



Weekly Local Health Department Ebola Update Call
California Department of Public Health
Wednesday, December 3, 2014
10:00 a.m. to 11:00 a.m.
Meeting Minutes

International, National and California Update on Ebola

- The number of cases in the Ebola-affected countries in West Africa continues to grow at a rapid pace. CDC is currently reporting 17,000 cases and 6,000 deaths and expects that number to increase.
 - Mali is listed as an Ebola-affected country by CDC although there is limited transmission. Travelers from Mali will be routed through the 5 east coast airports and screened.
- There are currently no Ebola cases in the U.S.
- Across the state, approx. 30-40 travelers are being monitored per week, most are low risk.
 - Travel and therefore traveler monitoring may increase during the holidays.

Monitoring of Travelers from Ebola-Affected Countries

- CDPH thanks the LHDs for the extensive work and planning on Ebola that is being done at the local level, especially for the monitoring of travelers that is a critical component of the national Ebola strategy.
- CDPH has planned to sustain monitoring of travelers and provision of clinical consultation for at least the next six months. CDPH encourages LHDs to plan for monitoring of travelers well into 2015.
- Thank you to counties for providing CDPH status updates on the monitored travelers so that CDPH can report to CDC. For those jurisdictions using CalREDIE, CDPH can obtain the information; however, for those jurisdictions not using CalREDIE, please continue sending CDPH the information via email or fax.

Update: Strategies for Referrals to Ebola-Identified Hospitals

- On December 2, 2014, the White House released a media brief on 35 U.S. hospitals that are Ebola-identified facilities, including four Northern California hospitals: UCSF, UC Davis, Kaiser Permanente South Sacramento and Oakland. The CDC visits to the Southern California hospitals are being conducted this week, including UCLA, UC Irvine, UCSD, and Kaiser Permanente LA; therefore, they were not included in the White House list of Ebola-identified hospitals.
- CDC released a document about a tiered approach for hospitals and describes three tiers:
 - Frontline Hospital: hospitals able to identify, isolate, and refer suspected cases;
 - Ebola Assessment Hospital: the hospital is capable of assessing a patient under investigation (PUI) and able to manage a case for 96 hours; and



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- Ebola Treatment Hospital: a hospital with the full scope of care for Ebola suspected/confirmed cases.
CDPH is gathering data on California resources and capacity of hospitals.
- During the CDC hospital visits, CDPH has observed the high level of commitment of the hospital to prepare for evaluation and care of Ebola cases, and that the preparations are very complex and costly, including the complex and costly physical space considerations, nursing staff, supplies, training, equipment, food service, etc.
- CDPH has ongoing discussions with the identified hospitals about capability to manage cases with special considerations (e.g., pediatric, pregnant women). Although these situations may be rare occurrences, several hospitals are able or preparing to care for these special cases.
- CDPH will be planning communication drills in the weeks ahead with the LHDs, the identified hospitals, and EMS.
- CDPH will be convening regional meetings re: referral hospitals in the coming weeks.

Question and Answer Session:

Question:

When will the Cal/OSHA PPE guidelines for ambulatory care settings be released?

Answer: The Department of Industrial Relations, Cal/OSHA is working on these guidelines, unknown date for release.

Question:

What processes are in place for travelers that go between multiple jurisdictions in CA?

Answer: There have been several of these travelers already monitored in the state. CDPH works with the LHDs to coordinate planning for these travelers. Each case is unique and a plan for monitoring is developed for each individual situation and LHD.

Question:

Why was Mali added to the screening poster when there is only limited transmission in that country?

Answer: CDC has added Mali to the list of countries that all travelers coming into the 5 U.S. airports will be screened. Even though Ebola transmission in Mali is not widespread, the reality is that the extent of transmission is not yet known and could present a problem. CDPH recommends that you screen for Mali travel.

Question:

With the CDC designation of hospital tiers for Ebola care, the LHD has no legal method to impose on the hospitals that they are one of the tiers. Can Licensing and Certification assist with this?



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Answer: CDPH is not aware of a legal framework on this issue. Suggest discussion with other local health officers. The investment of resources required for hospital readiness is complex and significant and the level of training is extensive. The costs raise questions on the correct strategies for identifying hospital tiers and how resources should be appropriately used.

Question:

Would you update the information on the national numbers of Persons Under Investigation (PUI) and provide the California numbers?

Answer: The number of people being monitored nationwide are in the 1000s, whereas the number of persons tested for Ebola are in the 10s. The likelihood of a traveler needing evaluation as a PUI is small and those with confirmed EVD even smaller. CDPH is gathering the California-specific data and will be modeling probabilities.

Question:

Are the hospitals listed on the White House briefing only for confirmed cases or will they accept a suspect case? Also, will the Kaiser hospitals take non-Kaiser cases?

Answer: Each facility has determined if they will take suspect and/or confirmed cases. The LHD and CDPH will first consult on the epidemiology risk, patient symptoms and then reach out to the possible destination hospital to accept the patient. Kaiser Permanente has indicated that they would be open to accepting non-Kaiser members; however, no official statement has been released. CDPH will include them as appropriate for referral on a case-by-case basis.

Question:

Thanks to CDPH for convening these calls, they are very helpful. Question: If a healthcare worker has been in an Ebola-affected country but had no patient contact, CDC considers this person at some risk. Should the LHD follow the guidelines for some risk or can the LHD assess the individual and designate a lower risk level?

Answer: CDPH recommends that the LHD conduct an assessment and determine the appropriate level of risk and implement appropriate monitoring and restriction of movement.

Question:

From a rural county: the hospitals in the rural county are critical access only and could not be used as a Frontline Hospital. Is the CDPH working with other counties for Tier 2 assessment of hospitals? Has crossing the border into another state for Ebola case care been considered?

Answer: 1) CDPH understands the challenges of rural counties with critical access hospitals. A call with rural counties will be convened within the next two weeks to discuss regional resources available. 2) CDPH has not yet reached out to other U.S. states that border California. Currently, there are no hospitals identified as Ebola



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treatment hospitals in other Western states (e.g., Oregon, Nevada); however, as things evolve and other resources are identified, California can investigate the feasibility of this.

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

Number of attendees on the call: 250