

GOVERNOR'S EBOLA RESPONSE TEAM REPORT



MAY 2015

GEORGIA READY TO RESPOND

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EXECUTIVE SUMMARY

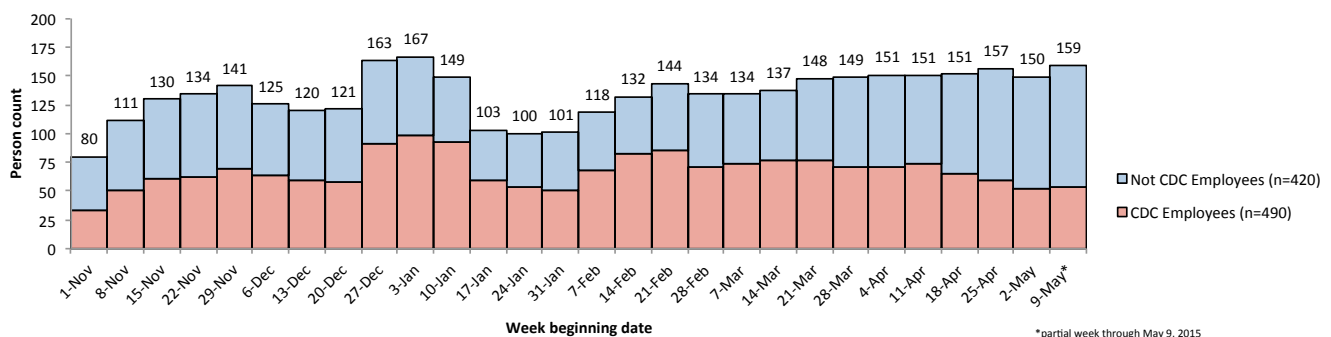
GEORGIA RESPONDS

ON AUGUST 8, 2014, the World Health Organization (WHO) declared the current Ebola Virus Disease (EVD) disease outbreak a Public Health Emergency of International Concern (PHEIC) and it has since become the largest Ebola outbreak in history, affecting multiple countries in West Africa. Imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. With the initial transfer of Dr. Kent Brantly and Nancy Writebol for treatment at Emory University Hospital in Atlanta in early August 2014, Georgia strengthened preparation and communication of Ebola protocols to stakeholders and the public through a wide sweeping response including enhanced monitoring of travelers arriving at the Hartsfield-Jackson Atlanta International Airport from countries affected by Ebola.

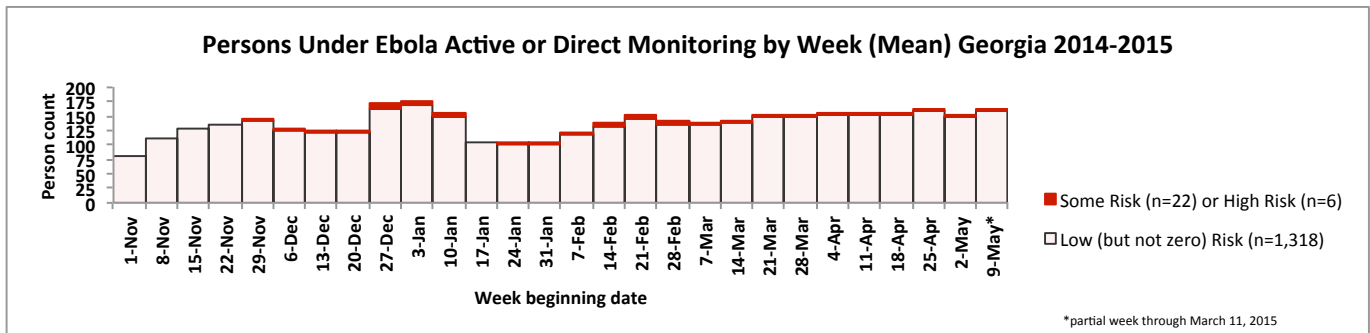
On October 19, 2014, Governor Nathan Deal assembled an Ebola Response Team through Executive Order to assess current state health and emergency management procedures and produce necessary recommendations to minimize any potential impact of the EVD in Georgia. The team is comprised of representatives from the following: Georgia Emergency Management Agency (GEMA), Georgia Department of Public Health (DPH), Georgia National Guard, Emory University Hospital—where four Ebola patients have been treated and released —University System of Georgia infectious disease, Hartsfield-Jackson Atlanta International Airport, the City of Atlanta, and members of the nursing, rural hospital, emergency medical technician and education communities. The team's priorities include preparedness of hospitals, emergency medical services, and first responders, as well as the monitoring of individuals returning from the affected countries.

The State of Georgia is protecting Georgians by working around the clock to prevent the spread of Ebola. Under the guidance of the Ebola Response Team, DPH has been in constant communication with the Centers for Disease Control and Prevention (CDC), Georgia Governor Nathan Deal, Emergency Medical Services (EMS) providers, Georgia's hospitals, our state's physicians, physician assistants, nurses, and numerous other state and federal partners, in addition to our 18 Public Health Districts and 159 county health departments. Additionally, DPH epidemiologists are working to track Ebola globally, while monitoring incoming travelers from affected nations.

Persons Under Ebola Active Monitoring by Week (Mean) Georgia 2014-2015



Persons Under Ebola Active Monitoring by Week (Mean) Georgia 2014-2015



Between August 2, 2014 and October 28, 2014, Georgia received four patients who tested positive for EVD and they were treated at Emory Hospital in Atlanta. Two of which were exposed while treating Ebola patients in Liberia, one in Sierra Leone and one in Dallas, Texas. All four patients recovered and are now virus free.

As of the date of this publication, Georgia has monitored a total of 1,347 individuals, 70 of which have been children. Cumulatively, we have had twenty-nine (29) travelers from the monitoring cohort medically evaluated for fever or symptoms. All were returned to regular active monitoring. We have also cumulatively tested five travelers for Ebola in GA since August—all test results were negative. Georgia is also uniquely situated with the Centers for Disease Control and Prevention headquarters in Atlanta and has been the primary point of entry of CDC employees returning to the United States from Ebola related work in West Africa. Approximately 60 percent of the individuals that have been monitored have been CDC employees.

Under the guidance of the Governor's Response Team, Georgia established a response strategy that can be duplicated for infectious disease outbreak responses in the future if necessary. There are several significant achievements within this plan that are detailed in the corresponding response summaries of this report. One important and ongoing piece of the state's response effort has been the development and implementation of a tiered hospital designation system. At the writing of this document, there are five designated Tier 1 Serious Infectious Disease treatment hospitals. Georgia has completed designation for nine Tier 2 hospitals as assessment/diagnostic facilities that are geographically spread throughout the state. All other hospitals, clinics and physicians' offices are Tier 3 facilities which are able to identify potential Ebola cases and isolate them until they can be transferred to an assessment facility for definitive diagnosis.

One of the most important aspects of Georgia's response is the collaborative effort within and between public and private entities which lead to a successful guidance campaign. The Response Team provided a catalyst for collaboration and an additional avenue for communication that enabled the sharing of information on a level not previously achieved. For example, the Response Team's collaborative effort led to recommendations that established a system and points of contact for the identification and monitoring of college and university student travel.

This report documents the totality of Georgia's response activities beginning with the following graphic which provides a visual representation of Georgia's systematic approach to the Ebola response and is the reference of organization for this report.

