Texas Ebola Treatment Centers and Assessment Hospitals

Task Force on Infectious Disease Preparedness and Response

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Presentation Outline

1. History of CDC Recommendations
   - CDC Definitions

2. Limitations of the Current Ebola Situation

3. Current Texas Recommendations
   - Identify, Isolate, Inform
   - How to Request Ebola Testing

4. Texas Ebola Treatment Centers (ETCs)
   - Steps on How to Transfer a Patient to One of Our Treatment Centers

5. Closing Thoughts
• Initiated screening incoming travelers from the 3 West African countries with ongoing Ebola outbreaks.
  o Screenings done 5 major international U.S airports
  o Traveler information was shared with states to monitor individuals for 21 days
• Created a tiered system to handle Ebola across the U.S.
  1. Front-line healthcare facilities
  2. Assessment hospitals
  3. Ebola treatment centers
• **Front-line healthcare facilities** – responsible for identifying/isolating patients with the possible of signs and symptoms of Ebola and then transferring the patient to an assessment hospital.

• **Assessment hospitals** – responsible for the evaluation and management of the patient until Ebola diagnosis is confirmed or ruled out.

• **Ebola treatment centers** – responsible for receiving and treating a patient with Ebola.
• There is no current screening process at airports. Therefore, there is no list of returning travelers from the DRC

• Returning travelers could show up at any hospital emergency department with symptoms

• Since 2015, fewer hospitals have self-designated as assessment hospitals
• Any hospital emergency department must be ready to manage a patient that presents with symptoms/risk for Ebola

• All hospital emergency departments need to follow the Identify, Isolate, and Inform protocols for the evaluation and management of Patients Under Investigation for Ebola Virus Disease

• Hospitals should coordinate with local public health to request an Ebola test at a designated public health lab
Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients Under Investigation for Ebola Virus Disease

1. Identify exposure history:
   - Has patient lived in or traveled to an area with active Ebola transmission or had contact with an individual with confirmed Ebola virus disease within the previous 21 days?
     - NO: Continue with usual triage and assessment
     - YES: Continue with usual triage and assessment

2. Identify signs and symptoms:
   - Fever (body temperature ≥ 38°C) and Ebola-compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage?
     - NO: A. Continue with usual triage and assessment
     - YES: B. Notify local health department**

3a. Isolate and determine personal protective equipment (PPE) needed:
   - The patient’s room or area is not limited to the patient and patients who are separated from the patient with a swinging door (i.e., negative pressure). Only essential personnel with designated role should enter the patient’s room.
     - YES: A. Isolate the patient’s room or area
     - NO: B. Notify local health department**

3b. Inform:
   - A. IMMEDIATELY notify the hospital infection control program and other appropriate staff
   - B. IMMEDIATELY report to the local health department**

4. Further evaluation and management:
   - A. Complete history and physical examination; decision to test for Ebola should be made in consultation with local health department and Texas DSHS
   - B. Place patient in isolation at the patient’s bedside
   - C. Evaluate patient with dedicated equipment (e.g., sputum aspiration)

Adapted from algorithm developed by CDC in collaboration with American College of Emergency Physicians and Emergency Nursing Association

*For more information about areas with active Ebola transmission, call your local health department**

**Find your Local Health Department: http://www.dshs.texas.gov/ebola/investigation/conditions/contacts/
Process to Request an Ebola Test

Texas Ebola Testing Process Algorithm

History of travel to area with active Ebola* or exposure to Ebola within the previous 21 days

Yes

Symptoms: Fever (subjective or >100°F) AND Ebola-compatible symptoms: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage

Suspected Ebola patient

Contact Local or Regional Health Department**

Contact DHS Special Pathogens Program***

Epi screening criteria met

Epi screening criteria not met

Consult with CDC on case*** and DHS leadership notified and updated as needed

Submitter will be provided with sample submission instructions and shipping guidance

Specimen Tested by DSHS Lab or LRN Lab

Test Result Notification

Facility

Public Health

A. Continue with usual triage and assessment

B. Notify local health department** to discuss possible monitoring recommendations

No

Continue with usual triage and assessment

No further action will be taken

No further action will be taken

Re-evaluate in 24 hours

No

Epi screening criteria not met

Epi screening criteria met

Additional Information

- DSHS Ebola Virus Disease Investigation Guidance (https://www.dshs.texas.gov/icdH/investigation/Investigation-Guidelines/)
- CDC Ebola Website (https://www.cdc.gov/vhf/ebola/)

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***DSHS Emerging & Acute Infectious Disease Branch and Infectious Disease Medical Officer involved in Epi screening & consult.

1Laboratory Response Network.

10/3/2018

Rev. 9.11.18
• DSHS Contracted Facilities
  o University of Texas Medical Branch at Galveston
  o Texas Children’s Hospital West Campus in Houston
    ▪ Pediatric patients only
• Patient MUST have a positive (+) Ebola test prior to being considered eligible for ETC hospitalization
• DSHS and the receiving hospital MUST authorize the transfer of the Ebola (+) patient
• Upon approval of the transfer, the local health department, sending hospital, DSHS, and receiving hospital will coordinate the transportation and arrival of the patient
• Challenges remain with regard to evaluation and management of patients suspected of having Ebola
• Texas hospitals and public health need clear direction on the expectations of managing PUIs for Ebola.

• Questions?
Thank you

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