



Ebola Bundibugyo Virus Infection Prevention and Control Strategies

July 24, 2026

Welcome and Opening Remarks

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Texas Department of State Health Services

Logistics and Continuing Education



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- Certified Health Education Specialists (CHES).
- Certified in Public Health (CPH).
- Community Health Worker (CHW) and Community Health Worker Instructor (CHWI) NON-DSHS CERTIFIED.
- Registered Sanitarian (RS).
- Social Worker (SW).

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- The speakers did not disclose the use of products for a purpose other than what it had been approved for by the Food and Drug Administration.

Agenda

1. Patient Management and Environmental Controls

Gretchen Rodriguez, PhD, MPH, CIC
HAI/AR Epidemiology Manager, Healthcare Safety Unit, DSHS

2. Healthcare Worker Protection and Exposure Management

Thi Dang, MPH, CHES, CIC, FAPIC
HAI/AR Epidemiology Manager, Healthcare Safety Unit, DSHS

3. Laboratory Preparedness

Grace Kubin, PhD
Deputy Commissioner, Public Health Laboratory Division, DSHS

4. Emergency Medical Task Force Infectious Disease Response Unit

Sara Jensen
Deputy Director
Emergency Medical Task Force

Jeff Hoogheem
Director
Center for Health Emergency Preparedness and Response, DSHS

5. Lessons Learned and Resources

Varun Shetty, MD, MBA, MS
Chief State Epidemiologist, DSHS

6. Q&A

7. Closing Remarks

Varun Shetty, MD, MBA, MS
Chief State Epidemiologist, DSHS

DISCLAIMER

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change.

July 23, 2026

Patient Management and Environmental Controls

Gretchen Rodriguez, PhD, MPH, CIC
Healthcare Safety Unit
Office of the Chief State Epidemiologist
Texas Department of State Health Services



Ebola Background

- Current Ebola Bundibugyo Virus disease (BVD) outbreak reported in areas of the Democratic Republic of the Congo and Uganda.
- Incubation period: 2-21 days (average 8-10 days).
- Patients are not infectious before symptoms develop.
- Not spread through airborne transmission.
- Symptoms are nonspecific.

Dry Symptoms	Wet Symptoms
• Fever	• Unexplained bleeding
• Aches and pains in the muscles and joints	• Gastrointestinal symptoms: • Nausea • Abdominal Pain • Diarrhea - Vomiting
• Severe headache	
• Weakness and fatigue	
• Sore throat	
• Loss of appetite	

Ebola Healthcare Transmission

- Ebola is transmitted through direct contact with:
 - Body fluids.
 - Contaminated equipment and surfaces.
- Healthcare settings present higher risk of exposure, especially with:
 - Mucous membrane exposure (eyes, nose, mouth).
 - Aerosol-generating procedures (AGP).
- These risks highlight the need for healthcare preparedness and infection prevention.

Healthcare Preparedness Goals

Early identification and
isolation of suspected
patients

Prevention of
transmission within
healthcare settings

Protection of
healthcare workers

Safe management of
specimens, waste, and
environmental cleaning

Coordinated healthcare
and public health
response

Screening at Entrances

- Post screening signage at facility entrances directing patients with recent travel and compatible symptoms to immediately notify healthcare worker.

Available at: <https://www.cdc.gov/ebola/hcp/communication-resources/health-facility-door-sign.html>; accessed on 07/20/26.



If you have been in a country affected by the **2026 Ebola Outbreak** in the last 21 days **AND** have **any of the following**:



Fever ($\geq 100.4^{\circ}\text{F}$ or $\geq 38^{\circ}\text{C}$)



No Appetite



Headache



Diarrhea



Muscle Pain



Vomiting



Weakness and Tiredness



Stomach Pain



Sore Throat



Unexplained Hemorrhage (Bleeding or Bruising)