GEORGIA READY TO RESPOND

AIRPORT
SCREENING
(ATL)



HIGH Medical Risk >



+ > Patient Quarantine

LOW Medical Risk >



> Patient Enters Temp & Symptoms Daily

DPH
EPIDEMIOLOGY
MONITORING
SYSTEM
(SENDSS)
1-866-PUB-HLTH

VISUALIZING GEORGIA'S RESPONSE TO EBOLA



GEORGIA'S
THREE-TIERED
HOSPITAL SYSTEM

DPH Serves
as the Central
Point of Contact
in Georgia for
All Aspects of
Ebola Response

PROVIDING UPDATES &
RECOMMENDATIONS TO:

- Local Health Departments
- Healthcare Providers/Associations
- Government
- Educators
- Business Community
- Faith-based Community



EMS TRANSPORT SYSTEM:
Coordinates transport to hospitals



DPH STATE LAB:
Test specimens



TRAINING &
DESIGNATION:
Emory, DPH and CDC

TIER 1
TREAT

TIER 2
DIAGNOSE

TIER 3
IDENTIFY AND ISOLATE

Georgia's Ebola Response Team | GOVERNOR NATHAN DEAL ISSUED AN EXECUTIVE ORDER

creating the Governor's EBOLA RESPONSE TEAM. The team was tasked with assessing the current state health and emergency management procedures and developing necessary recommendations to minimize any potential impacts of the disease in Georgia. Utilizing the members of GEORGIA'S HEALTHCARE SERVICES INFRASTRUCTURE, the team is comprised of representatives from public and private sectors throughout the state that are integral in preparing for a potential outbreak. THE GEORGIA DEPARTMENT OF PUBLIC HEALTH serves as the central point of contact on GEORGIA'S COORDINATED EBOLA RESPONSE.

For more information on Georgia's response to Ebola, visit:
www.dph.georgia.gov/ebola





OUTBREAK OVERVIEW

SYMPTOMS AND DIAGNOSIS

Health care providers should be alert for, and evaluate, any patient who has had travel during the 21 days before symptom onset from an Ebola-affected area OR had contact with an individual who has Ebola

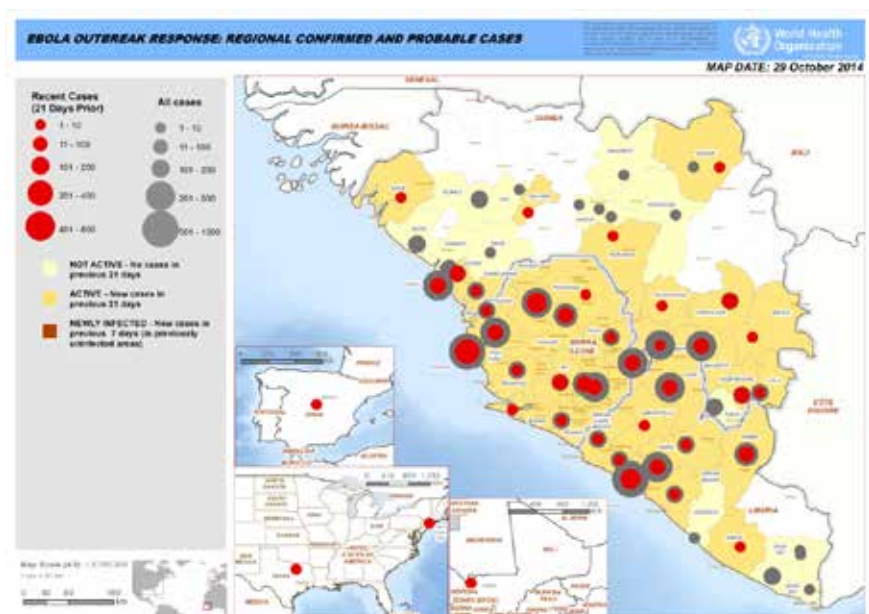
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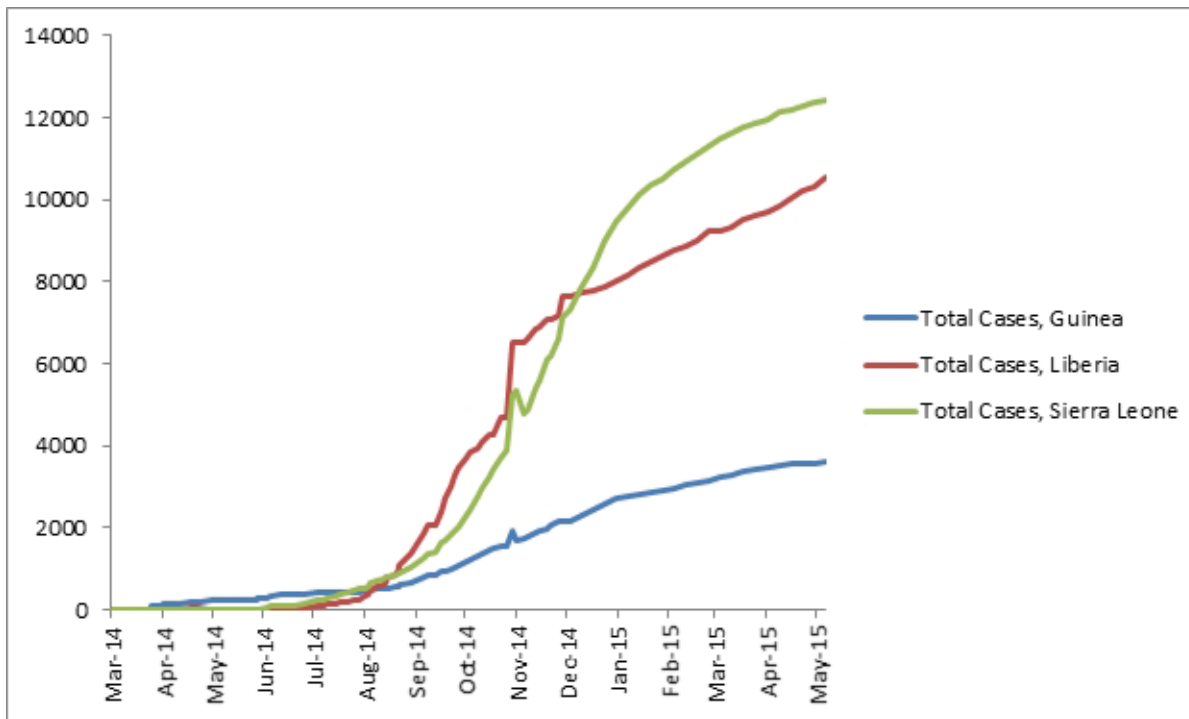
EBOLA SYMPTOMS: fever (including low-grade) headache, weakness, muscle pain, vomiting, loss of appetite, fatigue, diarrhea, abdominal pain or hemorrhage.

- Ebola is spread by direct contact with a sick person's blood or body fluids. It is also spread by contact with contaminated objects (such as needles) or reservoir animals.
- The incubation period (time from exposure to when a person develops symptoms) for Ebola is usually 8–10 days, but could be 2–21 days.
- Ebola is NOT transmissible during the incubation period (i.e., before onset of fever or symptoms).
- The risk for person-to-person transmission is greatest during the later stages of illness when viral loads are highest and a person is exhibiting symptoms.
- Physicians are required to contact DPH at 1-866-PUB-HLTH as soon as EVD or any other hemorrhagic fever virus infection is reasonably suspected.

