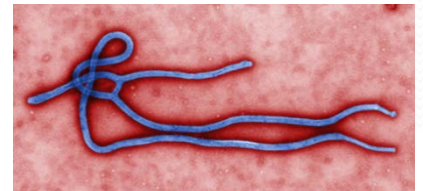


Preparedness and Response to Ebola Virus Disease in Washington State

Joint Select Committee on Health Care Oversight
November 18, 2014

Kathy Lofy, MD, State Health Officer
Washington State Department of Health

Carol Wagner, Senior Vice President for Patient Safety
Washington State Hospital Association



Ebola Virus Disease Leadership and Partnership



Overview

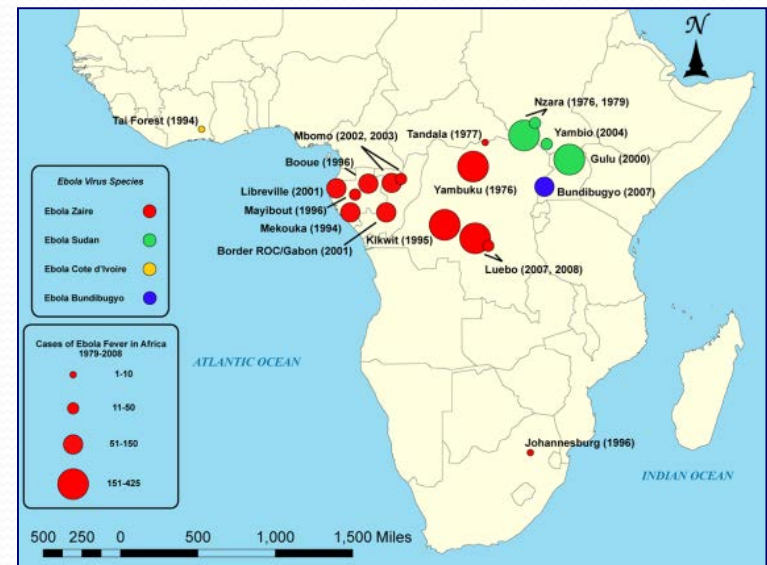
- Ebola virus disease
 - The basics
 - The current outbreak
- Layers of protection to prevent spread to U.S.
- Healthcare facility and laboratory preparedness
- Public health system preparedness





Ebolavirus Basics

- Discovered in 1976 near Ebola River in Democratic Republic of Congo (former Zaire)
- Bats are most likely reservoir
- Occurs in other animal hosts
- >20 outbreaks in Africa during 1976–2014



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





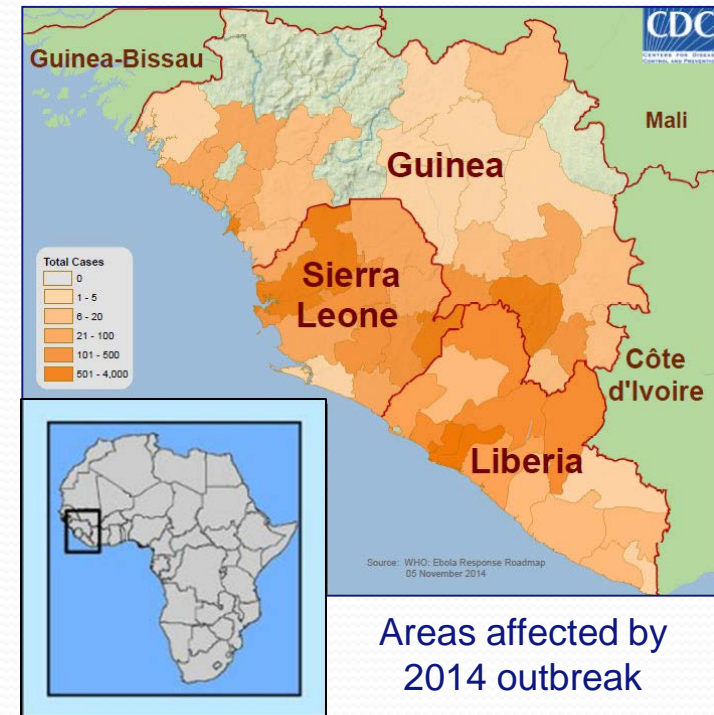
Ebola Transmission

- 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

Exposure Risk Category	LHJ Type of Monitoring	Restrictions on Movement
High risk e.g., direct contact with infected body fluids	Monitoring in person	Yes – Public Health Order for Restrictive Movement; involuntary home quarantine order if contact refuses to adhere to restrictions
Some risk 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)	Monitoring in person	Not routinely unless risk assessment warrants additional restrictions. See “some risk” letter template for further voluntary restrictions
Low but not zero risk 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	Monitoring in person for U.S. based healthcare workers Monitoring in person, by phone or electronically for all others	No

<http://www.doh.wa.gov/Portals/1/Documents/5100/420-132-Ebola-LHJ-MonitoringGuide.pdf>

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

WSHA/DOH Webcast: [View this email in your browser](#)
Identifying, Isolating and Evaluating Patients with Suspected Ebola Virus Disease in the Outpatient and ER Setting

 Washington State Hospital Association  Washington State Department of Health

**WSHA/DOH Webcast:
Identifying, Isolating and Evaluating Patients with Suspected Ebola Virus Disease in the Outpatient and ER Setting**

The Washington State Hospital Association (WSHA) and the Washington State Department of Health (DOH) are hosting a training webcast to help hospitals prepare to treat a case of Ebola Virus Disease (EVD). We are offering three repeated sessions of the training webcast:

- Thursday, November 6 | 12:00pm – 1:00pm
- Friday, November 7 | 10:30am – 11:30am
- Tuesday, November 11 | 2:00pm – 3:00pm

See below for connection details as they differ slightly for each webcast.

Please visit the [Ebola resources page](#) of the WSHA website for more information on EVD.

Featuring:

- Marisa D'Angeli, MD, Medical Epidemiologist, Department of Health
- Scott Lindquist, MD, State Communicable Disease Epidemiologist, Department of Health
- Carol Wagner, RN, Senior Vice President Patient Safety, Washington State Hospital Association

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?

