Infectious Threats After Iran’s Bushehr Earthquake

To the Editor—While the country had yet to fully recover from the devastating twin earthquakes in 2012 [1–4], Kaki (in Bushehr province, Iran) was jolted by a 6.1-magnitude earthquake on 9 April 2013, leaving 37 people dead and more than a thousand injured. Within few hours from the incident, immediate rescue measures were taken and the survivors were temporarily sheltered.

Lying on the coastal region of the Persian Gulf, Bushehr has a hot desert climate with long summers lasting from April to October. This distinct climate predisposes Bushehr’s inhabitants to gastrointestinal and vector-borne diseases throughout the year, in addition to hazardous animal bites and stings. Outbreak of such infectious concerns becomes more tangible in natural disasters, demanding particular measures [5]. Hence, following the Bushehr earthquake, immediate preventive measures were taken to provide ample amounts of bottled water and canned and dry food for designated shelters. Additionally, considering the fact that the affected area is a malaria- and leishmaniasis-prone region [6, 7], mosquito nets and insect repellents were distributed, and indoor residual spraying of the provided temporary shelters was performed. Furthermore, antivenom serums were sent to the earthquake zone for the treatment of highly probable casualties. Thanks to the early precautionary actions, no case of infectious or diarrheal outbreak has been hitherto reported by the Center for Disease Control at the Iranian Ministry of Health. Nonetheless, further monitoring should be scheduled for the probable outbreaks of infectious (particularly diarrheal) diseases. In addition, people injured by the rubble with no or incomplete history of previous tetanus immunization should be given supplementary vaccines and antitoxins [8].

Note

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