



Weekly Local Health Department Ebola Update Call
California Department of Public Health
Wednesday, November 5, 2014
10:00 a.m. to 11:00 a.m.
Meeting Minutes

International, National and California Update on Ebola

Some of the countries that have been heavily affected by Ebola are beginning to see what appears to be some tapering off of the number of cases. It appears that the level of activity in Liberia, Sierra Leone, and Guinea is stabilizing. We are hopeful that that trend continues.

The U.S. Department of Homeland Security is asking that all travelers to the U.S. be routed through only five East Coast airports if they are began travel in the three affected countries. CDPH is being notified via EpiX of travelers whose final destination is any California county, and CDPH notifies the local health department so that monitoring can be implemented. In addition, CDC is mandating the states report back to CDC on the status of monitored travelers.

Monitoring Travelers from Ebola Affected Countries

CDC has defined four risk categories for travelers:

- The highest risk of individual is called a “high risk” case. This is a person who has had direct contact with someone with Ebola or with a dead body of someone who had Ebola without personnel protective equipment in the last 21 days.
- The next level is the some risk category. This includes people who have provided healthcare for people with Ebola in an affected country while using appropriate PPE. This level also includes household members of Ebola patients who did not provide care or have direct contact with them.
- The low risk category is people who have been in one of the affected countries, but have had no contact with an Ebola patient - no direct contact with an Ebola patient. Or who have traveled on an airplane with someone who had Ebola.
- The last category is the no risk category.

CDC is developing recommendations for monitoring of people in the high, some and low risk categories.

CDPH recognizes that local health departments (LHDs) are developing plans for monitoring of returning travelers and that the counties currently with travelers are actively monitoring these individuals. LHDs are also collaborating with the local EMS Agencies for transport and evaluation. LHDs are identifying hospitals that can evaluate travelers who may develop symptoms and require medical evaluation.

CDPH Quarantine Order

CDPH has been working with CCLHO and CHEAC to clarify the order and answer questions. CDPH Office of Legal Services has been working on model orders with a checklist for the local health officer to assess the risk level of a case. These will be voluntary use and local county council can modify the orders as needed.



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University of California Hospitals Identified for Ebola Care

CDPH has been developing draft maps for catchment areas for each of the 5 UC identified hospitals as a planning tool. The maps will be shared with CCLHO, CHEAC, and LHDs soon.

Ebola Laboratory Testing

- CDC is stating that if a state or local public health laboratory that's doing the CDC Ebola PCR test, has a negative result, it can be considered final. CDC is not requiring confirmation of negative test results at CDC.
- Last week, the FDA provided an emergency use authorization for a rapid Ebola test that could be done in hospitals. This is a test that uses a commercially available testing platform - rapid testing platform that many hospitals already have for other assays. CDPH is getting more information. The test does a few limitations and appears to be less sensitive than the CDC-issued PCR test

Personal Protective Equipment for the Inpatient Hospital Setting

Cal/OSHA is developing interim guidance for worker protection and use of PPE for the inpatient hospital setting. Executives from Department of Industrial Relations and CDPH have been meeting. A high level overview of this guidance includes:

- Requirement for a written exposure control plan with employee input
- PPE will include protection of the body, hands, eyes, nose, and mouth, proper donning and doffing
- Respiratory protection
- Decontamination requirements
- Staff training

Question and Answer Session

Question:

I understood that the UC hospitals would accept only confirmed cases. Please clarify that.

Answer: CDPH and EMSA will be meeting with each of the five UC hospitals and the LHDs to define the acceptance at a UC hospital. All are concerned about entering the flu season and that many cases may be sent to the UCs. Assessment of risk and epidemiological factors are important first steps. More info will be coming.

Question:

Is the notification system for returning travelers a 24/7 operation or if there is any predictability? Also, what 24/7 contact information are you using for notifications?



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Answer: Yes. The notification system via EpiX is a 24/7 operation. CDPH is using the CD controller in each county for primary notification. LHDs can confirm 24/7 contact info with CDPH.

Question:

There was a conference call this week with the counties that are monitoring travelers and the lessons learned. Is there a plan to share the learnings with other counties?

Answer: We hope to share the plans and lessons learned in the future. We are asking the 14 counties with travelers to share their plans and protocols with CDPH and put a best practice documents together.

Question:

From a LEMSA partner. California has many small critical access hospitals that have no ICU and very limited resources, including the number of EMS providers. It may not be feasible to keep patients that are at some risk for Ebola in those facilities and in that area. Can a small critical access hospital be bypassed and have the EMS crews go to another hospital?

Answer: At this time, we have been fortunate that the returning travelers are in more urban areas within a reasonable distance from a UC hospital. CDPH has asked LHDs for specific plans for monitoring travelers with a plan of where the person would be taken for medical evaluation. EMSA has been developing strategies similar to trauma and other regionalized services, including ambulances that can safely transport cases.

Question:

As a scenario, if there is a high risk monitored patient or a patient who now is confirmed as with a positive Ebola test. The county is remote and may be five or six hours away from any of the UC hospitals that you're talking about. Are we expected to gear up and have our local EMS providers - whether that's regional or whether we have an IDART rig? Or can we expect some help from outside the area from the state - from EMSA - from CDPH - from the National Guard? How would that all work in getting a patient from a remote area to one of the UC hospitals?

Answer: EMSA has had discussions with the California National Guard and they may be able to fly their larger helicopters to transport cases. One provider, AMR, has experience and capacity to transport confirmed patients and EMSA is working with AMR for some regional transport.

Question:

Has the state received any guidance from CDC if there is a positive Ebola patient? What is the frequency and timing of testing for Ebola clearance? And what is the acceptable specimen type for that?



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Answer: Testing has been done on the previous Ebola patients as they enter convalescents but CDPH has no information on how frequently the patient should be tested. CDPH can inquire from CDC.

Question:

Many hospitals are asking about the BioFire rapid Ebola test.

Answer: The guidance for the use of the BioFire test is under emergency use authorization and those results can only be used for presumptive diagnosis and not for patient management. Any assay from BioFire would require verification from a state or local or CDC lab. CDPH has no plans at this point to recommend this testing at hospitals.

Question:

If a case has low suspicion symptoms or symptoms that are not compatible with Ebola and needs evaluation. Are the recommendations going to be to use the same high level PPE as in the inpatient setting? Or are there going to be recommendations about the PPE's for evaluation of those patients?

Answer: There are no special recommendations for people who are asymptomatic. If they have clinical symptoms that are in any way shape or form - suggestive of a possibility of Ebola, then personal protective equipment should be worn. This is the discussion CDPH is having with Cal/OSHA and we anticipate guidance coming out soon.

Question:

A couple of weeks ago, CDPH mentioned that the state was doing a survey of all of the hospitals and would be getting the results back out to us. I haven't seen that. Have I missed it? Is that forthcoming? And if it's not, then perhaps we could have the tool that you were using so that we could that independently?

Answer: The survey results are on hold right now. The tool used for the survey is posted on the CDPH Ebola website.

Question:

Do you have any recommendations on the terminal cleaning for an Ebola patient, room and equipment?

Answer: The Cal/OSHA guidelines coming out will address this. There is also guidance on the CDC website.