



**Weekly Local Health Department Ebola Update Call  
California Department of Public Health  
Wednesday, November 12, 2014  
10:00 a.m. to 11:00 a.m.  
Meeting Minutes**

**International, National and California Update on Ebola**

In West Africa, there continues to be widespread transmission of Ebola virus in the three countries where this outbreak has been focused: Guinea, Liberia, and Sierra Leone. In addition, there has been transmission of Ebola in Mali. The situation there is still unclear but the World Health Organization is reporting a second case in Mali and WHO is conducting intense evaluation there to understand the scope of transmission.

One to two patients per day are entering California and beginning the 21 day quarantine requirement. Approximately the same number of travelers per day are completing the quarantine period. The average number monitored in the state is approximately 30 to 40/week.

**Isolation and Evaluation Orders**

CDPH is drafting a quarantine order that addresses the scenario where a suspected or confirmed case of Ebola enters the hospital setting and wants to leave against medical advice. The state order would allow the patient to be detained until local health department staff can fully assess the patient. The order will be shared with CCLHO, CHEAC and CHA for comment before it is released.

**Monitoring Travelers from Ebola Affected Countries**

CDPH continues to receive notification from the CDC of travelers arriving in California, including returning healthcare workers. CDPH notifies the local Health Officer in the traveler's jurisdiction. The CDC is requesting daily information about these travelers so CDPH is developing a written document to outline the processes of notification.

**Personal Protective Equipment (PPE)**

On November 6, 2014, CDPH released guidance on PPE for inpatient care based on guidance previously released from the CDC. The guidance is posted on the CDPH website. The guidance differs from the CDC guidance in three main areas;

- CDPH recommends airborne infection isolation for individuals with suspected or confirmed EVD.
- CDPH recommends the use of a respirator (e.g., N95 respirator, NIOSH approved) as a minimum standard for droplet precautions.
- CDPH recommends that when aerosol-generating procedures are conducted on hospitalized patients suspected or confirmed with EVD, powered air-purifying respirator (PAPR) should be used. For protection from EVD exposure, aerosol-generating procedures may include suctioning, intubation, and other procedures that generate aerosols, but should also be considered for any contact with bodily fluids (e.g., blood, vomit, feces) during the care of the patient and in the cleaning of the environment or equipment where aerosols may be generated.



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Department of Industrial Relations (Cal/OSHA) is developing guidance for many health care settings including inpatient and Emergency Department settings.

**Strategies for Referrals to Ebola Identified Hospitals**

CDPH is developing criteria for referrals to the five University of California (U.C.) hospitals that have been identified as hospitals that will accept highly suspect and confirmed Ebola cases. CDPH will convene meetings with each of the five U.C. hospitals and local health department staff to develop notification and referral procedures.

**Question and Answer Session**

**Question:**

What guidance is available on treating ebola waste before sewerage and cleaning public transit vehicles which may have transported ebola victims?

Answer: The U.S. EPA is reviewing a document related to sewerage and treatment of ebola waste. Until such time as a guidance document is available, local ordinances and water district recommendations should be followed.

Answer: There is currently no CDPH guidance or recommendations on cleaning public transit vehicles. CDPH is working with Cal EPA on a guidance document. Some federal OSHA guidance exists.

**Question:**

Do EMS providers have to upgrade to PAPRs if they conduct potentially aerosolizing procedures during transport?

Answer: EMSA is working with Cal/OSHA on guidance for PPE requirements for first responders. N95 respirators are the current standard.

**Question:**

What will be the consequence if hospitals cannot meet the PAPR standard?

Answer: CDPH is providing input to DIR on the practicality of the PAPR standard. One factor driving the PAPR standard is the Cal/OSHA Airborne Transmissible Diseases (ATD) standard, which is the most stringent standard in the U.S. and exceeds the CDC standard.

**Question:**

Berkeley did not receive arriving traveler information for a recent returning traveler because of a technical IT glitch when sending documents.

Answer: CDPH is aware of the technical problem which resulted in this situation and is in the process of converting notification to the Epi-X system.



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**Question:**

How many travelers in California are in the “high risk” category and what counties are they in?

Answer: None of the current returning travelers are in the “high risk” category. A small number are in the “some risk” category. CDPH does not release information about which county returning travelers reside in.

**Question:**

How many calls are currently being received by the CDPH public hotline telephone line?

Answer: Call volume is currently approximately 5 to 15 calls per day. The peak number of calls was 50 to 60 per day, several weeks ago.

**Question:**

Since airport screening was initiated have any arriving passengers not been identified by the process?

Answer: A very low number of arriving passengers have not been identified by the airport screening process. The reasons for this are being investigated. In each case where this occurred, other mechanisms have identified the passengers and the appropriate notifications were made.