Ports and US Public Health

National Infectious Disease reporting rooted in concern about disease importation…

• 1878 - U.S. Marine Hospital Service
  – Consuls overseas report on local occurrences… cholera, smallpox, plague, yellow fever, etc.
  – Quarantine measures based on these reports

• 1879 - Congressional appropriation for collecting & publishing reports

• 1893 - Authority expanded to include data from states and municipalities
Public Health Preparedness - 2001

• After East Coast anthrax attacks in 2001, public health recognized the need to

  …provide a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. (NIMS)

• Stimulated national planning activities between emergency preparedness and public health
Public Health Challenges  2001-2003

2001 Anthrax attacks

Small pox & bioterrorism

BT funded planning activities

Local communicable disease response planning with Multnomah County & Port of Portland began in 2002

SARS 2003
Airport CD Response Planning

- Key airport stakeholders
  - Communication Center/ Dispatch
  - PDX Fire/EMS
  - Airport Operations
  - Public Information Officer (PIO)
  - PDX Police
  - Airlines (local Operations)
  - TSA
  - CBP

- County, state, federal partnerships
  - Emergency Medical Services (EMS) – patient protocols, medical oversight, treatment
  - State & Local Public Health
  - Public Information Officers (PIOs)
  - CDC Seattle Quarantine Station
Airport CD Response Planning

- First Responder (Port Fire/EMS) Capabilities/ Protocols
  - PPE & equipment
  - Mutual Aid Agreements
  - Alerts & guidance from EMS Director

- Authorities
  - Diversion of flight
  - Reporting requirements for airlines
  - Quarantine/ Isolation
  - Noncompliant travelers
  - Do Not Board/ No-Fly
  - Opening the aircraft door

- Scenarios
  - Day-to-day operations vs. time of heightened alert & awareness
  - Sick person on inbound aircraft/ in airport vs. ID of a disease after the fact

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**MULTINOMIAH COUNTY EMERGENCY MEDICAL SERVICES**

**EMS POLICIES & PROCEDURES**

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<th>POLICY NUMBER</th>
<th>TYPE</th>
<th>REPLACES</th>
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<th>JON JUI MD, MPH</th>
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**EBOLA VIRUS INFECTION: PATIENT EVALUATION GUIDELINES**

**PURPOSE**

The purpose of this guideline is to enhance EMS provider safety in the setting of a suspected Ebola virus patient evaluation.

**CDC Case Definition of Ebola Infection**

**EMS patient assessment criteria**

- Patients presenting with any of the following symptoms: fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.

AND

- Travel to or from West Africa (Guinea, Liberia, Sierra Leone, Senegal, Nigeria or other countries where Ebola transmission has been reported by WHO) within 21 days (5 weeks) of symptom onset.

**Dispatch**

1. Most likely BDEC will dispatch this type of call as a "3C" dispatch type code.

2. When possible, BDEC should query the caller on the presence or absence of fever. This information should be relayed to the crew via the dispatch CAD.

**PPE**

1. Recommended provider PPE includes: gloves (double gloving), full body protective outer garment (Tyvek suit or higher) with integral hood and booties and PAPR (if available) or full face mask with P100 or higher respiratory protection.

2. PPE should be donned and doffed according to published guidelines to prevent cross contamination.

**Initial Assessment and Treatment**
Case Study - Pandemic H1N1, Spring 2009

- 4/29: First Oregon case
- 4/30: Press release Cases 2 and 3
- 5/1: Cases 4, 5, and 6...

First CDC report

Track national/international situation

- 4/21
- 4/22
- 4/23
- 4/24
- 4/25
- 4/26
- 4/27
- 4/28
- 4/29
- 4/30
- 5/1
- 5/2
- 5/3
- 5/4
- 5/5

Start MCHD Incident Command

Expand local surveillance
(EMS; data tracking systems for new disease; etc)

Continue new case investigations; Coordinate with schools, the airport, and local businesses.

Demobilize Incident Command
6-May-09

20-Apr-09
Contact Information Cards

Multnomah County Health Department
Communicable Disease Program
426 SW Stark St., 3rd Fl, Portland, OR 97204
Phone: 503-988-3406 Fax: 503-988-3407

Passenger Contact Information
Multnomah County Health Department is investigating a passenger on your flight with a possible contagious disease. If our investigation finds that you were exposed, we want to contact you.

Please complete the information below to assist us in contacting you. This information will be kept confidential, as required by state and federal health privacy laws.

Last Name: ___________________________ First Name: ___________________________

Seat Assignment (for example 7A or 25D): _____ Flight#: _____

PERMANENT CONTACT INFORMATION
Home address: Street: ___________________________ Apt: _____

City/Town: ______________ State/Province: _____ Country: _____

Phone numbers (with area code)
Home: ___________________________
Work: ___________________________
Cell: ___________________________
Case Study - Measles, 2011

• Information gathering for investigation
  – Passenger route through airport
  – Airport HVAC and likely risk
  – Manifests and flight crew

• Information sharing
  – Built off of pandemic influenza experience – messaging for airport employees, tenants, businesses
  – PIO coordination
Ebola scare at Portland International Airport: Sick child traveling from Africa ate too much junk food on flight

Regional health officials responded to an Ebola scare at Portland International Airport on Wednesday morning after receiving word of a sick passenger traveling from Africa.