NOTIFY STAFF IMMEDIATELY AT CHECK IN

Questions or Concerns? Contact

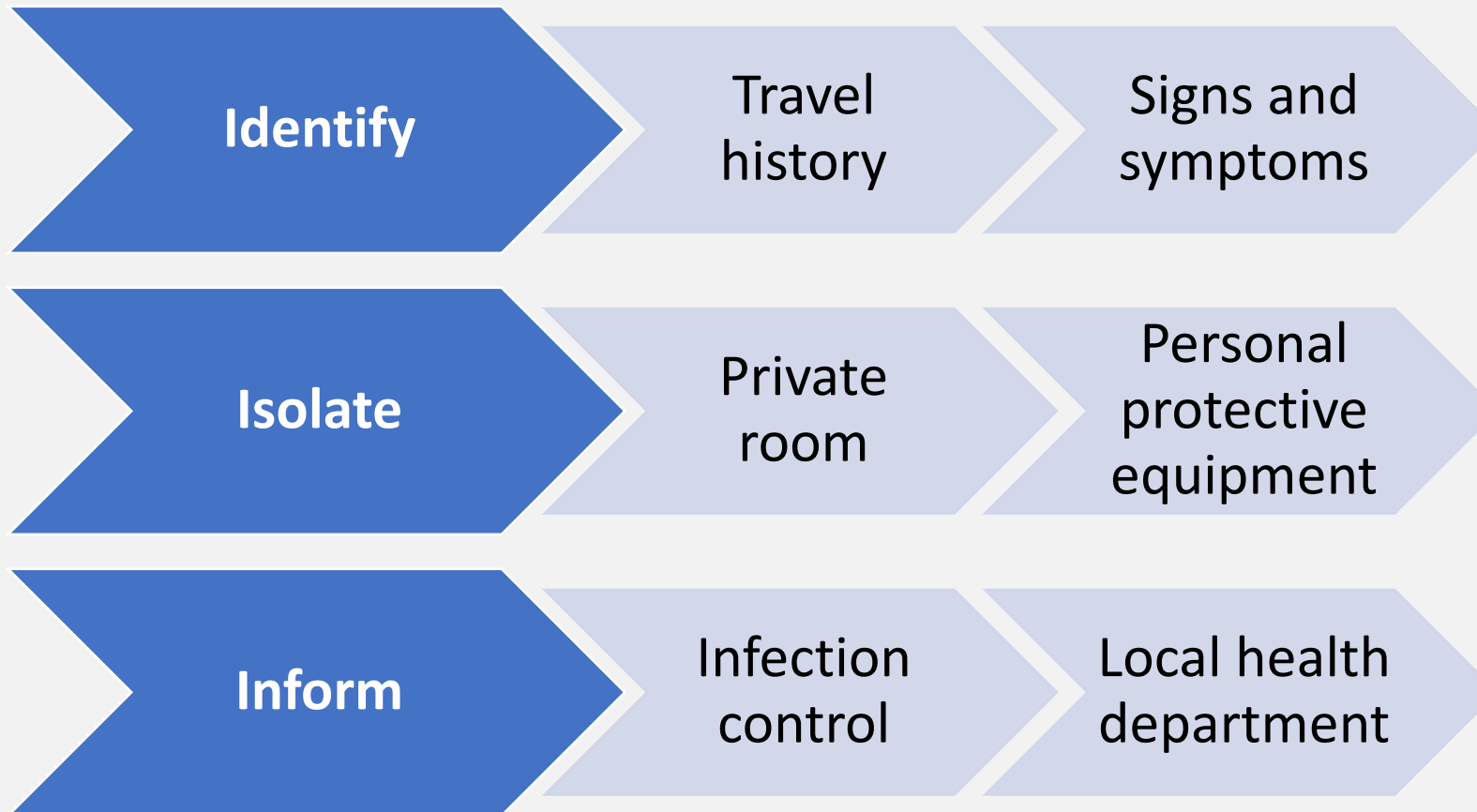


cdc.gov/ebola



LEARN MORE:
SCAN HERE

Early Recognition – Think Ebola



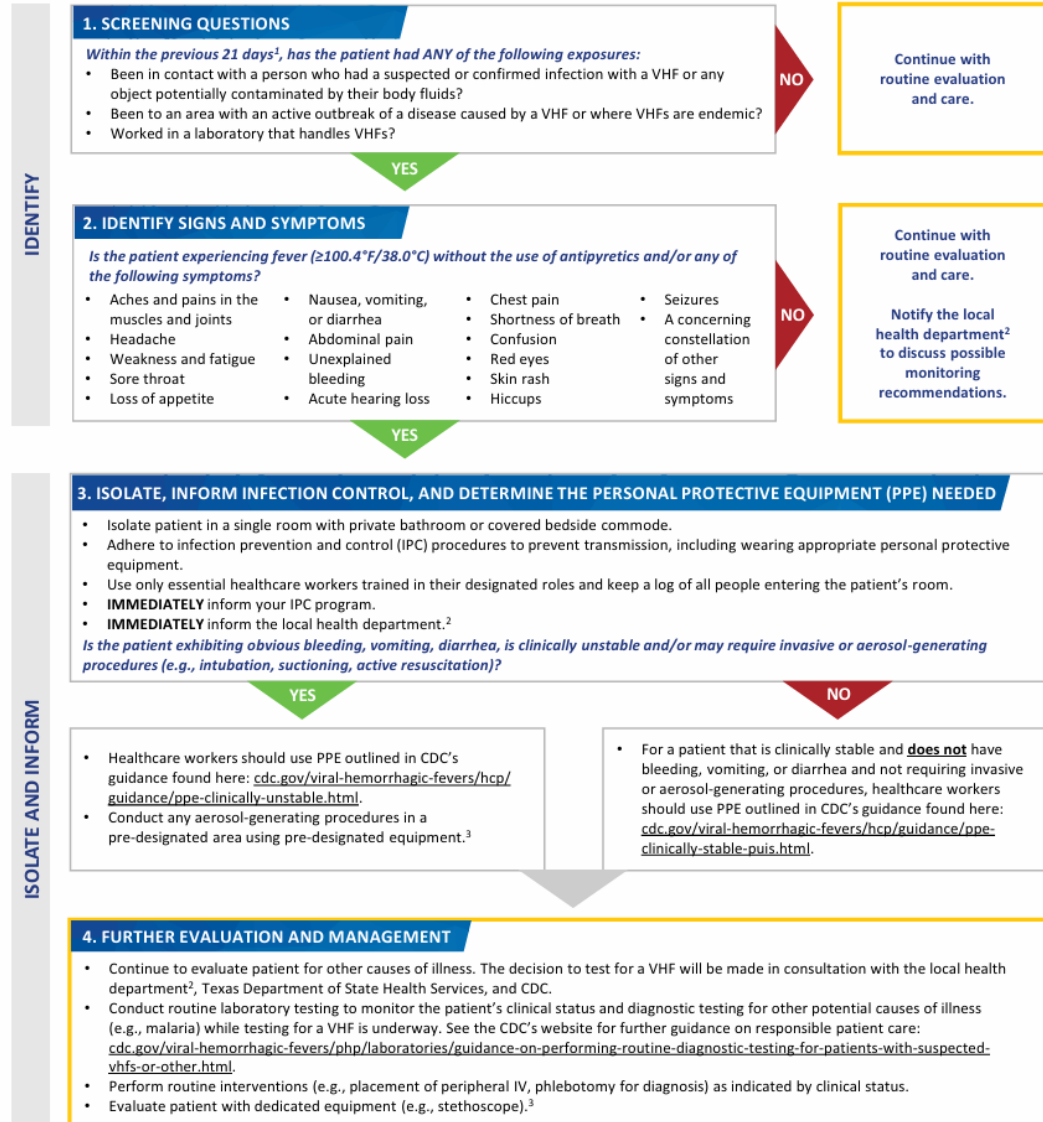
DSHS Ebola Identify, Isolate, Inform

Available at: [ebola-identify-isolate-inform-071626.pdf](#); accessed on 07/22/26.



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Identify, Isolate, Inform: Healthcare Facility Evaluation and Management of Patients with Suspected Ebola Disease or Other Viral Hemorrhagic Fever (VHF)



Designated Care Team

- A trained patient care team should be identified before a patient presents.
- Example of positions needed in patient care team:
 - Trained Observers
 - Unit Onsite Managers
 - Critical Care Nurses
 - Physicians
 - Laboratory Staff
- Limit number of staff providing care by training team to perform other duties.
- Identify other consultants and subject matter experts that can provide support via audio or video conferencing.

Patient Placement

- Room Requirements
 - Single-patient room.
 - Private bathroom or covered bedside commode.
 - Door closed.
 - Designated personal protective equipment (PPE) donning and doffing areas.
 - Space for trained observer to monitor staff.
- Best Practices
 - Negative pressure airborne infection isolation room (AIIR).
 - Window or video access for observation.



