Webcast Agenda: Tuesday, December 16, 2014

Welcome and DHS Update
Karen McKeown, RN, MSN
State Health Officer & Administrator, Division of Public Health (DPH)

Returning Traveler Notification and Monitoring Experiences
Kate Louther, RN, MS
Nursing Supervisor, Public Heath Madison & Dane County

Marisa Stanley, MPH
Epidemiologist, City of Milwaukee Health Department

Overview of Wisconsin's Ebola Planning
Karen McKeown, RN, MSN
State Health Officer & Administrator, Division of Public Health (DPH)

Question and Answer Session
Karen McKeown, RN, MSN
State Health Officer & Administrator, Division of Public Health

TBD

Closing Remarks
Karen McKeown, RN, MSN
State Health Officer & Administrator, Division of Public Health

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PHMDC: Ebola Monitoring Efforts

KATE LOUTHER, RN MS

PUBLIC HEALTH SUPERVISOR
PUBLIC HEALTH MADISON & DANE COUNTY

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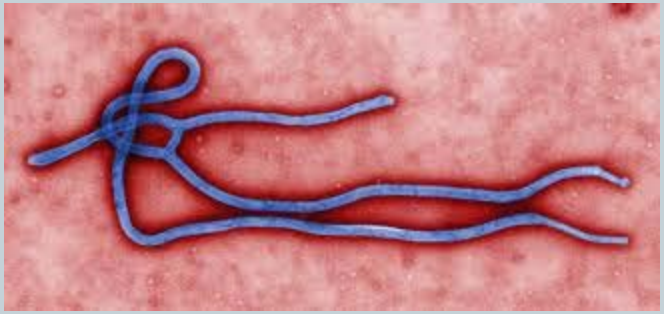
Overview

- What is PHMDC doing in regards to Ebola preparation?
- What is being done overseas with travelers in response to Ebola screening?
- Case Reviews



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PHMDC's Response

- Set up ICS structure in early October
  - Developed Job Action Sheets for positions
  - Developed algorithms for monitoring
- Meet weekly (ICS team) through 12/5
  - Will continue to meet every 2 weeks through January 2015
- Meetings with local and state partners, agencies, etc
- By early December, we drafted a comprehensive Ebola Emergency Preparedness Plan

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ICS Structure

- Incident Command
  - Healthcare Section
  - PHMDC Clinic Section
  - Surveillance Section
  - Non-Pharmaceutical Section
  - Recovery Section
  - Responder Safety and Health Section
  - Logistics
  - Communications Sections
    - General Communications
    - Communication: schools/daycare/colleges

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Job Action Sheets

JOB ACTION SHEET-MONITOR

Position Assignment:	**Monitor**
Staff Name:	
Who you report to:	Non-pharmaceutical Interventions Lead
Who reports to you:	
Who can perform this role:	Any position

Duties

- ☐ Read this entire Job Action Sheet
- ☐ Read all materials necessary for fulfilling the position
- ☐ Receive training on any programs or systems that you are required to use to fulfill your duties
- ☐ Obtain list of contacts you are responsible for monitoring
- ☐ Follow the developed timeline for calling contacts to fulfill monitoring requirements
- ☐ Report any time that you are unable to reach your contact to the Non-pharmaceutical Interventions Lead
- ☐ Be prepared to report to the Non-pharmaceutical Intervention Lead on a regular basis established by the Lead
- ☐ Fill out necessary forms on time
- ☐ Maintain notes to pass on in case someone else is to take over this position in the future

