

Frontline Hospital Ebola Readiness

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Outline of Presentation



- 2022 Ebola Virus Disease (EVD) Outbreak in Uganda: Epidemiology
- EVD overview
- Border health & passenger screening
- What is a frontline hospital?
- Ebola frontline hospital readiness
 - Infection prevention & control
 - Laboratory capacity
 - Waste management
 - Patient movement & transportation
- Tools for assessing readiness

Speakers

Infection Prevention and Control

- Carrie Rice
- Healthcare Epidemiology Improvement Coordinator, Maine CDC

Laboratory Capacity

- Nick Matluk
- Microbiology Supervisor, CLIA Technical Supervisor, Bioterrorism Coordinator, Select Agent Responsible Official, Maine CDC

Waste Management

- William Jenkins
- PHEP Director, Maine CDC

Patient Movement & Transport

- J. Sam Hurley
- Director, Maine EMS

Assessment Tools

- Rita Owsiak
- HAI Coordinator, Maine CDC

2022 Ebola Virus Disease (EVD) Outbreak in Uganda: Epidemiology

Dena Bushman

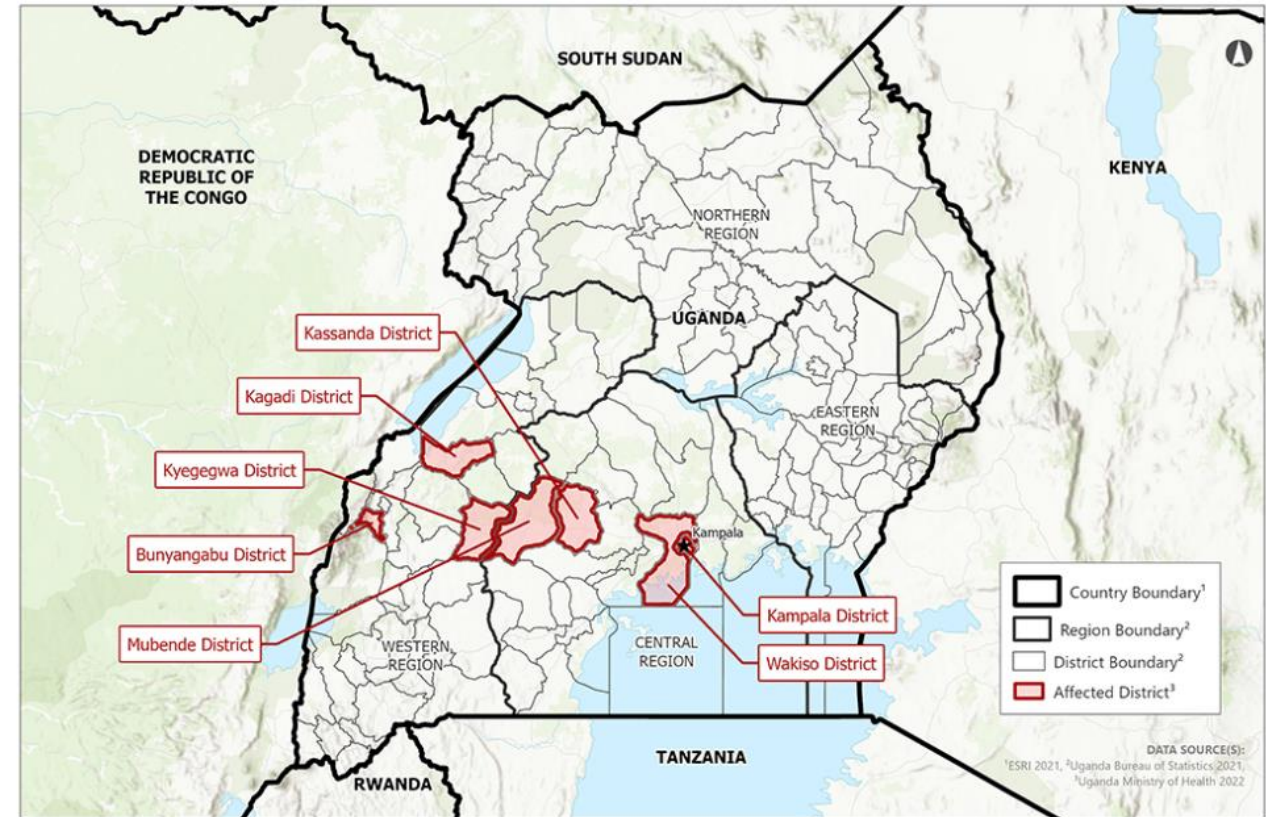
Medical Epidemiologist, Maine CDC



2022 EVD Outbreak in Uganda: Epidemiology

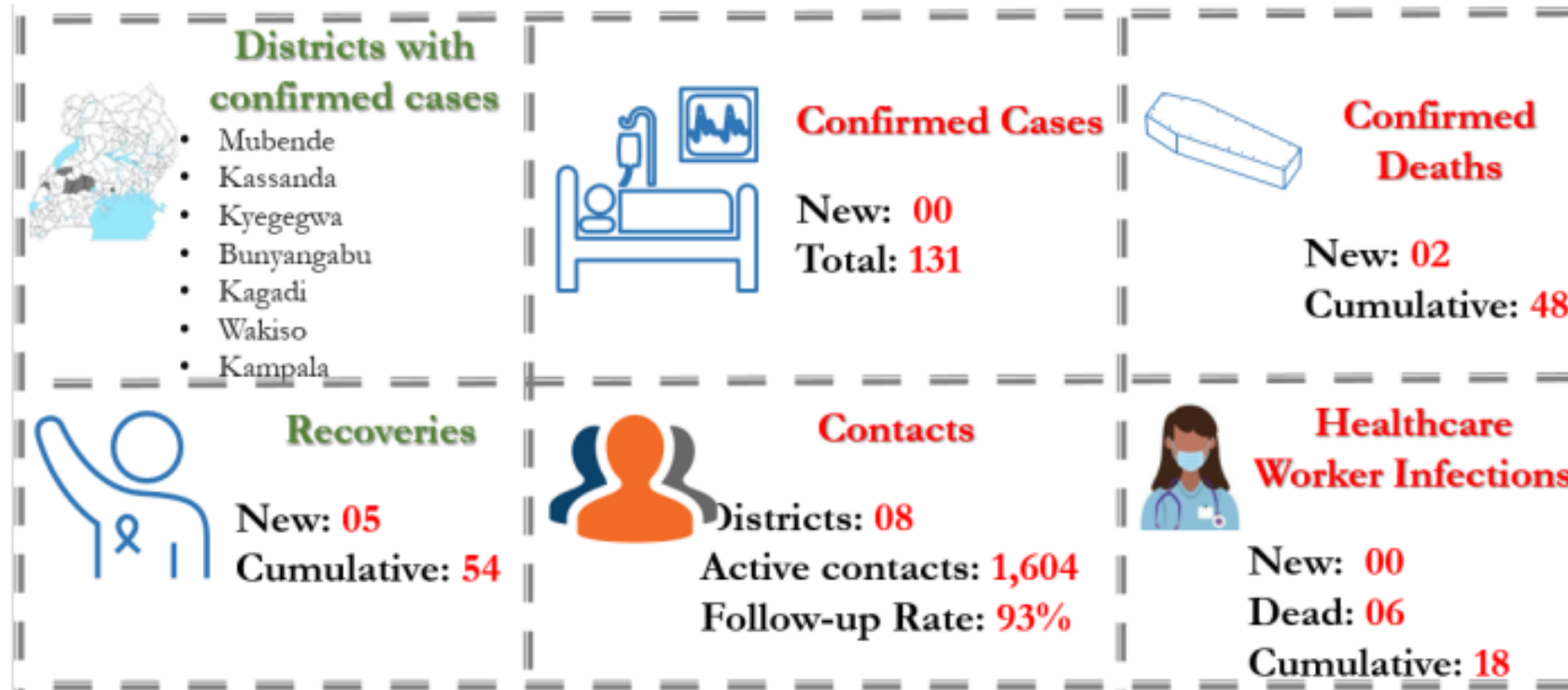
- September 19, 2022: The first confirmed case of EVD was a 25-year-old man who lived in Mubende District
- September 20, 2022: EVD outbreak due to Sudan virus (species *Sudan ebolavirus*) declared by the Uganda MOH
- Investigations identified suspicious cases and clusters of deaths occurring in Mubende district up to 1 month earlier

Uganda: Ebola Virus Disease Outbreak 2022



2022 EVD Outbreak in Uganda: Epidemiology

Data update as of 02nd November 2022 at 22 :00 HRS



2022 EVD Outbreak in Uganda: Epidemiology

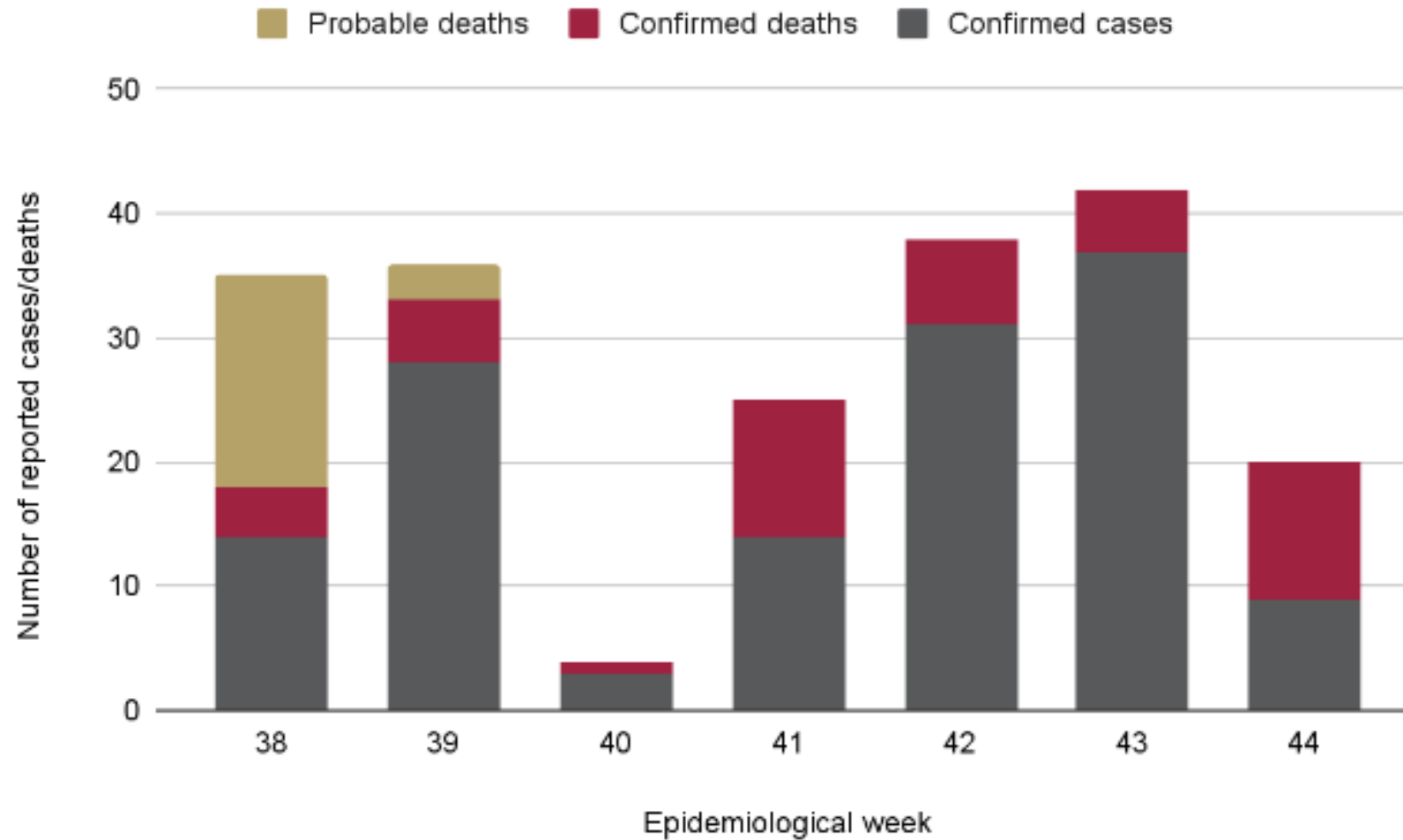


Figure: EVD cases and deaths by epidemiological week reported for weeks 38-44 (September 19- November 2, 2022)

