



Department of Health and Human Services
Division of Public and Behavioral Health

Assembly Committee on Health and Human Services

Brian Sandoval, Governor

Romaine Gilliland, Director

Richard Whitley, Administrator

Tracey D. Green, MD, Chief Medical Officer

February 6, 2015



Ebola Overview

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Ebola Basics

- What it is:

- Caused by a virus

- Filoviridae

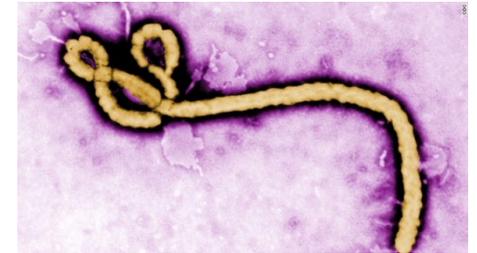
- Belongs to a class of viruses called Viral Hemorrhagic Fevers (VHFs)

- Filoviruses, Arenaviruses, Bunyaviruses, Flaviviruses

- Prior to the 2013/2015 Outbreak, there were 32 other outbreaks involving Ebola primarily in Africa

- To Date: 22,495 Cases with 8,981 Deaths

- Case Fatality Rate (CFR) of 39.9%





Ebola Advisory Task Force

- **What is happening in Nevada, and what is the current status of monitoring?**
 - Nevada must conduct “Active Monitoring” and “Direct Active Monitoring” of any low-risk and high-risk individuals who have been to Guinea, Liberia, Sierra Leone.
- **Active Monitoring (Low, but not zero, Risk):**
 - “State or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop.”
- **Direct Active Monitoring (High Risk):**
 - “Active monitoring through direct observation.”



Nevada's Numbers for Monitoring

Since October of 2014, when we first began monitoring travelers to/through our state for Ebola: There have been NO confirmed cases in Nevada

- **Active Monitoring:** 32 travelers
 - 27 to Clark County
 - Five to Washoe County
 - 53% were U.S. Citizens, 47% were non-U.S. Citizens
- **Direct Active Monitoring:** zero travelers

Ebola Task Force Overview

❑ **Chair:**

- ❑ Dr. Tracey D. Green, MD: Chief Medical Officer, Nevada Division of Public and Behavioral Health (DPBH)

❑ **Vice-Chair:**

- ❑ Chief Christopher Smith, Nevada Division of Emergency Management (NV DEM) and Homeland Security

- ❑ **Members:** Comprised of other professionals from public health, local health authorities, law enforcement, airport, hospitals, infection control, emergency medical services, fire, and nursing.

❑ **Task Force Meetings:** This group has met twice.

- ❑ Wednesday, October 29, 2014
- ❑ Monday, January 26, 2015

Update from DPBH

- ❑ **CDC tasked each state with developing a tiered hospital plan:**
 - ❑ DPBH collaborated with local health authorities (LHAs), hospitals, and the Nevada Hospital Association (NHA) to identify Frontline and Assessment facilities.
 - ❑ Collected and reviewed local Ebola Plans from LHAs and EMS agencies.
 - ❑ Surveyed medical facilities to determine if they have Ebola policies/procedures in place.
 - ❑ 91% of responses following CDC policies/procedures
 - ❑ 9% following combo between CDC, corporate, Association of Professionals for Infection Control.
 - ❑ Collaborated with Bureau of Health Care Quality and Compliance (HCQC) to further incorporate Ebola or other preparedness plans into inspection process for hospitals.

Update from DPBH (continued)

- **Identified EMS Ebola training needs in rural NV:**
 - 23 total agencies: 70% have been trained, while 30% need training.
- **Personal Protective Equipment (PPE):**
 - EMS agencies – 52% have the recommended Ebola PPE
 - Hospitals – 81% have recommended Ebola PPE
- **PPE Stockpile:** Nevada and other neighboring states have PPE for medical surge events.
 - PPE on hand is not recommended for Ebola (left over from 2009 H1N1).
- **Master Mutual Aid Agreement:** Nevada Hospital Association (NHA) created a new agreement for sharing of resources between hospitals
 - This includes PPE.



Update from NV DEM

- 2009, 2010, 2011 - Worked with all hospitals in the state to upgrade their medical surge plans.
- The Nevada Department of Emergency Management will provide the Nevada Division of Public and Behavioral Health, affiliated stakeholders, and agency partners interactive instruction.
- The course will provide senior leadership with an awareness level understanding of their role within the Incident Command System structure, and the ability to define their relationship in local Incident/Unified Command, the MACS (Multi Agency Coordination System), and the State Emergency Operations Center.
- 100% of identified Public Health senior/key management personnel will successfully complete: “ICS Interface for Public Health Officials” course, and actively participate in a tabletop exercise designed to validate the training.
- Conduct NDEM Hybrid Course: “ICS Interface for Public Health Officials,” 30 students, 6 classes, two in Las Vegas, two in Reno, two in Winnemucca.
- Conduct a “Public Health Interface TTX” exercise to validate the training courses at the completion of each class.



Recommend. to Director of HHS

- **Nevada to apply for Ebola Supplemental Funds:**
 - “Active Monitoring & Direct Active Monitoring of low/high risk Ebola travelers and residents Grant” – CDC
 - Non-Competitive = \$54,212
 - Sub granted to LHAs to conduct monitoring
 - Funds end June 30, 2015
- **“Ebola Preparedness and Response Grant” – CDC**
 - Non-Competitive = \$1,605,316
 - Support accelerated public health preparedness planning for Ebola.
 - Improve and assure operational readiness.
 - Support state, local, tribal Ebola public health response efforts.
 - Assure collaboration, coordination, and partnership with the jurisdiction’s healthcare system to assist in the development of a tiered system for Ebola patient care.



Recommend.to Director of HHS (cont.)

- **“Ebola Epidemiology and Laboratory (ELC) Grant” – CDC**
 - Competitive
 - Funding ends approx. March 2018
 - Healthcare infection control assessment and response
 - Enhanced laboratory biosafety and biosecurity capacity
 - Global migration, border intervention, and migrant health
- **“Hospital Ebola Preparedness Grant” – ASPR (Assistant Secretary for Preparedness & Response)**
 - Non-Competitive = \$ not yet known
 - Intended for Ebola preparedness in the healthcare system.

Recommend.to Director of HHS (cont.)

- **Continue with the Ebola Advisory Task Force**
- **Coordinate statewide Incident Command System (ICS) trainings.**
- **Evaluate Statewide Medical Surge Plan:**
 - Current plan was last updated in March 2014. Use ASPR Ebola grant funds to update this plan.
- **Support AB90:**
 - Intrastate Mutual Aid
- **Enhance Statewide All-Hazard Plan to include:**
 - Further collaboration with public health, local health authorities, hospitals, universities/colleges, etc. for further integration.



QUESTIONS

CONTACTS

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