

Ebola Conference Call

October 9, 2014

3:00 – 4:00 pm

Any questions can be sent to the Ebola E-mail: Ebola@dhec.sc.gov

Ebola Update – Dr. Olabisi Badmus, Medical Consultant, Division of Acute Disease Epidemiology

- Globally – as of October 5th, there have been 3,800 Ebola deaths. The areas of concern are Liberia, Sierra Leon, and New Guinea. Travel to Nigeria has been downgraded to a travel threat level 1 associated with those areas. The Ebola outbreak is thought to be contained there, if no further cases of Ebola are reported in Nigeria CDC will remove this notice. There have been 70 cases of Ebola reported in the Democratic Republic of Congo.
- Outside of Africa: a Spanish Nurse contracted Ebola, a man is being treated in Norway and NBC Camera man is being treated in the US.
- The first patient in the US died yesterday in Texas. His close contacts are being monitored. A local law enforcement is being monitored and is not confirmed to have the infection.
- The CDC is introducing additional travel screening levels. The enhanced screening will begin in five U.S. airports – JFK, Washington/Dulles, Newark, Chicago and Atlanta. If travelers have symptoms or answer questionnaires, they will be separated by the CDC for observation.

Resources (not mentioned during the previous call) – guidance and most recent updates are available on the CDC and the SCDHEC websites:

Lab Information
Travel – algorithm for returning available
Safe Handling of Human Remains
Clinical Management – checklists
Infection Control
PPE – posters and instructions
EMS Guidelines

DHEC: <http://www.scdhec.gov/Health/FHPF/HealthAlertsNotifications/ebola/>

CDC: <http://www.cdc.gov/vhf/ebola/>

Communications – Jim Beasley, Public Information Director, Division of Media Relations

In response to the concern that organizations need timely, factual reports with current situation in SC and hospitals need consistent messaging

People need timely reports to ease frustrations and fears
Healthcare surveillance systems are up and running
DHEC and SCHA have worked together in the past to ensure thorough and accurate information is presented and the organizations will work together for this issue.
Send suggestions and recommendations to Ebola E-mail: Ebola@dhec.sc.gov
We may use the H1N1 communication model used with hospitals. Information and key messages would be forwarded to a single point of contact, who would then forward to the hospitals.

Forum for Executive Managers – Phyllis Beasley, Planning Manager, Office of Public Health Preparedness

In response to the concern that a forum is needed for executive management: mayors, city councils:

- SCDHEC is meeting with the SC Emergency Management Division early next week to discuss the best way to provide education to agencies, organizations and the public. They will also be discussing strategies for protecting the public if the disease should appear in the state and the response of state agencies.

Personal Protective Equipment (PPE) – Dr. Badmus

There were several concerns related to PPE:

Where do non-health care facilities get PPE?

- There are multiple websites available where PPE from different vendors can be purchased online.
- It is important to ensure that the PPE that is purchased meets the minimum criteria according to the description provided by the manufacturer; elaboration on the minimum criteria is addressed in the following question.

Will the cone masks work or do we need the N95 masks? Do we need gowns? (question from first responders)

- The minimum PPE recommended for anyone involved in the care of a suspected Ebola patient includes:
 - Gloves
 - Fluid resistant or impervious gowns
 - Eye protection (either goggles or face shields)
 - Facemasks and a N95 respirator if aerosol-generating procedures will be performed
 - Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to:
 - Double gloving , Disposable shoe covers, and Leg coverings
- Certain circumstances may require additional PPE depending on the setting and role in patient care, for example:
 - EMTs, paramedics, and medical first responders who may need to engage in pre-hospital resuscitation procedures. Because these procedures are in a less controlled environment, it is recommended that at least a NIOSH certified fit-tested N95 filtering respirator or higher is available and ready for use on the scene in addition to the additional PPE just mentioned due to the large amount of body fluids, such as saliva, and vomit that can result in resuscitation procedures.
 - Postmortem care personnel are recommended to wear: surgical scrub suits, surgical caps, impervious gowns with full sleeve coverage, eye protection (e.g., face shield, goggles), facemask, shoe covers, and double surgical gloves in addition to any additional PPE as previously mentioned if there is a copious amount of body fluids involved in the situation

What is the PPE for facility environmental staff?

- Janitorial staff – hand washing protocol should be the same for medical and non-medical staff: frequent, before and after seeing a patient and before and after applying PPE.
- Guidelines for environmental infection control can be found on the CDC website webpage for environmental infection control in hospitals at: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Waste Management & Sanitation – Susan Jenkins, Manager, Infectious and Radioactive Waste Management Section, Environmental Quality Control

Who would handle Ebola biohazard waste?

- DHEC's Infectious Waste Management Program permits the transport of "packaged" waste. Only registered transporters may transport regulated infectious waste including ebola waste. Ebola waste is a US Department of Transportation (DOT) Category A infectious substance that requires special packaging. Transporters will need permits from federal DOT in order to use alternative packaging. These details will be shared as they develop.

