

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Moderator: Mindee Reece
November 13, 2014
3:45 p.m. ET

Operator: Good morning. My name is (Kristie) and I will be your conference operator today. At this time, I would like to welcome everyone to the Ebola Update.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. I will now turn the call over to Ms. Mindee Reece.

Mindee Reece: Good morning everyone. We are joining this morning from the KDHE Department Operations Center and we will provide some opening comments with situational update. Then I will talk a little bit about our upcoming regional healthcare coalition Ebola preparedness forums, our regularly scheduled population health calls and then we will open it up to take your questions and answers.

At this time, I will turn it over to Charlie Hunt, our State Epidemiologist to begin our discussion this morning.

Charlie Hunt: Thank you very much Mindee and good morning everyone. I will start with situation update on case counts and some impressions of the outbreak occurring in Africa.

First of all, we have now (topped) 14,000 cases as of November 9, 2014; 14,068 cases is the total among the three primarily affected countries of Guinea, Liberia and Sierra Leone. There is some evidence that case incidence is no longer increasing nationally in Guinea and Liberia but there appears to be a considerable variation by district and intense transmission is ongoing particularly in Guinea, and in contrast, there have been steep increases in Sierra Leone.

To give you an idea of the numbers, in Guinea, there were 145 new cases in the week through November 9th. In Liberia, there were 97 new confirmed and probable cases through November 8th of that week. And then in Sierra Leone, there were 421 new confirmed cases in the week through November 9th.

In addition, there have been some troubling developments in Mali regarding additional cases. They have reported three new fatal cases. These three new cases are unrelated to the previous case in death there and they're in the process of doing some intense investigation. There was a case that was identified late and unfortunately, it looks like there was some transmission that occurred before they recognize that case.

Finally, an update in the Democratic Republic of the Congo, there really has been no change. We're still standing at 66 cases and 49 deaths. There's now been 31 days passed since the last case that was as of November 9th. So again, once we get to the 42 days, then the Democratic Republic of the Congo will be declared Ebola-free.

Since we held our last teleconference, CDC has released some new national guidance and resources. Yesterday, they released new guidance regarding animal management issues. The CDC, the U.S. Department of Agriculture and the American Veterinary Medical Association developed guidance for dogs or cats exposed to confirmed human cases as well as how to manage dogs and cats that are pets of Ebola virus contacts.

We are in a process of reviewing that information. I think in general, the guidance is much more conservative than what we have in our plan right now.

So once again, we will review that and make some decisions about what will be feasible to changing our plan if anything.

Also yesterday, CDC issued new guidance for screening and caring for pregnant women with Ebola virus disease for healthcare workers in the U.S. On November 10th, they released a video regarding respiratory protection for Ebola and also on November 10th, information on cleaning and decontamination. So as you review these new materials from CDC, keep the KDHE guidance in mind because there are potential conflicts with the guidance from CDC and KDHE.

And then finally, we plan to issue an updated plan probably later today. This will be version 4.0. Just briefly, we've updated our risk assessment form which is Appendix 1 to simplify it and make it more consistent with the KDHE exposure in these categories.

We've updated some information regarding the potential dedicated assistance and a training observer for donning and doffing of Personal Protective Equipment for healthcare workers. We've updated our guidance to allow some additional flexibility for local health departments to conduct direct and active monitoring that's deemed necessary by the local health officer or by KDHE.

If you remember, last week, I discussed that CDC's guidance calls for direct active monitoring which is in-person monitoring. We have not fully endorsed that approach because our focus is on preventing potential transmission if the person should develop symptoms. We recognize in some cases it might be necessary to help ensure compliance and so forth. So these changes will allow some flexibility there.

And then finally, we released a one-page biohazardous waste storage guidance last week and we're going to incorporate that into our plan in Appendix 7, which will most likely come out later today.

And with that, I will turn things back over to Mindee.

Mindee Reece: Thank you Charlie.

Just a couple of items to add to Charlie's general update, we are working on arranging for some Personal Protective Equipment training to be provided to healthcare workers that is specific to handling Ebola. So stay tuned. We hope to announce that within the next week to 10 days. We also are putting the final touches on a checklist for PPE donning and doffing as Charlie referenced before.

So we have heard the repeated request for more guidance, more training and we are moving forward on getting those resources out to all of you.