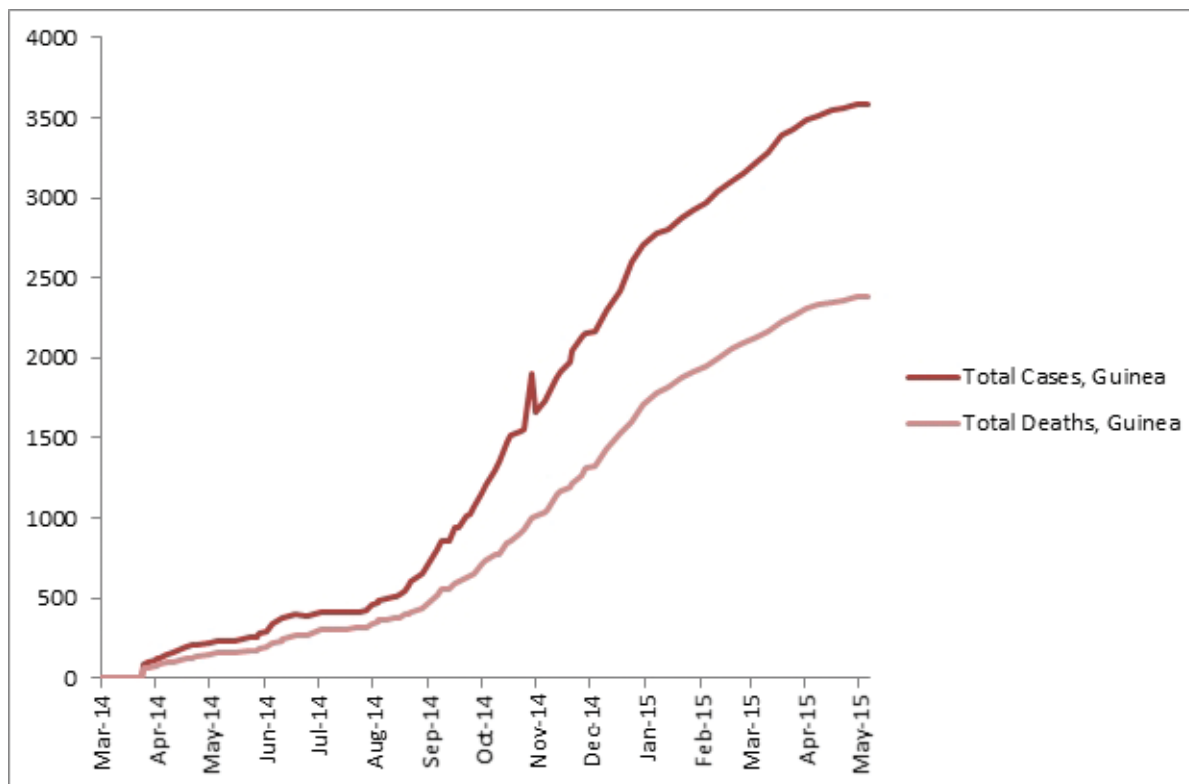
THE FACTS ABOUT EBOLA

- National and international health authorities are currently working to control a large, ongoing outbreak of EVD (or Ebola) involving areas in West Africa.
- Ebola is a rare and deadly disease. The disease is native to several African countries and is caused by infection with one of the Ebola viruses (Ebola, Sudan, Bundibugyo or Tai Forest virus). The natural reservoir host of Ebola viruses remains unknown. However, researchers believe that the virus is zoonotic (animal-borne) with bats being the most likely reservoir.
- The first case identified in the U.S. was diagnosed on September 30, 2014, in a traveler from Liberia who had contact with an infected person while in Liberia and who then traveled to Dallas, Texas.

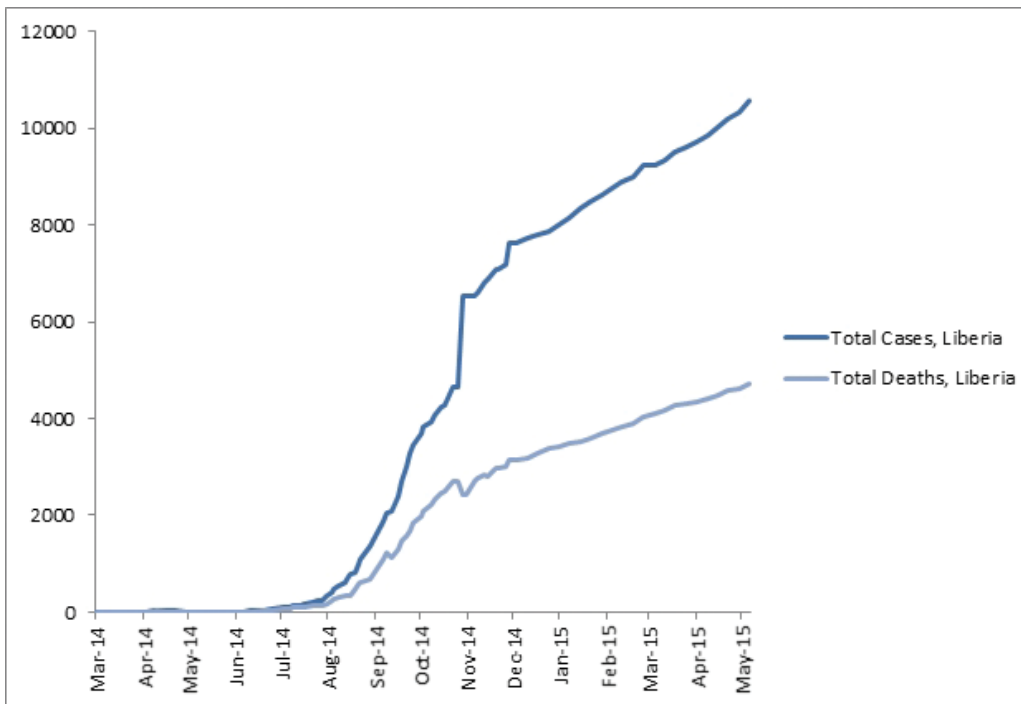




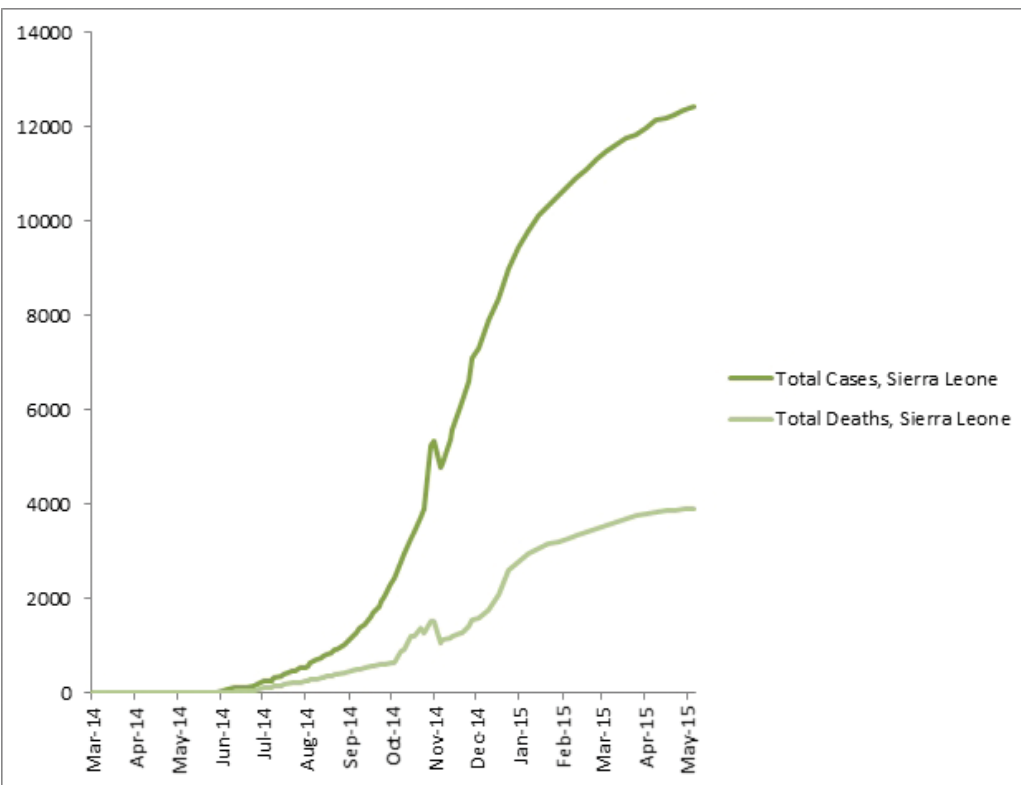
GRAPH 1 | Total suspected, probable, and confirmed cases of EVD in Guinea, Liberia, and Sierra Leone, March 25, 2014 – March 1, 2015, by date of WHO Situation Report, n=23934
2014 Ebola Outbreak in West Africa - Reported Cases Graphs



GRAPH 2 | Total suspected, probable, and confirmed cases and deaths of EVD in Guinea, March 25, 2014 – March 1, 2015, by date of WHO Situation Report, n=3219
2014 Ebola Outbreak in West Africa - Reported Cases Graphs



GRAPH 3 | Total suspected, probable, and confirmed cases and deaths of EVD in Liberia, March 25, 2014 – March 1, 2015, by date of WHO Situation Report, n=9249
2014 Ebola Outbreak in West Africa - Reported Cases Graphs



GRAPH 4 | Total suspected, probable, and confirmed cases and deaths of EVD in Sierra Leone, March 25, 2014 – March 1, 2015, by date of WHO Situation Report, n=11466
2014 Ebola Outbreak in West Africa - Reported Cases Graphs



GEORGIA EBOLA RESPONSE TEAM

PROTECTING GEORGIA

ON OCTOBER 19, 2014, Governor Nathan Deal issued an Executive Order (Appendix 1a) creating the Governor's Ebola Response Team (GERT). The team was tasked with assessing the current state health and emergency management procedures and developing necessary recommendations to minimize any potential impacts of the disease in Georgia. Utilizing the members of Georgia's healthcare services infrastructure, the team represents a broad spectrum of representatives from the public and private sectors throughout the state that are integral in preparing for a potential outbreak.

