Medical Director's Report Tompkins
County Board of Health
October 2014

Ebola

Reviewed the latest in terms of colleague recommendations, as well as hospital and healthcare practitioner recommendations, with regard to case definitions as well as precautionary measures to take when evaluating suspect Ebola contacts. Collaborated with Karen Bishop regarding sending out updates of these recommendations to every practitioner, schools and institutions.

I met with Frank Kruppa on October 15, 2014 for a comprehensive update on our collaboration with regional and state resources and also with regard to CDC support and resources. From his update I understand that the issues regarding proper institution of infection control procedures (particularly in the use of personal protective equipment) are foremost on everyone's minds. Proper triaging of cases is a priority. As an example of this County dispatch is being instructed to gather a travel history before dispatching law enforcement or EMS to a scene and TCHD has sent updates to area physicians which also emphasize proper screening and proper triage of suspect cases.

Cayuga Medical Center has planned a continuing medical education lecture at CMC for October 24, 2014. I have offered to supplement it with an update on the regional preparedness picture. Keeping our partners and the public informed is our best strategy to allaying fever and rumor.

The two cases of Ebola in healthcare workers in Dallas are concerning. In their root cause investigation which the CDC and the Dallas hospital are conducting they are likely to find that the consistent, proper use of personal protective equipment (PPE) remains a challenging hurdle to get over. The factors that make this so are many. A few of them are:

- In critical care settings patient contact is extensive and intensive. Multiple practitioners and support people must tend to the patient. Through the course of each 24 hours multiple changes of PPE are necessary since an employee must eat, take breaks, tend to personal needs and each of these times will require a doffing and redonning of PPE. Small mistakes can have big consequences. Employee stress and fatigue can contribute to a slip in technique.
- The viral load (the number of viral particles in the blood and in bodily fluids) increases dramatically as the individual becomes more critically ill. At symptom onset the viral load is light and the person is not hemorrhaging. Their bodily fluids are few and not copious. Their symptoms are likely to be only fever and sense of being unwell, but days later the picture is much different and the risks to contacts much higher.

For our TCHD staff the risk will likely be at the lower level UNLESS they are called in or come upon a patient who had not sought care sooner and is in the home setting seriously ill, or if they must interview a seriously ill patient in the hospital setting in the course of doing a contact investigation.

TCHD staff would likely be involved in monitoring contacts of the index patient as part of their mission to control the spread of disease. These would be asymptomatic individuals and the primary parameters would be fever, and sense of well being.

I will be surprised if the CDC recommends transfer of all Ebola cases to certain hospitals; transferring patients causes opportunities for a break in infection control technique and for critically ill patients it is not possible to move them.

A further update on the status of Ebola will be available verbally at BOH meeting.

Enterovirus D68

An outbreak of enterovirus D68, a respiratory infection, can vary from very mild to very severe. The spread of this in the Midwest states prompted an update for area practitioners and institutions with regard to the control of this virus type. Historically cycles of this family of viruses has been seen over the years. Generally standard precautions are needed and while there is no treatment for the virus, supported therapy needs to be given to those who require it. I collaborated with Karen Bishop in terms of updating practitioners with information regarding this virus family type as well as measures to be taken.

Update on current status to be presented verbally at BOH meeting.

Update of Quality Assurance Performance Improvement Program

The documentation needed to be updated to remove the CHHA, so that it would be appropriate for services currently being delivered. No major changes in our procedure other than making it relevant to our current divestiture for the CHHA.

General Activities:

- Reviewed and signed documents and orders**.**
- Reviewed materials in regard to automatic defibrillators in county buildings, including the review of the product which looks like the likely one we will be purchasing as a county.
- Attended meeting of the Quality Assurance Committee reviewing the latest in reports from various sectors of the department. The purpose of this committee is to insure quality. Updated this committee on the status of Ebola preparation and enterovirus D68, as well as discussed the conversion of our medical care delivery system from being heavily invested in acute care to fostering more at home care and avoidance of hospitalizations and emergency room visits.