Next, I want to talk about the regional healthcare coalition Ebola preparedness forums. As we mentioned previously, those are available for registration on our Kansas-TRAIN learning management system. The forum's registration number or course number on Kansas-TRAIN is 1053984.

Based on feedback from last week's call, I have invited representatives from MERGe, which is our patient transport company, to attend each of the discussions and I'm waiting to hear if that will be doable or not. Hopefully, we'll have someone from MERGe at each of the seven forums.

As of now, we are scheduled in Olathe on Monday, the 17th of November with 81 registrants. Wichita is on November 19th. We have 107 people registered. We'll be in Topeka on November 20th with 68 registered so far and in Salina on November 21st with 71 people registered. In Hays, we will be there on November 24th and that's our largest number of registrants. So far, we have 109 people planning to attend that forum. We'll be in Chanute on November 25th, we have 68 people registered, and we'll be on Garden City on December 16th and we have 79 people registered.

If any of you have interest in attending, please be sure to register on KS-TRAIN. If for some reason you are planning to attend more than one session, you will need to contact Debbie Nickels, our TRAIN Administrator, who can enroll you in more than one session. Her telephone number is 785-291-3457. Her e-mail address is dnickels@kdheks.gov.

The way the system is set up, you can only register yourself for one session. But if you are planning to attend more, please contact Debbie and she will make sure that gets registered in the system.

The next thing I want to talk about is our population health calls. We have been having a weekly Ebola-focused call for several weeks now. And after today, we're going to transition to having an Ebola component of our regularly-scheduled population health calls. For November, that call is scheduled for next Tuesday, November 25th at 10:00 a.m.

If there is anything new to report following today's call, we'll have somebody on that call participating and able to share information about Ebola. Unless we get a case of Ebola in Kansas, we'll stick with that schedule of having the monthly population health calls and having an Ebola component to each of them.

The final thing I want to make sure all of you are aware of that Dr. Robert Moser who is our State Health Officer and Secretary has resigned his position at the end of November. We're hoping to hear who our acting secretary and state health officer will be later this week.

In the meantime though, he will still attend the November regional healthcare coalition Ebola preparedness forums so all of you except for those in Garden City will have a chance to see and speak to him directly and have your questions answered by Dr. Moser at those forums. So that's good news. And we will miss him and wish him well in his new endeavors.

At this time, I think we'll go ahead and open up the line for questions and answers.

Operator:

At this time, I would like to remind everyone, in order to ask a question, simply press star then the number one on your telephone keypad. Again, to ask a question, please press star then the number one.

Please hold for your first question.

Your first question comes from the line of Todd Pickering.

Mindee Reece: Hello Todd.

Todd Pickering: Hi. Can you hear us?

Mindee Reece: I can hear you now, yes.

(Todd Pickering): Yes. Sorry about that. Hi. This is the line of (Todd Pickering). I had a question about the CDC push packs of PPE that they're offering. I called yesterday and asked how quickly they would be available if a potential Ebola patient did show up in our hospital.

Mindee Reece: It's interesting you asked this question. We had heard on a national conference call that the CDC could have Personal Protective Equipment to any state or city except in extreme remote areas within three hours of having an Ebola case confirmed.

Now when we followed up to request that in writing, we received the same response we typically do which is within 24 hours. So Laura Ross, who is our Medical Countermeasures Program Manager, is working to follow up with the Centers for Disease Control and Prevention to get a clarification about that.

Todd Pickering: OK.

Mindee Reece: OK.

Todd Pickering: Alright. Thank you.

Mindee Reece: Thank you.

Operator: Your next question comes from the line of (Jose Bellardo).

(Jose Bellardo): Good morning.

Mindee Reece: Hi Jose. Good morning.

(Jose Bellardo): Hi. Good morning Mindee.

You guys have some really good projects ahead in terms of training and other things so I was really impressed to hear about that. And so I joined just a tad bit late and I was wondering if you – is there someone who is doing minutes for this particular meeting? I missed the first part of it. I think Charlie was doing a presentation and I missed that.

Is that – is there something, you know, are there going to be minutes generated from this meeting that I could possibly look at?

Mindee Reece: Yes. There will. We have the company that hosts the conference call who provides us with the transcript which we then edit and post on our website. We have the first three conference call transcripts from previous calls up on our website. I'm working on the one from last week and then we'll also have the one from today posted as soon as possible.

(Jose Bellardo): OK. Great. And so that's on your KDHE website?

