Preparedness and Response to Ebola Virus Disease in Washington State

Joint Select Committee on Health Care Oversight
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Ebola Virus Disease
Leadership and Partnership
Overview

- Ebola virus disease
  - The basics
  - The current outbreak

- Layers of protection to prevent spread to U.S.

- Healthcare facility and laboratory preparedness

- Public health system preparedness
Ebola virus Basics

- Discovered in 1976 near Ebola River in Democratic Republic of Congo (former Zaire)
- Bats are most likely reservoir
- Occurs in other animal hosts

Past outbreaks
Ebola Virus Disease

- Incubation period 2–21 days (8–10 most common)
- Early symptoms include fever, headache, weakness and muscle pain
- Later symptoms commonly include vomiting, diarrhea, and abdominal pain; sometimes bleeding
- No definitive treatment or vaccine; supportive care
- High case fatality rate
Ebola Transmission

- Spread through direct contact with:
  - Blood or body fluids of Ebola patient
  - Objects contaminated with body fluids
  - Infected animals (bats and primates)

- **Not** spread through:
  - Airborne route
  - Water or food grown in the U.S.
  - Casual contact (e.g., sitting next to someone)

- **Contagious with onset of symptoms**
  - Transmissibility low during initial 24 hours of illness
Current Outbreak in West Africa*

- Largest outbreak to date
  - > 14,000 cases
  - ~ 5,100 deaths
- Widespread transmission in Guinea, Liberia and Sierra Leone
- Healthcare workers and close contacts of cases at highest risk

*As of November 12, 2014
Ebola in the United States*

- Four patients diagnosed with Ebola in U.S.
- No confirmed Ebola patients in Washington
- 11 asymptomatic travelers being monitored by local health jurisdictions (LHJs) in Washington
- One Ebola test performed at Washington State Public Health Laboratories for Oregon resident

*As of November 13, 2014
Layers of Protection

- Level 3 Warning: Avoid Nonessential Travel
  - Guinea, Liberia and Sierra Leone
- Exit screening in Ebola-affected countries
- Entry screening in 5 U.S. airports
  - Travelers need to enter U.S. via these airports
  - Completion of declaration form and temperature screen
  - Distribution of “CARE” kits
  - Contact information electronically transmitted to DOH
- Monitoring of travelers in Washington by LHJs
# Guidance for Monitoring Travelers

<table>
<thead>
<tr>
<th>Exposure Risk Category</th>
<th>LHJ Type of Monitoring</th>
<th>Restrictions on Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High risk</strong></td>
<td>Monitoring in person</td>
<td>Yes – Public Health Order for Restrictive Movement; involuntary home quarantine order if contact refuses to adhere to restrictions</td>
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<tr>
<td>e.g., direct contact with infected body fluids</td>
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<td></td>
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<tr>
<td><strong>Some risk</strong></td>
<td>Monitoring in person</td>
<td>Not routinely unless risk assessment warrants additional restrictions. See “some risk” letter template for further voluntary restrictions</td>
</tr>
<tr>
<td>e.g., close contact with a person showing symptoms of Ebola; direct contact with an Ebola patient in Africa while wearing appropriate Personal Protective Equipment (PPE)</td>
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<tr>
<td><strong>Low but not zero risk</strong></td>
<td>Monitoring in person for U.S. based healthcare workers Monitoring in person, by phone or electronically for all others</td>
<td>No</td>
</tr>
<tr>
<td>e.g., been in a country with widespread Ebola transmission but no known exposures; direct contact with an Ebola patient in U.S. while wearing appropriate PPE</td>
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Washington Preparedness
Plan for Washington

1. Treatment (severely sick) – 8 hospitals
2. Screening and basic care – all hospitals
3. Screening and planning – all clinics
8 Hospitals Stepping Forward – Treatment

1. CHI Franciscan Health *(Harrison Medical Center – Bremerton Campus)*
2. MultiCare Tacoma General Hospital
3. Providence Regional Medical Center Everett
4. Providence Sacred Heart Medical Center and Children’s Hospital in Spokane
5. Seattle Children’s Hospital
6. Swedish Medical Center *(Issaquah)*
7. Virginia Mason Hospital
8. UW Medicine *(Harborview Medical Center, UW Medical Center, Valley Medical Center)*
Working on Readiness

- Weekly calls with key stakeholders
- Web conferences
- Notices to hospitals and providers
- Planning
  - Staffing
  - Supplies
  - Waste
  - Transportation
  - Communications
  - Cost
Testing for Ebola at the Washington State Public Health Laboratories

- Performed validation testing for CDC PCR Ebola assay; performed risk assessment
- Trained staff to perform testing 24/7
- Made plans for transporting specimens
Emergency Medical Services (EMS) Preparedness

- Created a table with EMS providers by region trained and willing to transport Ebola patients
- Shared CDC recommendations and training materials with EMS partners
Public Health System Preparedness

- Conducting weekly conference calls with LHJs and tribes
- Established epidemiologic surge capacity to assist LHJs with identifying and monitoring contacts of patients with Ebola
- Contracted with environmental cleaning company
Public Communication Preparedness

- Translated Ebola fact sheet into Spanish, Chinese, Korean, Russian, Somali, Ukrainian, Vietnamese and French
- Responded to numerous media requests
- Developed a communication plan for initial case
- Established and tested call center for the public
Summary

- Ebola is transmitted through body fluids
- Case identification, isolation and contact monitoring are key steps for prevention
- Using appropriate PPE in healthcare settings is essential
- We have the knowledge and resources to prevent spread
- Be educated—Be prepared—Be safe
Questions?