Source: UTMB Biocontainment Unit Room <https://www.tmc.edu/news/2019/05/utmbbs-new-biocontainment-care-unit-is-prepared-for-the-next-ebola-outbreak/>

Available at: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html>
& <https://www.aha.org/system/files/advocacy-issues/tools-resources/advisory/2014/141104-ebola-adv.pdf>; accessed 07/20/26.

Room Preparation Checklist

- Remove unnecessary equipment, supplies, and porous furniture.
- Remove extra linens and hard-to-disinfect items.
- Relocate shared patient care equipment.
- Prepare and empty waste containers as needed.
- Stock hand hygiene and disinfectant supplies.
- Ensure PPE and patient care supplies are available.
- Provide communication tools and patient instructions.
- Post isolation signage and an entry log.

Access Control

- **Goal:** Minimize exposures and maintain accountability.
 - Limit number of staff providing care.
 - Restrict access to essential staff only.
 - Maintain entry and exit log.
 - Assign staff at the door to monitor PPE compliance.



NETEC In Room Log Sheet

Patient Sticker	Date:	Location:	☐ VHF _____	☐ Respiratory
	_____	_____	Pathogen _____	☐ Other _____

Directions: Staff members entering the isolation room will sign in and out.
All possible breaches should also be documented.

Employee Name	Department	Time In	Time Out	Signature

Source: [78157aefeb472e0d99e0300509f72a1a.pdf](https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/infection-control/index.html)

Visitor Management

Restrict visitors; permit only essential visitors on a case-by-case basis.

Screen visitors and assess ability to follow precautions.

Provide PPE, hand hygiene, and infection prevention instructions.

Limit visitor movement to designated areas.

Monitor visitors directly exposed to the patient.

Donning and Doffing Area Principles

Separate from, but adjacent to, patient care areas

Use unidirectional clean-to-contaminated workflow

Ensure adequate space, signage, lighting, and visibility

Keep PPE, hand hygiene supplies, and disinfectants accessible

Maintain easy-to-clean surfaces, minimal clutter, and waste controls

Use mirrors, visual aids and assistive devices

Donning Area Requirements

- **Goal:** Ensure PPE is applied correctly before entering the patient care area.
 - Designated clean (cold) zone.
 - Maintained as a clean environment.
 - PPE and hand hygiene supplies readily accessible.
 - Adequate space for movement and PPE checks.
 - Trained observer available to verify PPE application.
 - Examples: nearby vacant room, demarcated area in hallway outside patient room.

Doffing Area Requirements

- **Goal:** Prevent self-contamination during PPE removal.
 - Designated dirty (warm) zone.
 - Leakproof biohazard waste containers readily available.
 - Hand hygiene supplies, eye wash stations and shower access available.
 - Routine cleaning and disinfection performed after use.
 - Trained observer available to guide and document PPE removal.
 - Examples: designated anteroom, adjacent room, or restricted hallway.
 - If using a hallway: install barriers and comply with fire codes.

Available at: <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html>; accessed on 07/20/26.

Internal Patient Transport Procedures

- Designate transport staff and ensure appropriate training.
- Ensure PPE and patient containment methods are available.
- Establish designated entry points and transport routes.
 - Separate from main or high-risk traffic areas.
 - Use service elevators when available.
- Develop spill, waste, and decontamination procedures.
- Conduct routine training, drills, and competency validation.

Available at: [Containment Wrap for Patient Transfer](#); accessed on 07/20/26.

Patient Containment Methods

- Supplies
 - Biohazard trash bag
 - Emesis bag
 - Source control mask for patient
 - Containment wrap material
- Optional
 - Draw sheets
 - Absorbent pads
 - Patient transfer board
 - Extra gloves

Wheelchair Wrap



Containment Wrap



Source: <https://repository.netecweb.org/files/original/5af52a7975a799aea3ecdf3777d8d89.pdf>

Environmental Cleaning and Disinfection

- Maintain cleaning and disinfection protocols in patient care and doffing areas.
- Train designated staff on cleaning and disinfection protocols.
- Use Environmental Protection Agency (EPA)-registered disinfectant lists.
 - [List L - EPA's Registered Antimicrobial Products Effective Against Ebola Virus](#)
 - [List Q - Disinfectants for Emerging Viral Pathogens \(EVPs\)](#)
- Consider products with shorter contact times to improve operational efficiency.
- Clean and disinfect contaminated PPE, equipment, and patient care surfaces immediately.
- Use disposable cleaning materials and discard in leakproof bags.

Handling Spills

- Isolate the spill area and restrict access.
- Wear appropriate PPE before managing the spill.
- Remove bulk spill material using absorbent materials or solidifier.
- Clean and disinfect the area using EPA-registered disinfectants (List L or List Q) according to label contact times.
- Dispose of contaminated materials as regulated biohazard waste.
- Doff PPE safely after cleanup.

Environmental Controls

- Avoid porous or difficult-to-clean surfaces.
- Remove carpeting, upholstered furniture, decorative curtains, and non-essential items.
- Use fluid-impermeable mattress and pillow covers.
- Regularly clean and disinfect patient care surfaces.
- Limit cleaning in patient care areas to designated staff.
- Discard contaminated linens and non-fluid-impermeable materials as appropriate.
- Use UV disinfection only as a supplement to routine cleaning.

Healthcare Worker Protection and Exposure Management

Thi Dang, MPH, CHES, CIC, FAPIC

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Office of the Chief State Epidemiologist

Texas Department of State Health Services



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Patient Care Considerations

Perform frequent
hand hygiene

Use dedicated
equipment and
supplies
(disposable preferred)

Limit sharps and
follow safe injection
practices

Avoid aerosol-
generating procedures
when possible

Hand Hygiene

- Ensure hand hygiene supplies are available.
- Use alcohol-based hand rub (ABHR) or soap and water for hand hygiene.
 - Use soap and water if hands are visibly soiled.
- Perform hand hygiene frequently during patient care.
 - Before and after patient contact or contact with potentially infectious materials.
 - Before donning and after doffing PPE.
 - Disinfect gloved hands during patient care and between doffing steps.

Patient Care Equipment

- Use dedicated (preferably disposable) patient care equipment when possible.
 - Monitoring equipment (e.g., blood pressure devices, pulse oximeters, ultrasound units, glucometers).
 - Large portable equipment (e.g., ventilators, dialysis machines, portable X-ray units); do not reprocess or reuse dialyzers.
- Keep dedicated equipment in the patient room.
- Clean and disinfect reusable equipment according to manufacturer instructions and facility policies.