EVD Overview

Dena Bushman

Medical Epidemiologist, Maine CDC



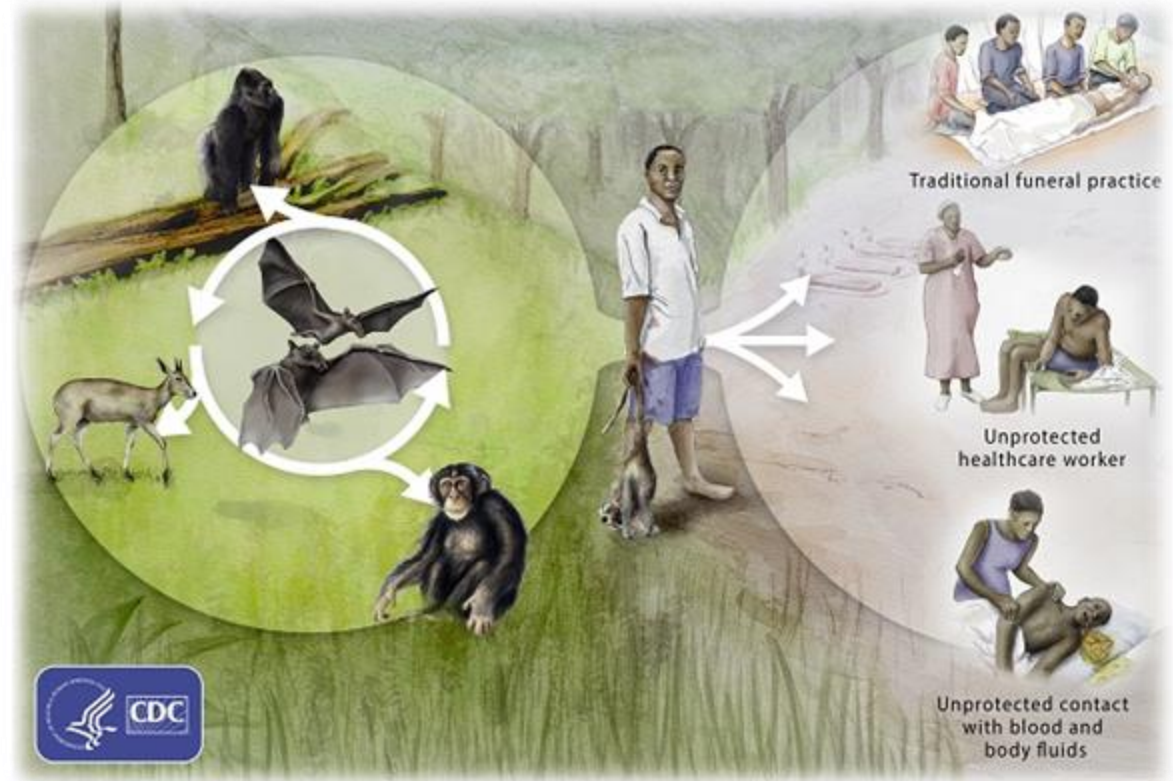
EVD Overview

EVD in humans is caused by infection with one of 4 viruses within the genus *Ebolavirus*

- Ebola virus (species *Zaire ebolavirus*)
 - Multiple outbreaks (Zaire/DRC, Gabon, Republic of the Congo, Guinea)
 - 70-90% fatality
- Bundibugyo virus (species *Bundibugyo ebolavirus*)
 - 2007 Uganda and 2012 DRC outbreaks
 - 40% fatality
- Tai Forest virus (species *Tai Forest ebolavirus*)
 - One human case (survived)
- Sudan virus (species *Sudan ebolavirus*)
 - Multiple outbreaks (Sudan, Uganda)
 - ~50% fatality

EVD Overview

- EVD is believed to be animal-borne (zoonotic); bats are the most likely reservoir
- Serious illness, often fatal in humans
- Without treatment EVD has a high mortality rate
- Since 1976, there have been 33 outbreaks due to Ebola virus (species *Zaire ebolavirus*)
- Prior to 2022, there have been 7 outbreaks due to Sudan virus (Uganda and Sudan)
- Most of our knowledge of EVD comes from outbreaks caused by Ebola Zaire; we anticipate lessons learned from Ebola Zaire outbreaks to be applicable to this outbreak.



EVD Overview

Key differences between Ebola virus (species *Zaire ebolavirus*) & Sudan virus (species *Sudan ebolavirus*):

- There is **no FDA-licensed treatment** for Sudan virus
 - MBP134
 - Experimental two antibody cocktail therapy
 - Demonstrated efficacy in preventing mortality due to infection with Sudan virus, Ebola virus, and Bundibugyo virus in non-human primates
- There is **no FDA-licensed vaccine** for Sudan virus
 - Two experimental vaccine candidates undergoing evaluation

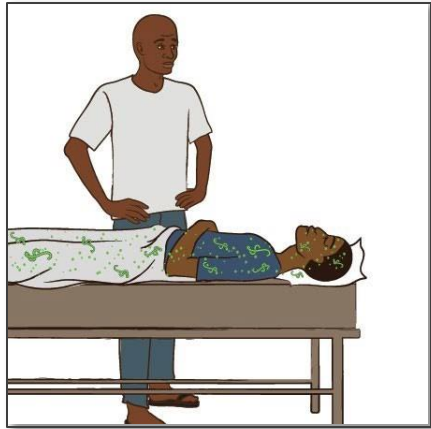
EVD Overview

Transmission can occur through:

- Contact (*through broken skin or mucous membranes*) with body fluids of a person that is sick or has died from EVD
- Objects (*such as clothes, bedding, needles, and medical equipment*) contaminated with body fluids from a person who is sick with or has died from EVD
- No documented cases of airborne transmission, however healthcare workers should try to limit aerosol-generating procedures
- In infected individuals, the virus can be found in all body fluids, including:
 - Blood
 - Feces/Vomit
 - Urine
 - Tears
 - Saliva
 - Breast milk
 - Amniotic fluid
 - Vaginal secretions
 - Sweat
 - Semen

INFECTION

Infection occurs after exposure to a person who is sick or has died of Ebola.