GEORGIA RESPONSE TEAM MEMBERS (Appendix 1b)

Brenda Fitzgerald, MD, *Commissioner*, Georgia Department of Public Health – *Response Team Chair*

Jim Butterworth, *Director*, Georgia Emergency Management Agency

Brigadier General Joe Jarrard, *Adjutant General*, Georgia National Guard

Susan Grant, MS, RN, NEA-BC, FAAN, *Chief Nurse Executive*, Emory Healthcare;
Associate Dean, Nell Hodgson Woodruff School of Nursing

Frederick Quinn, MS, PhD, *Professor of Infectious Diseases*, University of Georgia

Miguel Southwell, *General Manager*, Hartsfield-Jackson Atlanta International Airport

Michael Geisler, *Chief Operating Officer*, City of Atlanta

Scott Kroell, *Chief Executive Officer/Administrator*, Liberty Regional Medical Center

Courtney Terwilliger, *Chairman*, Georgia Association of Emergency Medical Services

Brenda Rowe, M.N., RN, JD, *Associate Professor*, Georgia Baptist College of Nursing, Mercer University

Joseph "Jody" Barrow, EdD, *Superintendent*, Fayette County Schools;
President, Georgia School Superintendent Association

William Bornstein, MD, PhD, *Chief Quality and Medical Officer*, Emory Healthcare

Doug Patten, MD, *Chief Medical Officer*, Georgia Hospital Association

The GERT continues to meet regularly, and their robust discussions have yielded several recommendations and collaborations that produce positive results in the state's Ebola planning and infrastructure system (Appendix 1c). The team also uses its prominence and influence to promote the communication of Ebola guidance and information across many important sectors effectively strengthening the state's ability to communicate and respond quickly and efficiently. This team's efforts are three fold: 1) Promoting Situational Awareness, 2) Promoting Medical Awareness and 3) Promoting Public Awareness.

1 | SITUATIONAL AWARENESS

Accomplishments

- **Enhanced, more aggressive monitoring procedures were implemented for travelers arriving at the Hartsfield-Jackson Atlanta International Airport from affected countries in West Africa to manage the risk of disease.** <http://dph.georgia.gov/screening-travelers-atlantas-airport>.
- **Collaboration and Coordination of efforts with City of Atlanta**
 - Facilitated the scheduling of an Airport procedural meeting which included airport staff from CDC, DPH, Atlanta Fire and Rescue, and Atlanta Police, as well as airport leadership staff to provide information and ensure coordination on all current procedures.
 - Collaborated on development of the Citywide Consolidated Plan: Managing Ebola
 - Promoted collaboration and coordination with the City of Atlanta.
 - The City is also planning to add information about Ebola and Flu vaccines to upcoming water bills.
- **Recommended that the University System establish a system and points of contact for the identification and monitoring of college and university student travel.**
 - The University System plan includes guidance to all colleges and universities including information about the travel monitoring process. The process includes identification of an individual on each campus that is responsible for the travel monitoring and communications around Ebola.
 - Coordinators are in place at all colleges and universities and protocols are assembled. The institutions are monitoring travel to the affected countries.
- **Communicated Ebola training opportunities**
 - Personal Protective Equipment (PPE) donning and doffing, EMS, Fire, and law enforcement agencies.
 - Emergency Medical Service PPE training.
 - DPH is maintaining a comprehensive list of all Ebola related trainings to share with the response team.
- **Standard operating procedure guidance for quarantine sheltering**
 - This SOP provides state partners with a framework for sheltering individuals who are placed under voluntary or involuntary quarantine. It will provide guidelines for identifying potential quarantine locations and outline roles and responsibilities for stakeholders.
 - Will provide a concept of operations for identifying and managing quarantine locations/facilities for anyone in the State of Georgia requiring quarantine outside of their home or in a State managed facility.
 - Present clear guidelines to provide for quick and efficient quarantine of individuals as a preventive measure for a communicable disease outbreak.
 - Ensure effective, coordinated response amongst all Emergency Support Function (ESF) #8 Primary and Support Agencies, as well as the incident-specific planning committee members

SUMMARY

A | AIRPORT SCREENING (Appendix 2)

Airport Screening Announcement

CDC urges all U.S. residents to avoid nonessential travel to Liberia, Guinea and Sierra Leone because of ongoing outbreaks of Ebola in those countries. CDC also recommends that travelers to these countries protect themselves by avoiding contact with the blood and body fluids of people who are sick with Ebola. With guidance from Georgia's Ebola Response Team, the Georgia Department of Public Health (DPH) is monitoring travelers arriving at the Hartsfield-Jackson Atlanta International Airport from countries affected by Ebola.

Screening Background

Georgia's Hartsfield Jackson Atlanta International Airport (HJIA) was named one of five locations in the United States into which travelers from Ebola-affected countries must arrive. As such, all travelers from these countries arriving in Georgia and the U.S. are subject to enhanced screening and post-arrival monitoring for a 21-day period. If travelers show symptoms, they are isolated immediately and transferred to a designated hospital for evaluation. The rationale for this monitoring program is early detection and rapid isolation of any potential Ebola cases in Georgia to prevent disease spread. If the travelers show no symptoms, they are divided into three categories for monitoring—low risk, high risk or some risk (medical worker monitoring) through the Georgia Ebola Active Monitoring System (EAMS), which is described in detail below.

COMPARISON OF CDC AND GA DPH MONITORING AND MOVEMENT GUIDANCE FOR EBOLA			
RISK LEVEL	CDC	GEORGIA DPH	DIFFERENCES
CDC High Risk	<ul style="list-style-type: none"> • Direct active monitoring • Controlled movement* 	<ul style="list-style-type: none"> • 21 day quarantine (home or facility) 	<ul style="list-style-type: none"> • GA requires quarantine, CDC allows quarantine
GA Category 1	<ul style="list-style-type: none"> • Exclusion from public and work places 	<ul style="list-style-type: none"> • Direct (in-person or video) Active Monitoring 	
CDC Low Risk	<ul style="list-style-type: none"> • Active monitoring • Ensure asymptomatic when traveling • Direct active monitoring for any US-based health care workers caring for Ebola patients while wearing appropriate PPE 	<ul style="list-style-type: none"> • Active monitoring • Approval needed for travel (to notify destination state) • Direct active monitoring for any US-based health care worker caring for Ebola patients while wearing appropriate PPE 	<ul style="list-style-type: none"> • No differences
GA Category 2			
CDC Some Risk	<ul style="list-style-type: none"> • Direct active monitoring • PH approval needed for travel • Based on individual risk assessment, states may include: 	<ul style="list-style-type: none"> • Direct (in-person or video) active monitoring • Controlled movement* on a case-by-case basis • Exclusion from public and work places on a case-by-case basis 	<ul style="list-style-type: none"> • GA will emphasize controlled movement case-by case, CDC allows some leeway for individual risk assessment
GA Category 3	<ul style="list-style-type: none"> • Controlled movement • Exclusion from public and work places 		

*Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway).