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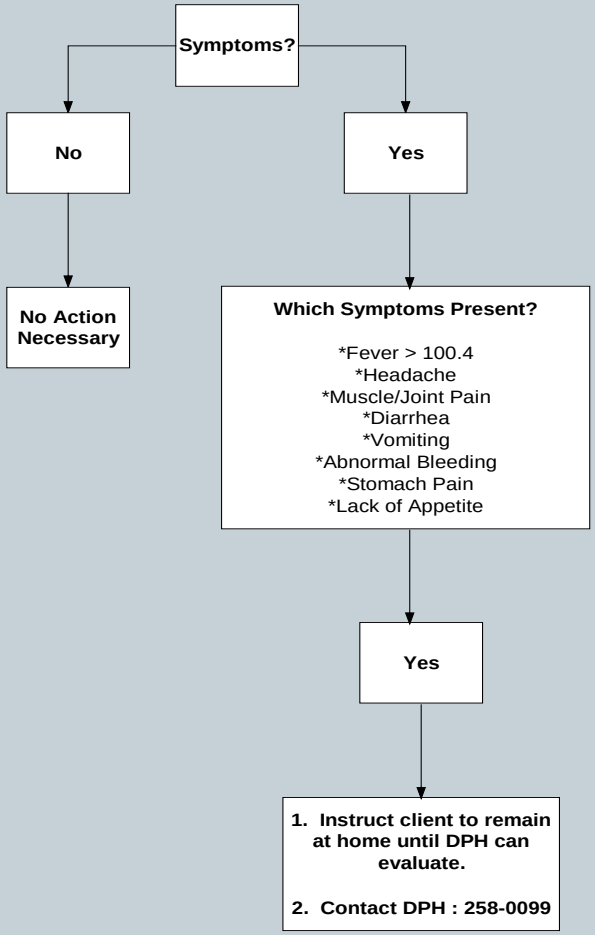
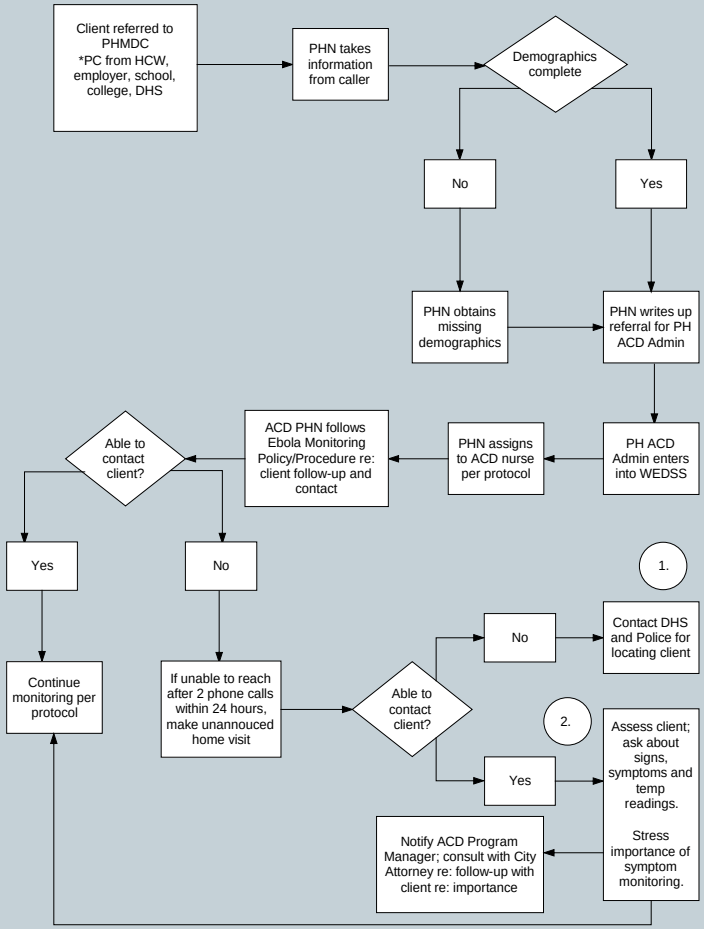
Algorithm Examples

Ebola Symptom Algorithm



Ebola Monitoring Algorithm



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Overseas Process: Traveler/Immigrant

- Leaving an Ebola affected country:
  - Multiple temperature screenings and symptom screening
  - Questionnaire re: risk factors/exposure history

- Arriving into the US:
  - Temperature screening and symptom screening
  - Questionnaire re: risk factors/exposure history
  - Given thermometer
  - Notification to State Health Dept→ Local Health Dept

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Examples: Phone Calls

- Phone calls:
  - "Heads up" from family member/friends of returning travelers
  - "Heads up" from police department of returning traveler
  - Concerned parent of student in child's classroom that came back from "Africa"
- Employers wanting to exclude employees from work for 21 days:
  - Low risk traveler (no history of exposure)
  - Family member was on same plane as nurse from Dallas (not same flight)

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Examples: Monitoring Clients

- Monitored >10 clients since September 2014
- All: Low Risk Category
  - Phone call daily from PHN or Weekend Manager on Call
  - Provide cell phone, thermometer, fact sheets, symptom log if needed (developed "Ebola Care Kit")
    - Use Cab Courier to deliver
- Notified on weekends by DHS
  - Weekend Manager on Call interviews client, collects temperature/symptom information
  - Use SharePoint for weekend communication between PHN and Weekend Manager (via Excel Spreadsheet)

