Ebola Campus Preparedness Considerations

Craig Roberts, PA-C, M.S.
Sarah Van Orman, M.D., M.M.M.
Joanne Vogel, Ph.D.
Learning Outcomes

• To identify the key domains for planning and preparedness for Ebola virus disease

• To assess your current readiness to respond and outline areas you wish or need to develop

• To increase your ability to communicate in a manner that balances accurate information while acknowledging fear
Ebola Virus Disease: Overview

- Found in several African countries

- First discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo

- Since then, outbreaks have appeared sporadically in Africa
Ebola Basics: Clinical

• **Symptoms:** Fever, severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain and hemorrhage (bleeding or bruising)

• **Incubation:** Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days

• **Recovery:** Depends on good supportive clinical care and the patient’s immune response
Ebola Basics: Transmission

Spread through direct contact (through broken skin or mucous membranes) with:

- Blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola

- Objects (like needles and syringes) that have been contaminated with the virus

- Infected fruit bats or primates
Ebola Virus Transmission

• Persons with Ebola do not become infectious until the onset of symptoms

• Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of infection

• Minimal risk of transmission in other settings
Situation Update: Epidemiology

• Current outbreak in West Africa is the largest ever reported
• 10,000+ cases and 5,000 deaths reported
• Real incidence probably much higher
• Incidence rate is about 1 in 1000 people (for 20K cases in population of 21 million)
• Only 18 cases have occurred outside of Africa, including 4 in the U.S.
NB: Nigeria (19-Oct) and Senegal (17-Oct) were declared EVD free.
Preparedness Domains

• Surveillance
• Incident Management
• Medical Care
• Community Coordination
• Communications
Surveillance

• Is there a mechanism to identify and contact students, faculty, staff, and visitors who are returning to campus from an Ebola affected area or who have been exposed to active cases of Ebola and to refer appropriately to the public health department for monitoring?

• Is there a mechanism in place to restrict travel to areas affected by the CDC travel warning: http://wwwnc.cdc.gov/travel/diseases/ebola
Surveillance

All travelers returning from affected countries are required to contact the local/state public health department on arrival at their final destination

• Travelers are to measure their temperature twice daily for 21 days after departure from an affected country

• Local/state health department will contact the traveler daily for three weeks to assess health status and monitor temp

This could be delegated to the student health service
Surveillance

• Students/faculty/staff arriving from affected countries who are asymptomatic and don’t have direct exposure to a person with Ebola are considered to be at low risk for disease. They are not restricted in any way. They may:
  – Attend class, labs, take exams
  – Teach, perform research, provide patient care
  – Socialize, travel, congregate, use mass transit

• Travelers with known exposure/contact to a case (e.g. health care worker) are at increased risk; restrictions on movement and activities should be put into place consistent with CDC guidelines:

• Contacts of asymptomatic travelers (e.g. roommates) are at NO RISK and do not need monitoring, quarantine, or special action.
Surveillance Tips

• Identify a mechanism and/or individual who is responsible for monitoring individual and group institutional travelers

• Consider personal travel

• Review the campus travel policy
  – Can travel be restricted?
  – Under what circumstances would it be permitted?
Preparing for Winter Break

• Contact students from affected countries in advance to determine their travel plans
  – Assist with temporary housing needs if they elect to stay
  – Ensure they are knowledgeable about risks in home country
  – Prepare them for monitoring regimen when they return
  – Obtain detailed travel itinerary

• Campus-wide distribution of travel policy and requirement for travelers to notify a campus contact (e.g., health service or health department)
Incident Management – Overall

Is your campus emergency response plan up to date so it can be activated, if needed, to respond to a case of Ebola on campus or in the local community?
Incident Management – Real-life Scenario

• A patient has confirmed Ebola at the local hospital where your students are transported during after-hours emergencies

• How should the campus respond?
Incident Management – Real-life Scenario (Cont.)