COMPARISON SUMMARY

- Overall rationale for both plans is EARLY detection of suspect cases and RAPID isolation to prevent spread.
- Guidance is founded on active monitoring as the core principle, and the included persons to whom each risk category applies are the same for both CDC and DPH, but the CDC guidance overall promotes some flexibility based on individual risk assessments.

B | GEORGIA EBOLA ACTIVE MONITORING SYSTEM

To facilitate the monitoring process, DPH established a centralized, secure web-based reporting system, the Georgia Ebola Active Monitoring System (EAMS) as part of the existing State Electronic Notifiable Disease Surveillance System (SendSS) platform. This enables individuals to log onto their own accounts and input temperature and symptoms directly into the SendSS system. DPH epidemiologists review all cases daily and follow up immediately with individuals reporting symptoms and those not logging in to report. This ensures 100 percent monitoring of all cases for the prescribed monitoring period. The CDC, after participating in the GA EAMS, discontinued use of their own monitoring system for CDC employees who have returned from the Ebola-affected countries, electing to participate solely in the Georgia developed system.

The system has three access points: the traveler, the epidemiologist and hospital emergency departments (EDs). Access to the system is permitted for all hospital EDs, allowing ED physicians to determine if individuals coming in with symptoms are currently being monitored by DPH.

Following are advantages of the electronic system:

- Travelers can sign in each day to report symptoms.
- State has complete list of all travelers from Sierra Leone, Guinea and Liberia whose final destination is GA (screened at Hartsfield Jackson Atlanta International Airport or any of the other four designated airports).
- Hospital ED Directors can have access to the name, date of arrival and monitoring period for all Ebola monitored patients.
- System can be used for emerging infections in the future.

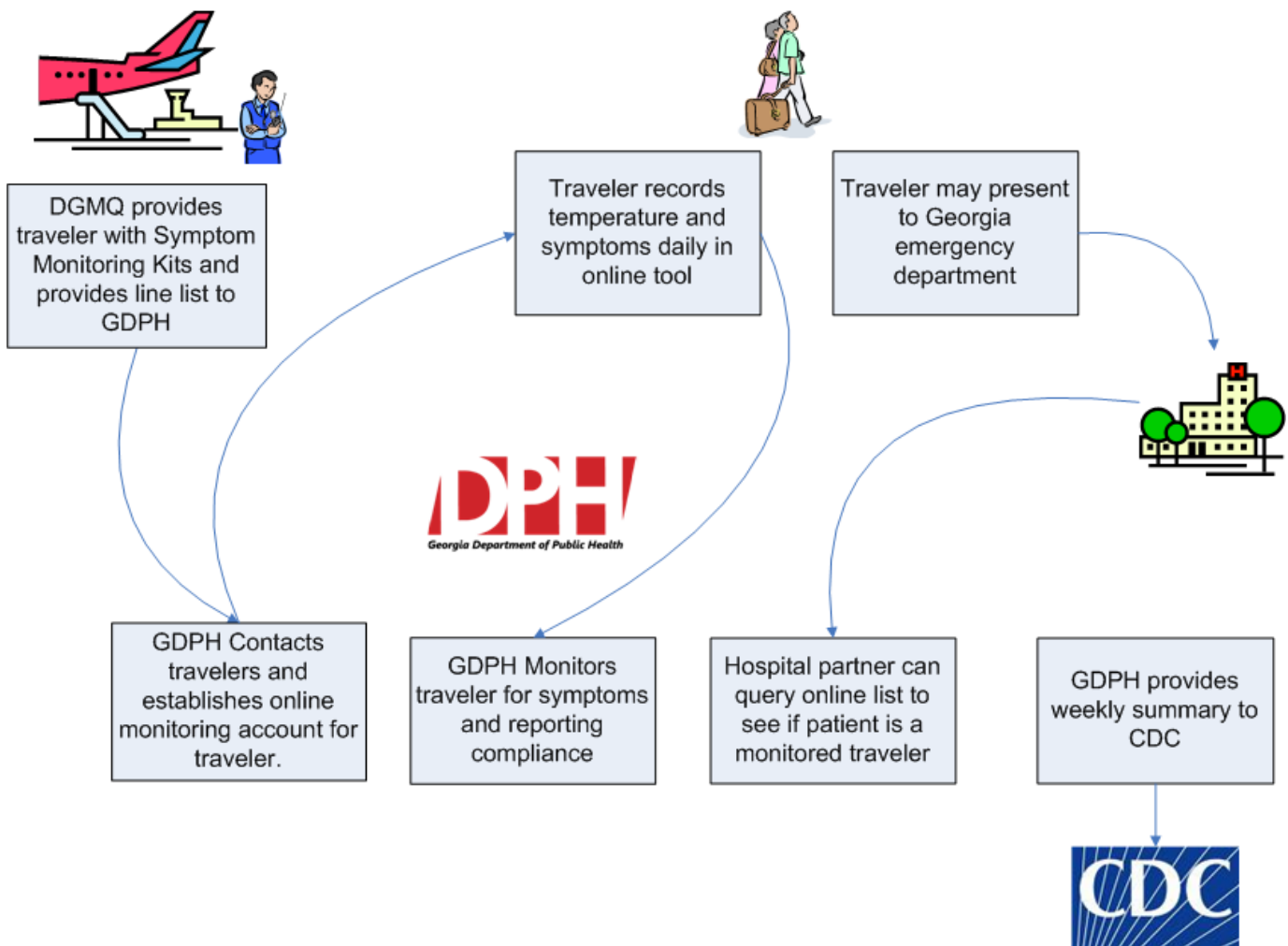
The following is a description of the monitoring process:

DPH Epidemiology staff receives a list of travelers whose final destination is GA from the CDC Division of Global Migration and Quarantine (DGMQ) daily. These staff members call travelers that day to set up accounts in the system.

- GA DPH Epidemiology personnel set up each individual account by inputting the traveler's contact information and exposure history data and creating a username and password for each traveler. The system sends an automated email to the traveler containing the necessary login information for their personalized account.
- In addition to fields for entering each day's morning and evening temperature, the system enables check-boxes for travelers to indicate Ebola specific signs and a free-text box for typing in other symptoms. Any symptoms entered by the traveler will automatically trigger an email notifying all members of the DPH Epidemiology team for immediate phone follow-up. Travelers are also advised to call 1-866-PUB-HLTH immediately if symptomatic. Callers are immediately connected to a Medical Epidemiologist (Med-Epi) for evaluation.
- The system contains a notes section in each record in which DPH personnel can comment about anything that other personnel may need to know when looking at an individual record.
- The system also indicates non-compliance when travelers have not input their information by a specified time each day.
- At the end of an individual's monitoring period, the system generates an automated email letting them know they no longer need to report and designates their record as "complete."
- Travelers who prefer not to use the automated system have two other options for daily reporting:
 - Email: A designated mailbox was set up specifically for this purpose. DPH has access to this mailbox and closely monitors it.
 - Phone: Individuals can report to a special voice mailbox that was designated for the purpose and monitored by DPH epidemiologists, they can call the DPH Epidemiology Section directly during office hours or they can call the public health hotline managed by Georgia Poison Control at any time of day or night. All of these phone numbers are listed in the instructions portion of their monitoring agreement.

- Each day, including weekend days, one of the Epidemiology Team members acts as the duty officer for active monitoring and any Ebola questions sent to DPH. The duty officer is responsible for entering new travelers into the system, entering the temperature checks sent in via phone or email, contacting non-compliant travelers, and answering any Ebola-related inquiries. Usually three or four other state epidemiologists and/or student volunteers are on-hand to assist with these tasks as delegated by the duty officer and other members of the Epidemiology Team assist when needed as well.
- DPH always has a Medical Epidemiologist on call after hours, and all of the Med-Epi's are part of the Epidemiology Team. Travelers who experience symptoms or have any questions at all can contact 1-866-PUB-HLTH and reach a Med-Epi anytime.

