

North Carolina's Ebola Virus Disease Plan Training

**DPH Epidemiology Section, NCOEMS
Healthcare Preparedness Program**

11/10/2022

North Carolina's EVD Plan Training

- **Please MUTE your phone lines.**
 - **We will monitor the chat box during the call and will respond to questions at the end of the training.**
 - **This meeting is being recorded.**
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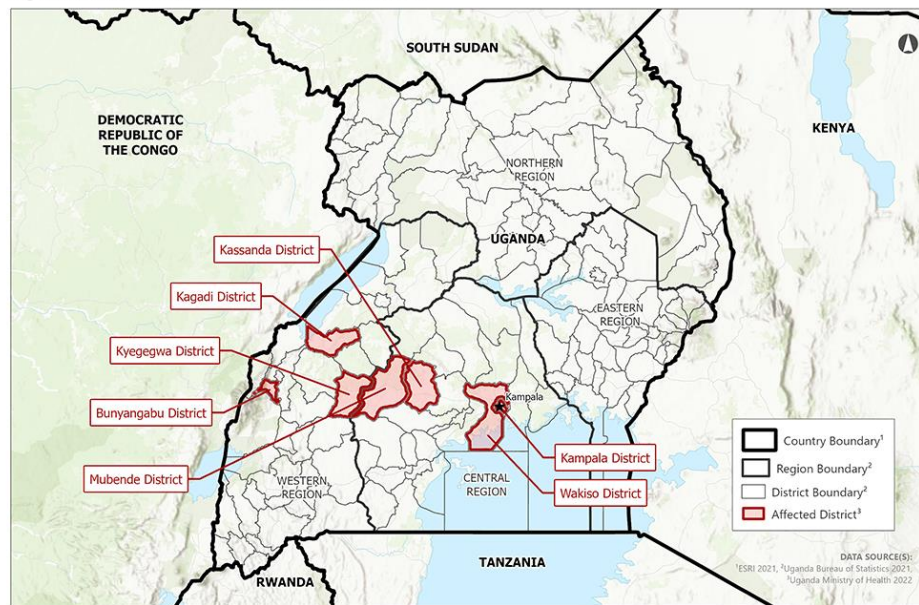
Agenda

- **Global, National, State - Situation Update**
 - **Infection Prevention Guidance**
 - **Definitions**
 - **Identify, Isolate, Inform**
 - **Notification Process**
 - **Ebola Assessment Hospitals**
 - **Transportation**
 - **Ebola Treatment Centers**
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Epidemiology – Current Status

Uganda EVD Outbreak, Affected areas (Data as of November 2, 2022)

Uganda: Ebola Virus Disease Outbreak 2022



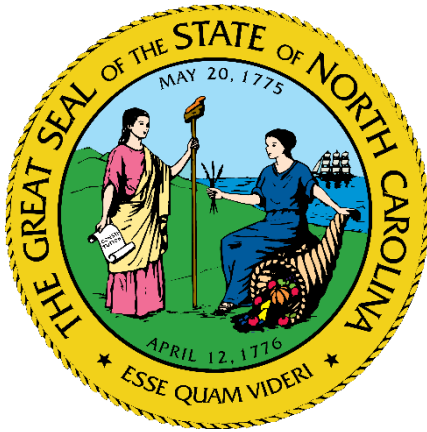
Since September 20, 2022:

- 7 districts
- 132 confirmed cases
 - 61 (46)% recovered/discharged
 - 39% mortality
- No suspected or confirmed outbreak-related EVD cases reported in US or countries outside of Uganda
- Low travel volume & no direct flights from Uganda to US

* Data as of 11/5/22

Recommendations: Infection Prevention

- **Collect travel / risk history for ill patients presenting with a clinical picture consistent with Ebola virus disease**
 - **Include EVD in the differential diagnosis for ill travelers recently arrived from Uganda**
 - **Place suspect EVD patients in a private room (door closed)**
 - **Follow CDC guidance on PPE selection and wear – pay special attention to donning/doffing**
 - **Use dedicated and disposable equipment**
 - **Limit use of needles and other sharps**
 - **Minimize aerosol-generating procedures, use an AIIR**
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NC Ebola Virus Disease Plan