Source: Microsoft stock image

Available at: [Infection Prevention and Control for Patients in U.S. Hospitals with Suspected or Confirmed Viral Hemorrhagic Fevers | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#) & <https://www.aha.org/system/files/advocacy-issues/tools-resources/advisory/2014/141104-ebola-adv.pdf>; accessed on 07/20/26.

Sharps and Injection Safety

- Limit the use of needles and other sharps whenever possible.
- Limit phlebotomy, laboratory testing, and procedures to those necessary for essential diagnostic evaluation and medical care.
- Follow safe injection practices as specified under Standard Precautions.
- Handle needles and sharps with extreme care.
- Dedicate injection equipment and parenteral medications to a single patient.
- Keep puncture-proof sealed sharps containers near the patient bedside for safe disposal.

Aerosol-Generating Procedures

- AGP produce high concentrations of infectious respiratory aerosols.
 - Examples: Bilevel Positive Airway Pressure (BiPAP), bronchoscopy, sputum induction, intubation and extubation, and open suctioning of airways.
- Avoid AGPs whenever possible.
- Conduct AGPs in a private room with the door closed, ideally in an AIIR.
- Limit healthcare workers to those essential for care.
- Do not allow visitors during procedures.
- Disposable filtering face piece respirators are preferred.
- Clean and disinfect environmental surfaces after procedures.

PPE Principles

Select PPE based on patient status

Ensure PPE is donned and doffed slowly and correctly

Perform hand hygiene before donning and after doffing

Ensure PPE fully covers all skin and mucous membranes

Provide onsite oversight of PPE adherence at all times

Only staff who can follow PPE protocols should provide care

Patient Status

- Suspected clinically unstable patient
 - A person who is suspected to have Ebola and is:
 - Exhibiting bleeding, vomiting, or diarrhea; OR
 - Clinically unstable; AND/OR
 - Will require invasive or aerosol-generating procedures.
- Suspected clinically stable patient
 - A person who is suspected to have Ebola and is:
 - Not exhibiting obvious bleeding, vomiting, or diarrhea; AND
 - Clinically stable and will not require invasive or aerosol-generating procedures.
- Confirmed

PPE Requirements

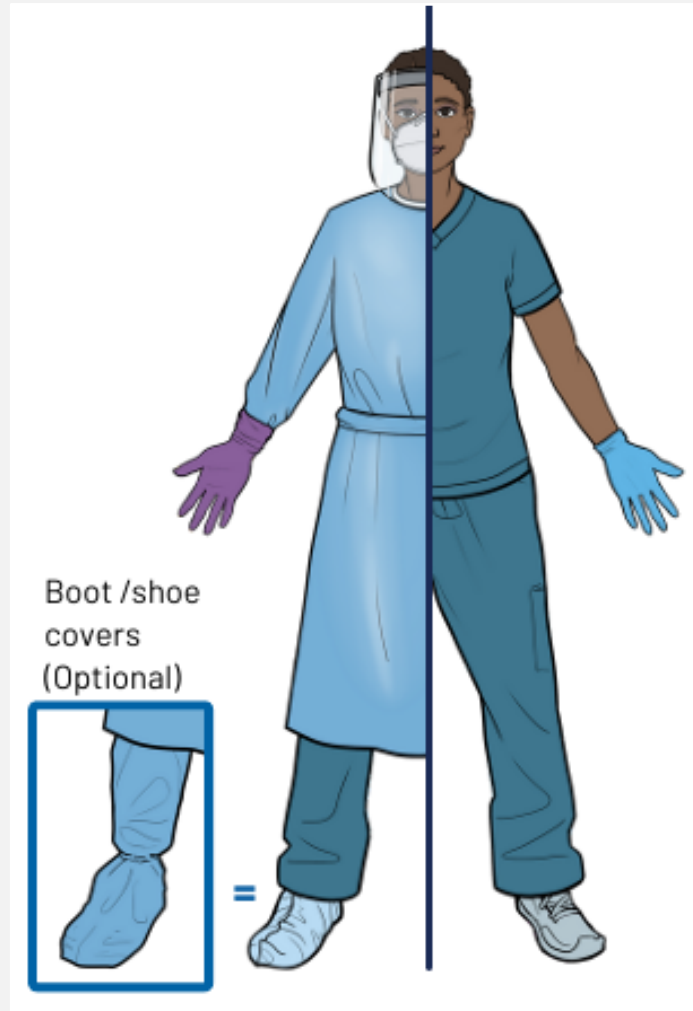
Status	Gown or Coverall	Respiratory	Gloves	Other
Confirmed or Suspected Clinically Unstable Patient	Single-use (disposable) - Impermeable gown extending to at least mid-calf or coveralls; AND - Apron that covers the torso	- Powered air-purifying respirator (PAPR); OR - NIOSH-approved, fit-tested N-95 respirator with single-use surgical hood and full-face shield	Two pairs of single-use (disposable) gloves with extended cuffs	Single-use boot covers
Suspected Clinically Stable Patient	Single-use (disposable) - Fluid-resistant gown extending to at least mid-calf; OR - Fluid-resistant coveralls without integrated hood	Single-use (disposable): - Full face shield; AND - Facemask	Two pairs of single-use (disposable) gloves with extended cuffs	Optional: Single-use shoe/boot covers

PPE: Confirmed or Suspected Clinically Unstable Patient



Available at: [Know Your PPE 06.11.2025](#) and <https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html>; accessed on 07/20/26.

PPE: Suspected Clinically Stable Patient



Donning PPE

- Requires a trained observer and structured process.
- Ensure all necessary PPE supplies are available, intact, functioning, and appropriately sized.
- Change into hospital scrubs or disposable garments and dedicated footwear.
- Don PPE slowly and deliberately in correct sequence
- Use caution if taping gloves, as it may complicate PPE removal.
- Ask for assistance if needed.



Available at: [How to Safely Put on PPE, Selected Equipment: PAPR and Coverall](#), & [PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#); accessed on 07/20/26.

