

Hospital Preparedness Call: Preparing Your Healthcare System for Ebola

NWX-OS-ASPA-0608 (US)

**Moderator: Secretaries Operations Center
October 20, 2014
12:00 pm CT**

Coordinator: Welcome, and thank you for standing by. At this time all lines have been placed in listen only mode until the question and answer session. At that time if you'd like to ask a question please press Star 1. Today's call is being recorded. If anyone has any objections you may disconnect at this time. I will now like to turn today's call over to Dr. Nicole Lurie assistant secretary for Preparedness and Response. Thank you, you may begin.

Dr. Nicole Lurie: Good afternoon, or in some cases good morning everybody. I'm Dr. Nicole Lurie the Assistance Secretary for Preparedness and Response here at the Department of Health and Human Services. And, I want to thank you for joining us today to talk about preparing our domestic healthcare system for Ebola. Before I do, I want to really just point out and underscore the fact that the current situation in West Africa is absolutely unprecedented.

And we continue to believe the best way to protect our country is to deal with the epidemic in West Africa. And I think you know many HHC and US government assets are positioned and being used to do that. That said, the events of the last month and last week in particular really underscored the

need for us to address our preparedness and response challenged here in the US. And, we are actively doing that, as you believe you know.

But also, was there are lots and lots of question and the part of the reason for this call is because people in different parts of the healthcare system whether they're clinicians or people like you Executive and Administrators have a lot of questions. Some of the questions that we know that you've had have been about worker safety and personal protection equipment. There have been a number of question about reimbursement, about legal issues about waste management. And certainly as we're moving forward to think more and provide additional guidance on personal protective equipment and keep our work front safe.

I know that that's been at the top of many people's minds. So we have been holding a host of calls and plan to continue to hold these regularly to keep you all up informed and up to date on any new information as it becomes available. And we also really want to continue to listen and learn from you and address the question that you have.

So, today and today we've assembled a group of experts across government who are working on different aspects of the Ebola response. We ought to be able to respond to your questions. And, they approve representative to my office from the CDC, from SMS, from the Office of Intergovernmental Alternate Internal Affairs, and from the Department of Transportation.

Because we have strong public health, and healthcare systems here we continue to believe that the risk of rapid spread of Ebola in the United States remains extremely low. But, as you know we are taking all precautions to isolate individuals with Ebola, and do everything we can to prevent the spread of disease. And to that end we are really encouraging all healthcare facilities

and healthcare workers along with their standard and local health departments and others to prepare for the possibility of suspect or known case. So that they can safely care for patients respond in a coordinated manor and share information with their communities.

And, I know that you're all committed to making sure that hospitals and all of our hospitals and healthcare systems are prepared for anything even Ebola and that's why we are the line.

There and now a number of check list and guidance documents available on the CDC and OSCAR Websites. And I know right now there are new RISK documents and so we've heard from some of you that it takes a while to (unintelligible) through to find the ones you want. I also know that a lot of you professional associated are pulling out the ones that most relative to you, and putting them up there. And we appreciate that.

I'm also hoping to hear from you quite honestly about additional tools and materials that you might need to help your institutions to be better prepared. In just a moment I'm going to turn this over to Dr. Toby Merlin from the CDC to provide the situational updates from the CDC. And then I'm going to come back and spend just a couple minutes talking to you about steps that we hope that hospitals and we'd like to ask you all to take to be most prepared.

And, then following that we will turn this over to Q&A I know we've already received some question by email. But want to have an opportunity for those who've called in also to ask questions. I think at the last one of these calls I did we had about ten thousand people on the line. We had about 200 unanswered questions at the end. People who wanted to ask question and didn't get to at the end of the hour. So, we should all view this as the beginning of the conversation not the end of one. And, you're all welcome to

send question to ASPR, the ASPR mailbox at aspr.gov. So, ASPR@aspr.gov. And, we are happy to farm those questions out and get back to as well.

So, with that let me turn this over Dr. Toby Merlin at CDC. Toby.

Dr. Toby Merlin: Thank you very much, Dr. Lurie. And, it's a pleasure to be on this call. I am Dr. Toby Merlin and I'm Director of CDC's Division of Preparedness and Emerging Infection. And I am one of CDC's leads for the domestic Ebola response. And, I'm going to spend my time with some opening remarks about the domestic response. But, as Dr. Lurie mentioned I want to say, we do need to remember that the disease outbreak is in Africa and what's going to help us most is addressing the disease in Africa.

