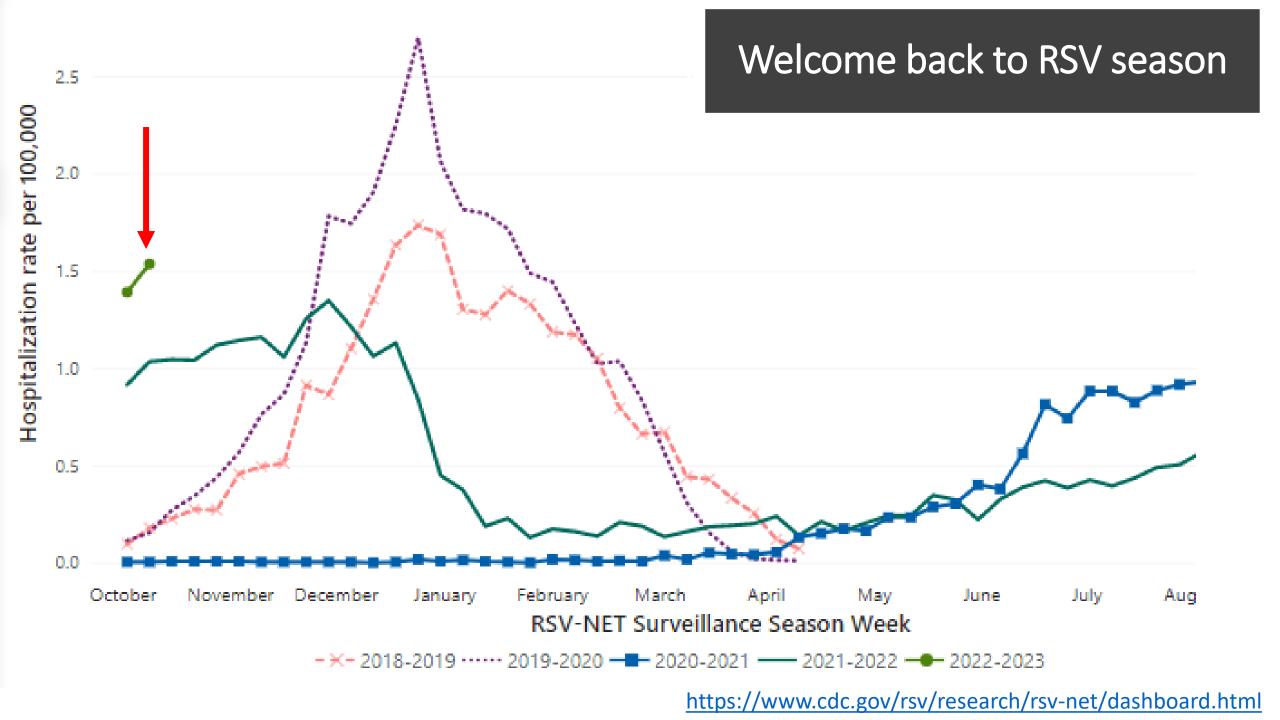
## Late Breaking Topics: What's on our radar?

Will Greendyke, MD

**Bureau of Communicable Diseases** 

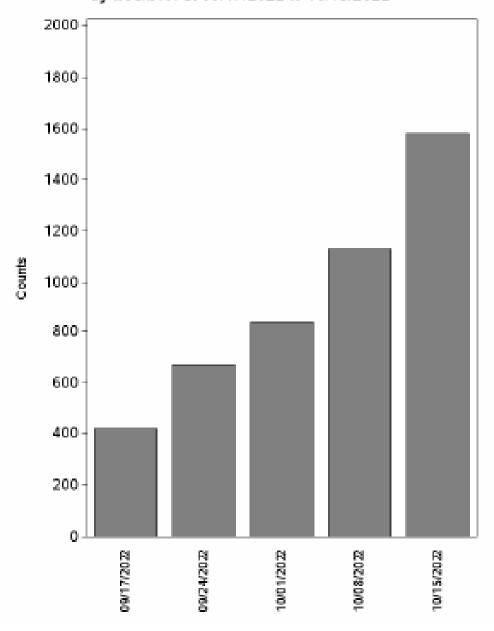
NYC Department of Health and Mental Hygiene

