

Emergency Preparedness and Response: Ebola Monitoring

**Christine Kosmos, RN, BSN, MS
CDC State Coordination Task Force
2014-2015 Ebola Response**

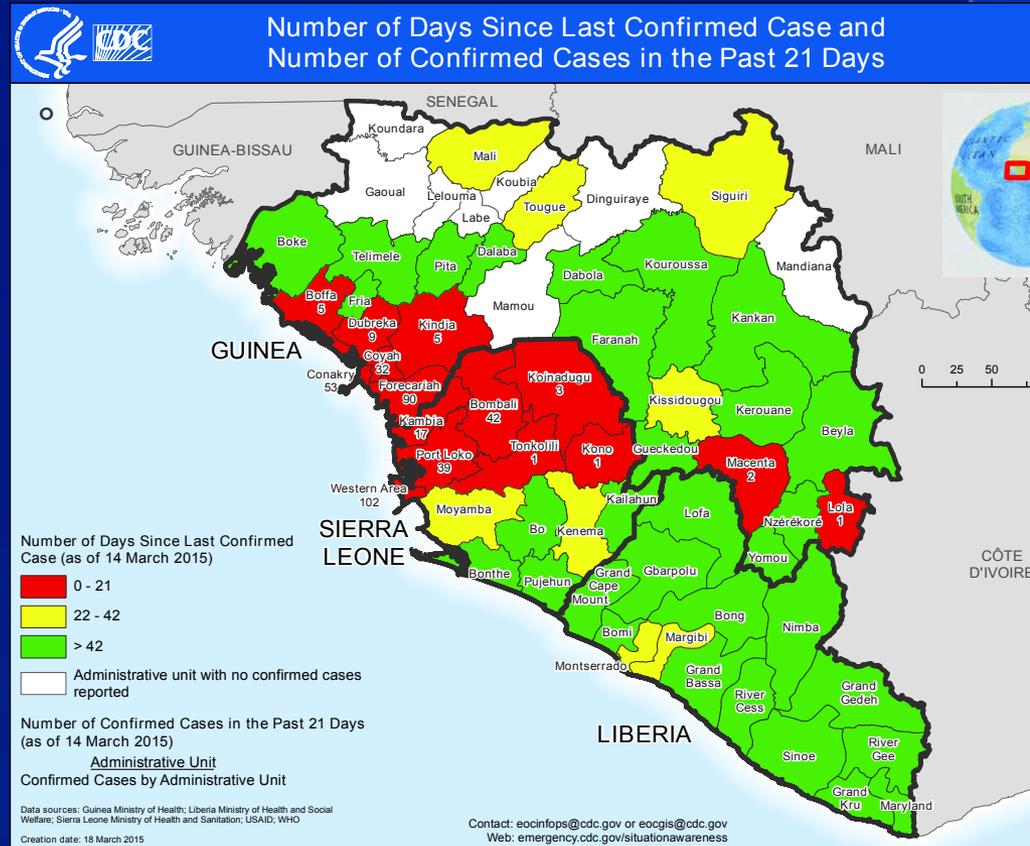
**20th Annual Chicago Infection Control Conference
June 8, 2015**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

International Challenges

- ❑ Lack of infrastructure
- ❑ Overburdened public health and healthcare systems
- ❑ Lack of acceptance of Ebola
 - Education
 - Fear and stigma
 - Distrust of outsiders



Current Situation and Response Goals

- ❑ Improvements in West Africa
- ❑ Response Goals: “Getting to Zero”
- ❑ Domestic Goals:
 - ❑ Stop importation of unknown disease into the U.S.
 - ❑ Reduce the potential for transmission in the U.S.
 - ❑ Assure a strong/capable public health and healthcare system



Responding to Domestic Challenges

Public Health

- ❑ Support the U.S. public health system – a layered approach
 - Develop guidance: Monitoring and Movement of Travelers from West Africa and U.S. Healthcare Workers
 - Implement exit and entrance screening
 - Develop tracking systems for daily post-exposure monitoring
 - Assure compliance with monitoring
 - Funding
 - Technical assistance

CDC EBOLA GUIDANCE

Evaluating Level of Risk

HIGH RISK

- Direct contact with blood or body fluids from a person showing symptoms of Ebola while not wearing personal protective equipment (PPE).
- Living with and caring for a person showing symptoms of Ebola.
- Direct contact with a dead body while in a country with a large Ebola outbreak or a small outbreak that may be hard to control without wearing PPE.
- Direct contact with blood or body fluids from a person showing symptoms of Ebola through splashes to eyes, nose, or mouth, through a break in the skin, or through a needle stick.
- Processing blood or body fluids from a person showing symptoms of Ebola without wearing PPE or undertaking standard biosafety precautions.