We have two Ebola infected patients now in the US and there are probably well over 10,000 in the effective outbreak countries in Africa. So, the current situation there are I was wrong there are three patients, they're all stable which disease one in Nebraska, one at Emory, and on NIH. There's another patient who was discharged this morning from Emory whose infection has resolved.

CDC has finalized new personal protective equipment recommendations or in the process in finalizing them and we're anticipating they will be released tomorrow. We have, CDC has expanded domestic infection control training and response teams. We're calling these FAST teams. And we have deployed four of these FAST teams. One to Texas, one to New York City, one to Chicago, and one to Virginia. To work with hospitals that have identified themselves as being willing to take potential Ebola patients. Near the airport screening that was has been stood up in the past week.

We're continuing to support hospital recruitment efforts and looking for hospitals that are willing to self-identify as centers for taking potential Ebola patients. And so that we can provide them all the support we can in advance. With ASPR help have enlisted the on strong center at Johns Hopkins to create training videos for personal protective equipment and those should be available at the end of the week.

And, we are also working Infection Control guidance for dialysis of patients with Ebola. There is a COCA call today which is one of our clinician outreach calls on approaches to clinic management for patients with Ebola treated in US hospitals.

And we're also working on clinic guidance for OBGYN's for managing patients with Ebola who present for obstetrical care. We have hospital and home disinfecting guidance that is clearance. And we're incorporating new waste guides from Department of Transportation onto our CDC Website, which address issues of (unintelligible) and incineration. We are also working with AMRA to summarize and share their Ebola experience and we expect that to be available on the web by the end of the day.

So, that's a brief summary of what's been done on the hospital and clinician preparedness side. An update on terms of what's going on in the US. We have interviewed and re-interviewed the two nurses from Dallas as well as reviewing the human resources and medical records from the hospital and we feel that we have ascertained all contacts. In Dallas 166 contacts have been monitored and 17 have completed monitoring and as you know today is a good day because all of the pre-hospitalize contacts of the index patient have completed their monitoring.

On Ohio 153 contacts are identified for monitoring and this includes the even low risk flight contacts. All are taking their temperatures two times a day with the majority under active monitoring which means that someone else takes their temperature once a day. And, that's where I think I will stop. Dr. Lurie I think shall I defer to you to go and introduce the next speaker.

Dr. Nicole Lurie: Yes, thank you. Thanks so much Toby. There is just a ton of work going on as I think people can tell. I wanted to take just a couple minutes to specifically ask you to take some actions in your institutions and then move forward to our question and answer period. Obviously in this country we're very fortunately to have spent decades building a strong healthcare system. And, we see from this situation in West Africa what not having a strong healthcare system does. And, the foundation is really what is helping our country and will continue to help our country respond to this threat and be sure that we can stop this epidemic in its track.

If we have additional cases here etcetera. I think we can take this clearly reinforce the need for all hospitals and all healthcare facilities to be able to detect possible Ebola cases protect your employees. Isolate your patients and respond appropriately. So, I am hoping quite honestly that all hospitals in this country within the next ten days or so will hold a medical grand rounds, and a nursing grand rounds to education your staff in ways that appropriate for them about Ebola potential diagnosis and treatment and about steps that they need to take from their profession prospective. To take action.

There are lots of other people who are part of your healthcare systems reaching from EMS providers, x-ray and laboratory techs, to the people who do the cleaning and waste removal. I'm similarly hoping and asking that you have educating session for all of them. CDC has developed some tremendous check list and algorithms. I think my favorite are the really simple ones that

talk about how to detect a case and what to do. And would ask that you post those in all front line patient care areas. We would like for all hospitals to do a first case drill or exercise sometime in the next week or so. And we'll be posting I hope samples of those drills and exercises.

For those of you who think you've got great educational material or great tools already. We would love for you to send that to us as we're developing the clearing house of materials that people can use. And, I miss-spoke on the Web address before but it's ASPR@hhs.gov. After the personal protective equipment guidance is out we very much want you to take a careful look at it and to work with your front line staff to drill and exercise using CDC recommendation PPE. It's likely that you'll already have in our hospital and that are familiar with it.

Finally, we do not think that the best place to mate your partner is into the middle of an emergency. So, to that end we would really urge now to reach out and be sure you know the folks in our local and state health departments. And please post particularly in your emergency department and all front line care areas the contact information for who you would call or who you would want them to call if you had a suspect case of Ebola whether it's your local health department and you're a state health department or the CDC.

