

# Ebola In Progress Review

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# Overview

- Funded through cooperative agreement with CDC
- Conducted jointly with NACCHO
- Intended to focus on public health response and its intersection with other sectors (healthcare, public works, etc)
- Comprised of an in-person meeting, key informant interviews, and collection of best practices

## In Progress Review Topics

- Funding
- Isolation + Quarantine
- Screening + Monitoring
- Healthcare Preparedness
- Transportation
- Waste Management
- Laboratory Testing
- Operations Coordination + Communication
- Risk Communications

## In-Person Meeting

- Held on August 4-5, 2015 in Arlington, VA
- 90 participants
  - State and Local Public Health
  - Federal Agencies
  - Private Partners, Associations, and Healthcare Coalitions
- Mix of full-group discussion and breakout sessions

## Areas of Strength

- National calls were useful sources of information
- Supplemental funds were made available for state and local health departments to respond to Ebola
- Airport screening strategy was effective in monitoring movement of incoming travelers
- Laboratory infrastructure rapidly confirmed or ruled out possible cases of Ebola

## Areas of Strength, continued

- State and local health departments used Incident Command Structure (ICS) as an effective mechanism for state and local health departments and their partners to organize their response operations
- State and local health departments quickly stood up active and direct active monitoring
- Federal partners, through national associations, rapidly disseminated information and guidance to their members, enabling broader situational awareness

# Areas of Opportunity

- State and local health departments were not involved *early* in the process in development of guidance and response strategies
- Guidance for external partners were not sufficiently tailored to the audience, particularly for law enforcement, EMS, transportation, and waste management/public works
- Risk communications to the public, while available, did not sufficiently address popular misconceptions about the risk of contracting Ebola
- Public health, healthcare, and EMS sectors were not adequately prepared to manage the special level of infection prevention and control for Ebola

## Areas of Opportunity, continued

- The tiered-hospital strategy is not sustainable in its current configuration
- Housing for isolation, quarantine, family, and post-hospital patient care was difficult to secure and fund
- Insufficient ability to address actual and perceived waste management concerns due to lack of timely federal guidance and inadequate coordination among public health, healthcare, EMS sectors, and public works



# Cross-Cutting Recommendations

- Increase and accelerate preparedness funding to public health and healthcare end users by expanding funding sources, improving flexibility, and identifying opportunities to improve efficiency of administering funds at all levels.
- Diversify, strengthen, and formalize partnerships at all levels including waste management, transportation, and other “non-traditional” partners to improve guidance and preparedness planning.
- Transition from Ebola-specific guidance and protocols to broader infection control improvements to strengthen health systems and improve integration of preparedness and infection control.

# Cross-Cutting Recommendations

- Identify promising practices and tools developed or used during the Ebola response that could be utilized for existing or emerging infectious disease threats such as Zika, and improve mechanisms for sharing with appropriate stakeholders.
- Leverage national associations to improve operational coordination and streamline communication between federal, state, and local partners.
- Build awareness of and educate policymakers and political leaders at all levels on the incident command system and public health preparedness and response systems.

## Recommendation Highlights

- Establish a public health contingency or emergency fund
- Increase and accelerate funding to end users
- Update PHEP, HPP and ELC annual grant language to make it more responsive and flexible

## Recommendation Highlights:

- Assure documented plans are in place for isolation and quarantine
- Improve and increase sharing of global disease surveillance information
- Improve guidance for 9-1-1 and EMS providers

## Recommendation Highlights:

- Further integrate waste management and public works into preparedness planning, exercises and drills
- Include laboratory representatives in preparedness planning committees and healthcare coalitions
- Centralize communications through an information-sharing platform
- Regularly brief governors and other high-level elected officials on ICS procedures and policies using real-world scenarios

# Federal Guidance Considerations

While federal guidance provided necessary protocols and direction for both public health and healthcare, review participants emphasized the importance of guidance that is:

- Flexible
- Authoritative
- Audience appropriate
- Timely rather than perfect
- Aligned with other federal and international agencies
- Housed on a centralized/joint agency website
- Strongly founded in scientific principle rather than responsive to perception
- Accompanied by a “cross-walk” document when guidance changes

## Next Steps

- Finalize Report
- Share with Federal and Association Partners
- Release Executive Summary and Recommendations for General Use by States, Locals, and Other Key Stakeholders

Access recommendations shared here today at:

[www.astho.org/ebola/](http://www.astho.org/ebola/)

