

Ebola Virus Disease Preparedness

- CDC self-assessment for state and local public health
- 10 top planning “tips”
 - Communication
 - Public Health
 - Health Care

Communication

- Prepare risk messages
- Use multiple modes to disseminate information
- Disseminate information on travel and monitoring of patients post-travel

Public Health

- Review laboratory guidance
- Be aware of surveillance case definitions
- Ensure public health planning
 - Epidemiologic capacity
 - Response plans
 - Patient movement monitoring
 - Specimen collection, shipping, etc.

Health Care

- Ensure providers have reviewed infection control guidance
- Ensure supplies of PPE are adequate and providers are trained in PPE use
- Ensure that clinical laboratories develop and test plans
- Ensure that health care facilities develop and test plans

CDPH Activities

- Communication
 - Dissemination of CDC documents through multiple channels
 - Delivered public statements
- Public health
 - Clinical consultants current on guidance
 - Ebola response team activated
 - Working with PHLs around shipping issues

Health Care

- CDC guidance: “Any U.S. hospital that is following CDC's infection control recommendations and can isolate a patient in a private room is capable of safely managing a patient with EVD.”
- Early experience: following CDC recommendations is complex
 - PPE
 - Laboratory
 - Medical waste
 - Patient transport
- Planning and drilling are resource intensive

First Strategic Step--Awareness

- Ensure that all hospitals are aware of CDC guidance
- CDPH Actions
 - Distribute CDC guidance documents widely
 - Encourage LHDs to work with local hospitals
 - Statewide call for hospitals last week

Second Strategic Step—Plans and Drills

- Determine roles of different facilities
- Strategic options
 - All hospitals prepare to admit suspect EVD patients
 - Some hospitals prepare to admit/some prepare to transfer

“Some Hospitals” Option

- Pros
 - More efficient
 - Specialized resources (lab equipment, PPE, specimen shipping)
 - Drills/training
 - Patient care may be optimized
 - Risk may be reduced
 - Some hospital systems moving in this direction
- Cons
 - Finding willing hospitals
 - Reimbursement/administrative issues
 - Increases patient transport

Survey of LHDs

- 36 LHDs responded to survey about hospital preparedness
- 17 stated that one or more hospitals in jurisdiction could/would accept EVD patients

Questions

- Do LHDs support “some hospitals” option?
- If yes
 - Continue to convey that all hospitals need a plan
 - Assess and transfer from ED
 - Assess and admit
 - Identify “admitting” hospitals
 - Encourage “transfer” hospitals to pre-arrange
 - Admitting hospital
 - EMS transport plan
 - Administrative issues
 - Work with “admitting” hospitals on preparedness plans and drills

More Questions

- What is happening in your jurisdiction with respect to hospital preparedness?
- How can CDPH assist?

EV-D68

- CDC announces two clusters of severe respiratory illness (MO, IL) associated with EV-D68 (9/12/14)
- As of 9/30, EV-D68 identified in >400 patients in 41 states
- Several strains of EV-D68 circulating nationally, likely for several years

EV-D68 Respiratory Disease in California (9/28/24)

- 7 cases confirmed with EV-D68
- >150 specimens submitted, most still pending testing
- More EV-D68 will likely be found
- Other related viruses (rhinoviruses, echoviruses) also found

Acute Flaccid Paralysis (AFP)

- CDPH notified of unusual AFP cases in 2012
- Initial 5 cases reported
 - Acute onset
 - MRI evidence of anterior horn cell injury
 - Some with mental status change
 - 2 with EV-D68 in respiratory specimens—not clear relationship with AFP

AFP in California (9/28/24)

- 28 cases
- 0-4 cases/month, no clear pattern
- 3 with EV-D68 in respiratory specimens
- Etiology difficult to determine
 - Enterovirus hard to isolate from CSF
 - EV-D68 may not be present in stool
 - Specimens often inadequate or delayed
- No evidence of clustering in time or space
- Increase in reports (under investigation) recently
- MMWR likely coming out Friday

CDC AFP Investigation

- 9 cases in CO
- Clinical picture similar to CA
- 6/9 with Enterovirus in respiratory specimens
 - 4/6 EV-D68
- Etiology not clear and under investigation
- National call for cases
- Important to consider/rule out polio
- Other states now reporting cases

Next Steps

- Please continue to submit to CDPH
 - Respiratory specimens from children with severe respiratory illness and enterovirus/rhinovirus positive
 - Reports of AFP of unknown etiology, especially with anterior horn cell injury
 - Specimens from AFP patients (CSF, respiratory, stool)
- CDPH will continue to monitor epidemiology and to provide Enterovirus typing

Disease Control Recommendations

- Routine Enterovirus recommendations
- Handwashing
- Stay home if ill
- Avoid contact with ill persons
- Disinfect frequently touched surfaces

Questions/Discussion

More on Enteroviruses

- Commonly circulate in the fall
- >100 types
- Can cause a range of symptoms
 - Respiratory
 - GI
 - Neurologic (rare)
- Related to rhinoviruses, cross reaction common