So this would be a great time to reach out to those partners and be sure you know each other, be sure they know you and that people are really comfortable asking for help if the situation arises.

In reality we think it's extremely unlikely that most of your institutions are ever going to see a patient with Ebola.

However, it is the case that all of your institutions need to be ready if that eventuality happens.

So with that I'm going to stop and open the lines for questions. I think while we're waiting for the first questioner to tee themselves up I'll ask (Greg) to read out loud one of the questions that we received?

(Greg): Hello. In an effort to be most efficient in our questioning period we did provide an opportunity for people to submit questions in advance.

We will also have the opportunity for you to directly provide questions. But I have gone through the questions that were submitted in advance and chosen a few that seemed to be common themes.

And so without further ado I'll go ahead and present a few of them while we provide people with the opportunity to think what other questions you might want to submit live.

So one of the questions comes from (Debra S). And she was asking a question about personal protective equipment, realizing that there are some new guidance coming out soon.

I will - her question was quote, if an isolation room with an Ebola patient does not have an anti room, where should PPE be removed, at the patient's room door or outside of the room immediately outside or inside the room I presume.

So is there someone from CDC that would like to elaborate on the appropriate place to remove personal protective equipment in a hospital setting?

Man: We have...

Ryan Fagen: This is Ryan Fagen. I can answer part of that. So yes, the new guidance that's forthcoming -- I don't have all the details at this time but that actually does give much more specific direction about where the donning and doffing occurs in terms of putting on the PB should always be in a clean area and there should be a separately designated doffing area.

And if the room does not have an anti room that can be out in the hall.

I would just ask people to stay tuned for the official guidance that will get into how to mark that off and make sure that flow of healthcare personnel from the doffing the room to the - excuse me, the donning to the room to the doffing area proceeds in a way that doesn't spread contamination. But yes, that's going to be addressed in much more detail.

(Greg): Great, thank you. Another series of questions revolved around waste management. And we do have some colleagues from the Department of Transportation.

And (John G.) asked I'm looking for information on whether or not it is required to capture fecal matter and the whole issue about the disposal of category ace - Category A waste materials.

So I'll turn it over to DOT to let them know - for them to elaborate on some of the things we've done regarding the removal of potential Ebola contaminated medical waste.

Ryan Paquet: Thank you. This is Ryan Paquet from the US Department of Transportation Pipeline and Hazardous Materials Safety Administration. And thanks for letting us join in and help clarify some information out there.

Pertaining to the question specifically, that's really not a question for us. It's - we don't regulate whether or not somebody will capture the fecal matter or any of that.

What we have to focus on is when it is packaged, when suspected Ebola contaminated waste which has been determined to be a Category A infectious substance is transported how to do it safely.

And so in the beginning when the - when Mr. Duncan was in the hospital in Texas we were approached by their contract carrier saying that they had a number of the 96 gallon regulated medical waste carts that had suspected Ebola contaminated waste in it. And that waste included sheets and towels and curtains and PPE and all kinds of other things that aren't normally in a Category A type waste stream or stream at all.

And so they needed help to determine how to best transport that safely.

So we worked with that carrier in developing a way to transport those 96 gallon carts because nobody wanted anybody to repackage that material for obvious reasons.

So how were they going to prepare those carts for transport as well as safely transport them to a treatment facility for disposal?

Then we worked with that carrier to develop a packing system from that point on. We certainly didn't want the regulated medical waste carts to be used anymore. We didn't believe that for a Category A substance that that is the appropriate outer packaging to be used.

So the carrier proposed a fiberboard drum, a 55-gallon fiberboard drum with an inner lining and of course part - the individual waste being double and triple bagged with disinfectant.

And so, ah, we developed that packaging system. And then after that the waste from Mr. Duncan's apartment was also accumulated and packaged in yet a separate packaging system which included double bags, disinfectant and plastic drums.

And so we issued them a waiver for the accumulated waste at the hospital which included the 96-gallon carts and the fiberboard drums. And then we issued them a special permit which is a waiver from our regulations for the apartment waste.

Since then we have worked with a few of the waste carriers across the country, Stericycle, Veolia and a few others as well as the CDC to develop a non-site specific waiver.

And so any of the carriers and holders of this special permit can transport accumulated waste from anywhere in the country.

We also have a guidance document that will prescribe best practices on how to package suspected Ebola contaminated waste from the get go.

