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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HPP Briefing
Quarterly Webinar
November 20, 2014

EVD Outbreak Update

- Total Cases World: 14,413
- Laboratory-Confirmed Cases World: 8,920
- Total Deaths World: 5,177
- On 11/17/14 Mali added to travelers routed to 5 airports for screening Nov 17
- No cases in Illinois
- **Only 11** people being monitored in Illinois as of 11/18/14

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Healthcare Coalition Planning

- Tiered . . . Resource $ & Infection Control
  - Monitoring, Screening, Evaluation, Treatment
  - Ebola Treatment Centers (ETC) (2 -> 4)
  - Ebola Regional Evaluation and Initial Management Centers (REIM)
  - Emergency Department
  - Outpatient Clinics
  - EMS
  - Local Health Department

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Regional Coalition Planning Meetings

- Phase 1 - Initial Hospital CEO meetings
  - IDPH Tiered Regional Planning
  - Healthcare System shared responsibilities
    - RHCC – Regional Coordination of Healthcare Systems
    - Healthcare Systems - Corporate facilities share load with other systems and non-system partners
  - Designation or REIMs – Due Early December
  - Nomination of ETC Candidates

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Regional Coalition Planning Meetings

- Phase 2 - Full Coalition Meetings
  - IDPH Tiered Regional Planning
  - Notification of REIM (and ETC Candidates)
  - Complete Regional EVD Response Planning
    - Due Mid - December

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EVD Transfer from Screening to Treatment - 1

- Each Major Healthcare System to internally designate at least one REIM.
- Meet minimum REIM criteria (modified ETC REP Tools)
- Transfer within System and from non-system partners in Region
- Federal State Funds may be available depending on pending CDC guidance.

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EVD Transfer from Screening to Treatment - 2

- Request of the patient's hospital MD & Patient's Consent
- Consent of a receiving hospital MD to take over care on arrival
- Consultation with IDPH and both LHDs
- Special Infectious Transport Vehicle may be required.
- Patient transport under medical care of sending MD or EMS Medical Director

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EVD Transfer from Screening to Treatment - 3

- Pre-existing institution referral arrangement
- Ad-hoc Agreement as needed
- Healthcare Coalition standard patient transfer agreement may be created
- EMS System medical directors should create regional transfer protocols for highly infectious disease patients

Healthcare Worker FAQ

Q: Is it correct that a HCW caring for an Ebola patient is able to go home after their shift, is not considered an “exposed” HCW, and does not pose any risk to others?

A: **Yes**, such asymptomatic HCWs are in the "low risk” category.

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Healthcare Worker FAQ

Q: What's required under IDPH guidance for HCWs caring for an Ebola patient? Self-monitoring, other types of monitoring, or nothing at all? Are they free to go home and be among the public?

A: Active direct monitoring is required. HCWs in the "low risk" category are free to go home and be among the public.

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Healthcare Worker FAQ

Q: What constitutes an "exposure"? Actual splash, exposed skin, etc.?

A: **Yes.** Contact involving potentially infectious bodily fluids and potential portals of entry, such as mucous membranes; because of microabrasions, etc., contact with skin is considered a potential exposure.

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Question #4

Q: Can HCWs caring for Ebola patients care for other (non-Ebola) patients?

A: **Yes** -- based on health care facility policy and provided active direct monitoring does not indicate any evidence of illness.

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Question #5

Q: How soon can HCWs who are caring for Ebola patients care for other patients?

A: Low risk, asymptomatic HCWs can care for other patients when permitted by the health care facility; facilities should take into consideration that caring for a patient with EVD may be more stressful than other patient care activities, and providing HCWs with adequate time off is important both during and after Ebola patient care activities.

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Healthcare Worker FAQ

Q: Can it be stated that HCWs do NOT need to be quarantined – and thus can be in proximity to anyone and can go out in public–when they have been caring for an Ebola patient?

A: **Yes**, low risk asymptomatic HCWs do not need to be quarantined.

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ESF 8 Plan Signed & Released

- Replaces the IDPH Emergency Medical Disaster Plan of 2003
- Pediatric and Neonatal Surge Annex
- Posted in CEMP
- Distributed by RHCC and IDPH REMSC and ERC

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Exercise Update

Save the Date!

- 3/10/15 – Burn Surge Web-based Tabletop – Northern Illinois

- 3/24/15 – Burn Surge Web-based Tabletop – Central and Southern Illinois

Illinois Ebola Costs

- Please complete the **Ebola cost survey** no later than close of business TODAY 11/20/14.
- **Congress Asked to give Illinois (Jan?):**
  - $5.21 M Add-on to PHEP (IDPH, LHD)
  - $2.5 M for 1 or more Illinois Ebola Treatment Centers
    - PPE, facility isolation and point of care lab retrofits
  - $3.35 M Add-on to HPP
    - PPE & Fit testing for Coalition (hospitals, EMS, Ambulatory)
    - Increase Coalition (hospital, EMS, Ambulatory, LHD) Ebola Readiness with exercise and detailed AARs
- **Immediate Relief**
  - Portion of $4.8 m available from CDC soon to offset active monitoring
  - Portion of $1 m available from ASPR soon to offset for Evaluation facilities and ETC by 5 "Ebola airports"

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Ebola Lab TAT

- 6 – 7 hours (requires 2-3 staff)
- After hours requires advance notification to get staff. Lab authorization required.
- Contact local health department first. If not available, contact IDPH Infectious Diseases at 217-782-2016 during day.
- After hours Emergency Number 800-782-7860
- See Category A shipping requirements on Web

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Questions?

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