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NC Office of Emergency Medical Services

10 November 2022

Definitions

- **Returned Travelers or Travelers under monitoring**
 - Travel to Uganda in last 21 days
 - Funneled to 5 airports (JFK, Newark, Atlanta, Chicago & Washington)
 - Undergo Risk Assessment – Low Risk continues on to destination

Definitions

- **Risk Assessment Considerations**
 - Was present (other than just transiting enroute to airport) in a designated Ebola outbreak area
 - Had any epidemiologic risk factors for exposure to Ebola virus or a person with EVD, e.g., as a caregiver, healthcare provider, laboratory worker, or burial worker
 - Used personal protective equipment and other recommended infection control measures during any potential exposure
 - Had any potential high-risk exposures

Definitions

- **Risk Assessment**
 - **Low Risk – monitored traveler – People who have been in a designated Ebola outbreak area within the previous 21 days should be monitored for symptoms at least weekly until 21 days after they departed Uganda.**
 - **High Risk – People with high-risk exposures should be:**
 - Quarantined
 - Monitored daily
 - No signs/symptoms

NC-bound travelers from Uganda assessed & monitored by CCTC for 21 days

83 Total Travelers (11/7/22)

42 Current Travelers:

34 Low Risk – Weekly Monitoring

8 Moderate Risk – 2x Weekly Monitoring

0 High Risk – Quarantine + Daily Monitoring

- | | | |
|------------------|--------------------|-------------------|
| ▶ Alamance (1) | ▶ Franklin (2) | ▶ New Hanover (1) |
| ▶ Brunswick (10) | ▶ Gaston (1) | ▶ Orange (3) |
| ▶ Cabarrus (1) | ▶ Granville (1) | ▶ Rowan (1) |
| ▶ Carteret (3) | ▶ Guilford (9) | ▶ Surry (1) |
| ▶ Cumberland (1) | ▶ Johnston (1) | ▶ Union (1) |
| ▶ Durham (14) | ▶ Mecklenburg (10) | ▶ Wake (16) |
| ▶ Forsyth (3) | ▶ Nash (4) | ▶ Watauga (2) |

21 Counties Represented

Definitions

- **Patient Under Investigation (PUI)**
 - An individual is classified as a PUI if they have:
 - Signs and symptoms consistent with Ebola virus infection AND
 - An epidemiological risk factor within 21 days before the onset of symptoms.

Definitions

- **Frontline Healthcare**
 - Any healthcare worker that is considered Frontline
 - Initial Cache of PPE
 - Location to isolate initially
 - If a facility is inpatient – should be prepared for patient to stay up to 24 hours

Definitions

- **Ebola Assessment Hospitals (EAH) – 96 hours**
 - Tertiary Care Hospitals that have adequate treatment areas, skilled and trained staff, appropriate equipment and demonstrated proficiency in infection control procedures
 - Nine in North Carolina: Atrium Main, Atrium Wake Forest Baptist, Moses Cone, Duke University Hospital, ECU Health, HCA Mission, Novant New Hanover Regional Medical Center, UNC Hospital, Wake Medical Center
 - Follows transfer patterns catchment areas primarily

Definitions

- **Ebola Treatment Centers (ETC) – duration**
 - have adequate designated treatment areas, skilled and trained staff, appropriate equipment and infection control procedures matching requirements for Ebola and/or other high consequence pathogens.
 - None in North Carolina