So if somebody comes in and there's an understanding that they may have Ebola or be - need to be treated for it then how do you package that waste immediately?

All of that is on our Web site which is www.phmsa.dot.gov as in Department of Transportation .gov.

And also we have a - from 9:00 to 5:00 Eastern Time on Monday through Friday we have an information center. And that number is 1-800-467-4922. And any questions about our guidance as well as a special permit process can be asked there.

(Greg): Thank you. That was a great summary of the transportation issue and it was a two-part question. I'm sorry that I kicked to you for only part of it.

Woman: Let's - why don't we go to the phone I think because I know that a lot of people on the phone right now have a ton of questions. And we will come back to that if we run out.

So operator can we have the first question from the phone?

Coordinator: Yes. And as a reminder if you'd like to ask a question please press Star 1 and record your name when prompted.

If you'd like to withdraw your request you may press Star 2. And our first questions comes from David Skipper. Your line is open.

David Skipper: Yes thank you. I'm with the Colorado Healthcare Association. We represent long-term care facilities throughout Colorado nursing homes and assisted living facilities.

And my question is, are there any specific guidelines being prepared for long term care facilities?

The reason I ask this question is is that in many of our facilities -- and I'm sure this is true throughout the United States - we do employ West Africans in

our facilities as CNAs, nurses and other positions who often frequently travel home and come back.

And, you know, the employee, employer relations and legal ramifications, you know, how do we approach this in a correct manner in order to educate staff who may be going, you know, to and from these countries?

Woman: That's a great question and I'm going to turn first to my colleagues at CDC.

Ryan Fagen: So this is Ryan Fagen. Those guidances really live with the quarantine group and nobody's on the call from their group. I can give you just the generalities of that.

Returning travelers with - from that area are supposed to be given, you know, there's now airport screening first of all with instruction on self-monitoring for fever.

I think the additional steps of what appropriate patient contacts should healthcare workers have after return is actually an actively discussed item.

We previously had some guidance on our Web site about healthcare workers with a know high risk exposure which would be, you know, a needle stick, some sort of percutaneous exposure or mucus membrane exposure to body fluids from an Ebola patient.

In that scenario we were recommending removal from direct patient care role 21 days. But we have nothing specific that addresses the scenario just a travel with no know exposure.

But that is sort of a hot topic right now that's being discussed. And I anticipate some more specific guidance on that soon.

Woman: Great, thank you. So I might make two other comments. Yes, I think that there will be additional guidance on sort of movement and traveler's returning from West Africa pretty shortly.

Remember that we're interested most in people who have come in the last 21 days from West Africa as opposed to all people from West Africa. So I think that's important to keep in mind.

It's also important to keep in mind that both the CDC and state and local health departments and faith based organizations have been doing a lot of reaching out to West African dissent individuals living in the United States.

And I know that they're concentrated in a number of communities around the country both to help them understand what's going on but also to help them reach and educate friends and family members in the three affected countries.

Some of the beset information people get about what Ebola is, how to protect oneself, how to have safe burial practices and all of that kind of work has really come from reaching out to the Diaspora community.

So I would imagine that for those institutions that employ a lot of healthcare workers from West Africa you might both want to connect with your Diaspora organization.

And it's also the case that ASTHO, the Association of State and Territorial Health Offices has put together tremendous material for helping to educate people here in the United States. And I think your organizations could play a

really important role in helping with that. So very much appreciate the question.

Why don't we move on to the next question?

Coordinator: Thank you. Our next question comes from (Carlos Kumacho).

(Carlos Kumacho): Yes, good afternoon to everyone. My name is (Carlos Kumacho) from (Sema Marini) Hospital.

We are a mental health hospital and we would like to know if there's any like (cadre) related symptom due to the Ebola virus. For example like any patient report any hallucinations like (cause this) or something?

Woman: Sure, CDC do you want to take that first?

Ryan Fagen: Yes. So I have not heard of psychiatric manifestations being a primary concern with Ebola patients. Encephalopathy is a fairly prominent feature. But that would be more of a like a confused or apathetic state, lethargic state. And that usually doesn't occur until after symptoms are pretty well established.

So that's usually a more later symptom, so, you know, fever and muscle aches and other things. GI symptoms would precede that typically. That's all I could really say about that. Thanks.

Woman: Thanks. So in other words it would be pretty unusual for a medical health facility to encounter a patient whose only presentation was altered mental status or psychiatric symptoms?