SOME RISK

- Close contact (within 3 feet) for a long time with a person showing symptoms of Ebola while not wearing PPE.
- Direct contact while in a country with a large Ebola outbreak or a small outbreak that may be hard to control with a person showing symptoms of Ebola while wearing appropriate PPE.

LOW RISK

- Having been in a country with a large Ebola outbreak or a small outbreak that may be hard to control within the past 21 days with no known exposures.
- Brief direct contact, such as shaking hands, with a person who has Ebola while not wearing PPE.
- Being in the same room for a short amount of time with a person showing symptoms of Ebola.
- Direct contact with a person showing symptoms of Ebola in a country **without** a large Ebola outbreak or a small outbreak that may be hard to control while wearing appropriate PPE.
- Having traveled on an airplane with a person showing symptoms of Ebola.

NO RISK

- Contact with a person with Ebola before their symptoms began.
- Having left a country with a large Ebola outbreak or small outbreak that may be hard to control more than 21 days ago.
- Having been in a country **without** a large Ebola outbreak or small outbreak that may be hard to control.
- Contact with a healthy person who had contact with someone showing symptoms of Ebola.
- Having been on an aircraft or ship and did not leave the plane or ship or the area close by while in a country with a large Ebola outbreak or a small outbreak that may be hard to control.

cdc.gov/ebola

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Responding to Domestic Challenges Healthcare System

- ❑ Support the U.S. healthcare system – a tiered approach
 - Healthcare system design
 - Develop guidance for hospitals
 - Technical assistance - “REP” team visits
 - Role-based training
 - Updated PPE guidance
 - Deployment of CDC Ebola Response Teams (CERT)
 - Funding

ISOLATE

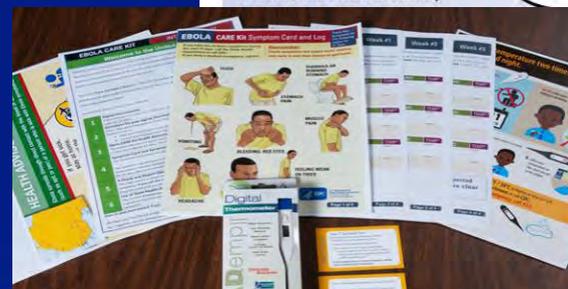
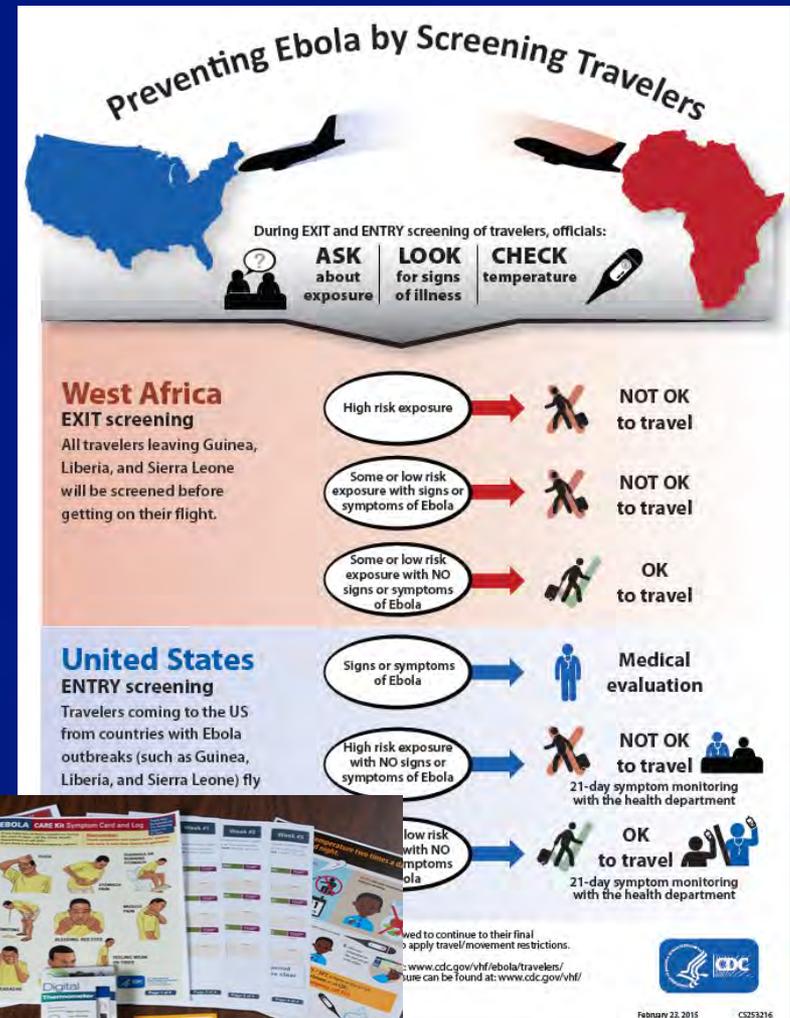
If assessment indicates possible Ebola virus infection, take action.