Mindee Reece: Yes. If you click on the Ebola icon on the front page of our website that would take you to all of the resources we have available including the transcripts from the conference calls.

(Jose Bellardo): Awesome. Thank you very much. And once again, you guys are doing some great work and I think that this is – what you've stated at least from what I've heard is pretty consistent in terms of what the other states are doing. And so that's – the training piece is invaluable and so I know we need to train as many people as possible.

So congratulations on your efforts and like I said, I'm looking – trying to identify which session I'm going to attend in terms of the Olathe – probably in Olathe because that's the closest one. So thanks again. These are good resources.

Mindee Reece: Thank you (Jose). We appreciate it.

(Jose Bellardo): And anything – from the federal perspective, please, you know, feel free to reach out. No problem.

Mindee Reece: We sure will.

Operator: And your next question comes from the line of Jeff Hartman.

Jeff Hartman: Hello.

Mindee Reece: Hello.

Jeff Hartman: Can you hear me? Hi. This is Jeff Hartman, Infectious Disease Specialist in Wichita. And on behalf of several hospitals I'm involved with, I'm just wondering from a KDHE standpoint at this point, what can we expect test results to be obtained and returned? And what is your understanding at this point about the intention of transferring any patient to a so-called regional center? What kind of timeframe hospitals expect that to happen?

Charlie Hunt: Hi. This is Charlie Hunt. I'll address at least the first part of your question.

We've basically been operating on the assumption it will take probably a couple of days to get the test results. Hopefully, we can get results sooner than that but we need to plan for at least a couple of days in terms of getting specimens collected, arranging for shipments and getting it down to CDC and getting it tested.

Jeff Hartman: I think you understand that the longer the suspected case sits in an E.R. somewhere, the problems associated with that to the institution compound exponentially almost, you know, as every hour goes by.

I noticed that the latest case of Ebola in New York City, at – oh, I'm sorry, the hospital, they had a turnaround time of several hours – that physician presented first thing in the morning and they flew the test back – sample back to Atlanta, had a result that afternoon. I'm just wondering if the hospitals in Kansas could have some sort of a timeframe we could depend on, it would make planning for the training and the acquisition of Personal Protective Equipment and remodeling of spaces in every single hospital in the state, you know, it would make it easier to know just, you know, what sort of planning and remodeling and all the efforts it would take to prepare for this.

I think you can understand that the faster a test result is available, the quicker we know a patient does not have it hopefully or if they do have it, then we can make arrangements to transfer that patient on.

Charlie Hunt: Sure. And I agree with you and I can assure you that this would be our highest priority when the situation arises and we would work as quickly as we possibly could. But just keep in mind that there are some things that are out of our control. We are dependent upon the CDC and our – and one of the Laboratory Response Network laboratories to run the test. And so, you know, we have to depend on them to do that. And so we just need to be prepared for a potential – that potential time lag.

But as I said, I can assure you that we would act as quickly as we possibly could here in the state.

Jeff Hartman: Are you trying to identify hospitals in the state that would be willing to accept and manage Ebola cases?

Aaron Dunkel: Yes. This is Aaron Dunkel, Deputy Secretary, KDHE.

You know, we've reached out; we've had conversations with hospitals. Of course, we have no authority to designate anybody. So if one of the hospitals comes forward and volunteers, then we'll be more than happy to put that information out. But until that time, this is where we are.

Jeff Hartman: And without naming names, have you had anybody express an interest on that?

Aaron Dunkel: You know, we've had folks expressing interest. Of course, being prepared would be a long-term commitment from a facility. But, you know, no one has volunteered necessarily to take folks from other places yet.

Jeff Hartman: OK. Thank you very much.

Operator: Your next question comes from the line of Susan Cooper.

Mindee Reece: Hi Sue.

Susan Cooper: Hi Mindee. I have two questions.

First, I saw on the preparedness update from last week that the CDC training for PPE was posted. Is that the recommendation that Kansas is going to follow?

Charlie Hunt: This is Charlie. Again, the CDC training is a useful resource but it does not supersede the guidance in our plan. We are still sticking with the guidance in our plan.

Mindee Reece: And Sue, the training that we will be developing and delivering will be based on the Kansas plan.

Susan Cooper: OK.

Mindee Reece: Not on the CDC's plans.

Susan Cooper: OK. Because I have hesitated to say to the hospitals in my region, this is what you can use as a training resource. So I will honor your decision.