Ryan Fagen: Yes I haven't...

Woman: Yes.

Ryan Fagen: ...heard any -

Woman: Yes.

Ryan Fagen: I have not heard of a scenario like that.

Woman: Right, okay. Great. Next question please.

Coordinator: Your next question comes from (Vicki Kraft).

(Vicki Craft): Yes, the original invite that we got for this meeting was from AMGA and it was specifically to discuss the clinic response or what we needed to prepare. Are we going to - are you guys going to talk about that or will we have another conference call set up specifically for the clinic responses?

Man: We are working on our colleagues at HRSA to have a webinar specifically for community health centers and other ambulatory and outpatient settings. I'll also point out that there is some newly developed checklists for acute - or for community health centers and outpatient facilities on PHE.gov. So keep..

(Vicki Craft): And this is really not for facilities. This is really for the regular old traditional physician office clinics.

Woman: Yes, so I think the newly released guidance on ambulatory care also very much applies to the regular old physician offices. It was released last week and it's both on CDC.gov and on PHE.gov.

Man: Just on PHE.gov right now.

Woman: Okay. Apologies.

Woman: Okay.

Woman: Great.

Woman: Thank you.

Woman: Who's next?

Coordinator: I think the next question comes from (Bernadette). Your line is open. You may want to check the mute feature in your phone.

(Bernadette): Sorry about that. I had the mute on. My question is about the packaging and handling of the Ebola blood that is taken. Our laboratory does not have the ability to package the blood to send it off to Wadsworth for testing. Do you have any recommendations at this time of what we would do?

Dr. Toby Merlin: This is Dr. Toby Merlin from the CDC. You should contact the Wadsworth facility, which folks should know would be the New York State Laboratory and ask them for assistance in packaging if you need to package. There are guidelines on the packaging on the CDC website.

But if you are not yourself able to package the Wadsworth New York State Public Health Laboratory should be able to help you with that.

Woman: Great, next question please, Operator.

Coordinator: Thank you. And our next question comes from (Vickie Johnson). I'm sorry, I apologize, (Kevin Johnson). Your line is open.

Dr. (Kevin Johnson): Hi, this is Dr. (Kevin Johnson) from SMM Healthcare. And I think we recognize that all hospitals, employees, physicians and care sites need processes and training to provide screening and isolation protection. And in the presentation we heard earlier once we get to that identification of a suspect case and isolation it said organizations should respond appropriately.

And I'd like to get some clarification about what respond appropriately means. And the context of that is hospitals - you know, we have small, medium, and large hospitals and all have different capabilities for potential inpatient care requiring, you know, quite intensive services, training, point of care, lab testing, negative pressure rooms, etc.

Could you give some guidance as far as are all hospitals being expected to provide inpatient care and develop a processes as outlined in the CDC guidance to do so?

Or will the CDC and local public health help identify specialty hospital areas within regions or states that will have the type of sophisticated complex care capabilities like Emory because it's really kind of that - the dilemma of the patient that is a suspect patient, may require temporary hospitalization as they deteriorate, the need for referral for more complex services.

So it's unclear to me what the capability set is being requested of hospitals across the country.

Woman: Thank you for that question. I know that that's something that's been a lot on people's minds. I think that we believe that all hospitals need to have the

ability to recognize, detect, isolate a patient. We are moving fairly rapidly to - I think what I would call sort of a tiered and regionalized approach to Ebola care.

And are in the process of identifying hospitals first in the cities where all arriving passengers come into the United States that are capable of providing just what you said, that really high level instance of care because as I know that you know, many of these patients get very sick.

As we're moving forward with this regionalized approach our goal is to identify maybe up to 20 hospitals around the country that have these tertiary or (unintelligible) care facilities so that no patient is more than a six or eight hour ambulance ride from one of those hospitals.

If you are not right now equipped to take care of an Ebola patient - and we recognize that most patients are not, what we would want you to do is isolate that patient in a room with a private bathroom.

And here's where having the number for your local health department and CDC is really important because we would like for you to call them and they will - they are staffed 24/7. And they are able to talk you through exactly what to do.

Dr. (Kevin Johnson): Very good, thank you very much for the clarification.

Woman: Sure.

Woman: Next question, please.

Coordinator: Our next question comes from (Tracy). (Tracy), your line is opened. You may want to check the mute feature on your phone.

Okay, we'll proceed to the next question. We have a question from (Audrey Miller).

