VDH/VHHA Update for Virginia Hospitals on the Ebola Outbreak
in the Democratic Republic of the Congo
August 6, 2019
Questions and Answers Session

1. **Please update regarding AAMI (Association for the Advancement of Medical Instrumentation) level protection recommended.**

   CDC's has two main guidance documents for Personal Protective Equipment (PPE). These are posted on CDC's website for clinicians (https://www.cdc.gov/vhf/ebola /clinicians/index.html) and VDH's Ebola webpage (http://www.vdh.virginia.gov/ebola). Both guidance documents include information on specifications for impermeable and fluid-resistant gowns and coveralls, including industry standards.

2. **Could you clarify if assessment hospitals only need to care for someone for 96 hours or 4 days, not 5 days as stated in the presentation?**

   The assessment hospital should be able to care for an Ebola Person Under Investigation (PUI) for up to 5 days.

3. **Are there any special considerations for pediatric patients?**

   Yes, there are special considerations for pediatric patients. Health seeking behavior might vary by the age of the patient – for example, parents might be more likely to seek medical care if their child is ill than ill adults. The signs and symptoms might vary by age. Pediatric patients might be more likely to develop vomiting or diarrhea and less likely to develop hemorrhagic or central nervous system manifestations. In addition, pediatric patients might be more vulnerable to the effects of dehydration from vomiting and diarrhea than adult patients. Another consideration involves patient transport. CDC has an FAQ about this that addresses things such as car seats, PPE, and presence of a family member during transport. (see Transport of Pediatric Patients at https://www.cdc.gov/vhf/ebola/clinicians/index.html).

4. **Does the Health Department decide which assessment hospital to accept transfer?**
   The health department may provide input on options for patient transfer, but will not direct the patient transfer. Factors to consider when determining where a patient should be transported depend on the patient's exposure risk, medical history, geography, and other operational considerations.

   In general, interfacility communication about patient transfer is recommended during both the planning and response phases. Receiving facilities can assist the transferring hospital in making transport arrangements, and may make their transport services available to that transferring hospital, but the ultimate responsibility for securing transport services lies with the transferring facility.

   According to 2014-16 outbreak guidance, all healthcare facilities should have a pre-established arrangement with their local municipal EMS system or other properly equipped, trained and Virginia licensed transport agency willing to transport Ebola PUIs from their facility who have

been determined, based on consultation with public health officials and medical necessity, to require transfer to a higher level of care. Healthcare facilities should not expect to utilize their local 9-1-1 dispatched EMS for inter-facility transfers of Ebola PUIs unless their local 9-1-1 dispatched local municipal EMS system has agreed to provide such transfers as part of a documented and pre-established plan. Receiving facilities will not arrange for the transport of PUIs to their facility unless this is part of a documented and pre-established plan between their facility and transferring facility.

5. **Can you provide an update on exit screening from DRC?**
   In the Democratic Republic of the Congo (DRC), screening is being conducted at more than 70 locations, including at airports, sea ports, and ground crossings. As of mid-July, more than 75 million people have been screened and 22 EVD cases have been detected through this screening.

6. **Is there information on ambulance transport recommendations of suspected Ebola patients and what precautions need to be taken to transport a patient?**

   Current CDC guidance on interfacility transport for PUIs or patients with EVD is located on the CDC website for clinicians (see Emergency Services). VDH's Office of Emergency Medical Services defers to the CDC guidance. In addition, Virginia-specific guidance is currently available on VDH's Office of Emergency Medical Services website. Please note that the Office of Emergency Services is in the process of reviewing this guidance and applicable EMS information will eventually be accessible through VDH's updated Ebola page under Information for Healthcare Professionals – Additional Information.

7. **What will be the nature of the contact from VDH if an assessment center reports a PUI? Send a rep?**

   If a healthcare provider identifies an Ebola PUI, the provider should immediately report this to the local health department. The local health department is available to receive reports and consult by phone 24/7on possible EVD cases or other rapidly reportable diseases. If you do not have the contact information of your local health department during and after business hours, now is a great time to get this information and keep it handy. Providers can use the local health department locator (http://www.vdh.virginia.gov/health-department-locator/) to get this information. There is also a statewide answering service for healthcare providers that operates 24/7 (866-531-3068).

8. **Follow up to that info on transport, are there decision makers who oversee ambulance transport at the table to help with this? Just some feedback from the 2014 events, transport resources seemed lacking.**

   Thank you for the feedback. We plan to work with regional EMS councils to review and update a roster of transport or EMS agencies that can transport a PUI to a hospital; we also plan to review and update a roster of inter-hospital transport services that might perform inter-hospital transport.

9. **What can you tell us about the Ebola vaccination?**

In the Democratic Republic of Congo, EVD responders are using an experimental vaccine (rVSV-ZEBOV) under a compassionate use provision. This vaccine contains vesicular stomatitis virus, which is an animal virus, and a piece of protein from the Zaire Ebola virus. A ring vaccination strategy is being used to vaccinate contacts of patients, contacts of contacts, healthcare workers, and frontline workers who may encounter Ebola patients. To date, more than 160,000 people have been vaccinated. Vaccine supplies are currently limited. Although the manufacturer (Merck) is planning to increase production, dose adjustment might be required to assure adequate doses until further production is available. For more information, see the World Health Organization's FAQ here.

10. **If using the PUI algorithm and the CALM criteria for travelers in the bordering countries to the active areas in DRC, can we feel safe in assuming no active Ebola if negative results?**

   When evaluating a possible EVD case, VDH recommends referencing these key documents:
   - CDC map of the Ebola-affected areas (where affected areas are shown in yellow and red);
   - "CALM" algorithm (Assessing Viral Hemorrhagic Fever Risk in a Returning Traveler);
   - Person Under Investigation (PUI) definition

   CDC is aware that their map of affected areas is a critical resource and is keeping it up-to-date to reflect areas with Ebola virus transmission. Another resource that might be helpful (but is not required) is the WHO's website on the Ebola outbreak in the DRC. This site includes detailed maps, weekly situational reports, and an outbreak data dashboard.

   EVD can be eliminated from the differential list if 1) the patient did not travel to an Ebola-affected area within 21 days of onset and 2) the patient did not have contact in the 21 days before onset with a person suspected or known to have EVD or a bat or nonhuman primate (e.g., monkey, gorilla). If at any point you have questions or concerns about a possible EVD case, please contact your local health department for consultation.

   For your awareness, VDH is in the process of developing a 1- or 2-page evaluation algorithm that will summarize these documents and recommendations.