INCUBATION PERIOD

- It can last from 2-21 days (usually 4-17 days)
- Person feels well and has no symptoms
- **The person cannot transmit the virus**



DRY PHASE

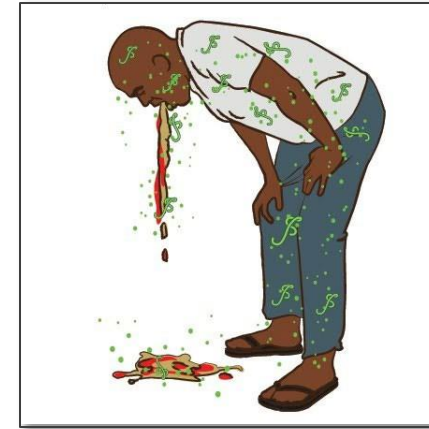
Common signs and symptoms are

- Fever
- Fatigue
- Headache
- Joint pain
- Muscle pain
- Back pain
- Sore throat



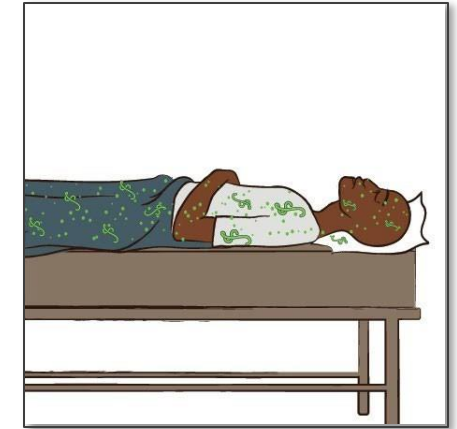
Common signs and symptoms are

- Diarrhea
- Nausea/vomiting
- Bleeding occurs in some cases
- Hiccups
- Eye redness



WET PHASE

- The patient becomes more contagious as the disease progresses.
- In fatal cases, death occurs on average 7 to 10 days after the onset of symptoms.
- The amount of Ebola virus is highest at the time of death.



NOT
CONTAGIOUS

CONTAGIOUS

EVEN MORE
CONTAGIOUS

THE MOST
CONTAGIOUS

EXPOSURE TO
THE VIRUS

DAY 0
OF THE DISEASE

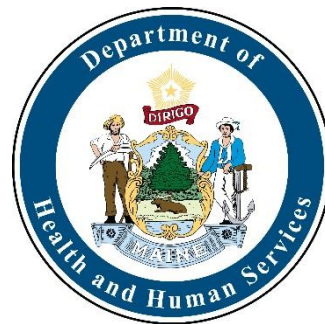
DAY 4
OF THE DISEASE

DAY 7-10
OF THE DISEASE

Border Health & Passenger Screening

Dena Bushman

Medical Epidemiologist, Maine CDC



Screening of incoming passengers from Uganda

- Approximately 140 passengers arriving in the U.S. from Uganda per day
- No direct flights
- International travelers arriving in U.S. after leaving Uganda arrive at one of five airports:
 - ATL (Atlanta)
 - ORD (Chicago)
 - JFK (New York City)
 - EWR (Newark, New Jersey)
 - IAD (Dulles, Virginia)
- Public health entry screening of passengers upon arrival
 - Asks travelers to watch for symptoms of EVD and provides information on what to do if they feel sick
- Per the World Health Organization, as of September 21, 2022, the risk assessment was very high at the national level, high at the regional level, and **low at the global level.**

Screening of incoming passengers from Uganda


U.S. CDC notifies Maine CDC about travelers



All travelers are evaluated by a Maine CDC epidemiologist



Travelers are monitored for up to 21 days post-arrival

A long, brightly lit hospital hallway with a blue gurney in the foreground and another in the distance. The hallway is clean and modern, with a polished floor that reflects the overhead lights. The walls are white with blue accents, and the ceiling is a grid of recessed lights. The gurney in the foreground is blue and has large black wheels. The gurney in the distance is also blue and has a white bag on it.

What is a
frontline
hospital?



Frontline Healthcare Facility



Quickly identifies and isolates patients with possible Ebola



Notifies facility infection control and state and local public health officials



Has enough Ebola personal protective equipment (PPE) for at least 12–24 hours of care

Prepares for patient transfer, if needed



Ebola Assessment Hospital



Safely receives and isolates a patient with possible Ebola



Provides immediate laboratory evaluation and coordinates Ebola testing



Cares for a patient for up to 96 hours (including evaluation and management of alternative diagnoses) until Ebola diagnosis is confirmed or ruled out



Has enough Ebola PPE for up to 96 hours of care

Transfers a patient with confirmed Ebola to an Ebola treatment center in consultation with public health officials



Ebola Treatment Center



Safely receives and isolates a patient with confirmed Ebola



Cares for patients with Ebola for duration of illness



Has enough Ebola PPE for at least 7 days of care (will restock as needed)



Has sustainable staffing plan to manage several weeks of care



CDC experts are ready to deploy to provide assistance as needed

All of the hospitals will be prepared to do the following:

Ensure staff are appropriately trained and have documented competency in safe PPE practices



Have systems in place to safely manage waste disposal, cleaning and disinfection



Adhere to infection control protocols

MAINE

Frontline Hospitals:

- Every Acute Care Hospital
- Every Critical Access Hospital

Assessment Hospitals:

- Maine Medical Center (MMC)
- Eastern Maine Medical Center (EMMC)

Treatment Hospital:

- Mass General Hospital (Boston)

What is a frontline hospital?