Okay, we have a question from Teri Pipe.

Teri Pipe: Hello, this is - can you hear me okay?

Woman: Yes, we can.

Teri Pipe: Can you hear me? Okay. I'm a Dean of the College of Nursing and Health Innovation at Arizona State University and we are very interested in being able to offer a distance education or anything that we can to help in terms of the West Africa situation.

So I'm just wondering how do we make ourselves available as an academic nursing community to help in this effort?

Woman: So I'm going to ask my colleagues at the CDC to tell you first who you might contact at CDC. Also tell you that in terms of other education that's needed, particularly about West Africa, it's USAID that has the - a lot of the lead and they've been also working with a lot of governmental organizations to identify, educate, and recruit volunteer health professionals.

So those would be two sources. But CDC, are you able to provide any more specific information at this time?

(Ryan): I just wanted to - this is (Ryan). I just wanted to clarify the question about how to go and help in Africa or is it how to help with sort of the training and readiness domestically here in the United States?

Teri Pipe: Thank you. Well, it's a hybrid actually. It's not about going to Africa per say, it's about getting - we're very good at distance education here. We have a lot of experience with that. And so if there's any opportunity that we could leverage that to help in West Africa that would be probably where our strength would be best utilized.

We also have a lot of expertise in terms of community-based intervention public health, women's health. So anyway that we could leverage, again, the strength of our faculty and the distance learning modalities that we have we would really like to do that.

So it's not a matter of - I mean some of our faculty and students I think would be very interested in going but I think probably the larger impact we could have would be in how to package and deliver distance education.

(Ryan): Yes, I might ask Toby - I mean, Toby, I know that the training course in Aniston is in continual need of additional training support. Is there a person or contact that you know of that they could - this group could reach out to to offer their assistance and maybe follow up further?

Dr. Toby Merlin: Yes, I think the best thing right now is you would call the CDC emergency operations center and that number is 770-488-7100 and tell them what your suggestion is and tell them to get it to me, I'm Dr. Toby Merlin - M-E-R-L-I-N. I will see that it's followed up. It's a good question but I don't know exactly who to do this.

Teri Pipe: Terrific, thank you very much.

Coordinator: Thank you. And our next question comes from (Scott) (unintelligible). Your line is open.

(Scott): Thank you very much and thanks for everything that you're doing. We have two questions, one concerning the regulated medical ways. I think that the Department of Transportation, Waste Management, and Stericycle have been doing a great job on discussing how we transport RMW from an Ebola patient.

Unfortunately states like Kansas and Louisiana are prohibiting these materials or even ashes from burnt RMW from Ebola patients from coming into their states. Therefore Presbyterian Hospital is left with a trailer full of regulated medical waste with no place to go.

And so as discussions go on about RMW it appears as though we need leadership from D.C. with state governments in allowing this stuff to be properly incinerated.

And then our second question has to do with lab samples that are being transported to the CDC for confirmation of Ebola. Are those lab samples being sent to the CDC by the state health department? Or is it going to be a requirement of the hospital to send those lab samples to the CDC? Thank you.

Woman: Thank you. CDC, do you want to take a lead testing sample first and then I'll ask DOT to comment on regulated medical waste?

Man: So you know, for - and I didn't catch about the part about why there would be lab sampling related to waste specifically but testing for Ebola is occurring at

CDC and must be authorized through state health departments and CDC. So that is the route if there's questions about testing for Ebola virus in the United States.

(Scott): Yes, it wasn't testing of RMW. It was if we have a highly suspicious case in our hospital and lab testing is being sent to the CDC for confirmation, is that sent by the state health department or is the hospital responsible for properly packaging and sending it to the CDC?

Dr. Toby Merlin: Let - this is Toby Merlin. I understand your question. I think you're asking in particular is if someone is screened at the airport and sent to a hospital because they're considered to be a person under investigation and testing is ordered, how that would happen.

I think the expectation would be that the hospital draw that sample and send it to the laboratory response network hospital - I'm sorry, laboratory response network laboratory and there is one near each of those facilities where the testing could be done fairly quickly to determine the disposition of that individual.

And that arrangement would be coordinated through the local or state health department to get that from the hospital to the appropriate LRN laboratory. There is one in New York. There is one in New Jersey. There is one or will be one in Chicago. And there is one in (unintelligible) that is supporting Dulles airport. Is that the answer you're looking for?

