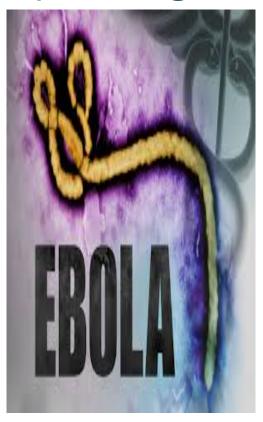
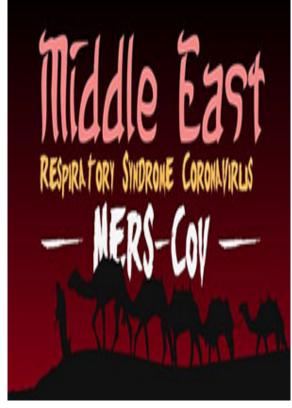
BRINGING NEW VIRILITY TO STERILITY

RE-TOOLING DECONTAMINATION FOR EMERGING EPIDEMICS

Jon Jui MD, MPH

Upcoming Attractions







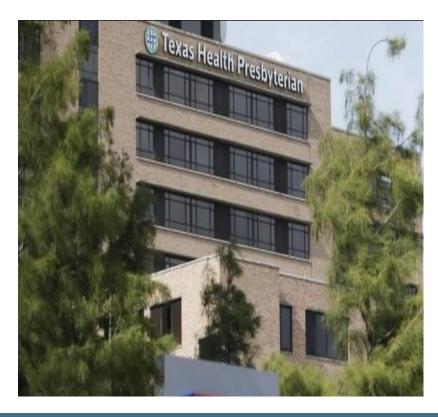


Teaching Points

•What lessons can we learn from the recent Ebola outbreak?

•Are you and your agency ready for the next epidemic?

Ebola: U.S. Wake up call



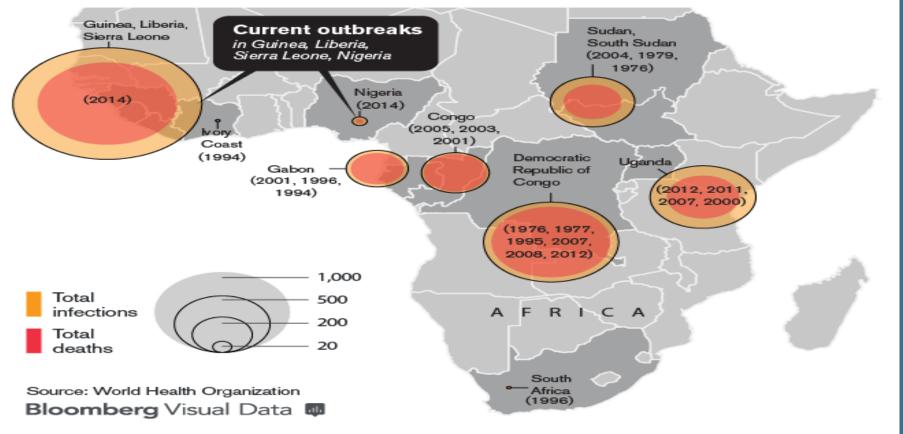






Major Ebola Outbreaks

Confirmed cases and years (as of Aug. 11, 2014).

