

Ebola Statewide Conference Call  
October 30, 2014, 3:00 pm – 4:00 pm  
DHEC Mills-Jarrett Building

**I. OPENING:**

Dr. Foster opened the call by noting there has been a lot happening at the local, state and national level. This call will focus on highpoints from last call. There have been three tabletop exercises held in the regions and one planned for the Pee Dee region next week. The three that have been held were in Columbia and Anderson on October 28<sup>th</sup> and Charleston on October 30<sup>th</sup>.

Phyllis Beasley reminded everyone of the following:

- Send any questions they have to [ebola@dhec.sc.gov](mailto:ebola@dhec.sc.gov). Questions will be forwarded to the appropriate Subject Matter Expert.
- If there is an Ebola risk present, you should call the DHEC Epidemiology Office in your area. The phone numbers are:  
Lowcountry Region Nights/Weekends: (843) 441-1091  
Midlands Region Nights/Weekends: (803) 801-1046  
Pee Dee Region Nights/Weekends: (843) 915-8845  
Upstate Region Nights/Weekends: (866) 298-4442

**UPDATES:**

- II. CDC - Dr. Olabisi Badmus, Medical Consultant, Division of Acute Disease Epidemiology:
- Additional Updates and guidance from the CDC that are available on the DHEC website include:
    - Guidance for Emergency Department evaluation and management for possible Ebola patients
    - Recommendations for safely performing hemodialysis
    - Additional Infographics
    - There is also a video posting from the training co-sponsored by the CDC and Greater New York Hospital Association which includes a demonstration of PPE donning and doffing, with additional presentations on Ebola
    - Updates for interim U.S Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure.
  - On October 23, an additional case of Ebola was diagnosed in New York City. The patient was a physician who provided medical aid in Guinea with Doctors without Borders. The patient is currently being treated at a New York hospital and Public Health officials have been investigating and conducting contact tracing and monitoring with contacts and possible contacts related to this case.
  - The CDC has recently made a revision to the case definitions and qualifiers for epidemiological risks. Currently, a person is either considered to be a Person Under

Investigation or a confirmed case. Person Under Investigation is someone who is symptomatic with an epidemiologic risk factor within the 21 days before symptom onset.

- The Epidemiologic risk stratifications have been reclassified to high risk, some risk, low (but not zero) risk, and No identifiable risk.
- The purpose of these changes was primarily to focus on strengthening public health surveillance with new active and direct active international traveler monitoring protocol. State and local public health authorities are advised to use active monitoring or direct active monitoring rather than having people monitor themselves.
- **Active and Direct active monitoring-** means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation. The purpose of active (or direct active) monitoring is to ensure that, if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated.
- Important things for providers to note for screening and clinical management are that individuals who would fall into the No risk category include:
  - Traveling to a country where there is no widespread Ebola transmission such as European countries, other cities within the U.S,
  - Having traveled to a country with Ebola outbreak MORE than 21 days ago
  - Patients who are symptomatic and within the risk category need to people might need to have a medical examination for diseases other than Ebola

### **Question Regarding PPE Shortage**

We are aware of this concern for the state and have been working with the SC Hospital Association to monitor the situation. Furthermore this is also a national concern that the CDC and ASPR (Office of the Assistant Secretary for Preparedness and Response) are also aware of and are working on solutions. They have acknowledged that there are some spot shortages of PPE, but there are also many kinds that are still widely available. In order to try and meet the surge of demands, there are manufacturers that are increasing their production. As the situation is being addressed the CDC has advised:

"If facilities elect to use different PPE from what is outlined in the PPE recommendations (e.g., coveralls with either an integrated hood or a surgical hood or a surgical hood with integrated full face shield), they must train healthcare workers in this use and ensure that donning and doffing procedures are adjusted and practiced accordingly."

Additionally, for healthcare workers in the outpatient setting we recommend facilities to use the highest supply available to you. For a suspected patient who is stable and without and signs

or symptoms such as vomiting, bleeding, copious diarrhea, or requiring invasive procedures, healthcare workers at minimum in this setting should wear: 1) face shield, 2) surgical face mask, 3) impermeable gown and 4) two pairs of gloves.

### III. SC Hospital Association – Dr. Rick Foster

- They are actively participating in the tabletop exercises.
- Actively working with the four Regional treatment centers that have been identified for a potential Ebola patient. The four are: Palmetto Health, Greenville Hospital System, Spartanburg Regional and Medical University of SC. Each hospital had identified a team of healthcare workers.
- They are looking at protocols for the following
  - Those who have traveled and coming back and are being actively monitored
  - Present to out-patient or outlying hospital
  - Individuals who call 911
  - Active duty military

They will have something next week for protocol and activating the system.

- Other areas the Association is working on are:
  - Coroners and the Coroners Association protocol for handling the body of an Ebola patient and matching protocols with the hospital.
  - Continue to work with hospitals on handling contaminated waste, bagging and transport
- Media Relations and Hospitals - Mark Plowden, Director, DHEC-Division of Media Relations, is the lead person for public information. He is ensuring our messages are consistent with other agencies, organizations and the community.