(Scott): I think that will suffice. You know, we have two suspect cases and so the state gave an initial test but they wanted to send a lab off to the CDC and I'm just wondering if that will be performed, the confirmatory test by the CDC in Atlanta, that's going to be shifted by the state health department.

Dr. Toby Merlin: The state health department would shift that as indicated. We are actually today changing our protocols so that negatives would not require confirmation at CDC. We're confident of the assay being used by the state laboratories and only positives will require confirmation by the CDC. It is the responsibility...

Woman: That should cut down on a lot of the burden and a lot of the turnaround time and a lot of the time that you need to keep patients in isolation.

Dr. Toby Merlin: Yes, that's why we're making the change.

Woman: Right. But if a specimen is going to be sent to the CDC on - work with your state departments. The state health department will take care of most of it. Who else?

(Scott): Can I just ask for a question on RMW?

Woman: Go ahead, what were you going to say?

(Scott): That's very good news. I think everybody just had a big sigh of relief. I guess the only question remaining then is our question on (RMW) and what the states, or some states, are doing.

Woman: Yep. So, DOT, can you answer the question about the waste?

Ryan Paquet: This is Ryan Paquet again from DOT. Our regulations and our jurisdiction don't cover the ultimate disposal of the material. They cover the safe transport of it, and I appreciate the kind words that you gave on the hard work that we've been doing, working with both the carriers and CDC on our guidance and our special permits.

Certainly our special permits cover the transport of any suspected Ebola-contaminated waste in interstate and intrastate commerce. And certainly our regulations, because they are interstate and intrastate, can't be prohibited - the transport of this material can't be prohibited. But that's not what's happening.

It's the ultimate disposal that's being blocked, whether that be in Kansas or Louisiana. And certainly there are grumblings from other states, too, I believe. And it's outside of our jurisdiction, so we don't really have a flag to bear in that argument.

Man: Thank you. We would just look to leadership from ASPR, HHS and other government agencies to make sure that we're covering all those bases, because having DOT rules is great, but not being able to ship it in the state because the state regulations makes them worthless...

Woman: Yeah, so we're very aware of the issue, and very much appreciate your bringing it up. It is and has been a somewhat problematic area. We're actively working on it, and hope that we will - and expect that we will get to some resolution soon.

I think you know that this is just a rapidly changing situation. I think you all know that the epidemic of fear is much, much, much worse than the outbreak, or the cluster of cases in the United States. And we're working our way through that to get to a solution for you. Next question, please.

Coordinator: Thank you. And our next question comes from (Priscilla Choppa).

(Priscilla Choppa): Yes. I have a quick question. I know that you all identified fast teams that were going to be dispensed to certain states. Has there been a formal

identification of a center for Texas? We've not - I've not gotten that. We're in the south Texas area, and I was just wondering if you all had that information.

Woman: I would ask you to touch base with your Texas Department of Health for the most up to date information. Why don't we go to the next question, please?

Coordinator: Thank you. Our next question comes from (Linda Lawrence).

(Linda Lawrence): Good afternoon. My one question is of legality. I'm an IV infusion nurse, as the rest of our staff is. And a lot of times we get referrals for IV hydration for our (unintelligible) patients. And there's a large population of South African patients and their loved ones who take care of them, and I wanted to know whether or not we were allowed to ask if they've been out of the country; and if they were having a loved one take care of them who has been out of the country.

Woman: Right. CDC, do you want to start.

Man: That's a tough question and, you know, I would start with your HR department and determine what your HR rules are regarding asking that, and coordinate with your local or state health department. Those types of regulations and rules are usually state and local, rather than national. But there are complicated rules involved, including medical privacy rules. So you should start with your HR department.

Woman: So I would echo that, but I would also maybe just add a couple of other comments. You know, we are encouraging frontline providers to take a travel history for people who have fever and signs or symptoms of Ebola.

But I think it's also really important to recognize that the people who we're concerned about are people who have been in the three affected West African countries only in the last 21 days. There are not that many of those people in the United States, and it is now also the point that it is also the chance that your state and local health departments will be aware of such individuals.

So I very much appreciate the concern. I think it's really a great question, but also want to highlight that it's a pretty limited number of individuals that we are talking about.

Sounds like we have time maybe for two more questions if there are questions on the line, or if there's something else, (Greg), that you also want to get to. We'll save one for you. So go ahead.

Coordinator: Okay, the next question comes from (Jose Rodriguez).