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Examples: Monitoring Clients Cont'd

- Developed standard letter to monitoring clients that is sent via email (with no PHI)
  - Contains basic symptom monitoring information/directions, emergency contact numbers and monitoring expectations
  - Not using email for daily communication (not encrypted)
- Phone call daily for all low risk travelers (i.e. 9a-11a)
- Use WEDSS for daily data entry (Monday-Friday)
  - PHN responsible for data entry into WEDSS, including weekend information from SharePoint Excel table
- Provide letters to employers if needed

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Other Examples

- Received "heads up" from family member of incoming traveler who may have been working in "Ebola Hospital"; incoming traveler returning on weekend
  - Upon consultation with DHS, we activated iPhone for FaceTime use if client was in the "Some" or "High" risk categories, developed additional questions to determine potential exposure/risk factors
  - Communicated with Weekend Manager on Call re: plan
- Received "heads up" from group of individuals going to an affected country for research purposes
  - Upon consultation with DHS, employer and PHMDC, developed plan upon return re: quarantine/isolation, limiting travel, monitoring expectations, etc

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Questions?

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Ebola Update

December 16, 2014

Introduction

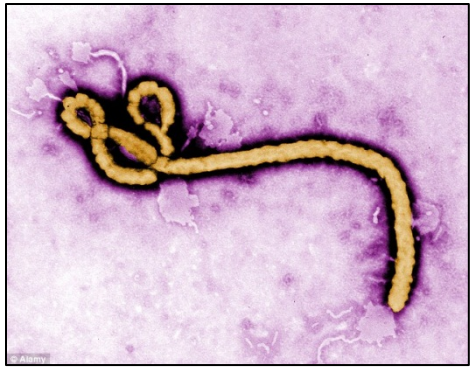
- Update on Ebola
- U.S. Readiness
- DHS & Partner Actions & Preparation
  - Monitoring
  - EMS
  - Hospitals
  - Laboratory Testing
  - Waste
- Moving Forward

What Do We Know About…
Ebola Virus Disease (Ebola)'s Clinical Presentation?

Incubation is typically 8-10 days. (range: 2-21 days)

- Fever
- Headache
- Joint & muscle aches
- Weakness
- Diarrhea
- Vomiting
- Abdominal pain
- Lack of appetite
- Abnormal bleeding

What Do We Know About… Transmission of Ebola?



- Direct contact with the blood or secretions of an infected person who is ill (blood, urine, feces, saliva, sweat and other secretions)
- Exposure to objects that have been contaminated with infected blood or secretions
- Unprotected handling of a body who died from Ebola virus disease
- Contact with infected wildlife – bats and primates
- Ebola is NOT transmitted via air, food, or water

- **People who are not symptomatic are not contagious.**

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West Africa Case Counts (12/15/2014)