PPE Use During Patient Care

- Do not adjust PPE during patient care.
- Frequently disinfect gloved hands with alcohol-based hand rub, especially after body fluid contact.
- Change visibly contaminated outer gloves as needed and continue patient care.
- After a significant splash or PPE breach, move immediately to the doffing area to remove PPE.
 - Examples: torn glove, needlestick, glove-sleeve separation



Doffing PPE

- Requires a trained observer and a structured process.
- Disinfect visible contamination before PPE removal.
- Disinfect gloved hands between doffing steps.
- Remove PPE slowly and deliberately in the correct sequence.
- Use a doffing assistant, mirrors, or visual aids as needed.
 - Doffing assistant can provide physical assistance during doffing, such as doffing of the PAPR, unfastening hood or gown.



Trained Observer

- Trained observer reads aloud and verifies each donning and doffing step.
- PPE recommendations
 - Single-use (disposable)
 - Fluid resistant or impermeable gown extended to at least mid-calf or coverall without integrated hood.
 - Full face shield and mask.
 - Two pairs of single-use (disposable) gloves with extended cuffs.
 - At minimum, outer gloves must be extended cuffs.
 - Fluid resistant or impermeable shoe covers.
 - Same PPE for doffing assistant, if used.

PPE Training and Competency

- Train, practice, and demonstrate competency before providing patient care.
- Limit patient care to designated, trained staff.
- Practice patient care activities while wearing PPE.
 - Understand physical stressors.
 - Determine tolerable shift lengths.
- Use interactive training to practice donning, adjusting, using, and doffing the specific PPE that will be used.

PPE Training Videos

Available at:
<https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance>; accessed on 07/20/26.



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PPE Training Videos

Select Your PPE Combination

▼ Expand All

Trained Observer



N95 Respirator and Coverall



Powered Air-Purifying Respirator and Coverall



N95 Respirator and Gown



Powered Air-Purifying Respirator and gown



Duration of Precautions

- Determined case-by-case
 - Remain in isolation until determined not to have Ebola (if suspected) or to be no longer contagious (if confirmed).
 - Consultation with local, state, and federal health authorities.
- Key factors to consider
 - Presence of symptoms.
 - Date symptoms resolved.
 - Other conditions requiring precautions.
 - Available laboratory information.

Healthcare Worker Exposure Management

Establish work-exclusion policies that support illness reporting

Educate staff to promptly report illness or exposures

Maintain staff logs and document tasks performed

Define healthcare worker exposure risk categories

Implement post-exposure procedures and monitoring protocols

Exposure Risk Categories

- High-Risk
 - Percutaneous, mucous membrane, or skin contact with blood or body fluids.
 - Direct contact (e.g., providing care, physical contact) without recommended PPE.
 - PPE breach resulting in potential for percutaneous, mucous membrane, or skin contact with blood or body fluids.
 - Physical contact (without recommended PPE or with PPE breach) with dead body of suspected or confirmed Ebola patient, or patient epi-linked to Ebola outbreak.
- Not High-Risk
 - Has potential for unrecognized exposure in the absence of high-risk exposure.

Post-Exposure Monitoring and Work Restrictions

Exposure	Symptoms	Symptom Monitoring	Restrictions
High-risk exposure*	No	Daily monitoring by health department and occupational health (with daily temperature check) for 21 days after last exposure	- Exclude from work - Quarantine - Restrict commercial travel
	Yes	Initiate immediate medical evaluation	Stop work immediately
Not high-risk exposure	No	- Monitoring by health department (with daily temperature checks) for 21 days after last exposure - Conduct daily temperature measurements prior to shift	Generally, no work restriction
	Yes	Initiate medical evaluation	Stop work immediately

Laboratory Preparedness for Testing of BVD Suspect Patients

Grace Kubin, PhD
Deputy Commissioner
Public Health Laboratory Division
Texas Department of State Health Services



Patient Assessment/Testing

- CDC recommends collecting a complete travel history and any risk factors for patients presenting with BVD symptoms.
- Patient should be assessed for other causes of the symptoms, (e.g., malaria).
- Work with the clinical team to identify all relevant testing to be performed and group testing to ensure as few blood draws as possible are performed.
- Ensure only properly trained staff wearing the appropriate PPE collect specimens and communicate with the laboratory before transporting specimens.
- Consider using point-of-care testing if applicable.
- Use plastic collection vials, not glass.

Transporting Specimens

- Perform a risk assessment to determine the appropriate PPE to be worn during specimen transport. Typically, PPE may include disposable fluid-resistant closed front lab coats, disposable gloves, covered legs and closed-toed shoes, as previously discussed.
- Transport specimens in a durable, leakproof container by hand; do not use a pneumatic tube system.
- Decontaminate the outside of the transport container using an EPA-approved disinfectant.
- Plan a delivery route to the laboratory that minimizes exposure risks to hospital patients, visitors, and personnel.

Lab Preparedness for Testing Patients

- OSHA standard, [Bloodborne Pathogens Standard \(29 CFR 1910.1030\)](#), provides guidance for reducing personnel exposure to bloodborne pathogens.
- Laboratories should conduct a site-specific risk assessment to minimize the exposure risk for personnel.
- [Guidance on Performing Routine Diagnostic Testing for Patients with Suspected VHFs or Other High-Consequence Disease | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#) has useful tips and suggestions for conducting the risk assessment and considerations for handling and processing of specimens.
- Use biosafety equipment, such as a biosafety cabinet and splash guards, and instrument safety such as sealed centrifuge rotors or covers for swinging bucket rotors.
- CDC OneLab site has many training and information resources for biosafety in the laboratory; <https://reach.cdc.gov/home>.

Waste Management

- Each facility should have a waste management plan for handling laboratory generated waste.
- Ensure that any specimens collected from BVD confirmed positive patients are destroyed as per Federal Select Agent Program requirements.
- PPE Selection Matrix for Occupational Exposure to Ebola Virus [OSHA3761.pdf](https://www.osha.gov/sites/default/files/publications/OSHA3761.pdf) has a section about PPE for handling, transporting, treating, and disposing of waste.