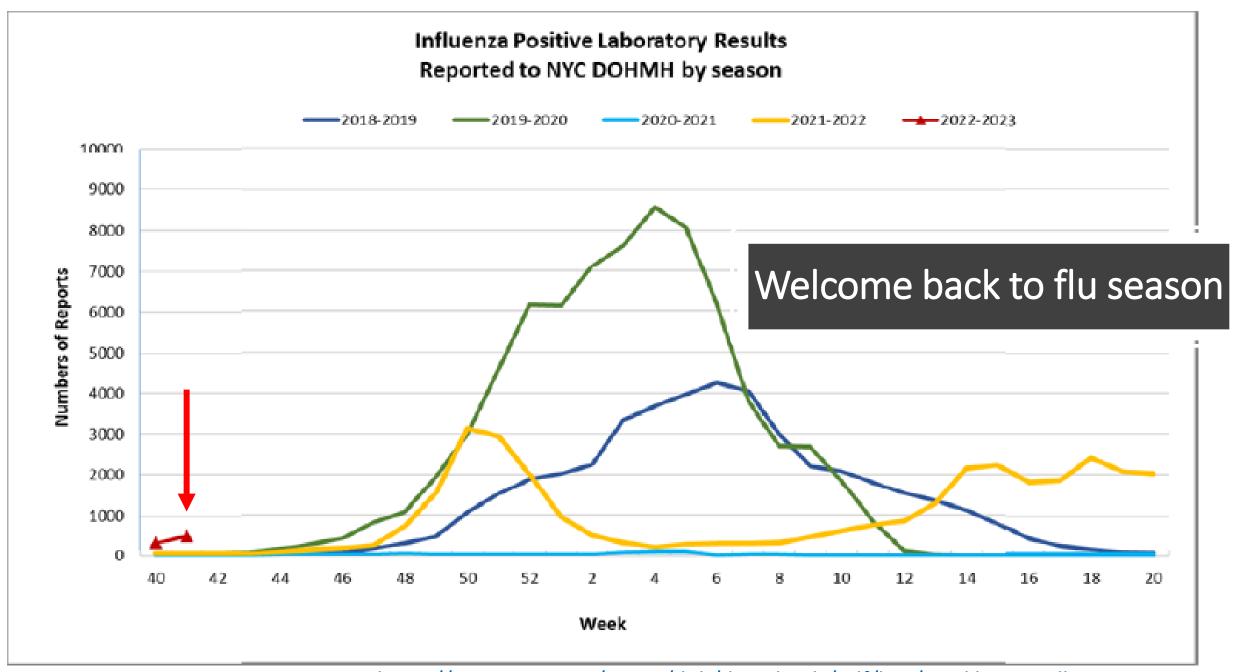




# NYC RSV cases have quadrupled in the last month

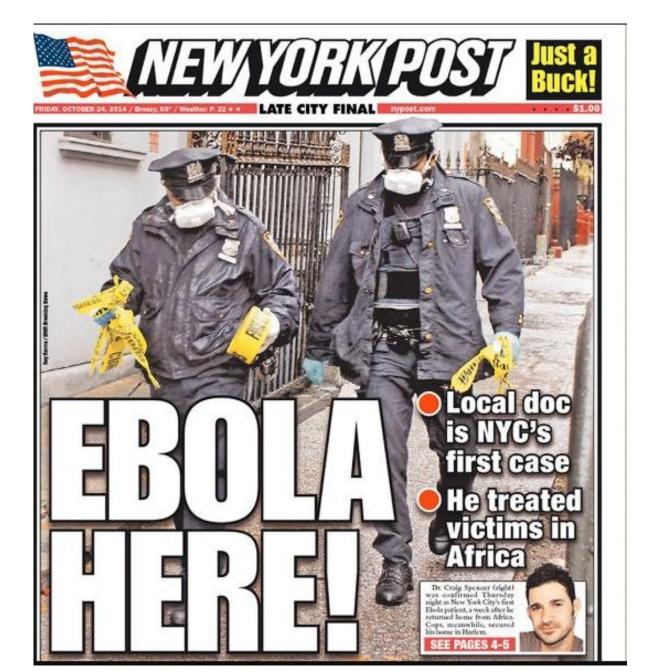
RSV positive results received electronically. by week, NYC, 09/17/2022 to 10/15/2022