18,464 total Suspected & Confirmed Cases*
6,841 total Confirmed Deaths*

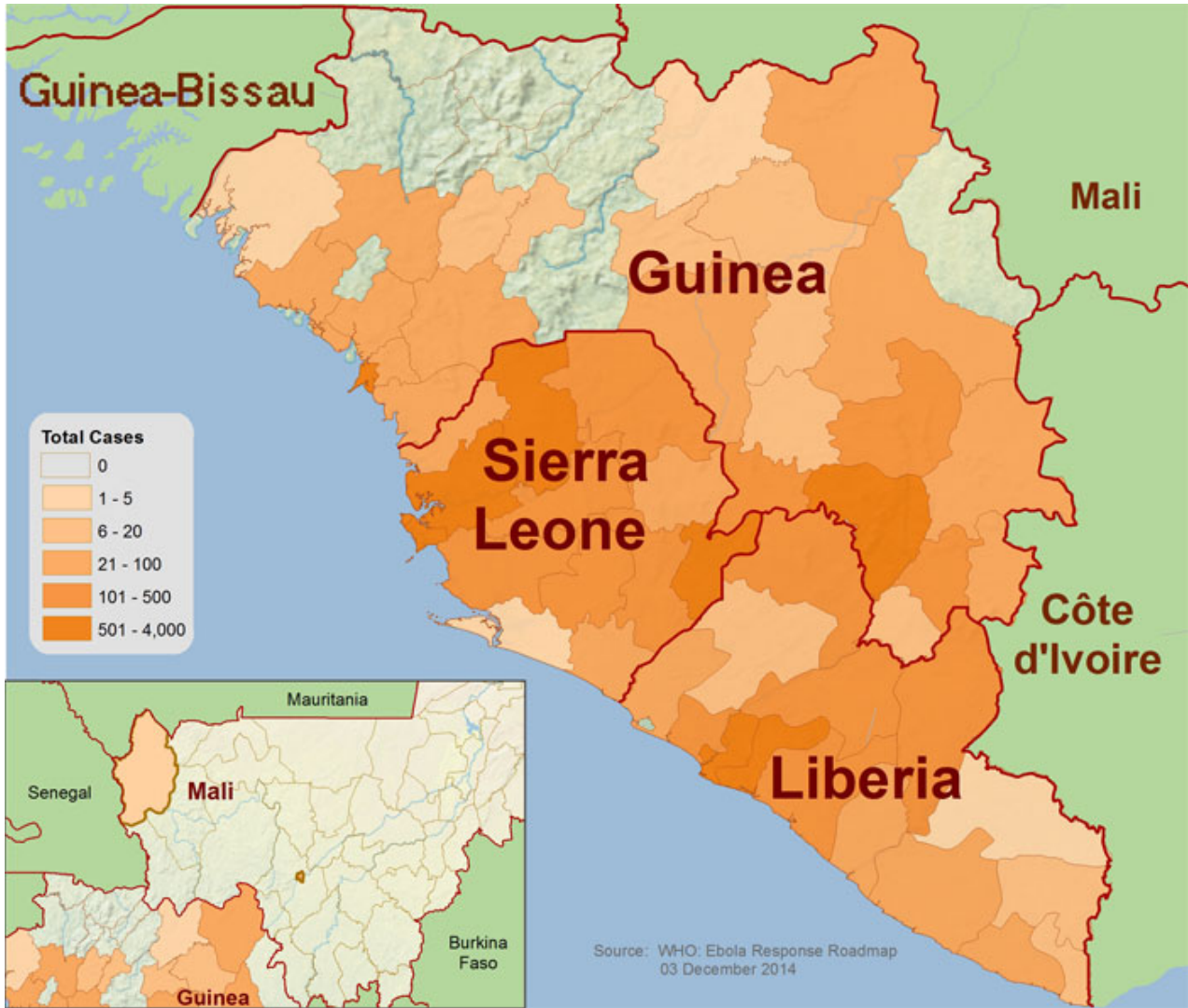
Guinea*
Cases: 2,394
Deaths: 1,518

Liberia*
Cases: 7,797
Deaths: 3,290

Sierra Leone*
Cases: 8,273
Deaths: 2,033

Mali
Cases: 8
Deaths: 6

Nigeria & **Senegal**
Cases: 21
Deaths: 8



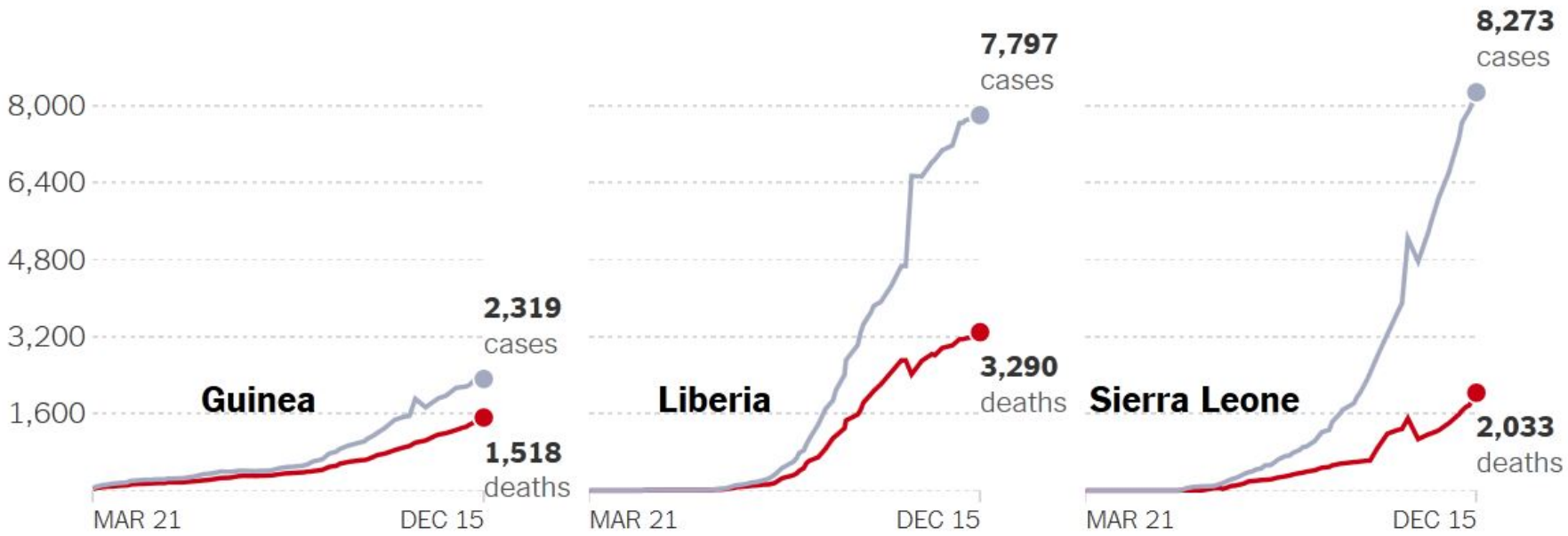
Epicenter of the Current Outbreak

- Liberia
  - Population: 4,092,310
  - Area: slightly larger than Tennessee
  - per capita GDP: $700 (223 of 228 countries)
- Sierra Leone
  - Population: 5,743,725
  - Area: slightly smaller than South Carolina
  - per capita GDP: $1,400 (208 of 228 countries)
