



**Weekly Local Health Department Ebola Update Call
California Department of Public Health
Wednesday, November 26, 2014
10:00 a.m. to 11:00 a.m.
Meeting Minutes**

International, National and California Update on Ebola

- CDC has added Mali to the Ebola-affected countries, although there is limited transmission, 6 cases and 6 deaths but considered less risk than other Ebola-affected countries. Travelers from Mali will be screened at airports.
- The Republic of Congo currently has no Ebola cases.
- There are presently no active cases of Ebola Virus Disease in the U.S.
- California counties are monitoring 30-40 travelers/week. Currently, there are no “some” or “high” risk travelers in CA.

Monitoring of Travelers from Ebola-Affected Countries

- CDC is asking all states to provide two reports on the monitoring of travelers.
 - A weekly report on the low risk travelers: how monitoring is occurring, ensuring all travelers can be located.
 - A daily report on some and high risk travelers. The CDPH team is working closely with LHDs to get the needed information.
 - CDPH will be providing a protocol/guidance to LHDs on traveler reporting.

Updated CDPH Recommendations on PPE for Inpatient Settings

- CDPH revised the “Guidance on Personal Protective Equipment to Be Used by Healthcare Workers in the Inpatient Setting During Management of Patients with Ebola Virus Disease in California Hospitals” to provide background and context to the CDPH recommendations. Broadly, CDPH endorses the CDC recommendations with three points that differ:
 - Airborne Infection Isolation (All) is recommended for suspected and confirmed Ebola cases.
 - As the CDC guidance states, aerosol generating procedures/events are unpredictable and placing a patient in All is a precaution.
 - Placing a patient in All during the “dry” phase of illness reduces the need for transport later in the care
 - Provides a stable place for the donning and doffing of PPE in an available physical space.
 - Use of respirators during EVD care
 - In keeping with CDC guidance, the use of respirators is protective as there may be unexpected aerosol generating events or procedures
 - Use of a PAPR during aerosol-generating procedures



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- CDC recommends this and offers PAPRs as an alternative; however, CDPH recommends use of a PAPR because it is the highest level of protection, provides the most comfort for the caregiver. In addition, the California ATD standard recommends the use of PAPRs.

Update: Strategies for Referrals to Ebola-Identified Hospitals

- CDPH convened meetings with each University of California identified hospital, the LHD, and the local EMS agency to discuss the capabilities and processes for referrals of Ebola cases to the UC hospitals. Follow up meetings will be held with the LHDs following the CDC site visits and communications drills will be conducted. LHDs are reminded to call CDPH if any case may need care and transport.
- Catchment area maps were distributed to LHDs, LEMSAs, and the UC hospitals. These maps are projected catchment areas for planning purposes. Actual destination hospital may vary from catchment area depending on the capabilities of the hospital and unique needs (e.g., pediatric, pregnant women) of the patient.

Question and Answer Session:

Question:

Will the UC hospitals take suspect cases or only confirmed Ebola cases?

Answer: Each UC hospital has different capacity at this time and the type of patients accepted will be on a case-by-case basis. Some UC hospitals will take a suspected case if the suspicion level is high. This issue is evolving and there is an ongoing dialogue with the UC hospitals and LHDs.

Question:

What other facilities in Northern CA beside UC San Francisco can receive Ebola patients?

Answer: UC Davis, UCSF, and Kaiser Oakland and South Sacramento.

Question:

What is the criterion for transferring patients to a national biocontainment hospital?

Answer: This issue has not yet been addressed. If there is a case in California, the CDC will send a team to support the state and local health department. Conversations are ongoing with CDC. Patients may be routed to different locations depending on the hospital capacity and any special circumstances of the patient.

Question:

I understand that hospitals have applied to CDPH Licensing and Certification for waivers to use alternate care areas. What is the status of these requests?



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Answer: One request has come into CDPH L&C and no flex/waivers are being approved at this time because there is no need.

Question:

What is the method for notifications for returning travelers?

Answer: CDPH receives notification of a traveler through EpiX. Contact with the local health department will be done by phone by the CDPH Traveler Team.

Question:

What kind of pre-planning for some/high risk travelers working with organizations (e.g., MSF) are being done?

Answer: CDPH has reached out to the MSF (Doctors Without Borders) organization and they have agreed to notify CDPH of any workers returning to California prior to arrival. CDPH is working to contact IMC.

Question:

How should LHDs assess the risk of returning servicemen, how should they be monitored? Also, the California National Guard may be deployed to West Africa, can CDPH assist with outreach to ascertain how monitoring will be done if they return prior to the end of the 21 day monitoring period.

Answer: Civilian DOD personnel can be monitored by the base or DOD agency, but CDPH recommends that the same criteria as CA uses for all travelers and provide information to the local health jurisdiction of residence. CDPH is still gathering information and communicating with DOD.

Question:

Should local hospitals call the UC hospital if they have a case or contact their LHD?

Answer: Hospitals should call the LHD. The LHD will contact CDPH to determine the need for care and destination.

Additional questions can be submitted to Jeocuser43@cdph.ca.gov

[Number of attendees on the call: 220](#)