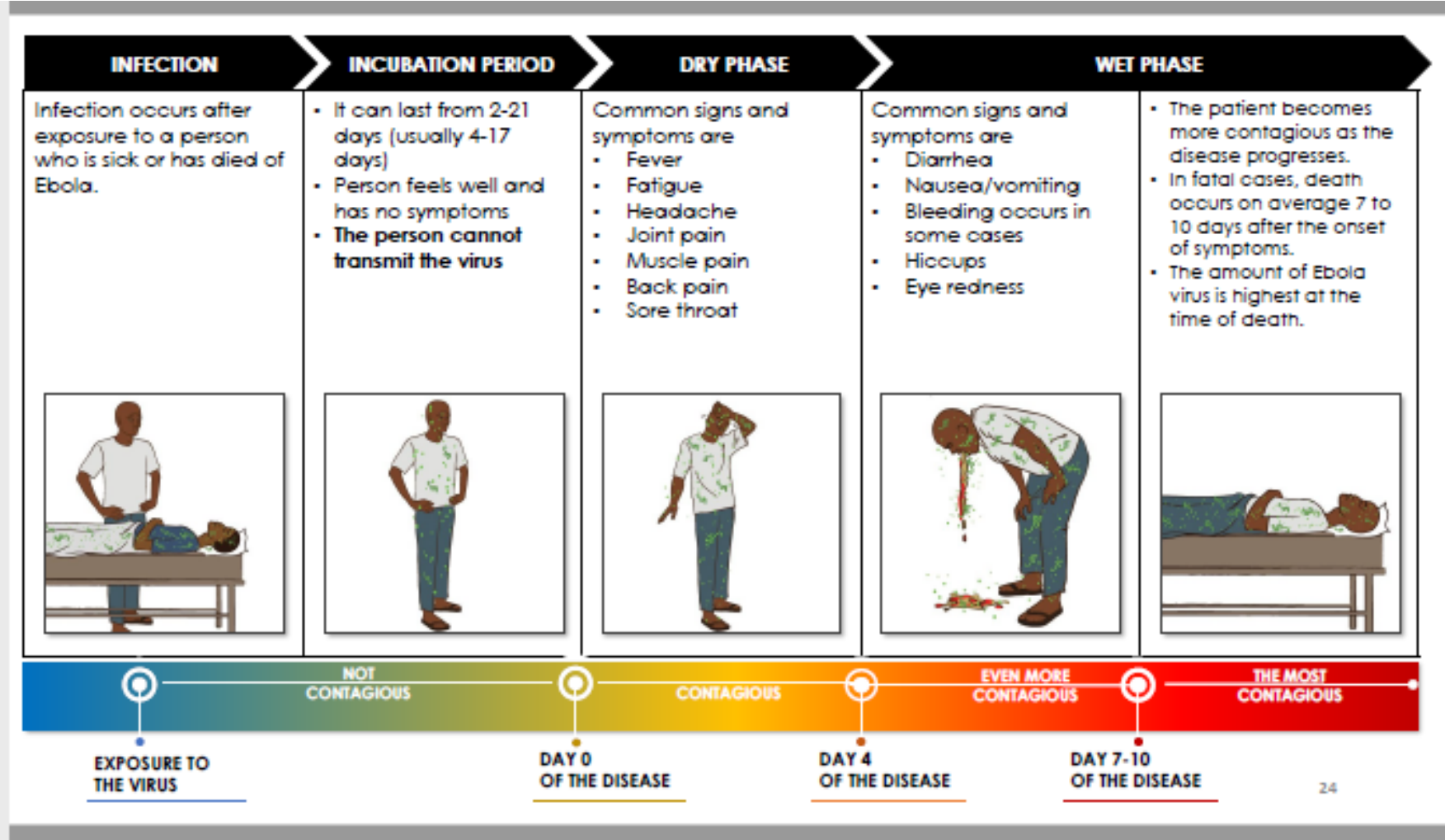
Clinical Characteristics

- **Ebola is only contagious after the onset of symptoms. The incubation period before symptoms may appear is 2-21 days, with 8-10 days being the most common.**
- **Ebola is spread through unprotected contact with blood or body fluids from someone who is Infected.**
- **Ebola is not spread through the air, water, or food.**

Clinical Characteristics

- **Symptoms of EVD:**
 - **Fever**
 - **Severe Headache**
 - **Muscle Pain**
 - **Weakness**
 - **Diarrhea**
 - **Vomiting**
 - **Abdominal Pain**
 - **Unexplained Bleeding/Bruising**