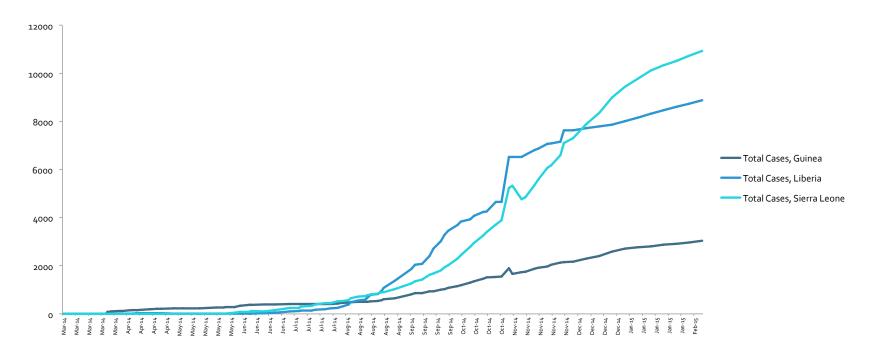




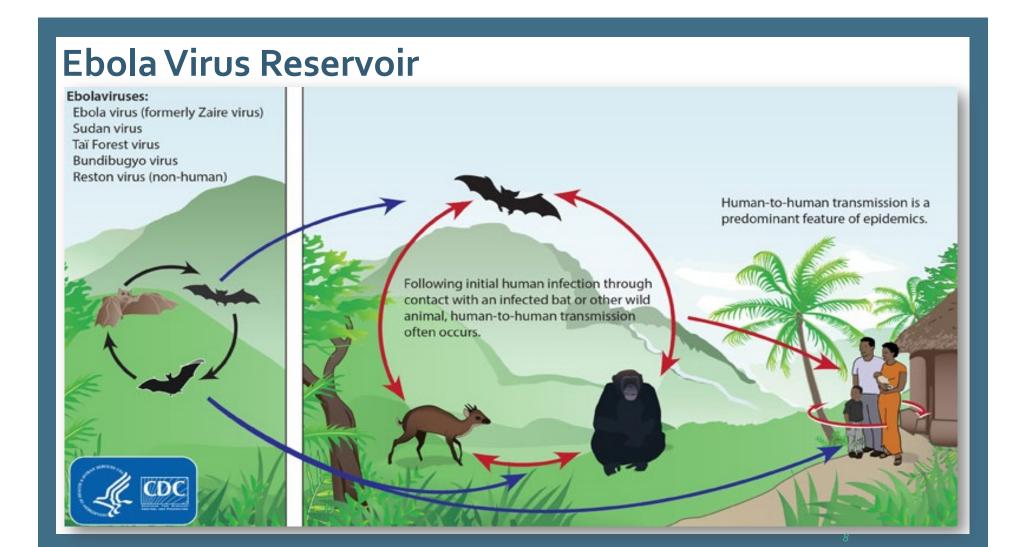


Map includes total confirmed EVD cases reported to WHO

2014 Ebola Outbreak : Reported Cases (Suspected, Probable, and Confirmed) in Guinea, Liberia, and Sierra Leone



This graph shows the total reported cases (suspected, probable, and confirmed) in Guinea, Liberia, and Sierra Leone provided in WHO situation reports beginning on March 25, 2014 through the most recent situation report on February 11, 2015.



EBV MODE OF TRANSMISSION

EBV Mode of Transmission

- Personal direct contact with infected patient
- Body fluids
- Ebola does not penetrate skin

** Airborne transmission in weaponized Ebola demonstrated in Lab.

EBV IN THE ENVIRONMENT

EBV in the Environment

•Q: How long does the virus live in the environment?

- A: Not very long
 - •< 24 hours
 - •On hard surfaces very short < 12 hours.

EBOLA SYMPTOMS

Ebola outbreak

An outbreak of the deadly Ebola virus has killed at least 59 people in Guinea. Ebola is spread by close contact and kills between 25 and 90 percent of victims; there is no cure or vaccine.



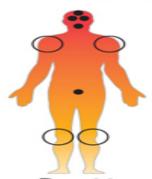
Ebola virus' typical path through a human being



Day 7-9
Headache,
fatigue, fever,
muscle
soreness



Day 10
Sudden high
fever, vomiting
blood, passive
behavior



Day 11
Bruising, brain damage, bleeding from nose, mouth, eyes, anus



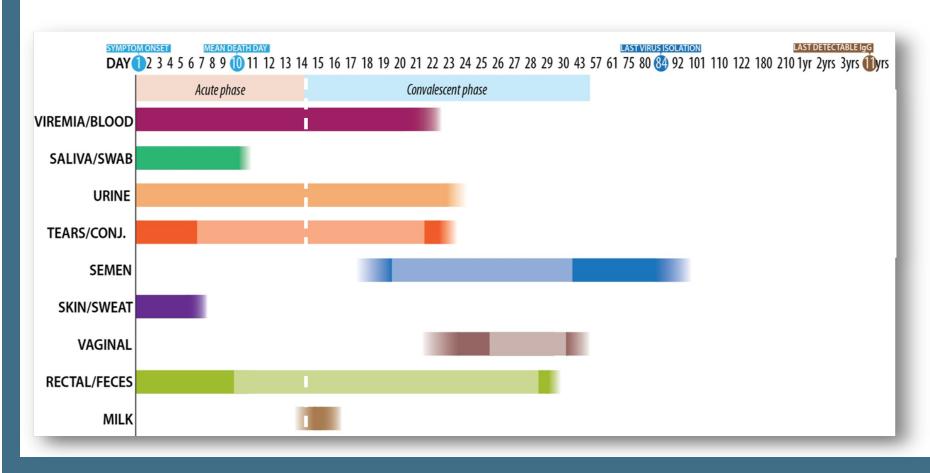
Loss of consciousness, seizures, massive internal bleeding, death