The following flow chart diagrams the Georgia Ebola Active Monitoring System:



C | PHOENIX AIR COORDINATION

Phoenix Air is the sole medical evacuation flight courier designated by CDC to transport diagnosed EVD patients to the United States. Each plane is outfitted under isolation standards for safe travel. DPH works closely with Phoenix Air to coordinate patient transfer to and from Georgia. Airline personnel accompanying EVD diagnosed patients are entered in the medical monitoring category of the Georgia Ebola Active Monitoring System following their return to Georgia.

D | QUARANTINE/ISOLATION ORDERS/LAW ENFORCEMENT GUIDANCE

DPH and the Georgia Bureau of Investigation, Information Sharing and Analysis Center, worked closely to develop law enforcement guidance specific to handling isolation and quarantine orders. Georgia DPH has the statutory authority to issue orders for isolation and quarantine in this state under O.C.G.A. §§ 31-2A-4(4) and 31-12-4. Further, local county health departments are also authorized to issue isolation orders under O.C.G.A. § 31-12-4. Pursuant to this authority, law enforcement agencies have the ability to enforce such orders issued by the state and county health departments and can rely on them to take action under color of law. Isolation and quarantine orders are issued by the Georgia DPH based on existing protocols and reviews of incoming travelers, medical patients, and potential contacts of known cases. DPH and law enforcement agencies will work in partnership for any problem cases in which a subject under isolation or quarantine order is non-compliant. (Appendix 4)

E | INTERSTATE COLLABORATION

DPH continues to be in close contact with other states and national associations such as the Association of State and Territorial Health Officers (ASTHO) to ensure consistent communications of Ebola guidance protocols and best practices. Commissioner Fitzgerald met with the State Health Officials from Health and Human Services (HHS) Region 4 and Region 6 at the Ebola Policy Summit in November 2014, to hear from Ebola experts and learn from the Texas experience. At this summit, state health officers discussed interstate coordination of monitoring activities. Meetings of State Health Officers continue and ASTHO continues to disseminate information.

F | CITY OF ATLANTA EBOLA RESPONSE PLAN

Response team member Michael Geisler, the City of Atlanta Chief Operating Officer, coordinated development of the Citywide Consolidated Plan: Managing Ebola, a comprehensive document including detailed action plans for protecting employees, containing threats to the general public, decontamination procedures, internal communications, external communications and resources needed for the City of Atlanta. This plan was reviewed by DPH to insure the plan was in alignment with CDC and State public health guidelines.

G | DECONTAMINATION

As a part of the Ebola response, DPH developed a draft document, “Ebola Virus Decontamination Guidance for Private Homes or Public Spaces,” to ensure the capacity is in place to clean and decontaminate private homes or public spaces contaminated with EVD. During development, DPH worked with the Georgia Department of Natural Resources, Environmental Protection Division as a support agency responsible for enacting rules and regulations for final transport and disposal of biohazardous waste. The guidance applies to situations where an official DPH notification of a confirmed case of EVD meets the CDC case definition. In the event a contamination occurs, DPH will coordinate decontamination of private residences and public spaces with a professional environmental remediation firm trained in biohazard cleanup and waste disposal. (Appendix 5)

2 | MEDICAL AWARENESS

Accomplishments

- **Development and implementation of tiered hospital system of designation.**
- **Facilitated the assessment of the availability of Personal Protective Equipment (PPE) in hospitals across the state to determine where the equipment is located and how much is available. GHA is leading this effort.**
- **Team member and Georgia Nursing Board Chair, Brenda Rowe, has worked with DPH to develop guidance specifically for Georgia nurses. This guidance has been distributed and posted on the Nursing Association website and is available on the DPH website.**
- **Developing guidance for the handling of pets in the event of an Ebola exposure. Weekly conference calls have been held to develop the protocols. Animal control representatives from around the state have participated. January 20, 2015, training on animal handling procedures for animal control personnel received great support statewide. Large numbers of animal shelter staff were trained across the state and are prepared to respond.**

SUMMARY

Physicians are required to contact DPH at 1-866-PUB-HLTH as soon as EVD or any other hemorrhagic fever virus infection is reasonably suspected.

This is an evolving situation and recommendations may change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola/>.

A | TIERED HOSPITAL SYSTEM

The development and implementation of a tiered hospital system of designation is a major aspect of the state's response effort. There are currently four Ebola (high containment infectious disease) designated treatment hospitals. The designation process utilizes the CDC checklist that was used by the CDC Rapid Ebola Preparedness (REP) teams to determine which facilities meet the qualifications for being a Tier 1 Treatment facility. We have also designated ten Tier 2 hospitals as assessment facilities that are geographically spread throughout the state. The same checklists are used for the Tier 2 facilities as they are required to be able to assess potential Ebola patients and isolate those individuals for up to 96 hours prior to transfer to a Tier 1 Treatment hospital. They must also have the ability to treat an Ebola patient during that 96 hour holding period. They do not have to have the same amount of PPE or depth of staff, however, as a Tier 1 Treatment facility which may be caring for a patient for 4-6 weeks.

B | HOSPITAL COLLABORATION

In collaboration with the Georgia Hospital Association, weekly conference calls were held for six weeks (September 2014–February 2015) to provide our State Health Officer, Dr. Brenda Fitzgerald, and our Director of Health Protection, Dr. Patrick O'Neal, direct conversation with the hospitals and other healthcare coalition partners. These calls coordinated and clarified messages and provided an opportunity for questions with positive feedback about the calls from the participants. The hospitals across Georgia are currently able to identify potential Ebola patients by asking questions about travel history to the three West African countries and being aware of symptoms associated with Ebola. If the individual has a positive travel history, with or without symptoms, they are immediately isolated in a separate room. All hospitals have the ability to query our monitored traveler database to determine if the individual is on the list. They are encouraged to call DPH medical epidemiologists at 1-866-PUB-HLTH for consultation and assistance, if needed, with EMS transportation for diagnosis and/or treatment.