- Isolate the patient in a private room with a private bathroom or covered, bedside commode and close the door
- Wear appropriate personal protective equipment (PPE): <http://go.usa.gov/szgB>
- Limit the healthcare personnel who enter the room
- Keep a log of everyone who enters and leaves the patient's room
- Consider alternative diagnoses, and evaluate appropriately
- Only perform necessary tests and procedures
- Avoid aerosol-generating procedures
- Follow CDC guidelines for cleaning, disinfecting, and managing waste: <http://go.usa.gov/szYA>

CDC's Entry Screening and Follow-up in the United States

- ❑ Enhanced entry screening at five U.S. airports
- ❑ Travelers coming from Guinea, Liberia, and Sierra Leone actively monitored by a state or a local health department
 - Travelers receive **Check and Report Ebola (CARE)** kits



Monitoring and Movement of People with Ebola

□ Updated recommendations issued to

- Reduce the risk of Ebola spreading
- Ensure people infected with Ebola are able to quickly access appropriate medical care

□ Updated interim guidance

- Revises risk categories
- Recommends public health actions in the high, some, and low (but not zero) risk categories
- Adds recommendations for specific groups and settings

CDC EBOLA GUIDANCE

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DSLR/SCTF Key Activities and Accomplishments

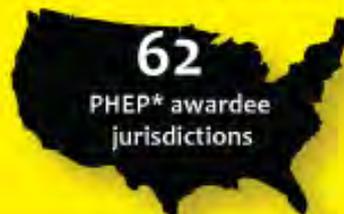
2014 EBOLA RESPONSE

(as of May 24, 2015)

Active Monitoring

10
Days
to establish protocol

Implemented across



Hospital Readiness

>600
Assessment Hospitals
(likely to change)



55
Ebola Treatment Centers

Communication



Reaching
Approximately



Funding

Approximately
\$160M
of PHEP* Ebola supplemental funding



- **\$4.7M** Active Monitoring
- **\$145M** Ebola Response
- **\$10M** TEFA's and Other Response Support