### Welcome back to Ebola?

(Hopefully not)



### Top Takeaways

### Identify

Returning travelers from Uganda with compatible symptoms

#### Isolate

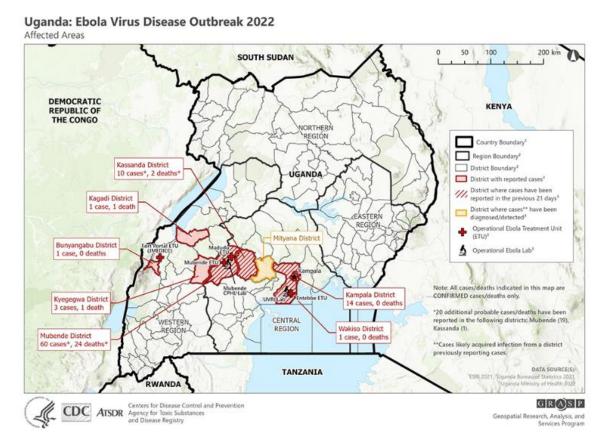
- AllR room
- If no AIIR, then private room with door closed

### Inform

- IPC Director
- Hospital Epidemiologist
- NYC DOHMH Provider Access Line

### Ongoing Ebola outbreak in Uganda





### Situational update

- As of Oct 24:
  - 109 reported cases in Uganda, 30 confirmed deaths (15 are HCWs)
  - Cases in 8 districts, including the capital district of Kampala
- New cases are occurring in individuals not known to be contacts
- Government-imposed lockdowns in the 2 districts with highest number of cases

## What's the risk to the United States?

- Currently, at regional and global levels, the risk of EVD spread has been assessed as low by the World Health Organization
- Risk of importation into the U.S. is currently assessed as low
  - Low number of travelers and no direct flights to the United States
  - Exit screening of air passengers is being conducted in Uganda
  - Uganda has experience in responding to Ebola virus disease including outbreaks of Sudan virus
- CDC has activated its emergency response structure
- Stand up multi-disciplinary CDC Ebola Response Teams (CERT)
- Currently, US-bound travelers from Uganda are directed to 1 of 5 airports in the US, including JFK and Newark

## Where will suspected Ebola patients in NY go?

- Low probability patients remain in the initial hospital
- High probability patients go to an Eboladesignated treatment center
  - Bellevue's Special Pathogens Unit
  - Mount Sinai's Biocontainment Unit
- Ebola testing must be approved by the CDC
- Ebola testing can be performed at Bellevue, or at NYC DOHMH's Public Health Laboratory

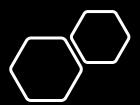
### Ebola PPE

### Clinically stable patients with NO bleeding, vomiting or diarrhea

- Single-use fluid-resistant gown that extends to at least mid-calf or single-use fluid-resistant coveralls without integrated hood
- Single-use full face shield
- Single-use **facemask**
- Two pairs of single-use gloves with extended cuffs.

### Clinically unstable patients or patients WITH bleeding, vomiting, or diarrhea

- Impermeable garment (gown or coverall)
- Respiratory, Head, and Face Protection
  - PAPR
  - N95 + surgical hood + face shield
- Two pairs of extended cuff gloves
- Boot covers
- Disposable apron



If the ER calls you about a suspected Ebola patient...

### Identify

- Has patient lived in or traveled to a country with ongoing Ebola transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?
- Fever or Ebola-compatible symptoms: headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

#### Isolate

- AIIR if available
- Single room if not

### Inform

- Notify IPC leadership
- Notify DOHMH's provider access line: 866-692-3641

### Thanks! Questions?