- Guinea
  - Population: 11,474,383
  - Area: slightly smaller than Oregon
  - per capita GDP: $1,000 (218 of 228 countries)

Source: CIA, The World Factbook.
www.cia.gov/library/publications/the-world-factbook/

Ebola Epidemic Graph

Guinea, Liberia, and Sierra Leone (12/15/2014)



Note: The number of deaths and cases reported by the World Health Organization sometimes decreases because of data revisions.

Source: New York Times.
www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.htmll

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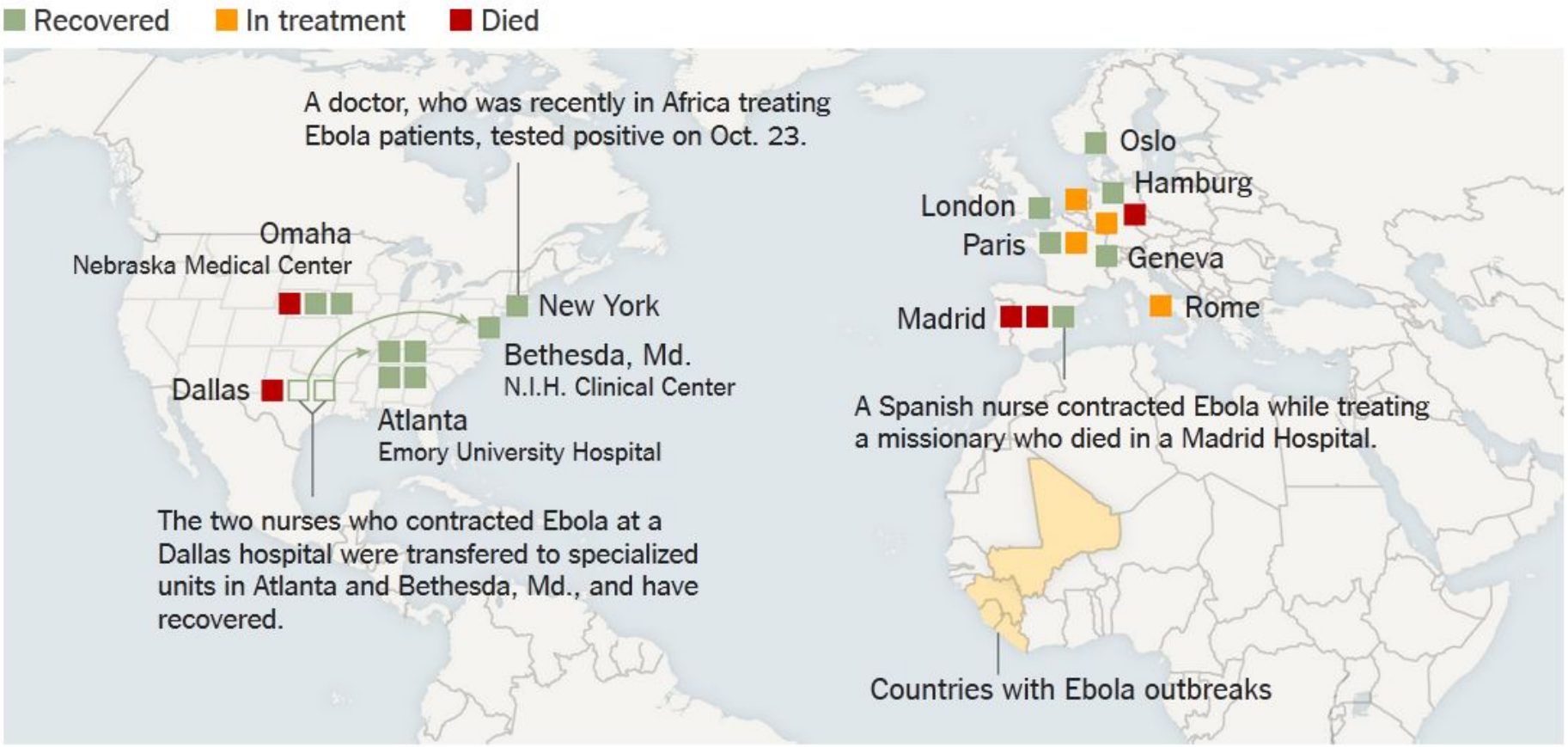
Cases of Ebola Outside of West Africa