Secondly, I had asked last time if there was some kind of protocol, procedure for hospitals to know when to transition from Tier 2 to Tier 1 Personal Protective Equipment. Has any work been done on that?

Charlie Hunt: Sue, this is Charlie Hunt again. I guess I can always reiterate what's in our guidance and what I said last time. If you're conducting hands-on direct patient care with a suspected patient with Ebola virus, then you need to follow the guidance in the KDHE plan.

And we recommend the Tier 1 level of PPE if you have a patient is not actively ill and you can maintain a distance of three feet and minimize exposure by keeping that distance and not providing direct hands-on patient care, then, you know, the outpatient guidance or a low level of PPE might be fine.

But if you have a suspected Ebola patient, then we recommend that you follow the Tier 1 PPE or the Tier 2 PPE. But again, there will be the

restrictions to only care for that patient and movement restrictions for healthcare workers if less than the Tier 1 PPE is used.

Susan Cooper: OK. Thank you.

Operator: Again, if you would like to ask a question, press star then the number one on your telephone keypad. Again, that's star then the number one.

Your next question comes from the line of (Laurie Float).

(Laurie Float): Good morning. Thank you for this conference call. I had a question regarding the FDA's Emergency Use Authorization for the assay for the BioFire for rapid diagnosis about recommendations by the state or state lab or even the CDC for that matter. We'll look at this test to see if there's a way to push that down either at the state level or to – even to the hospitals.

With our limited resources with PPE, you know, whether you want to call it the optimal or Level 1 PPE versus Level 2 PPE if we can identify that and if those results are trusted, that obviously would prevent a lot of knee jerk reactions, you know, (rolling) out or, you know, plans and PPE usage and that kind of thing.

Has there been any discussion about using this?

Myron Gunsalus: This is Myron Gunsalus, the Laboratory Director for KDHE.

There has been quite a bit of discussion and even in looking at the CDC's guidelines and the Emergency Use Authorization for that test, one of the things that we have to keep in mind is that that test is not considered definitive and negative from that test would not necessarily give you a confirmation that a person with a high susceptibility or high-risk patient was indeed not suffering from or not infected with the Ebola virus.

So there are some challenges to using it. The sensitivity of it, it does not appear to be as sensitive as the CDC's test, both the one they used there and the one that's been approved for use in the Laboratory Response Network laboratories.

So it is a valid test that's been out there but there are certainly some limitations to it. So at this point, the state is not considering using it within LRN lab because the DOD, the CDC-DOD test that has been approved is a more sensitive and a more definitive test. And we've not been recommending that it be used by hospitals for either positive or negative clearance of – or to rule out patients.

Keeping in mind also that if you did – even if that hospital were able to test with the – with one of the instruments or one of these technologies, your responsibility still requires you to contact the state and to have the test – have the specimens tested by CDC as a confirmation. It doesn't really get you out of anything that's currently being done.

(Laurie Float): OK. Thank you.

Operator: Your next question comes from the line of Julia Hulsey.

Julia Hulsey: Hi. This is Julia. I just wanted to ask Dr. Hunt, was that Maui or Mali that you said the other country was in the initial information you gave out about Ebola?

Charlie Hunt: Yes. Hi. This is Charlie and it's Mali. M-A-L-I.

Julia Hulsey: Thank you very much.

Charlie Hunt: Yes. Just east of Guinea.

Julia Hulsey: OK. Thanks.

Operator: Again, if you would like to ask a question, press star then the number one on your telephone keypad. Again, that is star then the number one.

OK. There are no questions from the phone line to this time.

Mindee Reece: All right. Thank you Kristie.

Just a couple of closing comments, if you did not watch 60 Minutes this past Sunday night, there was a really excellent feature about fighting Ebola in

Liberia. It's available online. So if you haven't seen that, I really encourage you to take a look at that. It certainly brought home for me what we're doing in Kansas and even though we don't have a case yet, the fight against Ebola is very real and people are still very sick and dying in West Africa and I think it's an important thing for all of us to be really well aware of what's happening there.

Again, we are going to have a population health call this coming Tuesday, November 25th at 10:00 a.m. The dialing information will be provided via the typical mechanisms. So stay tuned for that. And we look forward to seeing all of you as we make our trip around Kansas starting this coming Monday, the 17th in Olathe.

So with that, we will end today's call. And we will see you soon. Thank you.

Operator: Thank you for participating in today's call. You may now disconnect.

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