Clinical Progression



Identify

- **Identify and triage a potential Ebola Virus Disease (EVD) and/or other High Consequence Pathogen patient within 5 minutes of arrival based on the patient's relevant exposure history and signs or symptoms consistent with EVD and/or other high consequence pathogens. Each Frontline Healthcare Facility should have access to an initial cache of personal protective equipment that staff can utilize once a potential EVD patient has been identified.**

Isolate

- **Isolate any patient with relevant exposure history and signs or symptoms consistent with EVD and/or other high consequence pathogens.**
- **Room with closed door and separate bathroom or bedside commode covered.**

Inform

- **Inform as soon as possible their hospital/facility infection control program, all appropriate staff/management and state and local public health departments of the identified potential EVD patient.**

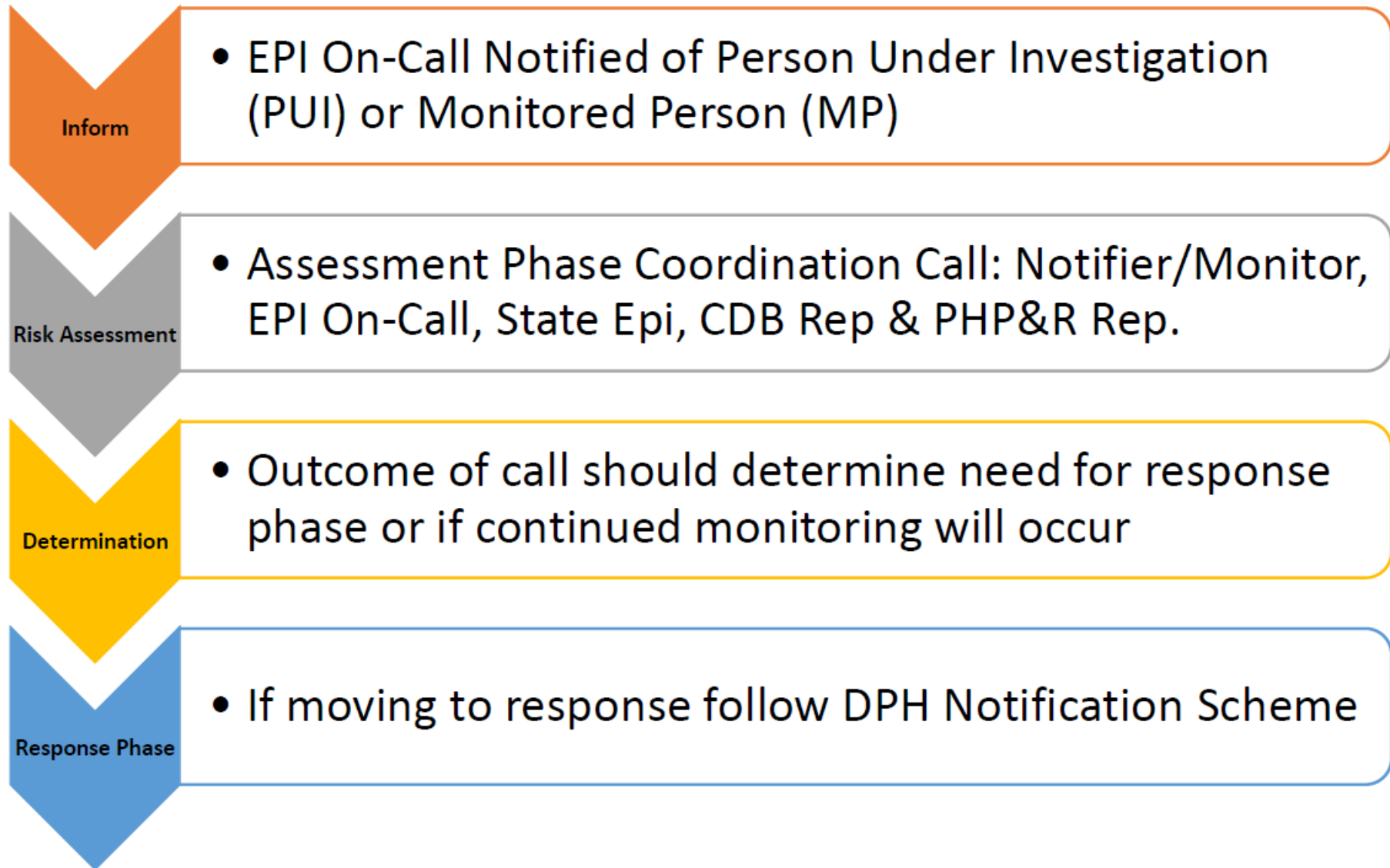