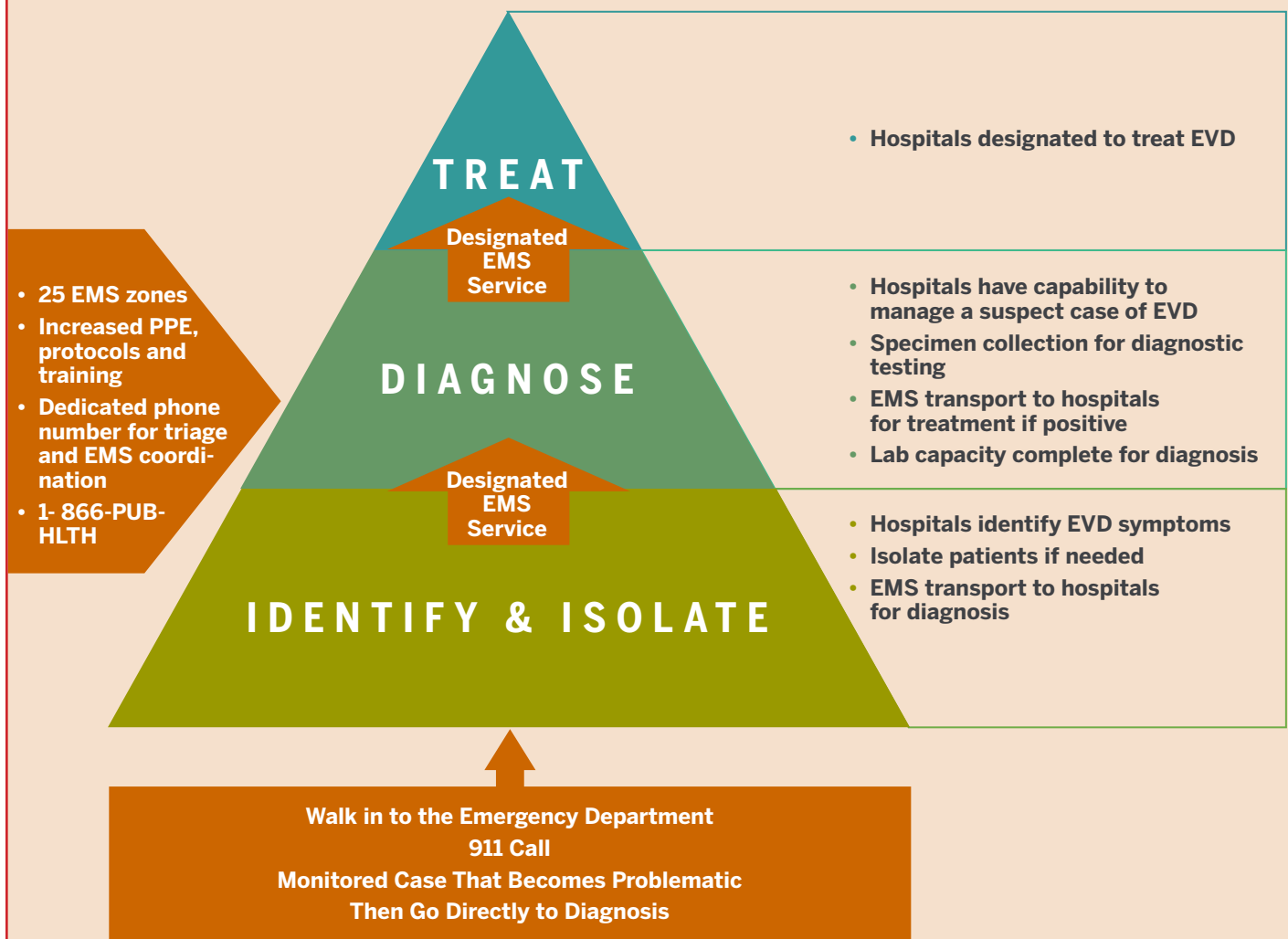
3-TIERED HOSPITAL PLAN

TIER I HOSPITALS are designated as treatment centers. Currently, Emory University Hospital has successfully treated patients that have been diagnosed with Ebola and they would be our first call to accept a symptomatic individual with a positive travel history. Site visits have occurred with the CDC Evaluation Team. Dr. Patrick O'Neal and Kelly Nadeau, the DPH Healthcare Preparedness Program director, have accompanied the CDC team on the site visits.

TIER II HOSPITALS are able to provide diagnostic capabilities for a suspect patient. They must be able to provide lab testing and blood culture capabilities. Hospitals are currently assessing their laboratory capabilities and declaring whether they are willing to provide diagnostic services. Additionally, these facilities are expected to be able to isolate the patient for up to 72 hours.

TIER III FACILITIES consist of all other hospitals, clinics, and physicians' offices which are able to identify potential Ebola cases and isolate them until they can be transferred to an assessment facility for definitive diagnosis.

Additionally, guidance for patient triage, screening and testing, and interim guidance for environmental infection control in hospitals for EVD was disseminated to hospitals that included DPH-development tools for EVD screening and ambulatory care evaluation (Appendix 6).



C | REPORTING NUMBER (1-866-PUBHLTH) AND PROCESS

1-866-PUB-HLTH was established for medical providers and inquiries from the public. The resource is operated by the Georgia Poison Center, who triages the call and immediately contacts the DPH Medical Epidemiologist 24/7 on-call for further evaluation and risk assessment to determine appropriate patient isolation and healthcare worker precautions if warranted, whether additional CDC consult is needed, and provides instructions about specimen collection and testing. This number is also available for inquiries from the public. Additionally, an email, Report@dph.ga.gov, was established to provide a failsafe reporting option to the telephone reporting line.

D | GUIDANCE LETTERS

Guidance on safety and handling protocols were developed and disseminated for a myriad of healthcare providers who are part of the state-wide Ebola response including first responders, physicians, nurses and hospitals. DPH worked with CDC, provider associations, individual systems and affiliated Response Team members to develop, review and disseminate the guidance.

E | GUIDANCE FOR EMERGENCY MEDICAL SERVICE PROFESSIONALS

EMS pocket guide

Pocket reference guides were developed and disseminated for EMS personnel to carry with them as key points of reference for EMS transports of potential Ebola patients. (Appendix 7)

Establishing systems to assure the safe transport to a healthcare facility.

The Georgia State Office of EMS has worked with our EMS Regional Directors to identify providers across the state that will provide transportation of patients suspected of having Ebola. These services provide coverage across the state in 25 zones. These EMS providers will be dispatched through a central point in the state by our state medical epidemiologists. The determination of EMS service will be location of suspect patient and destination healthcare facility. Medical direction for these EMS services while on these transports will be provided by our Director of Health Protection, Dr. Patrick O'Neal. A direct number to the EMS central dispatch has been established and tested by the medical epidemiologists that are on call 24/7. These identified EMS services are being provided our Georgia Biosafety Containment Course which includes infectious disease content, personal protective equipment discussions, preparation of an ambulance to transport an infectious disease patient, decontamination of the vehicle, and hands on training in PPE donning/doffing. Additionally, we encouraged 911 agencies to record travel history upon initial emergency contact.

F | LABORATORIES

The DPH State laboratory participated in the Ebola laboratory testing and competency panel for the Laboratory Response Network (LRN) approved Department of Defense (DOD) Emergency Use Authorization (EUA) Ebola Zaire (EZ1) rRT-PCR (TaqMan) Assay. The laboratory received one sample on 12/19/2014 for Ebola rule out. The EVD test was performed using the above approved EZ1 rRT-PCR TaqMan Assay. The test was negative. The turnaround time for the assay is five hours.

The DPH State laboratory purchased two BioFire units to improve monitoring for Ebola testing. The staff has been trained to perform the test using the instruments. The BioFire assay provides two hour turnaround for results on Ebola rule out.

When processing of routine laboratory specimens was presented as a barrier by hospitals considering becoming Tier 2 facilities, Grady Health System (GHS) offered critical resources by becoming the laboratory to which routine clinical specimens could be submitted and processed. GHS made possible Tier 2 status for additional hospitals. A specimen transport system was established using the Georgia State Patrol (GSP) to bring specimens from hospitals throughout Georgia to the Grady and DPH State lab for testing. Medical epidemiologists contact the GSP and coordinate the specimen transport when the need arises. Guidance specific to specimen collection, transport and submission was developed and can be found in Appendix 8.

G | PPE GUIDANCE FOR HEALTHCARE WORKERS

The Centers for Disease Control and Prevention tightened previous infection control guidance for healthcare workers caring for patients with Ebola. The guidance focuses on specific personal protective equipment (PPE) health care workers should use and offers detailed step by step instructions for how to put the equipment on and take it off safely.

The enhanced guidance is centered on three principles:

- All healthcare workers undergo rigorous training and are practiced and competent with PPE, including taking it on and off in a systematic manner
- No skin exposure when PPE is worn
- All workers are supervised by a trained monitor who watches each worker taking PPE on and off.
- All patients treated at Emory University Hospital, Nebraska Medical Center and the NIH Clinical Center have followed the three principles. None of the workers at these facilities have contracted the illness.

The City of Atlanta developed a PPE guidance video specifically for first responders. Following is a link to the video:

[Click Here For the First Responders PPE Guidance Video](https://www.youtube.com/watch?v=fKZyNJOX3Mk&feature=youtu.be)

<https://www.youtube.com/watch?v=fKZyNJOX3Mk&feature=youtu.be>

Links to this video and the CDC's PPE guidance were added to the DPH Ebola website (Appendix 9).