Emergency Medical Task Force Infectious Disease Response Unit (EMTF IDRU)

Sara Jensen

Deputy Director

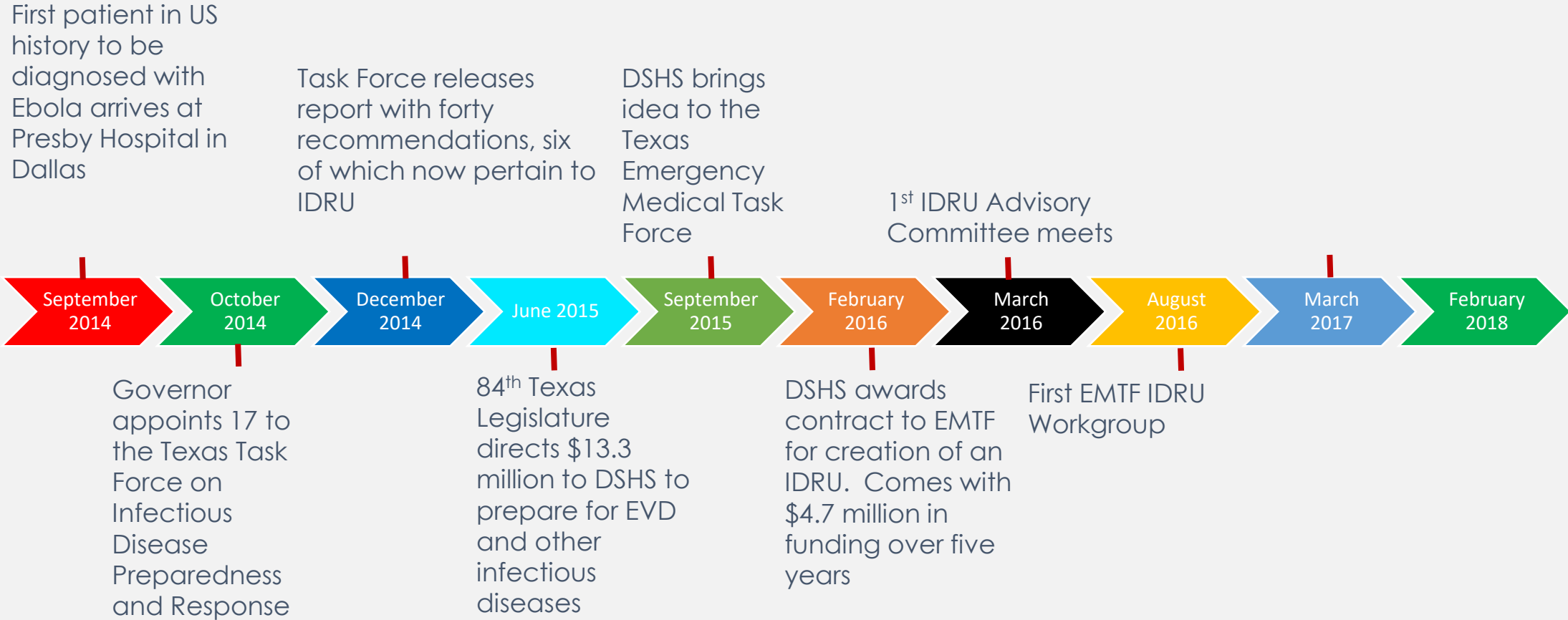
Emergency Medical Task Force



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How Did IDRU Get Here?



TXEMTF IDR

Texas Emergency Medical Task Force

Infectious Disease Response Unit



Transport & Transfer



Subject Matter Expert Teams



Equipment & Supplies

EMS transport &/ transfer capability for suspected/confirmed high consequence infectious disease patients.

Uses proven TXEMTF model for regionally based assets & personnel that deploy on behalf of the State.



Strategically located State equipment & supply caches for a rapid 24/7/365 response capability.

Caches designed to extend the time-frame & augment facility's ability to care for high consequence infectious disease patients

Preparing Texas to Respond

DSHS



TXEMTF



TDMS



- Coordinated development of a Statewide HCID response capability augmenting regional efforts.
- EMS Transport & Transfer Support Teams & Caches.
- Hospital Support Teams & Caches.

What Does the IDRU Do?


Air Medical



Decedent Care



EMS Transport and
Transfer



Hospital Care
Augmentation



Hazardous Waste




Incident
Command

Cache Locations and Deployment

- Personal protective equipment & supplies support for the care of high consequence infectious disease patients are strategically located throughout the state



★ 24 Hour IDRU Hospital/Pre-Hospital PPE Support Caches located in each of the **eight EMTF** regions

★ 72 Hour IDRU Hospital PPE Support Caches located in **four EMTF** regions

★ 7-10 Day IDRU Hospital PPE Support Cache located with the TX EMTF SCO

★ Caches designed to support hospital PPE & supply needs for caring for a HCID patient

IDRU Typing



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RESOURCE: Infectious Disease Response Unit				
CATEGORY: Public Health & Medical (ESF #8)				
MINIMUM CAPABILITIES:		Hospital Augmentation Team	Hospital Augmentation Logistics Team	Pre-hospital Team
Component	Metric			
Overall Function		Augmentation of a hospital's capabilities to care for a patient with a/suspected high-consequence infectious disease.	Delivery, training, and management of IDRU personal protective equipment caches, independent of a hospital augmentation team.	Transport of a patient with a confirmed or suspected high-consequence infectious disease by ground emergency medical services.
Mobilization	Availability	<6 Hours		
	Operationally Capable	2 hours upon arrival at the site		Upon arrival
Personnel	Number of Personnel	16	6	14
	Team Composition ¹	(2) Group Supervisors (2) MIST (2) Physicians or appropriately trained Licensed Independent Practitioners (8) Registered Nurses [or - 6/7 RN & up to 2 Paramedics - total 8] (2) Logistics Specialists *(1) Respiratory Therapist rostered on 'ALERT' *(1) Infectious Disease Physician on call	(2) MIST Personnel (2) Logistics Technician (2) Safety Officer <u>(specific to cache type: EMS/Hospital)</u>	(1) Group Supervisor (2) MIST Personnel (1) Physician or appropriately trained Licensed Independent Practitioners (2) AST Units with (3) DSHS Certified Providers per Unit [Minimum of 2 Paramedics credentialed by Agency Medical Director to practice at ALS level per unit] (4) Hazardous Materials Technicians *(1) Respiratory Therapist rostered on 'ALERT' *Law Enforcement escort per request
Equipment	Equipment Cache	IDRU 24 Hour, 72 Hour or 7 to 10 Day Cache		IDRU Pre-Hospital Cache

¹ Team composition will be based on a consensus plan involving EMTF Medical Director, member agency Medical Director, member agency, DSHS, all hospitals involved in patient care, DSHS, EMTF SCO and any other local, State or Federal parties involved in patient care.