Identify



- Know points of entry into the facility
- Post signage around your facility to help individuals self-identify
- Screen all patients:
 - Obtain a relevant exposure history:
 - Have you been to an area with an active Ebola virus outbreak in the past 21 days?
Specifically ask about travel to Uganda.
 - Have you been in close contact with someone confirmed or suspected to have EVD?
 - While traveling abroad, did you attend a funeral?
 - While traveling abroad, did you care for someone who was sick?
 - While traveling abroad, did you have any contact with animals, domestic or wild?
 - *Please be aware of and avoid using stigmatizing language*

What is a frontline hospital?

Identify

Review signs or symptoms compatible with EVD



Fever



Headache



Joint and
Muscle Pain



Weakness



Diarrhea



Vomiting

Symptoms also include stomach pain and lack of appetite. Some patients may also have a rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing, difficulty swallowing, and bleeding inside and outside the body. Symptoms usually start 2 to 21 days after exposure.

What is a frontline hospital?



If a relevant exposure history is reported *AND* signs or symptoms are consistent with EVD:

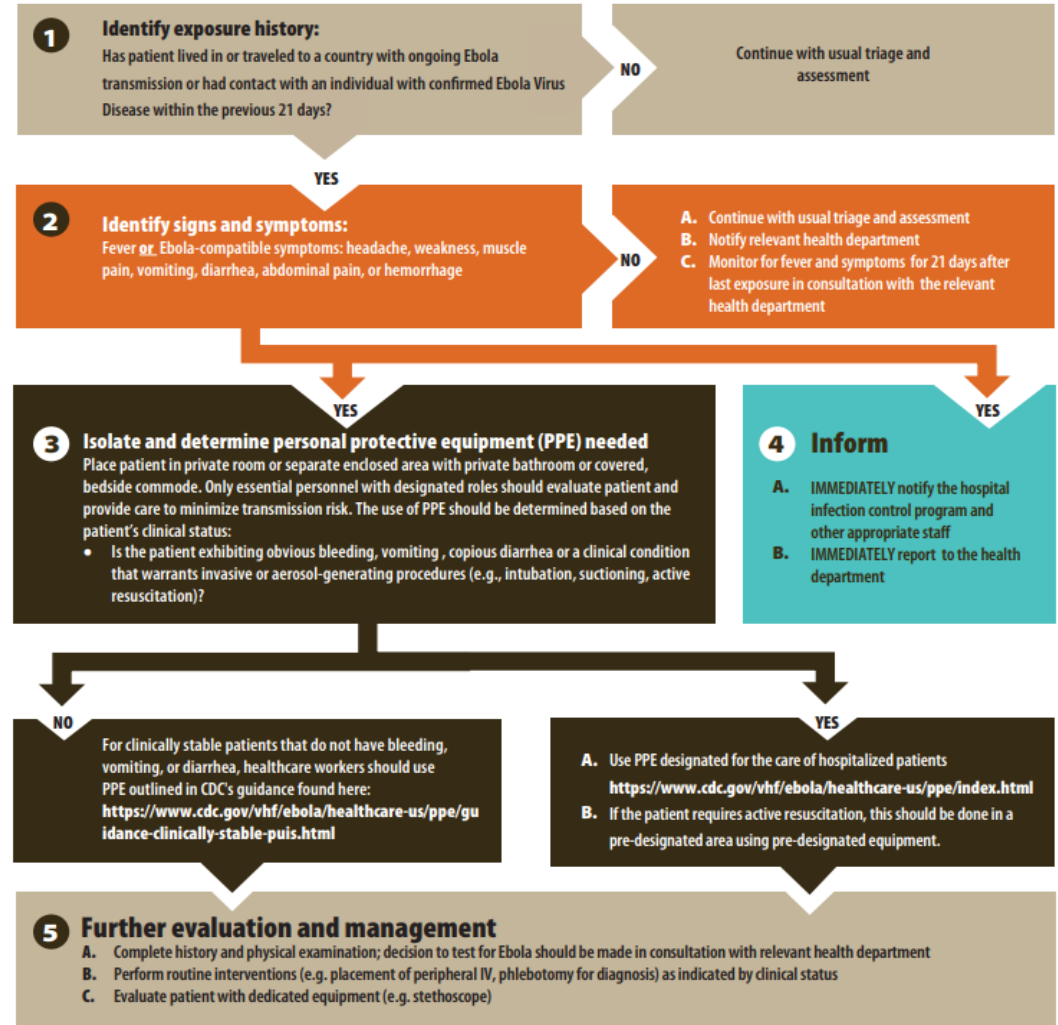
- Isolate the patient in a single room with a private bathroom or covered, bedside commode
- Adhere to [infection prevention and control procedures](#) to prevent transmission through direct or indirect contact, including wearing [appropriate PPE](#) and using dedicated equipment
- Use only essential healthcare workers trained in their designated roles for patient care and keep a log of everyone who enters and leaves the patient's room
- Perform only necessary tests and procedures and avoid aerosol-generating procedures

What is a frontline hospital?

Inform

- Inform the patient of the process
- Notify your facility's Infection Prevention and Control Program or designee of a suspected EVD case (*per facility policy*).
- Contact **Maine CDC** at our 24-hour Disease Reporting and Consultation Line at **1-800-821-5821**

Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients Under Investigation for Ebola Virus Disease



Infection Prevention & Control

Carrie Rice

Healthcare Epidemiology Improvement Coordinator, Maine CDC



Infection Prevention & Control: Personal Protective Equipment

Minimum PPE for the clinically stable and do not have bleeding, vomiting, or diarrhea



Single-use (disposable) fluid-resistant gown that extends to at least mid-calf

- or -

Single-use (disposable) fluid-resistant coveralls without integrated hood



Single-use (disposable) full-face shield



Single-use (disposable) facemask

- For droplet and source protection only. Does not provide respiratory protection



Single-use (disposable) gloves (two pairs). At a minimum, outer gloves should have extended cuffs

- Non-sterile medical exam gloves

See website for donning/doffing procedure guidance:

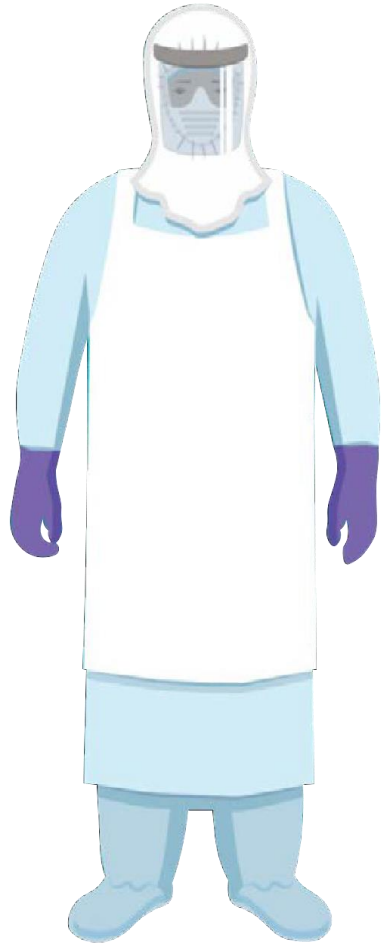
<https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html>

Notes:

- AAMI PB70 Level 1-3 have increasing levels of resistance to fluids; Level 4 tested for viral transfer
- Blood and viral penetration resistance:
 - Gown – ANSI/AAMI PB70 Level 4
 - Coverall – ASTM F1671 or EN14126

Infection Prevention & Control: Personal Protective Equipment

PPE for clinically unstable and/or potential body fluid exposures



- **Single-use (disposable) impermeable gown extending to at least mid-calf – OR – Single-use (disposable) impermeable coverall.**
 - Coveralls without integrated hoods are preferred; coveralls with or without integrated socks are acceptable. **Scissors should never be used to remove tape or any other part of PPE.**
- **Respiratory, Head, and Face Protection: Either a PAPR or disposable, NIOSH-certified N95 respirator (single-use) should be worn in case a potentially aerosol-generating procedure needs to be performed emergently.**
- **Single-use (disposable) examination gloves with extended cuffs.**
 - Two pairs of gloves should be worn so that a heavily soiled outer glove can be safely removed and replaced during care. At a minimum, outer gloves should have extended cuffs.
- **Single-use (disposable) boot covers that extend to at least mid-calf.**
 - In addition, single-use (disposable) ankle-high shoe covers (“surgical booties”) worn over boot covers may be considered to facilitate the doffing process, reducing contamination of the floor in the doffing area thereby reducing contamination of underlying shoes.
 - Single-use (disposable) shoe covers are acceptable only if they will be used in combination with a coverall with integrated socks.
- **Single-use (disposable) apron** that covers the torso to the level of the mid-calf should be used over the gown or coveralls if patients with Ebola are vomiting or have diarrhea and should be used **routinely if** the facility is using a coverall that has an exposed, unprotected zipper in the front.

Notes:

- AAMI PB70 Level 1-3 have increasing levels of resistance to fluids; Level 4 tested for viral transfer
- Blood and viral penetration resistance:
 - Gown – ANSI/AAMI PB70 Level 4
 - Coverall – ASTM F1671 or EN14126

See website for donning/doffing procedure guidance:

<https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>

Infection Prevention & Control: Personal Protective Equipment

Trained Observer / Doffing Assistant PPE



- Single-use (disposable) fluid-resistant gown that extends to at least mid-calf - or - single-use (disposable) fluid-resistant coverall without integrated hood.
- Single-use (disposable) full face shield.
- Single-use (disposable) surgical mask.
- Single-use (disposable) gloves with extended cuffs.
 - Two pairs of gloves should be worn.
 - At a minimum, outer gloves should have extended cuffs.
- Single-use (disposable) ankle-high shoe covers. Shoe covers should allow for ease of movement and not present a slip hazard to the wearer.

See website for donning/doffing procedure guidance: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>

Infection Prevention & Control: Personal Protective Equipment

PPE Considerations:

- **PPE selection**

- **Staff must be aware of PPE protective qualities and limitations. Remember to check expiration dates on PPE supplies**
- Consider tasks to be performed. How close or prolonged contact will be, potential exposures to blood or any body fluids, and contaminated items and surfaces?
 - *Note: patient condition may change rapidly. The sudden presence of body fluid risk should be anticipated.*

- **PPE Training:**

- Training must be interactive allowing HCWs to practice donning, adjusting, using, and doffing the specific PPE that the employee will use.
 - Training guidelines: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html> & <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/training.html>

- **PPE Donning/Doffing:**

- Designated areas, clean vs. contaminated
 - *Storage, donning area, and doffing area (e.g., for doffing - anteroom or adjacent vacant patient room that is separate from the clean area)*
- Use a Trained Observer - Contamination of PPE, skin, or clothing may not be visible. Trained observers should monitor for inadvertent contamination during use and doffing of PPE; consider all doffed PPE contaminated.
- Review Donning & Doffing procedure guidelines (see links above)
 - *Donning complex ensembles takes time*

Infection Prevention & Control: Training Resources

U.S. CDC: <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>

Guidance for Donning and Doffing Personal Protective Equipment (PPE) During Management of Patients with Ebola Virus Disease in U.S. Hospitals

Select Your PPE Combination



DASH DISASTER AVAILABLE SUPPLIES IN HOSPITALS

Personal Protective Equipment Module

Estimates minimum personal protective equipment (PPE) needed by hospital personnel managing patients suspected or known to be infected with a special pathogen. <https://dashtool.org/>

NETEC

PPE Guidance for Viral Hemorrhagic Fevers: <https://repository.netecweb.org/items/show/1693>

Space Recommendations for PPE Donning/Doffing: <https://repository.netecweb.org/items/show/1708>