Graphic: Melina Yingling

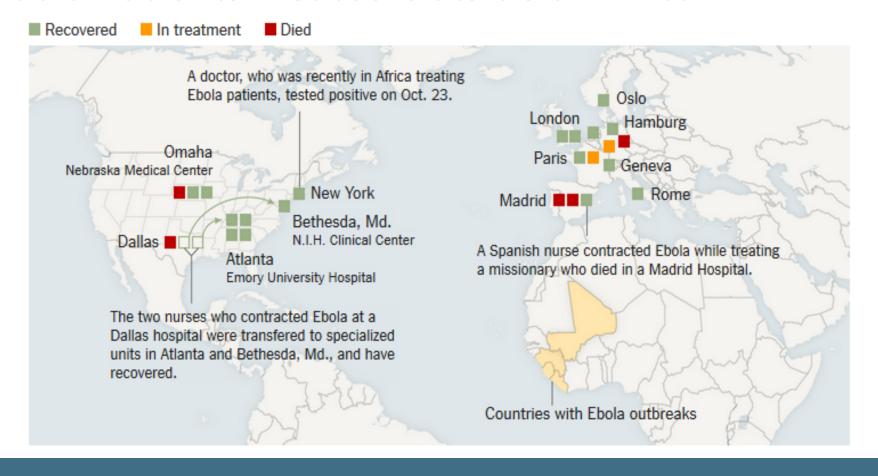
© 2014 MCT Source: U.S. Centers for Disease and Control, BBC







Ebola Patients Treated Outside of Africa



US Ebola Survivors















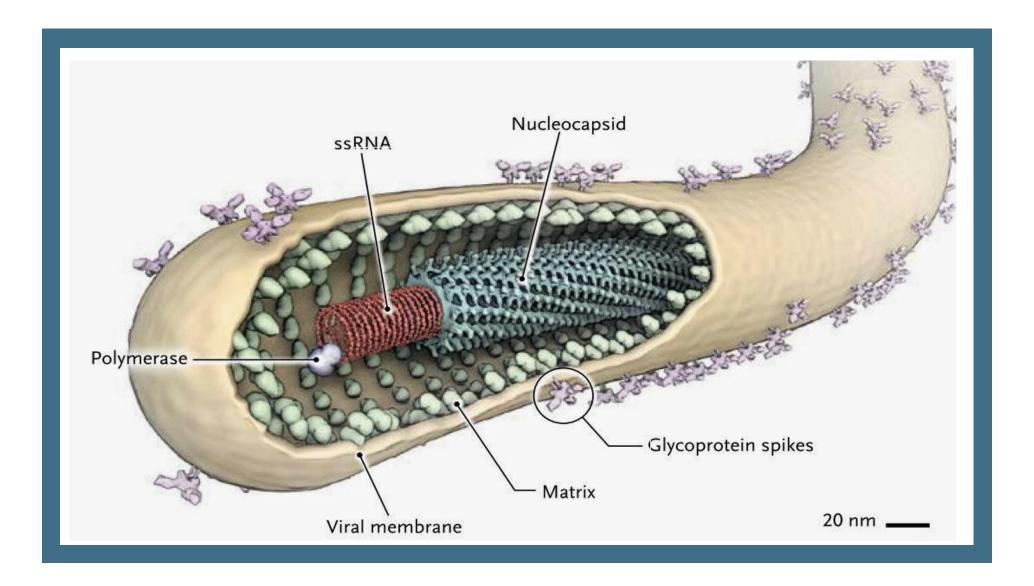


US Treated Ebola Patients

	Care after onset of symptoms	Symptoms at time of presentation to hospital	Outcome	Days in hospital
Thomas Duncan	Sept 24 (hospitalized Sept 28)	Diarrhea, abdominal pain and fever	Died	Died Oct 8
Nina Pham RN	Oct 10	Low grade fever	Survived	Oct 10-24
Amber Vinson RN	Oct 15	fever	Survived	Oct 15-28
Dr. Craig Spencer	Oct 23 (sluggish Oct 21)	Fever, lethargy	Survived	Oct 24-Nov 11
Dr. Kent Brantly	July 23 Tx Aug 2	fever	Survived	Aug 2 – Aug 21
Nancy Writebol	July 23 Tx Aug 5	fever	Survived	Aug 5-Aug 21
Dr. Rick Sacra	Sept 4	Fever + headache	Survived	Sept 4 - 25
Ashoka Mukpo	Oct 2 (fever)	fever	Survived	Oct 6-21
Dr. Martin Salia	Nov 7, + Nov 10	Fever	Died	Nov 15 - Nov 17
Dr. Ian Corzier	Sept 6 - Tx Sept 8 9	Fever, headache	Survived	Sept 9 – Oct 19