Assessment Phase

- The assessment phase begins with the receipt of a notification to EPI ON CALL of a person in NC determined to be a PUI (signs/symptoms) or through the notification of a returning traveler from areas with active EVD transmission.
- A risk assessment is completed to determine if the individual meets case definition
- If EVD testing is indicated based on the risk assessment this triggers the RESPONSE Phase

EPI On-Call

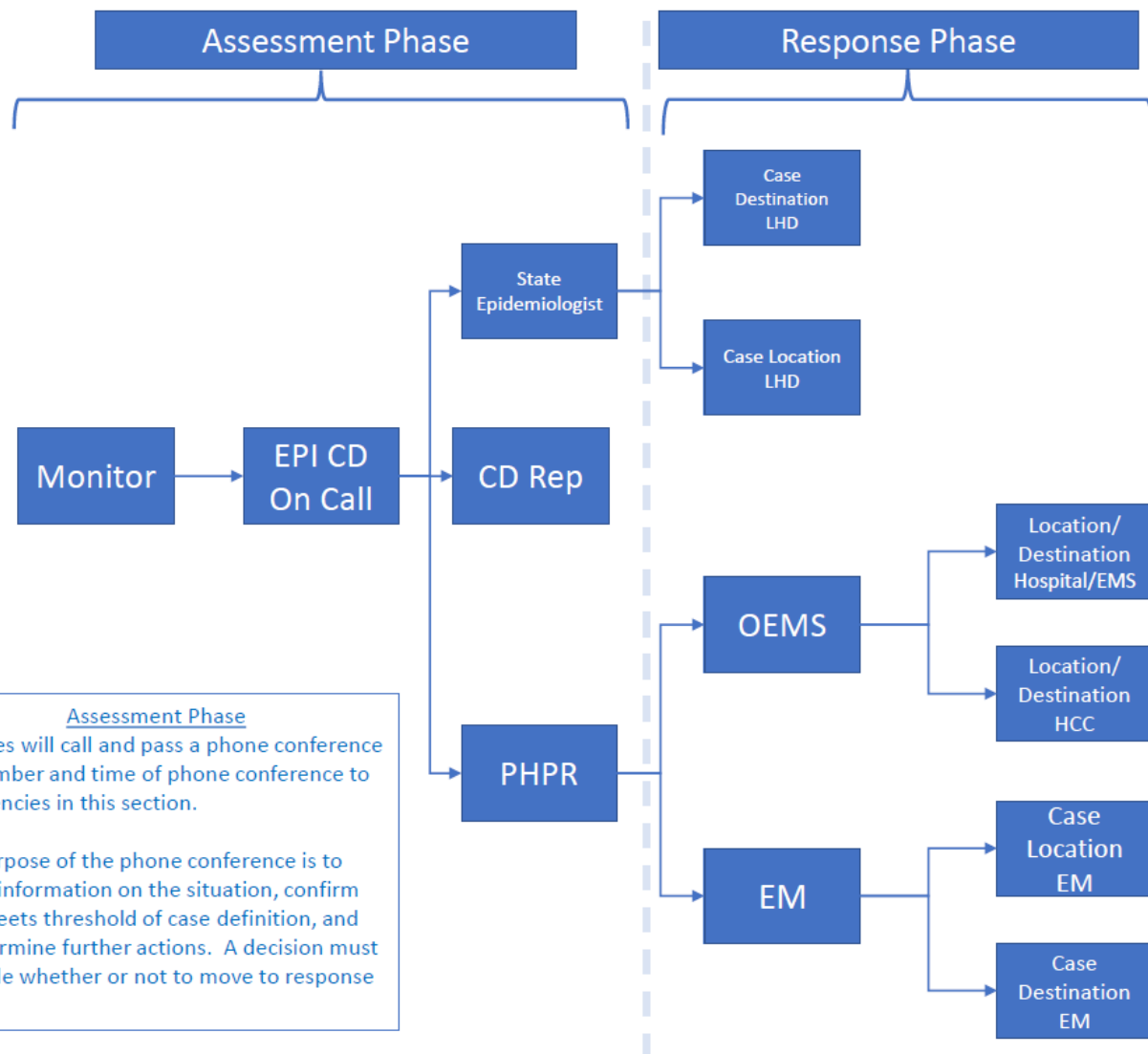
- **EPI On-Call (919-733-3419) is a 24/7 system that is answered M-F from 0800-1700 and a monitored voicemail line that is checked by CDB staff after hours. Every effort is made to return calls quickly, but public health & healthcare facilities should be prepared to wait 15-30 minutes to receive a call back. For emergent concerns, PHP&R can be contacted at 888-820-0520, or NC HPP at 919-855-4678 however the notification still must be made to EPI On-Call to facilitate the risk assessment.**