Infection Prevention & Control: Cleaning/Disinfection

- **PPE:** Staff should wear recommended personal protective equipment (PPE)
- **Disinfectants:** Use an U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant from [List L](#) or [List Q](#) to disinfect environmental surfaces in rooms of PUIs, patients with confirmed EVD, & in PPE doffing area.
- **Environmental Considerations:**
 - Avoid contamination of reusable porous surfaces that cannot be made single use:
 - Use only a mattress and pillow with plastic or other covering that fluids cannot get through.
 - Do not place PUIs or patients with confirmed EVD in carpeted rooms.
 - Remove all upholstered furniture and decorative curtains from patient rooms before use.
 - Routine cleaning and disinfection of the PPE doffing area
- **Laundering:** discard all linens, non-fluid-impermeable pillows or mattresses, and textile privacy curtains into the waste stream and dispose of appropriately.
- **EVD is Category A infectious substances** (see waste section)
 - Includes medical equipment, sharps, linens, used healthcare products such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets; and used PPE (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or byproducts of cleaning contaminated or suspected of being contaminated with a Category A infectious substance

Laboratory Capacity

Nick Matluk

Microbiology Supervisor, CLIA Technical Supervisor, Bioterrorism Coordinator, Select Agent Responsible Official,
Maine CDC



Laboratory Capacity

For context:

- Biofire FilmArray NGDS Warrior Panel (Warrior Panel) is an FDA 510(k)-cleared assay, can detect:
 - Sudan virus, Ebola virus, Taïforest virus, Bundibugyo virus, Reston virus
- As of October 27:
 - 24 Laboratory Response Network (LRN) laboratories & 4 Regional Emerging Special Pathogen Treatment Centers can test for *Sudan ebolavirus* under CLIA using the Warrior Panel.
 - Closest laboratories to Maine:
 - Massachusetts State Public Health Laboratory
 - Wadsworth Center, New York State Department of Health
 - CDC has in-house diagnostic assays and will provide confirmatory testing in case of a presumptive positive result



Laboratory Capacity

As a reminder:

- A negative RT-PCR test result from a blood specimen collected **less than 72 hours** after onset of symptoms does not rule out EVD
- A negative RT-PCR test result from a blood specimen collected from a symptomatic patient **more than 72 hours after symptom onset** rules out EVD
- Positive RT-PCR results are considered preliminary until confirmatory testing at CDC

Considerations for your facility:

- What testing can your facility do?
- What POC testing is available at your facility?
- What risks are involved with using this instrument?
- How many instruments do you have?
 - *Can one be dedicated to a patient for a period of time?*
- Where will you do the testing?
- Do you have trained staff?
- How will you clean and disinfect your instrument(s)?

Laboratory Capacity

Ideally, a frontline hospital can test for:

- POC Malaria
- POC COVID-19
- POC Influenza
- POC Strep
- Urine dip
- Chest x-ray

In addition, do you have the capacity for:

- CBC: Manual WBC & Platelet estimate and Differential or full CBC by POC
- Blood chemistries: Glucose, BUN, Creatinine, Electrolytes by POC (e.g., ISTAT)
- Stool culture



Laboratory Capacity: Testing available at HETL & other PHLs

Test	Specimen Source	Volume	Specimen Container	Storage Conditions	Sample Stability	Turn Around Time	Shipping
Influenza Real-Time PCR	Preferred: Nasopharyngeal swab/Throat swab in viral transport media, Nasal wash. Other Acceptable specimens: Lower respiratory	Minimum 1.0ml synthetic-tipped swabs with plastic shaft only	viral transport media	2 – 8 °C	72 hrs	< 8hr	IATA Category A
Malaria PCR	Whole Blood	Minimum 0.5 ml	EDTA (purple top) tubes	2 – 8 °C	6 hrs	< 8hr	IATA Category A
Blood Culture	Whole Blood	See mfg protocol	Facility specific Blood Culture Bottle	Room Temperature	6 hrs	Variable, Maximum of 7 days	IATA Category A
Ebola Sudan Biofire FilmArray NGDS Warrior Panel	Whole Blood	Adult: minimum of 4 mL whole blood Pediatric: minimum of 1 mL whole blood	EDTA (purple top) tubes	Room Temperature	24 hours	Mass PHL (Variable)	IATA Category A
				2 – 8 °C	7 days	Mass PHL (Variable)	IATA Category A
				Dry ice	n/a	Federal CDC (Variable)	IATA Category A

Laboratory Capacity

Shipping considerations:

- **Category A**
- **Personnel must be trained & certified to ship Category A specimens**
 - Online trainings available
 - Communicate with Maine CDC & HETL
- **Identify couriers**
 - Couriers may have different requirements
- **Do you have the correct shipping supplies?**
 - Category A box for required shipping condition & appropriate labels
 - Appropriate packaging material
- **What days can you ship?**
 - Is your courier available 7 days a week?
 - HETL hours: Monday-Friday 7:30am-5pm



Laboratory Capacity: Contact Information

HETL Websites

- Laboratory Submission Information Sheets:
<https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/submitting-samples.shtml>
- Requisition Forms:
<https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/download-forms.htm>

HETL Lab Staff

- Nick Matluk
 - (207) 287-6736
 - (207) 557-2469
- Heather Grieser
 - (207) 287-5769
- Lori Webber
 - (207) 287-1722

Uniship (Category A shipping)

- Patrick Murphy
(Operations Manager)
207-745-6264
pmurphy@unishipcourier.com

Waste management

William Jenkins

PHEP Director, Maine CDC



Waste Management

Hazardous Waste Transport Regulatory Overview

- Waste generated in the care of patients with known or suspected EVD are outlined in the US Occupational Safety and Health Administration (OSHA) Blood borne Pathogen standard, 29 C.F.R. 1910.1030. See <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>
- Waste contaminated (or suspected to be contaminated) with Ebola virus is a **Category A infectious substance** regulated as a hazardous material under the US Department of Transportation's (DOT's) Hazardous Materials Regulations (HMR; 49 C.F.R., Parts 171-180).
 - FMI see <http://phmsa.dot.gov/hazmat/transporting-infectious-substances>



Waste Management

Hazardous Waste Transport Regulatory Overview

- If a HC facility requires a variance to the HMR, the HC facility must apply for a **Special Permit**. See <http://www.phmsa.dot.gov/hazmat/permits-approvals/special-permits>
- Additional guidance is available per the U.S. CDC, Ebola-Associated Waste Management <http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>

Waste Management

Stericycle has contracts to pick up and transport medical waste from every hospital and most health centers in Maine. **Contracts do not include Category A waste.**

