Agenda

1. Reset Time to 2014

2. Review how DFW manages through Public Health Emergencies using Ebola as the example

3. Walk through 3 cases all Ebola related

4. Highlight how the Emergency Management process streamlines operations and communications
On March 23, 2014 the World Health Organization (WHO) was notified of a rapidly evolving outbreak of an Ebola virus in Guinea.

This outbreak spread to Guinea, Liberia, Sierra Leone and Nigeria.

The total number of cases reported as 3685, with 1841 deaths.

The overall case fatality rate was abnormally high at 50%.
Dynamics in 2014 Ebola Incident

- Capital cities were of particular concern, due to population density and repercussions for travel and trade.

- The W.H.O. stressed that cases were concentrated to remote portions of affected countries.

- The CDC’s role and posture was to prevent panic by the use of effective risk communication designed to anticipate the mental stresses of the population and effectively minimize them.
• CDC Director called for immediate steps to accelerate response to the West Africa Ebola epidemic

• CDC directed enhanced exit screening and infection control at international airports.

• DFW Emergency Medical Services partnered with Tarrant County Public Health, the CDC, and CBP to understand and facilitate screening for international arrivals.
Early Symptoms:
Ebola can only be spread to others after symptoms begin. Symptoms can appear from 2 to 21 days after exposure.
- Fever
- Headache
- Diarrhea
- Vomiting
- Stomach pain
- Unexplained bleeding or bruising
- Muscle pain

How do you get the Ebola virus?
Direct contact with:
1. Bodily fluids of a person who is sick with or has died from Ebola. (blood, vomit, pee, poop, sweat, semen, spit, other fluids)
2. Objects contaminated with the virus (needles, medical equipment)
3. Infected animals (by contact with blood or fluids or infected meat)
Airport Response (1 of 3)

- DFW began exit screening in alignment with CDC directive
- Ebola messaging pushed to staff, airport partners, and customers
- Coordination calls began with public health partners
- Operational planning for receiving infected customers occurred
  - Implemented the DFW Airport Communicable Disease Response Plan
- Variable: International or Domestic?
  - Different Lead Public Health Partner
Airport Response (2 of 3)

- **International Arrivals**
  - EMS personnel responds to suspected infectious disease wearing appropriate personal protective equipment.
  - EMS boards the aircraft and evaluate the patient(s) with a minimum number of responders.
  - CBP secures the aircraft and restricts the number of persons entering and exiting.
  - If a disease requiring isolation or quarantine is suspected, EMS will contact the CDC.
  - CDC makes the decision to isolate, quarantine, or release passenger(s).
Airport Response (3 of 3)

- **Domestic Arrivals - Difference**
  
  - Tarrant County Public Health – Lead Partner (changed in 2017)
  
  - **DFW Airport Police** secures the aircraft and restricts the number of persons entering and exiting instead of CBP.
Roles and Responsibilities

DFW International Airport
Emergency Medical Service
Emergency Management
Police

Tarrant County Public Health

Centers for Disease Control

Customs and Border Protection
Roles and Responsibilities (1 of 4)

CBP:
- The enforcement arm of the U.S. Department of Health and Human Services including the CDC
- CBP has authority to isolate or quarantine persons on an international arrival.

- DFW Airport:
  - DFW Airport Police
    - Secures the aircraft and restricts the number of persons entering and exiting for domestic flights
Roles and Responsibilities (2of 4)

- EMS/First Responder
  - Acts on behalf of the CDC Houston Quarantine Station

  - Gather the following information:
    - Name, Sex, DOB, Citizenship, *Countries visited*, Contact info, Names of travel companions, Duration of current symptoms, Airline name and seat number.

  - If the passenger has symptoms and known travel, notify the CDC.

  - Separate ill persons >6 feet from others.

  - Measure their temperature, ensure proper PPE for all in vicinity.

  - If communicable disease is likely contact County Public Health.
Roles and Responsibilities (3of 4)

DFW Emergency Management (EM):
• Provide coordination for the following:
  • Federal, State, and Local Public Health and other partners
  • Public Messaging
  • Logistical support
  • Airline requirements
  • Customer needs

Centers for Disease Control and Prevention
• Primary Contact for Domestic and International arrivals (2017).
• Notified if a threat emerges requiring possible isolation or quarantine due to a significant public health event.
Tarrant County Public Health

- Handle all public inquiries so Public Health professionals can own the narrative; assisting DFW.
- Secondary contact if CDC unavailable.
- Responds to the Airport if a threat emerges requiring possible isolation or quarantine for a significant public health event.
- To ensure that Russ Jones never retires…
DFW International Airport - Cases
Case 1

TSA Officer

- September 2014, DFW EMS responded to a medical call for ill TSA Officer at a TSA checkpoint with flu like symptoms

- Person had known travel to Liberia

- Suspicion of infectious disease

- The Communicable Disease Response Plan was activated

- TSA Officer was quickly isolated in private office pending CDC recommendation
Case 1

TSA Officer

• Based on the person’s travel history, the CDC and County Public Health determined transport to a local hospital for evaluation was warranted but suspicion of Ebola was minimal.

• Teleconference with the Airport EMS, Emergency Management, CEO and EVP Operations, PIO, CDC, Tarrant County Public Health and their PIO, TSA, and Hospitals initiated while awaiting test results.

• Rumor control of paramount importance, once test results cleared Ebola

• The individual tested positive and treated for Malaria.
Case 1

Take Aways:

1. Have your Public Health Partners on speed dial
2. Know your staff’s strengths and weaknesses—organizational humility is a must
3. Exercise together
4. Don’t forget your Public Health PIO
Case 2

Ebola Arrival

- On September 20, 2014, United Flight 822 from Dulles to Dallas arrives with infected passenger.
- Passenger was not contagious upon arrival at DFW.
- Passenger diagnosed with Ebola on September 30, 2014 at Presbyterian Hospital, Dallas.
- Patient died at Presbyterian Hospital, Dallas.

Take Aways:

1. Be prepared to answer odd questions
2. Defer to Public Health Partners often
3. Don’t forget your Public Health PIO
Case 3

Ebola Departure and Arrival

- On October 10, 2014, Frontier Flight 1142 from Dallas to Cleveland departs with infected passenger.
- Passenger was not contagious or symptomatic departing DFW.
- Passenger returned to DFW on October 13th 2014 on Frontier Airlines Flight 1143 with symptoms and then diagnosed with Ebola.
- 132 passengers contacted.
- Passenger survived and no other travelers became ill.
Case 3

Take Aways:

1. Be prepared for domestic cases even if the illness is originating elsewhere

2. Be prepared to speak to disinfecting public spaces

3. Messaging needed to restore public’s sense of safety, very different from directive messaging

4. Don’t forget your Public Health PIO
Questions