*Public Health Emergency Preparedness cooperative agreement

CDC Ebola Emergency Funding - Domestic

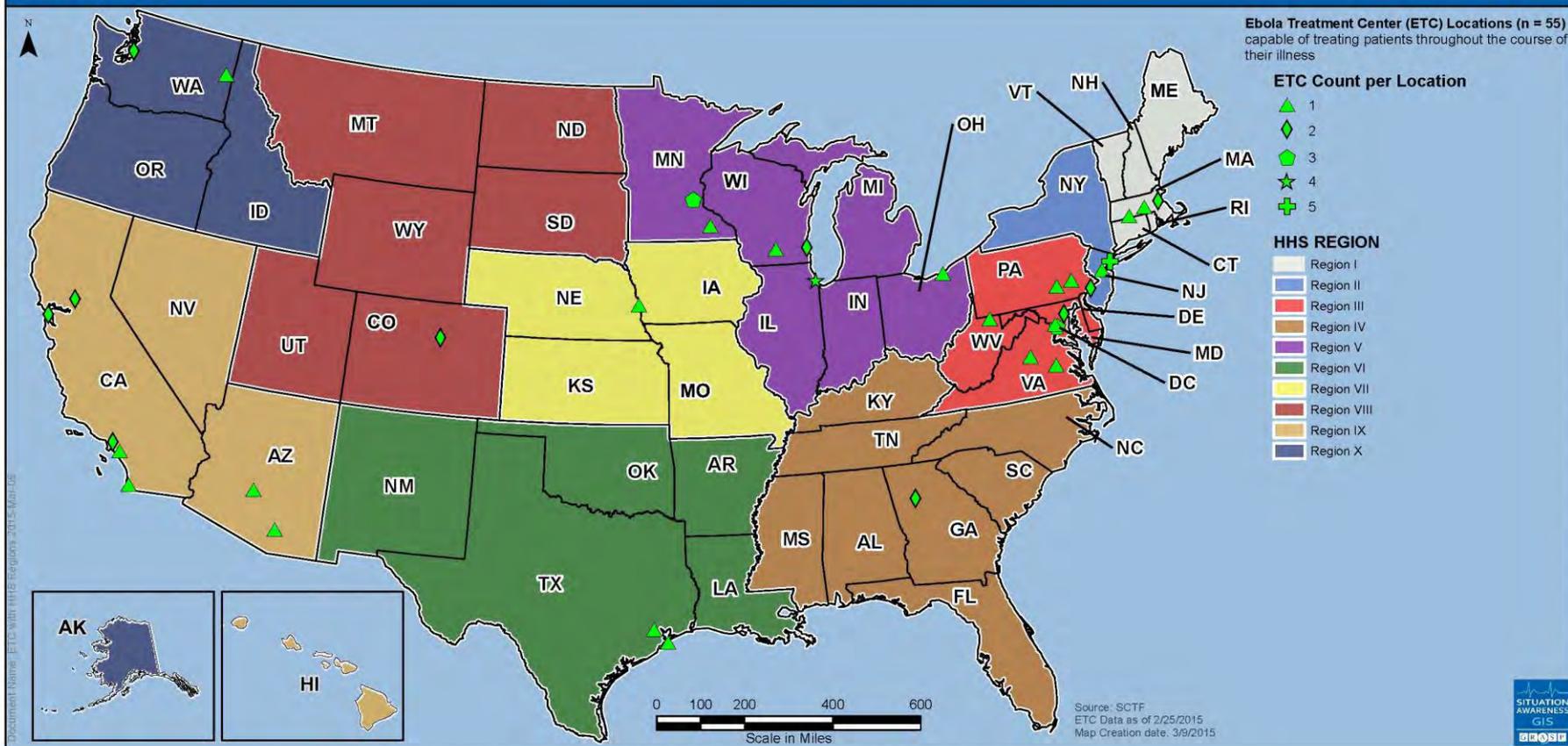
Two CDC Funding Opportunity Announcements (FOAs)

- ❑ \$145 million in Public Health Emergency Preparedness (PHEP) to support accelerated state and local public health preparedness planning as well as operational readiness for responding to Ebola
- ❑ \$106 million in Epidemiology and Laboratory Capacity to support healthcare infection control, lab biosafety, and global migration

HHS and States Build a National Network of Ebola Treatment Centers



Locations of Ebola Treatment Centers



For Internal/Official Use Only FIUO/FOUO-Sensitive But Unclassified (SBU)-NOT FOR DISTRIBUTION

Responding to Domestic Challenges: Rapid Response



- ❑ Rapid Ebola Preparedness Teams (REP)
- ❑ CDC Ebola Response Teams (CERT)

Responding to Domestic Challenges: PPE

Enhanced Personal Protective Equipment (PPE) guidance distributed October 20, 2014



[CDC web-based PPE training](#)

3 Principles

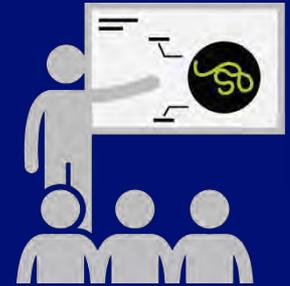
1. No skin exposure
2. Rigorous training
3. Supervised by a trained monitor

Domestic Response: By the Numbers



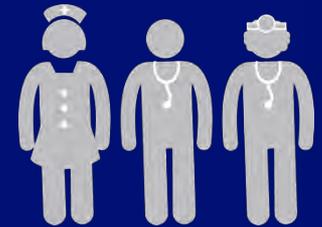
840,000+ healthcare workers trained via online trainings

6,500 healthcare workers trained in-person



Designated 55 Ebola Treatment Centers in 17 states + DC

REP Team visits 81 facilities in 21 states + DC



56 LRN labs approved to test for Ebola
The first Ebola test took 24 hours, current tests take 4-6 hours

CDC works 24/7 to save lives & protect people from health threats



Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Phone: 1 800-CDC-INFO (232-4636)/TTY: 1 888-232-6348
Email: cdcinfo@cdc.gov Web: www.cdc.gov



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Protecting People.™