Ebola Preparedness at the State Level

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Virginia Department of Health
Virginia Department of Health (VDH) Health Planning Regions
VIRGINIA POST-ARRIVAL, ACTIVE MONITORING PROGRAM DATA
As of May 9, 2015, over 1,150 persons have entered Virginia’s active monitoring program

<table>
<thead>
<tr>
<th>Monitoring Status*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>62.7%</td>
</tr>
<tr>
<td>Transferred out</td>
<td>26.2%</td>
</tr>
<tr>
<td>Released</td>
<td>0.8%</td>
</tr>
<tr>
<td>Under monitoring</td>
<td>10.3%</td>
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</table>

<table>
<thead>
<tr>
<th>Risk Category*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low, but not zero risk</td>
<td>98.3%</td>
</tr>
<tr>
<td>Some risk</td>
<td>1.6%</td>
</tr>
<tr>
<td>High risk</td>
<td>0.1%</td>
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</tbody>
</table>

* As of May 6, 2015 Situation Report #49
Travelers from Ebola-Affected Countries in Virginia

- **Arrival city**
  - Washington: 78%
  - New York: 17%
  - Other cities: < 3% each

- **Countries visited***
  - Liberia: 46%
  - Sierra Leone: 36%
  - Guinea: 15%
  - Mali: 6%

- **Primary language**
  - English: 99%

- **Gender**
  - Female: 44%
  - Male: 56%

- **Pregnancy status**
  - n=5

- **Persons <18 years of age**
  - 9%

* Exceeds 100% because some travelers visited multiple countries
Travelers by Health Planning Region

Percent of Travelers by Region

- **Northern:**
  The counties of Arlington, Fairfax, Loudoun and Prince William and the City of Alexandria

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>5.4</td>
</tr>
<tr>
<td>Northern</td>
<td>84</td>
</tr>
<tr>
<td>Southwest</td>
<td>0.5</td>
</tr>
<tr>
<td>Central</td>
<td>5.4</td>
</tr>
<tr>
<td>Eastern</td>
<td>4.6</td>
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</table>
PLANNING PERSPECTIVE
State Agency Coordination

• Virginia EVD Unified Command
  – VDH – Lead Agency
  – Incident Commander – Chief Deputy Commissioner
  – VDH Office of Emergency Preparedness directs many planning activities

• Planning Partners*
  – Governor’s Office, Attorney General’s Office, Virginia State Police, Virginia Department of Emergency Management, Department of Environmental Quality

* Not a comprehensive list
State Agency Coordination cont.

• Developed Situational Reports
  – Daily initially, then weekly, now monthly
  – Provided to planning partners

• Coordinated meetings
  – State Unified Command
  – VDH Incident Management Team
Epi Planning Activities

• Partners*
  – CDC Washington Quarantine Station at Dulles
  – Metropolitan Washington Airports Authority (MWAA) Airport Operations and EMS
  – Customs and Border Protection (CBP)
  – Division of Consolidated Laboratory Services
  – Regional partners – DC DoH, MD DHMH
  – Hospitals and hospital associations
  – Federal partners: CDC, HHS, DHS, FBI, Military

* Not a comprehensive list
Important Dates

- **September 30, 2014**
  - CDC confirmed the 1st laboratory-confirmed case of Ebola in the U.S.
- **October 9, 2014**
  - First passenger screening meeting at Dulles
- **October 16, 2014**
  - Passenger screening began at Dulles
- **October 16 & 18, 2014**
  - First & second passengers identified for medical evaluation
- **October 19, 2014**
  - CDC hospital assessments began
    - Focused on hospitals located near the airport
- **October 22, 2014**
  - Active, post-arrival monitoring begins
- **November 18, 2014**
  - CDC hospital assessments for Virginia Ebola Treatment Facilities
Passenger Screening at Dulles

October 16, 2014 – May 4, 2015

• 4,431 passengers
  – CBP screening (includes USPHS workers)

• 582 passengers
  – referred for tertiary screening by CDC

• 10 passengers
  – referred for medical evaluation and transported
VDH Office of Epidemiology

- Develop protocols for passenger monitoring and EVD response
- Receive passenger information from CDC
- Provide passenger information to the local health districts for follow up
- Coordinate planning activities and response with the CDC Quarantine Station and Dulles
- Receive immediate notification of passengers requiring medical evaluation
- Coordinating special situations: USPHS workers, NIH employees
- Consult with CDC regarding Persons Under Investigation
EMS Planning