Cases of Ebola Outside of West Africa As of Dec. 8, 2014

Source: New York Times.
www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html

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DHS & Partners continue to…

- Ensure public health, healthcare systems, and others are prepared and equipped as possible.
- Ensure those with risks of developing Ebola are monitored.
- Communicate accurate and timely information to the public.
- Continue to test and evaluate our readiness for a potential Ebola case.

Screening of Air Travelers

- West Africa: airport exit-screening of all outbound passengers.

- U.S.: All arriving travelers from Guinea, Sierra Leone and Liberia are routed through these airports:

- Kennedy – New York
- Newark – New Jersey
- Dulles – Washington DC
- O'Hare – Chicago
- Hartsfield-Jackson – Atlanta

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Enhanced Screening of Air Travelers Arriving from West Africa

Each traveler…

- Is educated about
  - Ebola & Symptoms to look for
  - Information to share with their health care provider
- Receives a Check and Report Ebola (CARE) kit
  - Instructions & information
  - Thermometer
  - Symptom card & log
  - Contact info for destination state and local public health departments
- Undergoes risk screening.
  - Answers questions to assess their risk
  - Have their temperature taken
  - Are observed for Ebola symptoms

West African travelers with symptoms or exposed to Ebola undergo further evaluation.

Guidance on Ebola Exposure Risk Levels

CDC Risk Levels

- **High**: Needle stick, or exposure to Ebola patient's bodily fluids or dead body and no use of Personal Protective Equipment (PPE). Direct care of symptomatic household member with Ebola.
- **Some**: Using PPE and direct contact with Ebola patient *in country with widespread transmission.* No PPE and close contact with symptomatic Ebola case in household, health care, or community setting.
- **Low (but not zero)**: Arrived < 21 days ago from *country with widespread transmission*. Brief patient contact and no PPE. Direct patient contact with PPE in a country without widespread transmission. Air travel with person symptomatic with Ebola.
- **No Identifiable**: Contact with asymptomatic Ebola patient, or > 21 days ago *in a country with widespread transmission*.

Local Monitoring of Recent Travelers

- CDC notifies DHS of each Wisconsin-bound traveler identified with Ebola Exposure Risk Levels.
- LHDs promptly contacted by DHS and actively monitor health status for 21 days.
  - Movement restrictions may be imposed based on Exposure Risk Level.
- DHS Legal Toolkit provides LHDs with guidance and documentation for monitoring and release.
  - Depending on the specific needs of each case, toolkit has templates for voluntary or ordered monitoring and/or movement restrictions.
  - LHDs need to keep records of each person being monitored.

Local Monitoring of Recent Travelers

- Active Monitoring
  - *Low (but not zero)* risk level
  - Take temperature twice daily
  - Public health contacts at least daily
  - Lasts for 21 days after last possible exposure
  - Can be voluntary or legally ordered
- Direct Active Monitoring
  - *High* or *Some* risk levels
  - Public health checks twice daily
    - One daily face-to-face for fever and other symptoms
    - Second daily check-in done via telephone
- Tracking of monitored travelers via WEDDS
- LHDs play key roles in
  - contact tracing in the event of a confirmed case of Ebola.
  - helping monitor clinicians who provide care to an Ebola patient.