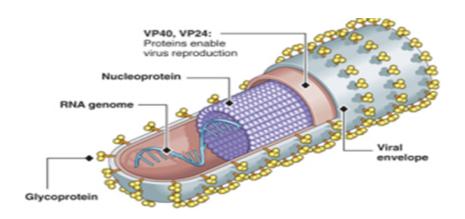
Investigational Therapies for EVD Patients

- Convalescent serum
- Therapeutic medications
- ZMapp three chimeric human-mouse monoclonal antibodies
- **Tekmira** lipid nanoparticle small interfering RNA
- Favipiravir oral RNA-dependent RNA polymerase inhibitor
- Brincidofovir (oral precursor for cidofovir)

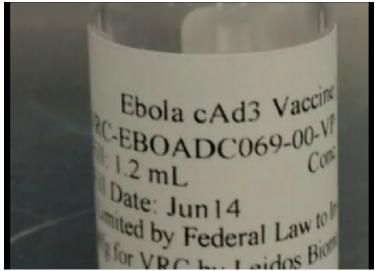


cAd₃ vector vaccine

- Ebola Glycoprotein
- Efficacy in Macaque model







Vesicular Stomatitis Virus EBV Vaccine

- Completely protected 3 macaques against EBV challenge with aerosolized EBV
- All 3 control animals died 6-8 days later



WHERE DOYOUTHINK THE PROBLEMS WITH HEALTH CARE WORKERS









Ebola PPE: Prior to CDC modifications





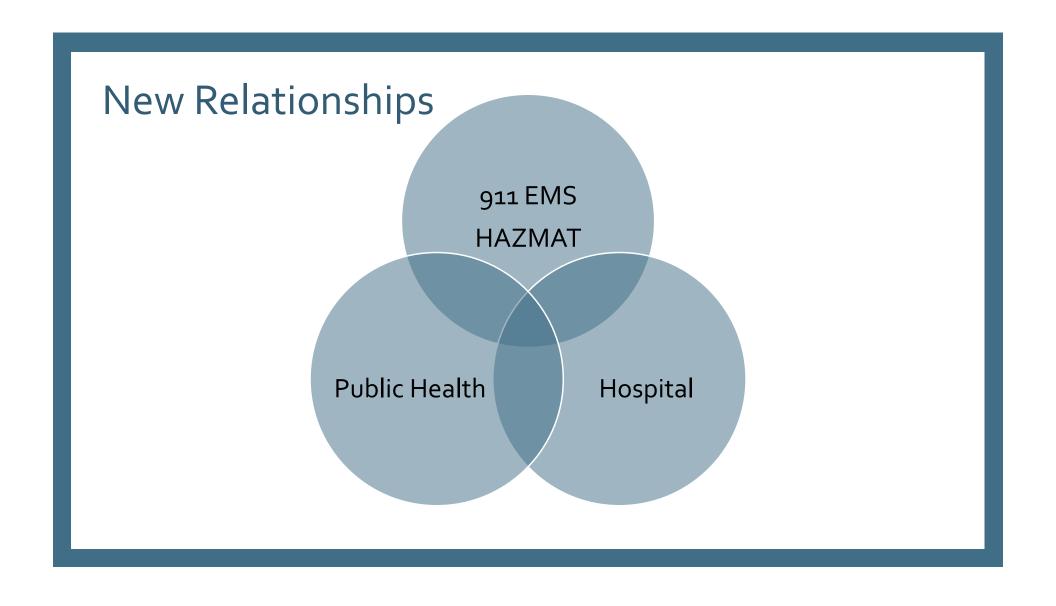
UK Ebola Personal Protective Equipment







CHANGING PARADIGM EMS, HOSPITALS, PUBLIC HEALTH



PUBLIC HEALTH EBOLA RISK CLASSIFICATION

Patient under Monitoring: Asymptomatic Individuals

HIGH-RISK EXPOSURE

Direct Contact with blood or body fluids

Cared for Ebola patient with direct contact (without PPE)

SOME RISK EXPOSURE

In countries with widespread transmission or cases in urban areas with uncertain control measures:

- Direct contact while using appropriate PPE of symptomatic patients
- Any direct patient care in other healthcare settings