• Within two weeks, two additional cases of Ebola are diagnosed due to exposure at the same healthcare facility

• How should the campus respond?
Incident Management – Real-life Scenario (Cont.)

- Three days later, you are informed that at least two students were on the same commercial flight as one of the newly diagnosed healthcare workers and have been attending classes

- How should the campus respond?
Planning Tips

• Start from existing all-hazards, pandemic influenza, continuity of operations and other communicable disease plans

• Identify key on-campus stakeholders and resources (e.g., Health Center, Dean of Students/VP, Public Affairs, Risk Management, Res Life, Facilities, Provost/Dean of Faculty)

• Identify activation triggers in advance

• Consider use of a virtual emergency operations center to supplement face-to-face meetings/briefings

• Ensure your campus emergency response plan supports record keeping, a timeline of key decisions, and contingency approaches
Incident Management Considerations and Partners

- Athletics
- Residential Life
- Multicultural Student Affairs
- International Student Services
- Health Center
- Counseling Center
- Recreation Center
- Student Organizations
- Admissions/Enrollment Services/Registrar
- Bursar
Incident Management – Specific Plans

Have you developed specific plans in the event of a suspected or actual case of Ebola in a community member?
Specific Planning Considerations

Specific plans should be developed for:

– Communications
– Support for quarantine of an exposed student
– Environmental Decontamination and Waste Disposal
– Protections for 1st Responders
– Transportation
– Human resources policies for employees and academic support plans for students quarantined or placed on leave following an exposure
Medical Care

Is the on-campus student health center prepared to identify and manage a patient with suspected Ebola?
Medical Care Tips

• Written protocol for identification and management of a suspected case
• Minimize care provided-goal is identification, isolation, and transfer
• Screen all patients for international travel within the past 21 days
• Consider screening patients by phone when possible
• Ensure staff members have access to and training in use of personal protective equipment
• Identify a local medical facility for transfer
Community Coordination

Is your plan coordinated with community organizations on a community response to a case of Ebola?

– Local public health
– Healthcare facilities
– Emergency responders-law enforcement, EMS, etc.
– Other institutions of higher education
Community Coordination Tips

• Local public health will likely be in the lead for planning. Consider what to do if communication with local public health is not available or is challenging.

• What if the usual hospital is off-line?

• Collaborate with other local and regional institutions of higher education to take similar approaches to a case in the community.
Communication

• Does your campus have a communication plan and team in place to respond to the communications need if a case were to emerge on campus, in the community, or at another institution?

• Examples:
Communication Tips

• **Who** will deliver?
  • Select spokesperson(people)-Senior leadership needs to have role, but can “delegate” authority to other campus official

• **What** are the messages?
  – Identify key stakeholders and theirs concerns and draft messages in advance.
    • Case in community
    • Case on campus
  – Limit messages to 3 points which are short, clear, concise with supporting information
  – Messages should convey information about health and safety, trust in institution and care and compassion
Communication Tips

• **When** will you message?
  – Identify trigger points for messages
  – Monitor web hits, social media, and inquiries
  – Plan to repeat key messages

• **How** will the messages be delivered?
  – Prepare for need for Phone Banks/Hotlines
  – Consider role of student groups and student news media in proactive education and outreach now
  – Discuss with community partners university role in joint information center

Stick to your plan for consistency of message
Final Considerations

• Ebola outbreak will continue to evolve over the next several months and may change significantly. → Campus plans will need to support a long-term sustained response.

• Responses and recommended actions may change over time. There will be uncertainty over the recommended courses of actions. → Campus response plans will need to be flexible and iterative.

• Campus actions should adhere to recommendations from federal, state, and local public health leaders recognizing the need for case to case decisions.

• Campus response plans should protect the health of their community as well as promoting social justice and compassion. → Institutions of Higher Education can be thought leaders in their community to mitigate fear and anxiety both on and off campus.
QUESTIONS