EBOLA
White House: $589 million to fight Zika virus

Sick child at Portland airport cleared of Ebola

PORTLAND, OR (KPTV) - A young child who exhibited flu-like symptoms on a Delta Airlines flight was checked by paramedics and Multnomah County health officials Wednesday and quickly cleared of any suspicion of having the deadly Ebola virus.

The flight landed at Portland International Airport at 11:35 a.m.

The child had recently been in Africa and made entry into the U.S. via another airport.

Upon arriving at PDX, the child was examined by health officers, and then cleared.

Port of Portland officials said all passengers on the plane were then allowed to continue on their respective journeys.

Portland International Airport does not have any direct flights to Africa.

RELATED:
Oct. 15, 2014: CDC: Nurse exposed to Ebola should not have flown

Oct. 15, 2014: 2nd Texas health worker tests positive for Ebola
Case Study – Ebola, 2014

• Response to a "no case"
  – Addressing public concerns (evaluation and messaging)
  – Coordinated PIO response – keep pace with social media and related traditional media

• Ready for other response activities as needed
  – Public health system provided information on persons for monitoring

• Support other airport needs
  – Focused employee education & information sessions
Employee Preparedness

• Port Authority/ Airport Operator Employees
  – Education
  – ID critical work functions (COOP/ BCP)
  – ID essential employees & what it means to be essential
  – Refresh HR policies
  – Guidance for personal hygiene & health
  – Vaccine program
  – Push Partner Registry
PDX prepares for H1N1

PDX will soon be installing hand sanitizing stations as an additional means to help prevent the spread of H1N1 and seasonal flu. According to the Centers for Disease Control, the H1N1 influenza is likely to spread from person to person in the same way as seasonal flu, that is, via coughing or sneezing by people infected with the virus. People may also become infected by touching something with influenza viruses on it and then touching their mouth, nose or eyes.

Since flu can spread at any public facility, PDX recommends that travelers and airport workers take the following precautions:

- Clean hands, especially after sneezing and coughing, with soap and water or alcohol-based hand cleaners. Travelers may find it helpful to pack a 3-ounce or less container of hand cleaner.
- Cover coughs and sneezes with a sleeve or tissue, and throw the tissue in the trash after using it.
- Avoid touching nose and mouth.
- Avoid close contact with sick people.
- If exhibiting signs of the flu, stay home for at least 24 hours after fever falls below 100 degrees Fahrenheit without the use of aspirin or other fever-reducing medicine.

References & Links

1. Airline Flight Crew Interim Guidance 05Aug:
   http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm
2. Business/Workplace Planning for Pandemic:
   http://www.pandemicflu.gov/professional/checklists.html
3. Business Communication Toolkit:
   http://pandemicflu.gov/professional/business/toolkit.pdf
4. Cleaning/Personal Hygiene Guidance:
   http://www.cdc.gov/h1n1flu/qa.htm
   http://www.simmons.edu/hygieneandhealth/cleaning_for_H1N1_final2.pdf
   http://www.dhs.gov/files/programs/gc_1250618185382.shtm
6. Employee Risk Classification:
   http://www.osha.gov/Publications/influenza_pandemic.html#classifying_exposure
7. Facemask/Respirator Guidance:
   http://www.cdc.gov/h1n1flu/masks.htm
   http://www.dhs.gov/files/programs/gc_1250315593313.shtm
8. Flu Surveillance Reports (National):
   http://www.cdc.gov/flu/weekly/fluactivity.htm
9. Flu Surveillance Reports (Oregon):
10. Flu Surveillance Reports (Wash):
    http://www.doh.wa.gov/EHS/PHL/Epidemiology/CD/fluupdate.htm
11. Flu Vaccine H1N1 CDC Fact Sheet for print:
12. Flu Vaccine H1N1 CDC Press Release 29July09:
    http://www.cdc.gov/media/pressrel/2009/090729.htm
13. Flu Vaccine H1N1 Campaign Strategy:
    http://www.flu.gov/vaccine/strategy.htm#campaign
14. Flu Vaccine Seasonal – Key Facts:
    http://www.cdc.gov/flu/protect/keyfacts.htm
15. Flu Vaccine Seasonal/Flu Shot Locator:
    http://www.findafleishot.com/
    http://www.getafleishot.com/
Employee Preparedness

- Airport Employees (airlines, concessions, service staff, tenants)
  - Education
  - Personal hygiene & health
  - Infection control & awareness
  - Increased cleaning of “high touch” areas
  - Mask use
  - Difficulty in reaching the front-line workers
Airport Communicable Disease Preparation

• Key takeaways
  – Airport owns the plan & convenes the multiple stakeholders
  – Maintaining a living plan requires persistence
  – Strong relationships among stakeholders are vital in advance of an event
  – Take care of your employees and tenants