- We are researching to see if there are any commercial cleaners that can be authorized to provide cleaning services and package Ebola waste in settings other than healthcare facilities, if needed.

How is Ebola waste disposed of?

- This waste must be treated prior to disposal. Steam sterilization and incineration are two acceptable methods of treatment.

General Disease Information– Dr. Badmus

Characteristics; how long does it live outside body?

- Based on very limited data, the viral survival outside of the body has been shown to vary in different environments. As to environmental infection control of other enveloped RNA viruses, it is known consistent daily cleaning and disinfection practices used in U.S. hospitals are expected to limit the viral persistence in the patient care environment. Therefore, 24 hours is considered to be a cautious upper limit of survival. There is no cure, only supportive care.

What is the Clinical pathway for Ebola treatment?

- The clinical management of Ebola is supportive care of complications depending on the presentation and the patient's clinical course. Common complications that may need to be managed include: hypovolemia, hematologic abnormalities, hypoxia, hemorrhage, multi-organ failure, and shock. Patients with fatal disease usually develop more severe clinical signs early during infection. The cause of death is typically due to multi-organ failure and shock. In non-fatal cases, patients have fever for several days and improve around day 6.

What number would we call to report a suspected ebola case?

- The Regional Public Health Offices that are listed on the South Carolina List of Reportable Conditions The list is available on our website @ <http://www.scdhec.gov/Library/CR-009025.pdf>

Laboratory Issues

Can you provide direction on Lab testing? – Amanda Moore, Bureau of Laboratories

- In the event of testing for Ebola, here is the protocol to be followed:
Any provider suspecting possible Ebola infection must contact their local Epidemiological staff for evaluation of patient symptom and history. If clinical evaluation meets testing criteria, Epidemiological and BOL staff will contact CDC for testing approval. Once CDC testing approval is obtained, the DHEC Bureau of Laboratories will work with providers for dual specimen collection, packaging, and shipment of the specimens. Specimens will be transported to an approved LRN laboratory and to CDC for testing.

Behavioral Health

Behavioral/ Fear of the Unknown – Robert Carlton, MSW, LMSW, Disaster Behavioral Health Consultant, Office of Public Health Preparedness

What if this becomes an epidemic?

If you work with the public, be sure to give timely communications and acknowledge the public's stress and anxiety – this is a stressful situation.

Information may be available from CDC and from the Substance Abuse and Mental Health Services Administration (SAMHSA): <http://www.samhsa.gov/>

There is just-in-time training for psychological first aid available at: <http://www.drc-group.com/project/jitt-pfa.html>

You may contact Robert Carlton, 803-898- 0302, Carltorl@dhec.sc.gov, for stress fact sheets developed by DHEC.

Preparedness – Ms. Beasley

Is Emory Hospital (in Atlanta, Georgia) the closest facility to handle Ebola?

- The Association of State and Territory Health Officials (ASTHO) has sent a query to state health officials to determine if there are hospitals that would be willing to accept a patient from overseas for repatriation. CDC is developing a candidate list of hospitals and are checking with them. We are staying in touch with our federal partners regarding the results of their survey

The SC Hospital Association is creating signage for facilities to use.

Questions from the listeners:

What PPE is needed for post-mortem care in the home, mortuary or hospital?

- In-home body pick up (coroners, funeral homes and mortuaries) follow the guidance recommended on the CDC and SCDHEC websites: surgical caps, gloves, impermeable or fluid-resistant gowns, eye protection and face masks. Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to: double gloving, disposable shoe covers, and leg coverings
- More information is available through CDC’s “Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries”: <http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>

How do they handle and arrival to the ER?

(Dr. Badmus) Minimum PPE guidelines: gloves, impervious or fluid resistant gowns, eye protection and face masks

What do you wear and how do you remove it? What is the procedure for this? What is the hand hygiene afterwards?

The detailed instructions are on the CDC website:

<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Are hospitals only allowed to do point of care testing and not labs?

(Ms. Moore) These decisions need to be made by the facility.

What screening for all new patients should Long Term care facilities do?

(Dr. Badmus) Any health care facility should have basic risk assessment screening. The screening recommendations are on the SCDHEC and CDC websites: <http://www.cdc.gov/vhf/ebola/hcp/index.html>

Is 21 days a sufficient travel history inquiry?

(Dr. Badmus) A 21 day travel history is sufficient when assessing for Ebola disease risk.

Lab studies and testing need permission. Should all labs be sent out?

(Ms. Moore) Preliminary tests on a potential patient should be done first in-house to rule out other infections – malaria, etc.

Other testing in this situation, is it ok to do? What precautions need to be taken?

(Ms. Moore) Standard safety testing precautions need to be taken.

If a patient answers yes to traveling in an area of concern and doesn't present any signs or symptoms, how do you handle this patient?

(Dr. Badmus) If there are no symptoms, the next question will be about their risk exposures (high or low) – inform them to monitor themselves if there are no risk exposures identified. If any risk exposures are identified please contact DHEC so that they can be monitored by a public health authority.