Assessment Phase Steps:



Response Phase

- **Begins when it is determined that an individual meets the threshold for testing for EVD.**
- **Response phase begins with a coordination call between all designated entities (State Epi, LHD, HPP, EMS Agency, Hospital (Sending/Receiving), NCEM, LEM**
- **Notifications include NC Division of Public Health, NC Office of EMS and NC Emergency Management to impacted partners**



**North Carolina
Division of Public
Health Ebola Virus
Disease Alert and
Notification Scheme
25 August 2018**

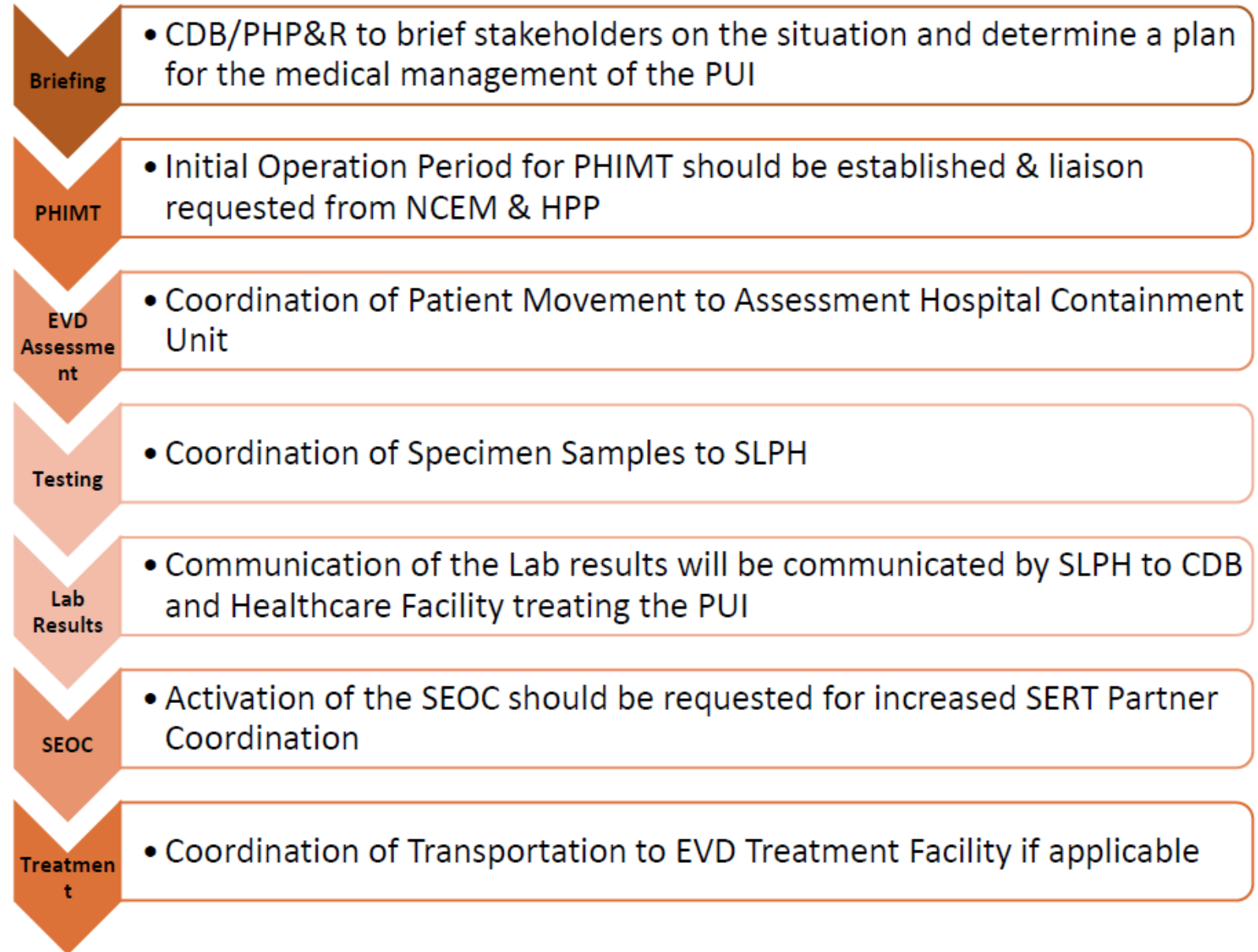
Assessment Phase
Agencies will call and pass a phone conference call number and time of phone conference to the agencies in this section.