OR

Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic

NO IDENTIFIABLE RISK EXPOSURE

Contact with an asymptomatic person who had contact with person with Ebola **OR**Contact with a person with Ebola before the person developed symptoms

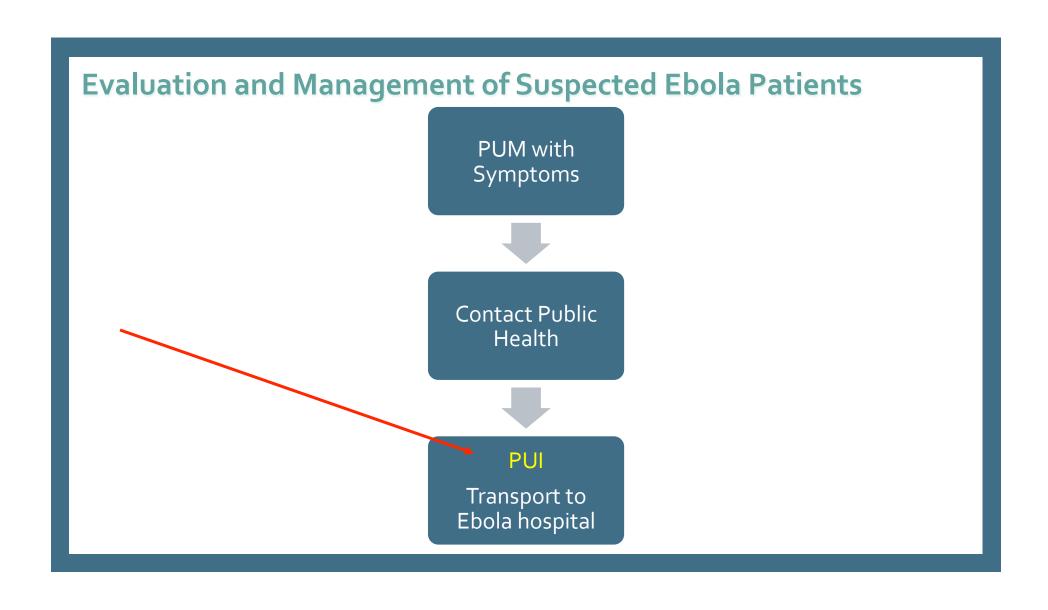
OR

Having been more than 21 days previously in a country with widespread transmission or cases in urban areas with uncertain control measures

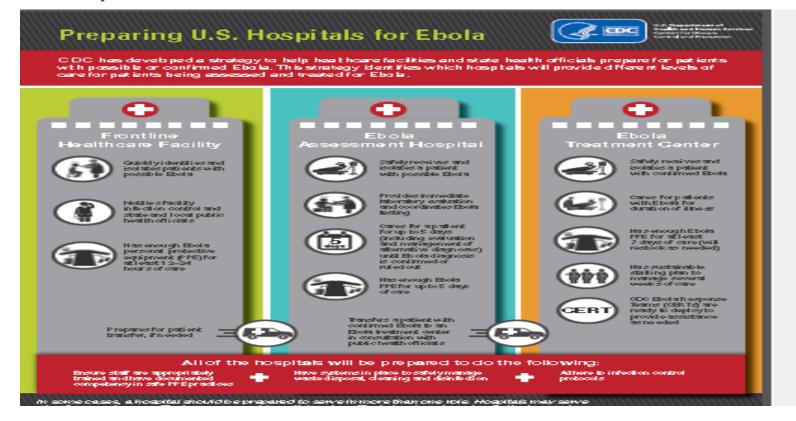
OR

Having been in a country with Ebola cases, but without widespread transmission or cases in urban settings with uncertain control measures, and not having any other exposures as defined above **OR**

Having remained on or in the immediate vicinity of an aircraft or ship during the entire time that the conveyance was present in a country with widespread transmission or cases in urban areas with uncertain control measures and having had no direct contact with anyone from the community



US Hospital Ebola Classification



EMS BIOCONTAINMENT OPTIONS

MCEMS Recommended PPE





MCEMS Patient Isolation Bag



Patient Isolation Ambulance









Scene and Hospital Decon



Biological Hazards and UV light







Recommendations

- <u>Develop your relationships</u> with your public health and hospital colleagues
- Identify and <u>acquire (before the event)</u> your PPE and medical countermeasures
- Identify and integrate your operations with your local HAZMAT providers
- Within your system, <u>identify and train your personnel</u> to work in level B / level C PPE environment.
- Monitor the hospital infectious disease biological categorization and/or designation

THE END