### IV. DHEC Office of Public Health Preparedness – Ron Griffin, Preparedness Consultant

The following is a summary of the three tabletop exercises held this week:

- All three had great participation. There were over 100 participants from hospitals, private practices, law enforcement, local/state/federal agencies, and many others.
- Questions such as transport protocols, law enforcement response and PPE shortages, DADE Epidemiology regional vs. central office calls and general PPE questions were asked.
- Anyone having more questions from the exercise should send an email to [ebola@dhec.sc.gov](mailto:ebola@dhec.sc.gov).
- Information was provided on how to register for the exercise being held in Florence at Francis Marion University on November 3<sup>rd</sup>.
- We are in the planning and coordination stages of upcoming exercises throughout the state. These exercises will be designed to be smaller and include stakeholders from their immediate area. We want the exercises to be more than a question and answer session.

### V. DHEC-EMS – Robert Wronski, Director, Division of EMS and Trauma

- Response to question:

For counties that border other states, does the service have to transport the patient to a SC regional referral hospital or can they take them to a closer hospital in another state?

"This question is still under discussion and the response to it is being coordinated between the SC Hospital Association and DHEC and the surrounding states Departments of Health and Hospital Association. We will provide an answer to the question early next week"

- Reviewed the EMS Memorandum that went out to EMS Organizations on Wednesday, Oct 29th, 2014. It included all four regions EPI Contact numbers, updated PPE requirements, and a link to a video on donning and doffing PPE from the State of New York.

#### VI. DHEC-Special Pathogens and Molecular Laboratories – Amanda Moore

Procedure for Ebola Testing:

- Prescreen patient using CDC checklist
- Call regional DHEC Epidemiologist
- DHEC obtains CDC permission to test
- 2 EDTA tubes are collected
  - Disinfected and parafilmmed
  - Placed in Specimen bag with absorbent material
  - Specimen bag disinfected
- Specimens packed in secondary container
  - cold packs
  - Ensure lid is secure
  - DHEC BOL 1335 Test requisition
  - Should have all labeling in accordance with Category A shipping requirements
- Transportation
  - Both tubes will be sent to the Bureau of Laboratories (BOL)
  - The BOL will help direct specimen transportation to our lab in a manner that provides the quickest time possible. Directions will be given on a case by case basis.
- Laboratory Testing
  - The BOL performs the Department of Defense real time RT-PCR Ebola assay as a screening tool.
  - Turn-around time is 6 hours from time of receipt at the BOL
  - Positive screening results will be forwarded to CDC by the BOL for CDC confirmatory testing.
  - CDC results will be available within 24 hours of specimen receipt at the CDC
  - Negative screening results will not need to be confirmed by CDC.

- Negative screening results from specimens collected earlier than 72 hours of symptom onset may require an additional sample collection after 72 hours of symptom onset.
- Negative samples collected after 72 hours of symptom onset where symptoms may require additional CDC testing, such as for Lassa fever, may be forwarded to CDC by the BOL upon provider –Epi consultation and request.

**QUESTIONS FROM AUDIENCE:**

1. Is there a patient at any of the four regional treatment centers being tested for Ebola?  
No
2. A funeral embalmer from the Low Country mentioned the link on a memo dated 10/17/14 to coroners and morticians is broken. Are we aware?  
Yes and will send correct link. Phyllis encouraged caller to work with hospitals in the Regional Healthcare Coalition.
3. Do dental offices need to register and screening patients?  
Dental guidance is forthcoming. Screen for travel history prior to routine visit and defer procedure if necessary.
4. Will law enforcement transport samples to Columbia?  
Yes, we are in discussions with SLED about picking up and transporting. Details are still being worked out.
5. Question from a 911 director – Can we use code words for Ebola patients over the radio, or use some other means of notifying the crews they may be responding to an Ebola patient?  
"CDC Guidelines do not specifically recommend any "code words" for identifying a possible patient, but do recommend notifying responders as surreptitiously as possible. Recommended working with local dispatch centers and agencies to coordinate radio protocols.
6. Can an outlying county, such as Beaufort transport a suspected Ebola patient to a regional center such as MUSC? If so, who will assist with decontamination?  
"As mentioned earlier, transport protocols will be forth coming with regards to patients suspected of having the virus. Regional responses may include picking up patients for transport to the regional centers, but these details are being finalized and should be out by Friday, Oct 31st, 2014. (It was released at 9:35 on the 31st.)
7. What is the timeframe for specimens and sending to CDC?  
See "Procedure for Ebola Testing" from Amanda Moore
8. Will there be any special training for school nurses on how to use PPE?  
Guidance has been provided. There is no formal training being planned. Videos are available on the DHEC website as a resource. The demo is for hospital use and looking into video for out-patient setting. Will announce on conference call anything that is new.
9. Call from SC Department of Juvenile Justice regarding intake center - Is it appropriate to refer a patient to hospital and then call epidemiology office? What is appropriate level of PPE for out-patient setting?

Per Dr. Badmus, call the epidemiology office first. A patient who is stable and does not need invasive procedure, at minimum wear 1) face shield, 2) surgical face mask, 3) impermeable gown and 4) two pairs of gloves.

**CLOSING COMMENTS:**

Callers were once again reminded to send any questions to [ebola@dhec.sc.gov](mailto:ebola@dhec.sc.gov).