

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network  
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## Ebola Virus Disease (EVD) Preparation in New Hampshire

We at the New Hampshire Department of Health and Human Services, Division of Public Health Services (DPHS) realize that information about Ebola virus disease (EVD) is coming to you rapidly from multiple sources. We are sending this third EVD HAN as a synthesis of this information that seems most relevant to our in-state healthcare providers via the following prioritized bulleted statements, with links to more detailed information.

### Key Points and Recommendations:

1. The U.S. Centers for Disease Control and Prevention (CDC) has just released updated PPE guidance.
  - See a summary of key changes below.
  - See the CDC website for complete recommendations:  
<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
2. All healthcare facilities and healthcare providers must be prepared to initially identify suspect EVD patients based on travel history and symptoms, isolate the patient, and implement appropriate infection control measures.
3. Dartmouth-Hitchcock Medical Center (DHMC) in Lebanon, NH, has expressed willingness to accept EVD patients for ongoing management. In some cases ongoing care may be managed at DHMC, while in others, referral to a designated national center may be the plan. Consultation with NH DPHS must occur prior to transfer of any suspect or confirmed EVD patient.
4. NH DPHS has identified mechanisms for reliable inter-facility transport by American Medical Response and Dartmouth-Hitchcock Advanced Response Team.
5. Specimens from suspect EVD patients in New Hampshire will be picked up by NH DPHS courier and delivered to the Massachusetts State Public Health Laboratory for testing. Detailed information on testing is available at:  
<http://www.dhhs.nh.gov/dphs/cdcs/ebola/documents/ebola-lab-faq.pdf>
6. Any suspect EVD patient and requests for testing must be made to the NH DHHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 603-271-5300).
7. NH DPHS continues to closely follow Ebola in Africa and the situation in Dallas, TX, and we are committed to providing clinicians the most updated information.
  - NH DPHS has scheduled the 4th clinician Ebola webinar: "Lessons from the Hot Zone: Sierra Leone, Liberia, Guinea (and Dallas)" for Monday October 27<sup>th</sup> from 12- 1:30 p.m. Call-in information will be distributed.
  - NH DPHS also hosts an open forum Ebola "chat" for any New Hampshire clinician. This call is intended as an opportunity to ask questions, offer answers, and information sharing. Chat times will occur Thursday 10/23,

Monday 10/27, and Thursday 10/30 from 8:30-9:00 a.m. (call-in: 1-866-304-8625, Passcode: 1098761099)

8. Numerous guidelines, tools, and frequently asked questions are available on the NH DPHS website at: <http://www.dhhs.nh.gov/dphs/cdcs/ebola/clinicians.htm>
9. CDC is creating technical response teams to assist hospitals with confirmed EVD patients.
10. The US military has also been tasked to create medical “strike teams” to assist in the clinical care of an EVD patient in-state.
11. The first comprehensive NH State Ebola Response Plan is under full stakeholder review and is anticipated for wider review early next week. We will send the link to this document as soon as it is available.

### **Background:**

The Ebola Virus Disease (EVD) epidemic in the West African countries of Sierra Leone, Liberia, and Guinea continues. To date, more than 9,000 cases of confirmed or suspected EVD have been identified with more than 4,500 deaths. Cases have subsequently been imported to Nigeria and Senegal, but these countries are past the 21-day incubation period since their last known case and appear to have stopped EVD transmission. On September 28<sup>th</sup>, the first case of imported EVD was identified in the U.S. from a man traveling from Liberia to Dallas, TX. This patient has passed away from his infection, but two healthcare workers who cared for him have since become infected with the EVD. The CDC is investigating and performing contact tracing, but it is unclear how these healthcare workers became infected and presumably it occurred as a result of an unknown lapse in infection control.

### **Updated CDC PPE Guidance**

CDC has released updated recommendations on selection of Personal Protective Equipment (PPE), and the donning and doffing process. This updated guidance is a tightening of the standard, droplet, and contact precautions previously provided. All providers should closely review the updated guidelines, which are available at:

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

### **A summary of key updates is offered here:**

- All healthcare workers should undergo rigorous training and be practiced and competent with PPE, including taking it on and off in a systematic manner.
- All workers should be supervised by a trained monitor who watches each worker taking PPE on and off. All healthcare facilities must immediately identify a group of monitors to ensure that at least one manager is on site at all times at your facility when caring for an EVD patient.
- No skin exposure when PPE is worn (full body coverage) is recommended. This requires use of at least a hood with a single-use face shield and N-95 respirator. Powered air-purifying respirators (PAPRs) with a full face shield or head piece can also be used.
- Surgical face masks are no longer recommended.
- Goggles are no longer recommended as they may not provide complete skin coverage in comparison to a full face shield.

- Double gloving with nitrile gloves with extended cuffs is recommended.
- Fluid-resistant or impermeable boot covers that extend to at least mid-calf or shoe covers are recommended.
- Designate spaces so that PPE can be donned and doffed in separate areas.
- Disinfect PPE or environmental surfaces that are visibly contaminated using an EPA-registered disinfectant, especially when doffing PPE. Disinfect gloved hands using an alcohol-based hand rub after handling body fluids and between doffing steps while removing PPE.

### **Care of Suspect and Confirmed EVD Patients in NH**

NH DPHS is committed to protecting the safety of our healthcare workers and local communities. We are closely following the situation and are dedicated to providing the most up-to-date information. All healthcare facilities and healthcare providers must be prepared to identify patients traveling from the high-risk countries of Sierra Leone, Liberia, and Guinea, and recognize the signs and symptoms of EVD in order to correctly triage patients. While it is possible that an EVD patient may present to a New Hampshire healthcare facility, the risk of any sustained transmission continues to be very low.

NH DPHS has actively been involved in discussions with hospital administration to discuss Ebola preparedness in New Hampshire and to discuss future management of any patient with EVD. While all hospitals and providers in the state must be prepared to triage and properly isolate suspected cases with implementation of appropriate PPE, we recognize that not all hospitals are ideally staffed and equipped to manage the complications of a patient with EVD, especially in the later stages of disease. For this reason, we are grateful that Dartmouth-Hitchcock Medical Center (DHMC) in Lebanon has stated its willingness to accept Ebola patients from other New Hampshire hospitals who require ongoing care and treatment. We have also identified American Medical Response (AMR) and Dartmouth-Hitchcock Advanced Response Team (DHART) ambulance transports to assist with inter-facility transfers. The specific details around identification, testing, and transportation of a patient with EVD will involve additional coordination with NH DPHS and the CDC. In some cases, ongoing care may be appropriately managed at DHMC, while in others, referral to a designated national center may be the final plan.

Given the rapidly evolving situation, we will continue to communicate new recommendations and provide support to local healthcare providers and facilities. New situational updates and resources for management of patients with EVD are summarized above.

If you have questions about any specific issue surrounding the state's Ebola preparedness, please call 603-271-4496.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 603-271-5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email [Denise.Krol@dhhs.state.nh.us](mailto:Denise.Krol@dhhs.state.nh.us)

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From: Benjamin Chan, MD – State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

**Attachments:** None

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