EMS Guidance & Recommendations

Jeff Hoogheem

Director

Center for Health Emergency Preparedness and Response, DSHS

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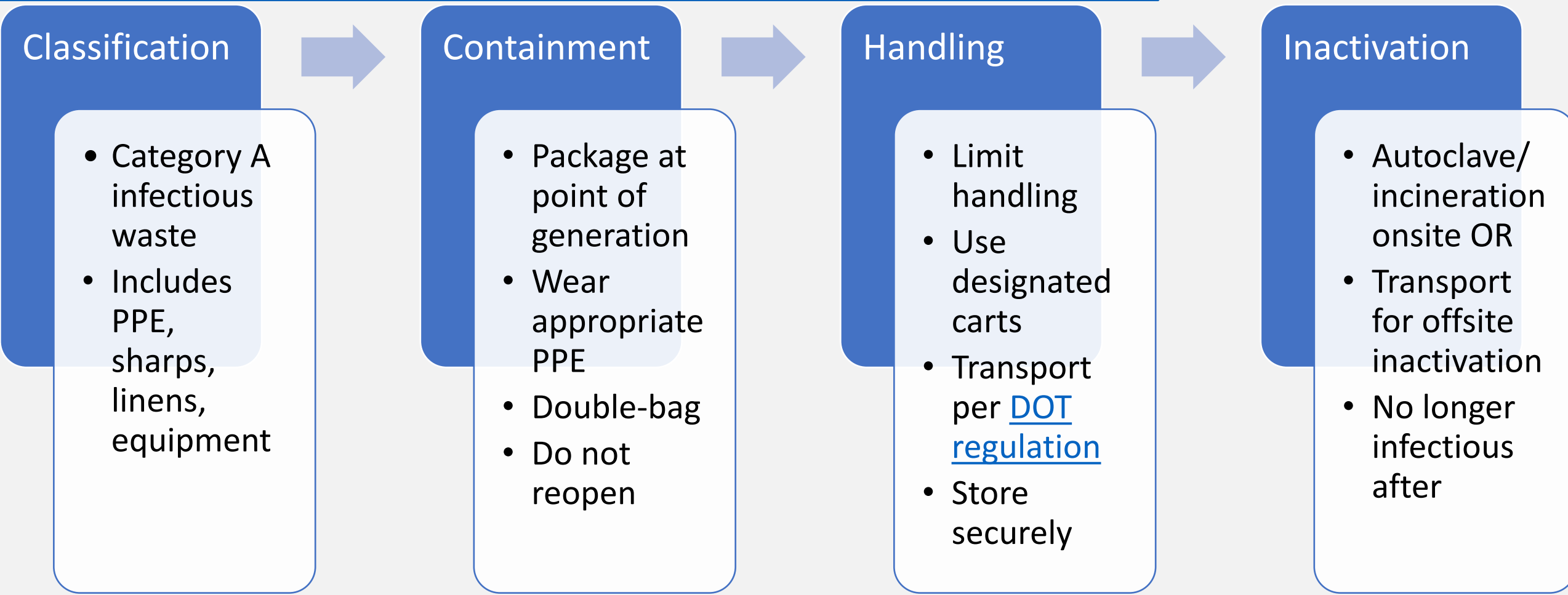
EMS Recommendations

- Patient Assessment
 - Screen for symptoms and risk factors before arrival.
- Safety and PPE
 - Choose PPE based on patient status (unstable vs. stable).
 - Don PPE before entering scene and wear until no longer in contact with patient.
 - Limit the number of personnel who care for patient.
- Transport
 - Isolate the driver from the patient compartment.
 - Disinfect vehicle after completing transport with EPA-registered disinfectant (List L or List Q).

EMS Recommendations (Cont.)

- EMS Patient Handoff
 - Establish protocols for safe patient transport.
 - PPE utilization.
 - Training.
 - Advance notifications of receiving facilities and public health authorities.
 - Identify dedicated EMS entry points, separate from other patient entrances.
 - Minimize contact with non-essential staff and the public.
 - Designate hospital staff to receive the patient and assume care.
 - Develop procedures for ambulance and equipment decontamination.
 - Establish waste management and PPE disposal procedures.

Waste Management



Postmortem Management

- Wear recommended PPE during body preparation and transport.
- Do not wash, clean, embalm the body, or remove inserted medical equipment.
- Perform autopsies only when necessary and in consultation with public health.
- Coordinate all transportation, including local transport for mortuary care or burial, with relevant local and state authorities in advance.
- Cremate remains; if not possible, bury using standard metal casket.

Healthcare Guidance & Recommendations



Potential Scenarios

- Persons Under Monitoring (PUM)
 - Acute care need such as a heart attack, or other condition that needs to go to the emergency department.
 - Early onset symptoms: fever, aches/pains, headache.
 - Major wet symptoms such as vomiting, diarrhea, etc.



If Symptoms Develop

- Assessment occurs at home and local hospital.
- LHD, DSHS, Hospital, and CDC quickly convene consultation call considering:
 - Patients' condition,
 - Initial lab results (other conditions ruled out),
 - Decision to conduct Ebola test.
- Simultaneously alert IDRU and UTMB that transport might be needed.
- Convene conference call with LHD, Hospital, DSHS, CDC, IDRU, EMTF SCO, and UTMB – decision & alert partners.
- Positive Ebola test result, or determination of need to transport based on discussions above, DSHS directs IDRU transport to Biocontainment unit at University of Texas Medical Branch, Galveston.

Expectations for Hospitals

- Texas does not have designated hospitals for triage of viral hemorrhagic fever suspects.
- Hospitals must assess the patient and look for other causes of the symptoms, (e.g., malaria).
- If other conditions are ruled out, physicians can request testing at a Laboratory Response Network site (Austin, Dallas, or Houston).
- Consultation is required with DSHS and CDC to receive approval to run Ebola test.
- Patient transport/transfer to the UTMB Biocontainment Unit requires approval by DSHS.

Handling Liquid Waste

- Liquid Waste
 - Manage in patient room using designated personnel wearing appropriate PPE.
 - Pour waste slowly into the toilet and close the lid before flushing.
 - Clean and disinfect toilets and high-touch surfaces with EPA-approved disinfectant.
 - Dispose of cleaning materials, emesis containers, and portable toileting containers as biohazard waste.
 - Follow recommended PPE doffing procedures after handling waste.

Lessons Learned and Resources

Varun Shetty, MD, MBA, MS

Chief State Epidemiologist

Texas Department of State Health Services



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Ebola Preparedness Assessments

Conducted by Texas DSHS using CDC preparedness tools to assess readiness, identify gaps and provide recommendations; some visits were conducted jointly with CDC.