The purpose of the phone conference is to gather information on the situation, confirm case meets threshold of case definition, and to determine further actions. A decision must be made whether or not to move to response phase.

Response Phase
Designated agencies from the verification phase will call and pass a phone conference call number and time of phone conference to the agencies in this section.

The purpose of this phase is to conduct a phone conference to brief stakeholders on the situation, and determine a plan for the medical management of the case.

Response Phase Steps:



Individual Quarantined/Monitored

- **If an individual is quarantined or being monitored and becomes symptomatic:**
 - **Person have been told to isolate immediately and reach out to EPI on Call if they develop symptoms.**
 - **If urgent they should notify 911/EMS/Medical Staff of the EVD Monitoring status prior to arrival/seeking care. EMS should notify hospital early of possible EVD**
 - **If person needs to be evaluated, coordination call held to determine which facility/ID physician is most appropriate to assess the individual.**
 - **If non-urgent, we can ask for an ID physicians to assist with tele-medicine visit or physical visit.**

Transportation

- **From initial location to Assessment Center:**
 - Ideally, they drive themselves without anyone else in the car
 - Specialty Care Transport if hospital to hospital
 - EMS transport if community to hospital and unable to drive
 - Key is that EMS/SCT are equipped with proper PPE and prepared for the transportation – this is not a quick process
- **Assessment Center to EVD Treatment Center – is coordinated by ASPR with support from HPP**

EVD Treatment Center

- **Coordinated by ASPR at federal level for transport and coordination to an EVD Treatment Center**
- **Large number of coordination calls**
- **Can take full 96 hours to complete process to get them moved into an EVD Treatment Center**
- **Coordination is between hospital, state, federal and receiving EVD Treatment Center. Should not go direct to EVD Treatment Center for coordination**

Recommendations: Preparedness

- Engage with hospital preparedness/infection prevention/EM/EMS/Local HD
- Brush off your high consequence disease plan
 - Assessment, triage
 - Movement of PUI into/through your facility
 - Review communication plan
 - Review waste management plans/contracts
 - Monitoring of exposed HCWs

Recommendations: Preparedness

- **Assess / obtain PPE supplies**
- **Identify and educate staff**
- **Assure laboratory readiness, including point of care testing**
- **Assure facility ability to assess / provide care for patient**

Questions & Answers

*Please ask questions via the Chat Feature.
Make sure to include your name and email in
case we can't get to your question.*

*If your question is not answered on the call,
please feel free to email your question to
Kimberly.clement@dhhs.nc.gov*