• All EMS agencies needed to be prepared
• MWAA EMS
  – Transport all patients from Dulles
  – Designated ‘Ebolalance’
  – Generally transport to one hospital, for Ebola they rotate among three hospitals
  – Doffing and discarding PPE at medical facilities
  – Providing the appropriate level of care to patients
Ebola Balance
Hospital Planning

• Assessing hospital preparedness
  – CDC Facility Assessment & Support Team (FAST) visits
  – Completion of EVD preparedness data collection tool

• Providing guidance
  – What is the appropriate level of PPE?
  – What should be done to rule out Ebola?

• Addressing additional concerns
  – Specimen collection and transport
  – Medical waste management

• Assisting with communications
  – CDC Atlanta and the Quarantine Station
Hospital Considerations
Special Thanks

- CDC Washington D.C. Quarantine Station Officer-in-Charge
- MWAA EMS Battalion Chief
- Hospital Partners
Ebola Response at the Local Level

Shawn Kiernan, MPH
Fairfax County Health Department
District Epidemiologist
Fairfax County Health District

• Densely populated
  – ~ 400 square miles
  – Population: ~ 1.2 million
• Young population, but aging
• Large West African Community
• Linguistic diversity
ICS Implementation

- ICS implemented upon realization of the breadth of activities that were required (10/27/2014).
- Currently in third operational period.
ICS Strengths

• Allows subject matter experts to focus on priority areas
• Staffing coverage
• Notification process
• Length of time for FCHD response/activation
Ebola Traveler Monitoring

| Active Monitoring | State or local public health authority establish regular communication with potentially exposed individuals, to assess for the presence of symptoms consistent with Ebola (including severe headache, fatigue, muscle pain, fatigue or weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage). *Usually conducted daily by telephone. Can be conducted electronically.* |
| Direct Active Monitoring | Public health authority directly observe the individual at least once daily to review symptom status and monitor temperature; a second follow-up per day may be conducted by telephone in lieu of a second direct observation. |

- Monitoring is completed by two staff (nurses) hired specifically for this activity.
- Expectation is that risk assessment and personal visit with all travelers is completed within 24 hours of notification.
- Daily Active Monitoring- Generally conducted by email or text with FCHD generated templates. If this option is not optimal for traveler, monitoring is completed on the phone.
- Direct Active Monitoring- Nurse able to utilize electronic video methods.
Ebola Traveler Monitoring - Data (as of 4/20/15)

- Data is shared with state via scanned risk assessments and daily monitoring data on a web based file sharing site.

- Line list of all travelers and their respective status is maintained in a local excel file.

- Weekly summary reports of #’s are sent to state via a web based form.

- Weekly local summary reports are created and distributed among Incident Management Team at FCHD.

<table>
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<th></th>
<th>Under Current Surveillance</th>
<th>Complete</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Active Monitoring</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Active Monitoring</td>
<td>31</td>
<td>219</td>
<td>250</td>
</tr>
<tr>
<td>Voluntary Quarantine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Involuntary Quarantine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transferred (Out of FFX)</td>
<td>N/A</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>No Initial Contact Made</td>
<td>N/A</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Lost to Follow-up</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>303</td>
<td>334</td>
</tr>
</tbody>
</table>
If we did have a case.....
Call Center

- Ready to respond within 4 hours
- Staff expertise is based on role of call center
- Can be outgoing, ingoing, or both (based on need)
- Two staff shifts have been pre-trained and are “on-call”
- Software system - Oracle
PIO - Messaging

- Goal was to create as many media messages as possible prior to event
- Main Question - what sort of materials do we need?