Traveler Monitoring and Case Contacts

- 6 people in Wisconsin currently meet DHS Ebola surveillance criteria.
- Overall 72 people have been monitored in Wisconsin.
  - 66 have passed the 21-day incubation period for Ebola and no longer require monitoring.
  - None were high risk.
  - None had movement restrictions.

(as of December 15, 2014)

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Transporting Suspect Cases

- DHS issued EMS Guidance (December 8)
  - EMS Transfer of patients with Ebola requires an accepting physician/facility
- In some cases, plans could include an individual self-transporting to an appropriate site for testing
  - Self-transport should only occur in collaboration with local partners, including the receiving facility.

Note: These plans only apply to individuals with suspected or confirmed Ebola.

EMS Guidance

- *Category One EMS*
  - Transport confirmed* Ebola patients

    * DHS coordinates transportation in Wisconsin of all confirmed Ebola patients.
- *Category Two EMS*
  - Transport only suspected Ebola patients
  - Some *Category One* EMS may also be serving as *Category Two* in their communities
- *Category Three EMS*
  - Only screen and identify suspected Ebola patients
  - Have prearranged agreement with *Category Two EMS* for transporting suspected Ebola patients

Healthcare Preparedness

- Hospitals must have plan in place for responding to a suspected or confirmed Ebola patient.
- Plans need to be:
  - Detailed and in writing
  - Inclusive of all stakeholders and address their roles
  - Individualized for specific facilities while adhering to IC recommendations, minimize staff potentially exposed, and ensure effective patient care delivery
  - Exercised to proficiency– e.g., PPE donning & doffing

Wisconsin Ebola Hospitals

- *Category One – Treatment*
  - Provide full treatment of confirmed Ebola patients.
  - Continue to provide routine care for all other patients.
- DHS announced Wisconsin facilities on October 27:
  - UW Health – University of Wisconsin Hospital, and the American Family Children's Hospital
  - Froedtert & the Medical College of Wisconsin
  - Milwaukee Children's Hospital of Wisconsin
- CDC included the Wisconsin facilities when they identified 35 hospitals in U.S. on December 2.
- DHS coordinates transport of confirmed Ebola patients.

Wisconsin Ebola Hospitals

- *Category Two – Assessment*
  - Provide care to suspected Ebola patients the first 72-96 hours during the testing period and – for confirmed cases - while arranging transportation to *Category One* hospital.
  - Eighteen (18) *Category Two* hospitals in Wisconsin, as of December 15, 2014
- *Category Three - Frontline*
  - Screen for Ebola risk factors and symptoms, and identify and isolate suspected Ebola patients for up to 12 hours (until transport to *Category Two*).
  - Have pre-existing plans with *Category Two* or *Category One* EMS and with *Category Two* hospitals for transporting and receiving suspected Ebola patients.

Healthcare Preparedness Challenges: Infection Control & Healthcare Worker Safety

- Personal Protection Equipment (PPE)
  - Adequate PPE remains in short supply in US
  - Hospital PPE Survey
  - Encourage collaboration within systems and health coalitions
- Need to follow meticulous donning and doffing procedures

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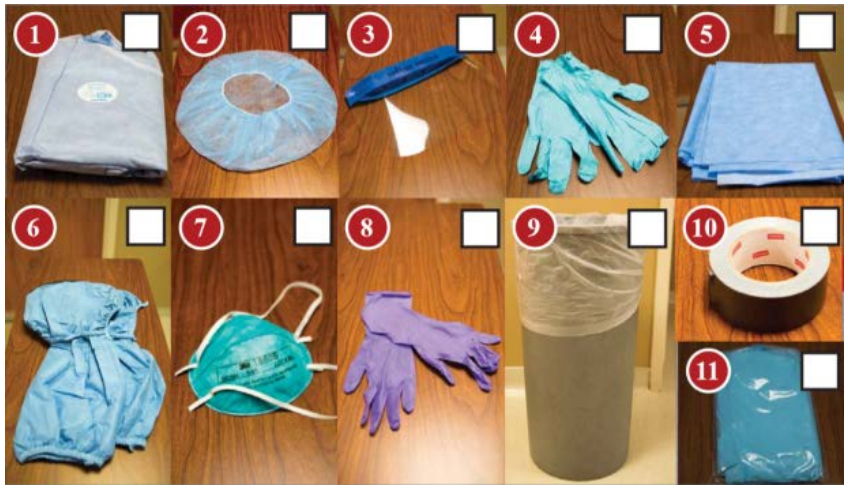
Clinical Advisory Team (CAT)

- Multidisciplinary group of Wisconsin clinical experts appointed by Secretary Rhoades.
- Meets weekly for coordinating and planning.
- Identifies needs and preparedness gaps, and recommends how DHS can address these.
- Provides input on challenging scenarios.
- Reviews and provides input guidance from CDC and DHS.