- With an amendment, Stericycle will send Category A waste packaging instructions
 - Two different containers are available from Stericycle: poly drum (55-gallon) & corrugated container
- Stericycle recommends waiting to order just-in-time (this will save the facility money and storage space).
 - Drums are usually delivered within 3 days
 - Orders will be expedited if an Ebola case is confirmed



Waste Management

- Stericycle will provide a trailer onsite to store full containers at any facility with a confirmed Ebola case.
 - Once the trailer is full, Stericycle will over pack the containers within an additional 95-gallon container for transport and disposal
 - Facilities do not need to purchase the 95-gallon containers
- Stericycle will be incinerating Ebola waste and then transporting the ashes to an identified landfill

Patient Movement & Transportation

J. Sam Hurley
Director, Maine EMS



Out-of-Hospital Patient Movement and Transport

Two Scenarios:

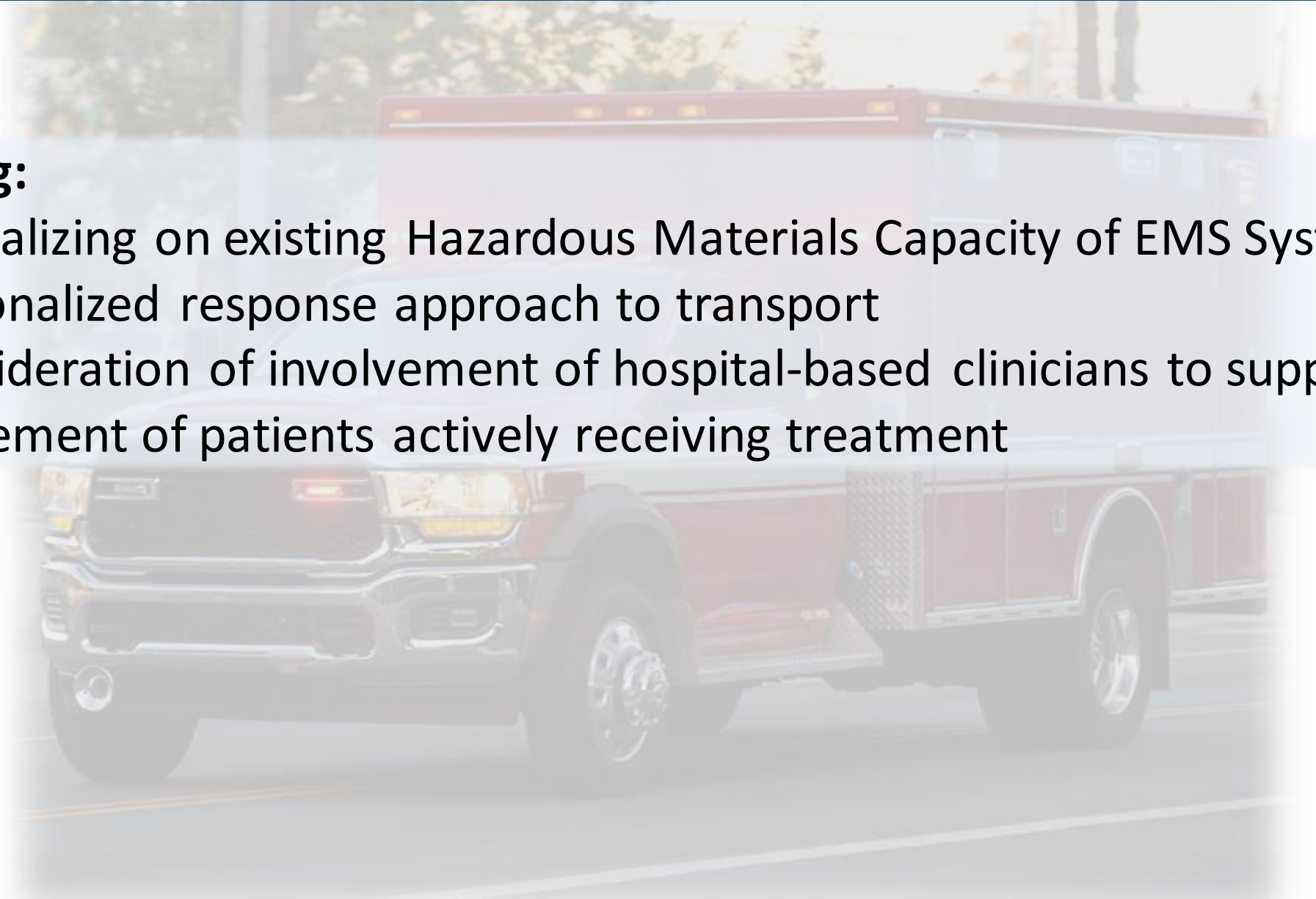
- 911 Activation
 - Ideally coordinated through Maine CDC ID EPI Team
 - Activation of 911 Screening Tool – Travel to Uganda
- Interfacility Movement
 - Coordination through Maine CDC, Maine EMS, Hospitals, and Transporting Agency



Out-of-Hospital Patient Movement and Transport

Planning:

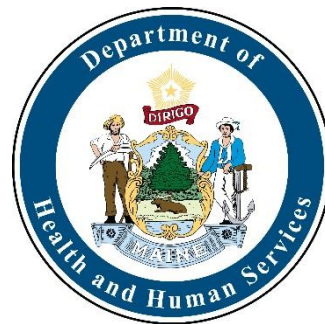
- Capitalizing on existing Hazardous Materials Capacity of EMS System
- Regionalized response approach to transport
- Consideration of involvement of hospital-based clinicians to support movement of patients actively receiving treatment



Tools for Assessing Readiness

Rita Owsiak

HAI Coordinator, Maine CDC



Frontline Hospital Assessment Tools

NETEC Preparedness Checklists:



Health Care Facility Special Pathogen Preparedness Checklist

<https://repository.netecweb.org/items/show/1724>

Maine CDC Adaptation:



Ebola Preparedness Mini Drills

(will send copy out to facilities post presentation)

Questions?

Dena Bushman, MSN, MPH

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