(Jose Rodriguez): Hello everybody. I'm Captain (Jose Rodriguez) from the (Womack) Army Medical Center. We have a large amount of soldiers deployed to Africa in support of this cause. And as they return home - and obviously there's always the chance that any of these soldiers will need surgical care.

Are there any guidelines out there by the CDC or the Department of Health as to how we're going to address this issue from the surgical perspective, taking care of these people in the operating room?

Woman: I want to be sure that I understand your question. Are you talking about taking care of DOD personnel who are deployed and set up in special hospitals in Liberia?

(Jose Rodriguez): Yes, and specifically surgical care, meaning surgery.

Woman: Yes. So my anticipation would be that if individuals became sick in West Africa, particularly DOD personnel, they would be medivac-ed back to the United States, and that DOD has worked through policies and procedures for care of those individuals. And I think that you could contact Dr. (Wickham)'s office, (ASD) for Health Affairs, and they would be able to point you to that guidance and that planning.

One more question from the phone, one more from Greg, and then I think we will wrap it up.

Coordinator: Okay, and our question comes from (Roger Sahida).

(Roger Sahida): Yes, this is (Roger Sahida) from the Academy of Pediatrics. Thank you for this call. Question is, what considerations are being developed for children who contract Ebola in that their parents may also be infected? Will they be housed together so the parent can help take care of the child? Or will they be in separate environments -- adult and pediatrics? Or will they be shipped off to the adult hospital that may not be capable of handling the child?

Woman: So I would comment that in West Africa, it's common, you know, that a child gets sick and is then taken care of by its parents, who then get infected. We'll tell you that in the US right now, we are making plans for, you know, tiered and regionalized care for people who become ill with Ebola. That would include children. And those plans are still in evolution.

I think you'd need to remember that if someone is febrile and is vomiting, they are usually highly infectious if they have Ebola. And so, you know, it's a difficult and challenging situation to want to keep parents near their kids.

But it's also critically important that, as we move forward with these plans, we do it in a way that maximizes and optimizes care for the child, but also prevents additional people from becoming infected. And that's exactly what we're working on.

(Roger Sahida): Thank you.

Woman: (Greg), I'm going to ask you to do the last question from the commonly asked questions set.

(Greg): We covered an awful lot of ground. One of the areas that we didn't touch on - so I'll just use one of the earlier submitted questions. (Linda) asked, there are a number of hospitals that have chosen to do only point-of-care testing for suspected Ebola patients within the patient's room. Are there any guidelines about diagnostic tests that are not covered by point-of-care instruments?

Toby Merlin: This is Toby Merlin, and I will take that. You know, I think the most important test that would be necessary for evaluation of a person under investigation, particularly a traveler returning from Africa with a fever, is a malaria smear.

We've seen about 25% of the people identified with febrile illnesses who've traveled from Africa in the past 21 days, (unintelligible) Africa, have malaria. So most important thing to make accommodation for would be to be able to perform a malaria smear in a person who presents with fever or a history of fever, in order to rule out malaria in a traveler.

I think that in general, most of the other testing required to manage a patient with Ebola -- in terms of coagulation testing, hemoglobin, CBC and

electrolytes -- is available on various point-of-care testing, if a laboratory chooses to go that way.

But as Dr. Lurie mentioned, I think it is important to distinguish what would be needed to evaluate a person and assure that a person needed care when they present for evaluation, versus managing an Ebola patient.

And for evaluation of someone who presents, they would need to collect a specimen and have Ebola testing done. I think they should have malaria testing done. And depending on the clinical presentation of the patient, they would need to do whatever other tests were appropriate to acutely manage the patient on the patient's presentation.

Woman: Thank you so much. I think we are at time for our call. I want to thank everybody for calling in. You guys have had terrific questions. And I'm sure that we still haven't gotten to the bottom of all of this. There will be, as Toby said, additional guidance that will be coming out over the next couple days, particularly about PPE, about travel and movement, and other things. So please stay tuned for that.

If, in the meantime, you have questions that haven't been answered, the mailbox is ASPR, A-S-P-R at H-H-S dot gov. Also want to take time to very much thank our speakers and responders from CDC, from CMS, from the Department of Transportation, from the Hospital Preparedness Program, and everybody else who made this possible.

Thank you so much everyone. Have a good afternoon or end of your morning, if you're in California or the West Coast. Bye-bye.

Coordinator: Thank you. This concludes today's conference. You may disconnect at this time.

END