National Guard Joint Health Assistance Teams (JHATs)

- WI National Guard licensed clinicians trained about Ebola in order to work safely and efficiently caring for an Ebola patient in a hospital environment
- Example: PPE donning and doffing
- 2 Teams (18 personnel each)
  - 5 MDs/PAs
  - 9 Nurses
  - 1 Medical Liaison Officer
  - 3 Safety Officers/Decon Spec.
- 2 training sessions completed
  - Oct 30-31
  - Nov 1-2



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Laboratory Testing for Ebola

- Testing available by Wisconsin State Laboratory of Hygiene (WSLH), CDC, and over 40 other CDC-designated laboratories.
- WSLH testing is available 24/7.
  - 4-6 hour turn-around time after specimen receipt
- Specimens must:
  - Be properly packaged and labelled as Category A Infectious Substance.
  - Have proper forms, including chain-of-custody.
- DHS
  - must pre-approve testing for each case
  - arranges specimen pickup and transportation
  - reports results to LHD & health care providers

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Dealing with Ebola Medical Waste

- Ebola in-patient care resulted in eight 55-gallon drums of medical waste per day per patient.
  - Used PPE comprised most of the waste.
- Limited options for treatment to destroy virus
  - Incineration, Microwave, Autoclave, or Chemical
  - Best option is incineration at approved facility.
- No in-state Ebola-ready disposal facilities identified that can receive medium to large amounts of Ebola waste.
- Several out-of-state incinerators will accept Ebola-contaminated waste from Wisconsin.
  - For information contact Barb Bickford at DNR:
    - (608) 267-3548 or barbara.bickford@wisconsin.gov

Dealing with Ebola-Related Waste from Non-Health Care Settings

DHS will assist Local Public Health Agencies with:

- Assessing non-healthcare locations and situations.
- Developing site-specific cleanup strategies.
- Writing cleanup and abatement orders.
- Identifying a cleanup contractor.
- Ensuring complete cleanup.
- Writing a clearance letter.

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DHS and Partner Readiness Activities

- Weekly Webinars
- Weekly Situation Report
- DHS Ebola Website & PCA Portal
- Providing partners with guidance from DHS, CDC, & others
- *DHSResponse@wi.gov* mailbox
- Surveying: LHDs, hospitals
- Template Media Releases for LHDs
- Briefings & Statewide Calls with partners
- Wisconsin Ebola Guidance Overview Document

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DHS and Partner Readiness Activities

- Tabletop Exercises & Documents
- Drills
- DHS capacity for opening call center within 24 hours
- Border state cooperation & agreements
- Guidance for Ebola & Pets
- Coming soon: Ebola communications planning guidelines

Moving Forward

- What lessons were learned?
- How can we improve?
- How do we stay vigilant?
- To which other public health situations can we apply these lessons?

DHS & Partners continue to…

- Ensure public health, healthcare systems, and others are prepared and equipped as possible.
- Ensure those with risks of developing Ebola are monitored.
- Communicate accurate and timely information to the public.
- Continue to test and evaluate our readiness for a potential Ebola case.

Summary

- State and local agencies, and many other partners play critical Ebola response roles
- DHS…
  - Provides guidance & resources
  - Facilitates patient evaluation, transport, & care
  - Helps coordinate waste transport & disposal
- Contact DHS about concerns or a suspected case
  - Business hours: 608-267-9003
  - After-hours: 608-258-0099
- Let DHS know about your questions, guidance needs at DHSResponse@wisconsin.gov

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DHS Resources

- "Wisconsin Ebola Guidance Overview"

  Available at:

  - PCA Portal
    https://share.health.wisconsin.gov/ph/pca/SitePages/Ebola.aspx
  - or requesting a copy from
    DHSResponse@wisconsin.gov

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DHS Contacts

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