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EBOLA COMMUNICATION COORDINATION
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<td>8</td>
</tr>
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<td>B. Testing for Ebola Approved</td>
<td>8-9</td>
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<td>C. Positive Ebola Lab Test Result</td>
<td>9</td>
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<td>F. Communication Team Rosters</td>
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<td>17</td>
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<td>C. Email Notifications</td>
<td>20-23</td>
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<td>D. Social Media Messages</td>
<td>23-24</td>
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<tr>
<td>IX. Contacts</td>
<td>25-26</td>
</tr>
</tbody>
</table>

Fairfax County Patient Tests Positive for Ebola

MEDICAL AID WORKER BACK FROM AFRICA

A hospitalized medical aid worker, who volunteered in one of the three West African nations experiencing an Ebola epidemic and since returned to the United States, has tested positive for Ebola according to the [LOCATION] laboratory. [The Centers for Disease Control and Prevention (CDC) will perform a confirmatory test.] The patient has been notified of the test results and remains in isolation. The patient is currently at [Nova Fairfax Hospital/Reston Hospital Center].

The aid worker had returned through XXX Airport on [DATE] and participated in the enhanced screening for all returning travelers from these countries. The aid worker had been participating in the active monitoring program [and had been in contact with the Fairfax County Health Department on a daily basis to report his/her condition]. The patient reported fever for the first time [DATE/TIME]. At the direction of the Health Department, the patient [was transported by a specially trained EMS personnel wearing personal protective equipment] [OR DROVE HIMSELF TO HOSPITAL?]. The Fairfax County Health Department has initiated contract tracing to identify all individuals who may have been exposed to the ill individual. The Health Department will contact anyone who is at risk of exposure to direct precautionary public health actions. [ARE THERE ANY CONTACTS ALREADY IDENTIFIED? ANYONE QUARANTINED, e.g., family members going where? (or will this information not be released?)? ANYONE ELSE SICK? ANY PUBLIC VENUES IMPACTED?]

While this is troubling news for the patient and the patient’s family, the Fairfax County Health Department, the Virginia Department of Health, and the CDC remain confident that wider spread of Ebola in the community can be prevented with proper public health measures including ongoing contact tracing, health monitoring among those known to have been in contact with this patient and immediate isolation if symptoms develop.

Arrangements are being made to transfer the patient to [UVA Medical Center or VCU Medical Center] for treatment, one of two hospitals in Virginia that were pre-identified for this purpose.

Ebola is spread through direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated. The illness has an average 8-10 day incubation period (although it could be from 2 to 21 days). CDC recommends monitoring exposed people for symptoms a complete 21 days.

More Information
- XXX
- Fairfax County Health Department Call Center: 703-267-3511
- Website: www.fairfaxcounty.gov/hl/ebola
- Media Contact
Local Quarantine House

• Quarantine house purpose - well contacts
• What were the major considerations?
  – Cost?
  – How do we acquire?
  – Appearance?
FCHD Quarantine House
Partners/Concerned Agencies

- Local Hospitals
- Police Department
- Fairfax County Public School System
- EMS
- 911 Dispatch
- Wastewater
- Animal Control
Ebola Response Cost - Local Level

7841.2 hours - Cumulative time FCHD Employees have devoted to Ebola activities

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Salaries</td>
<td>$270,192</td>
</tr>
<tr>
<td>General Fund</td>
<td>$226,727</td>
</tr>
<tr>
<td>Other Funds</td>
<td>$3,759</td>
</tr>
<tr>
<td>Grants</td>
<td>$39,706</td>
</tr>
<tr>
<td>Regular Salaries (Non Merit)</td>
<td>$1,523</td>
</tr>
<tr>
<td>Extra Pay (Overtime)</td>
<td>$1,493</td>
</tr>
<tr>
<td>Fringe Benefits (GF &amp; Other Funds)</td>
<td>$79,828</td>
</tr>
<tr>
<td>Approximate Value of Accumulated Compensatory Time</td>
<td>$42,232</td>
</tr>
<tr>
<td>Office Equipment &amp; Furniture for quarantine house</td>
<td>$1,292</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$623</td>
</tr>
<tr>
<td>Building Materials &amp; Supplies</td>
<td>$12</td>
</tr>
<tr>
<td>Household Appliances &amp; Supplies for quarantine house</td>
<td>$365</td>
</tr>
<tr>
<td>Education &amp; Training Services</td>
<td>$4</td>
</tr>
<tr>
<td>Meals during EVD rule out investigation</td>
<td>$74</td>
</tr>
<tr>
<td>Mileage Allowance</td>
<td>$2,551</td>
</tr>
<tr>
<td>Other Operating Expenditures</td>
<td>$166</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$400,355</strong></td>
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</tbody>
</table>
Questions?