Hospital Assessments (2016 - 2017)

- Preparedness plans and training
- Facility workflows and transport routes
- PPE practices
- Infection prevention measures
- Laboratory safety

Laboratory Assessments (2026)

- Laboratory testing workflows
- Specimen handling and transport
- Risk assessment and staff readiness
- Waste management and disinfection

Key Assessment Gaps

- PPE preparedness, including donning/doffing infrastructure, trained observers, and competency-based training.
- Laboratory readiness, including specimen handling, engineering controls, and PPE use.
- Patient transport, EMS handoff, and waste management.
- Communication, coordination, and notification processes.
- Ongoing exercises, assessments, and competency validation to sustain readiness.

Key Takeaways

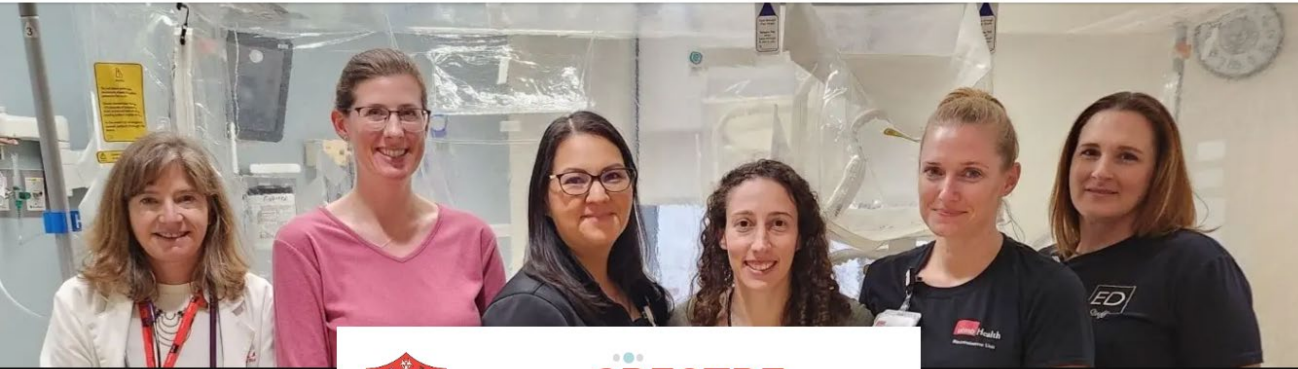
- Preparedness and Response
 - Train designated staff and maintain competency through exercises.
 - Use trained observers and standardized PPE practices.
 - Ensure laboratory readiness through site-specific risk assessments, safe specimen handling and testing procedures.
 - Prepare for waste management, and environmental decontamination.
 - Plan for exposures, special populations, and operational challenges.
 - Identify and isolate suspected cases and notify public health authorities promptly.

Key Takeaways, continued

- Coordination and Communication

- Define roles, transport routes, and patient care workflows before a patient presents.
- Coordinate with EMS, laboratories, public health, and emergency management.
- Establish clear notification and escalation procedures.
- Provide ongoing staff education and updates.
- Protect patient privacy and manage public/media communications.

Preparedness is not a one-time activity - it requires ongoing assessment, training, and collaboration.



SPECTRE

Special Pathogens Excellence in Clinical Treatment
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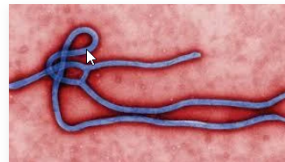


Ebola Virus Disease Information and Preparedness

Trusted Information and Preparedness Resources

The SPECTRE Program at UTMB is monitoring the ongoing Ebola disease outbreak in the Democratic Republic of the Congo (DRC) caused by Bundibugyo ebolavirus. Although the overall risk to the public remains low, outbreaks involving high-consequence infectious diseases highlight the importance of maintaining healthcare preparedness and response capabilities.

This page provides educational resources, outbreak updates, and preparedness information to support healthcare organizations, frontline personnel, and regional partners. SPECTRE remains committed to strengthening readiness across HHS Region 6 through training, education, and collaborative preparedness efforts.



Encyclopaedia Britannica, Bundibugyo virus

Ebola Disease: Basic Facts, Transmission, and Preparedness

Ebola Disease: What to Know

Ebola Disease: Signs, Symptoms, and Timing

Stay Prepared with SPECTRE

SPECTRE works with healthcare facilities, frontline teams, emergency response partners, infection prevention professionals, and public health stakeholders to strengthen readiness before an event occurs. Services may include tailored education, scenario-based exercises, PPE training, workflow planning, and facility-specific preparedness support.

Interested in strengthening your facility's preparedness?



Training & Education

Internal and external training on special pathogens.



Exercise Consultation

Expert guidance for high consequence infectious disease preparedness and response.



Newsletter

Updates on HCID news, training opportunities, and regional activities.

Available at: [SPECTRE | Special Pathogens Program at UTMB - SPECTRE - UTMB](#); accessed on 07/22/2026.



What Clinicians Should Know about Ebola Bundibugyo Virus



For Health Care Providers

MAY 28, 2026

AT A GLANCE

During this COCA Call, learn more about this outbreak, the history and ecology of Bundibugyo virus, what U.S. clinicians should know about preparing for, diagnosing, and managing patients with suspect or confirmed Ebola disease, and how to prevent Ebola viruses from spreading.

Available at: [What Clinicians Should Know about Ebola Bundibugyo Virus | COCA | CDC](#); accessed on 07/22/26.

Ebola Virus Resources

- [DSHS Ebola Webpage](#)
- [CDC Ebola Outbreak: Current Situation](#)
- [CDC Public Health Guidance for Ebola Disease](#)
- [CDC Ebola and Bundibugyo Virus Frequently Asked Questions](#)
- [CDC Infection Prevention and Control Guidance for Viral Hemorrhagic Fever \(VHFs\)](#)
- [CDC Guidance for Personal Protective Equipment \(PPE\) VHFs](#)
- [CDC Interim Guidance for Environmental Infection Control in Hospitals for VHFs](#)
- [National Emerging Special Pathogens Training and Education Center \(NETEC\) Ebola Webpage](#)
- [Association for Professionals in Infection Control and Epidemiology \(APIC\) Ebola Webpage](#)

Q&A



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Closing Remarks

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Questions

Please send any questions to EAIDUMonitoring@dshs.texas.gov

Thank You