weeks were hospitalized with complaints of nausea, headache, burning throat and chest pain. Six patients were discharged within 1 day of admission; one was discharged after an additional day of testing. An investigation by CDC/NIOSH indicated that the symptoms were likely due to several contributing factors, including unpleasant odors, heat, and fatigue (www.cdc.gov/niosh/topics/oilspillresponse/gulfspillhhe.html).

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.

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.



Air surveillance

1. EPA

EPA performs 24-hour air sampling for volatile organic compounds (VOCs), polycyclic aromatic hydrocarbons (PAHs), and particulate matter (PM2.5) using stationary air monitors at 9 sites across Southeastern Louisiana (see map). These monitors are also used for continuous hourly monitoring of hydrogen sulfide (H2S), sulfur dioxide (SO2), and PM10. EPA's mobile TAGA (Trace Atmospheric Gas Analyzer) unit performs real-time episodic monitoring of H2S, SO2, benzene, toluene, xylene, and components of the dispersant being used on the oil spill.

2. Louisiana Department of Environmental Quality's (LDEQ) Air Quality Assessment Division (AQAD)

LDEQ monitors levels of H2S, SO2, total non-methane organic carbon (TNMOC), and PM2.5 using ambient air monitors located in a number of cities across Southeastern Louisiana (see map).

3. Center for Toxicology and Environmental Health, LLC (CTEH)

CTEH is a private company working with BP to monitor the effects of the oil spill. CTEH monitors VOCs, H2S, SO2, and particulate matter (PM2.5 and PM10) along the Gulf shores from Galveston, TX to Appalachee Bay, FL.

SUMMARY of EPA AIR DATA, July 31, 2010 – Aug 11, 2010

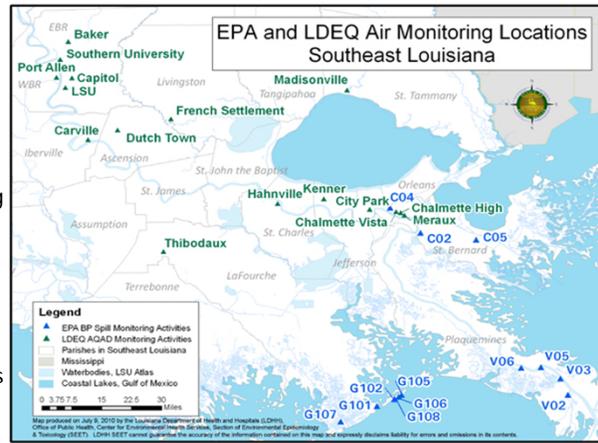
- None of the volatile organic carbons (VOCs) related to the oil spill were detected at concentrations above the screening values in 24-hour air sampling averages.
- Hydrogen sulfide (H2S) levels (1-hour averages) remained below concentrations observed to cause health problems. The lowest observable adverse effects level for H2S is 2 ppm (or 2780 ug/m3) (from ATSDR Toxicological Profile for H2S).
- PM10 exceedences occurred at monitors in Chalmette and Grand Isle, but the exceedences (1-hour averages) did not continue over long enough periods of time to cause concern. [NOTE: Particulate matter measurements are affected by humidity. Readings trend higher with higher humidity levels.]
- On July 31, PM2.5 readings at one Chalmette monitor (C05; 24-hour average) just barely exceeded the screening value.
- EPA's TAGA bus detected one benzene exceedence in Chalmette, LA on August 9, but the exceedence did not continue over a long enough period of time to cause concern.

SUMMARY of LDEQ/AQAD AIR DATA REPORTS

- AQAD reports are no longer being released on a daily basis.

SUMMARY of CTEH's AIR DATA REPORTS

- No CTEH reports have been released within the past week.



Screening Values for MC252 Oil Spill-Related Contaminants

Contaminant	Concentration	Health Metric	Contaminant	Concentration	Health Metric
Benzene	29 ug/m ³	Acute MRL	PM2.5	35 ug/m ³	24-hour Level of Concern
Ethylbenzene	43000 ug/m ³	Acute MRL	H2S	0.07 ppm	Acute EMEG
Isopropylbenzene (Cumene)	4000 ug/m ³	HQ=10	SO2	0.01 ppm	Acute EMEG
Naphthalene	30 ug/m ³	HQ=10	Dispersant Components (Louisiana)		
Toluene	3800 ug/m ³	Acute MRL	2-butoxyethanol	330 ppb	RfC
m-, p-, or o-Xylene	8700 ug/m ³	Acute MRL	1-(2-butoxy-1-methylethoxy)-2-propanol	7 ppb	RfC
PAHs (Gulf coastline, not measured in Louisiana)			(also known as Dipropylene Glycol Mono Butyl Ether)		
Benzo (a) anthracene	8.7 ng/m ³	RBC	The Acute Minimal Risk Level (MRL), Hazard Quotient (HQ = 10), and 24-hour Level of Concern are EPA's primary Deep Water Horizon screening values for air. Risk-based Concentrations (RBC) are calculated by EPA Mid-Atlantic Risk Assessment. Acute Environmental Media Evaluation Guides (EMEGs) are calculated by the ATSDR and apply to acute (14 days or less) exposures. The screening value chosen by the EPA for 1-(2-butoxy-1-methylethoxy)-2-propanol is the reference concentration (RfC) for the most toxic glycol ether.		
Benzo (a) pyrene	0.87 ng/m ³	RBC			
Benzo (b) fluoranthene	8.7 ng/m ³	RBC			
Benzo (k) fluoranthene	8.7 ng/m ³	RBC			
Chrysene	87 ng/m ³	RBC			
Dibenz (a,h) anthracene	0.8 ng/m ³	RBC			
Indeno(1,2,3-cd)pyrene	8.7 ng/m ³	RBC			

These screening values are not indicators of potential health risks. They function as triggers for further evaluation when contaminant concentrations exceed the screening values.