H | DISPOSITION OF HUMAN REMAINS INFECTED WITH EBOLA VIRUS DISEASE

DPH worked with the Georgia Funeral Directors Association, as well as the State Medical Examiner, to draft guidance through agency rule for the disposition of human remains infected with EVD of EVD infected remains. The guidance was also shared with the CDC to review as part of the update to their initial disposition of human remains guidance. (Appendix 10)

I | VETERINARY/PET HANDLING PROCEDURES

Frederick Quinn, MS, PhD, Professor of Infectious Diseases, University of Georgia and Charley English, former Director, Georgia Emergency Management Agency led development of post Ebola exposure animal care training. The training, provided by the University of Georgia was based on interim CDC protocols and received great support statewide. Animal shelter staff was trained across the state and are prepared to respond. The DPH Ebola website was also updated to include a page specifically for questions and answers about Ebola and pets that includes links to the interim CDC guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease and for Public Health Officials on Pets of Ebola Virus Disease Contacts.

J | PPE GUIDANCE/SURVEYS (HOSPITALS)

The Georgia Hospital Association conducted several PPE surveys to member hospitals to gauge the state-wide availability of PPE within hospitals and hospital systems to determine adequate stocks or shortages of PPE across the state.

3 | PUBLIC AWARENESS

ACCOMPLISHMENTS

- Activated a Joint Information Center (JIC) for all stakeholders and government entities to communicate pertinent and timely information.
- Development & Dissemination of GA specific Ebola Frequently Asked Questions (FAQ's).
- In partnership with DPH, Emory and GHA worked to develop an Ebola Awareness Public Service Announcement (PSA).
- Leveraged existing Georgia Flu Campaign to highlight the importance of flu shots and proper hygiene.
- Web pages were consistently updated with the latest guidance and recommendations, making it user friendly and easy to access by all.

A | PUBLIC AWARENESS / COMMUNICATIONS SUMMARY

As Ebola patients arrived in Atlanta for treatment in August of 2014, news coverage escalated throughout the late summer and early fall. As part of routine communication procedures, a Joint Information Center (JIC) was established with DPH as the lead. Communicators were identified from various stakeholder agencies including, but not limited to, DPH state and local, hospitals identified as likely treatment centers for Ebola patients, state patrol, state AG, State Department of Education, state Department of Transportation, state Department of Community Health, DNR, MARTA, Atlanta Hartsfield-Jackson airport and GEMA. Total numbers fluctuated in the following three months, but were generally just short of 100 members.

A **Web EOC** (virtual emergency operations center) event was created and conference calls were scheduled which provided updates, shared best practices and featured Texas Public Health communications director Carrie Williams who shared her experience with media coverage of the Ebola patients in Dallas. This EOC was for state/local/federal government partners. Other methods were used to share information with stakeholders and partners.

INFORMATION POSTS

The Web EOC event included enhanced situational awareness with each health district (local county health departments) posting media inquiries and request logs, public speaking engagements, etc. Daily Media Summary logs were also maintained and provided details on types of requests, responses and hyperlinks to the actual final articles posted. CDC updates and guidance was shared, when appropriate during a time period of rapid changes and updates. Several other communications channels such as the department's PHWeek and internal News and Notes-Public Information Bulletin were also used to share resources and informational updates.

Public Information and Education Promotion: Numerous methods were employed to facilitate dissemination of information to the public and partner agencies and examples of these are included in Appendix 11. Following is a brief summary of the various communication methods utilized throughout the outbreak:

- **Web-based Information:** The DPH website was used as the main source of Ebola information for Georgians. Web pages were consistently updated with the latest guidance and recommendations, making it user friendly and easy to access by all. Social Media platforms such as Facebook and Twitter were also used to share information, reaching multiple audiences.
- **Frequently asked questions:** To facilitate consistency in messaging, Response Team members collaborated on the development of Frequently Asked Questions (FAQs) that were distributed to stakeholders for reference and posting and also placed on the DPH Ebola webpage. (Appendix 11a)

- **News Releases and Media Interviews:** Throughout the outbreak, Response Team members participated in media interviews and news releases were prepared relating to Georgia's Ebola response.
- **Webinars:** Webinars from various Subject Matter Experts were promoted through the JIC and internally. The Infectious Disease Summit provided a number of DPH subject matter experts, and focused on first responder and partner agencies roles.
- **Flu campaign:** As the Ebola response continued through the flu season, the Response Team noted the severity of the flu outbreak and members were encouraged to promote flu vaccines in their areas of influence. The DPH Communications Team's annual flu vaccine campaign was released at this time, which further amplified the messaging. Focus was placed on proper hygiene and encouraging all Georgians to get flu shots as an important strategy for reducing flu, thereby potentially reducing the numbers of people that present at hospitals thinking they have Ebola virus. In anticipation of increased numbers of individuals seeking flu vaccines, DPH surveyed all local health departments for the availability of flu vaccine and insured adequate supply throughout the state.
- **Public Service Announcement:** The GERT coordinated development of a draft public service announcement about Ebola that is ready for release in the event of a worsening outbreak in the United States. (Appendix 11b)
- **Social Media:** The DPH Office of Communications developed a series of Tweets and Facebook messages that were posted regularly throughout the Ebola event. (Appendix 11c)
- **Community Presentations:** Response Team members and DPH staff, including the eighteen local District Health Directors presented at numerous community meetings and events to share information about the outbreak and to answer questions. To insure consistency in messaging, DPH prepared a PowerPoint presentation for the District Health Directors and others to use.
- **District Public Health Directors/Local Health Departments:** Weekly calls were held with the 18 District Public Health Directors for situational updates. Health Directors were encouraged to share local concerns and discuss local internal communication plans with staffing and clinics. As part of preparedness efforts, thermometers were purchased to triage patients upon arrival to local county health departments. Should the need arise, quarantine authority is delegated to the District Health Directors.
- **Training Summary:** Several training sessions were held throughout the Ebola response efforts.
- **Faith-based community:** DPH asked for assistance from faith-based communities to improve public awareness of the symptoms of Ebola and the risks to the general population, including members of Georgia's congregations, church schools, daycares and mission workers in countries affected by the Ebola outbreak. A copy of the correspondence that was developed through this collaboration is included in Appendix 11d.

In addition, the Response Team's focus on education was expounded by the endorsement of travel guidance specifically for Georgia educators. The DPH Commissioner and CDC Director co-signed the guidance (Appendix 11e). Georgia was the first state to release the guidance in tandem with CDC, illustrating the example for other states' Ebola efforts.

Increased collaboration with Georgia teachers through the Professional Association of Georgia Educators (PAGE), Georgia Superintendent Association, the Georgia Department of Education and other teacher associations was integral in building community support and reducing fear.

B | STATE GOVERNMENT/INTERAGENCY COLLABORATION

As a part of the response efforts, state government agencies including the Governor's Office, the Department of Public Health, the Department of Human Resources Division of Family and Children Services, Department of Education, Georgia Emergency Management Agency, Department of Community Health, Medical Composite Board, Georgia Regents and others collaborated in the development of correspondence and communications. (Appendix 12)

- State agency guidance letter: DPH worked closely with the Georgia Department of Administrative Services to develop state employee guidance for state agency leadership to use in cases of employee travel to or from the affected regions of West Africa. (Appendix 12a)
- Local Government: DPH held guidance sessions with the Association of County Commissioners and the Georgia Municipal Association.
- Schools (K – 12): DPH, in collaboration with the Department of Education, the Association of Georgia Educators, the Georgia School Board Association, the Private School Association, developed and disseminated guidance for school staff. (Appendix 12b)
- Colleges and Universities: DPH worked with Georgia Regents, the Technical College System of Georgia and the Independent College Association to develop guidance for colleges and universities. DPH also held a webinar and several conference calls with this group. (Appendix 12c)



APPENDICES

APPENDIX 1

a. Executive Order



THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

WHEREAS: There have been various incidents where United States citizens and international travelers to the United States have either contracted or been exposed to the Ebola Virus Disease; and

WHEREAS: The Center for Disease Control (CDC) is located in Georgia and has been a lead federal agency in addressing any risk of the spread of the Ebola Virus Disease in the United States; and

WHEREAS: Georgia has a health care services infrastructure second to none in the United States and is in the forefront of exhibiting the capability for addressing any concerns over the treatment of individuals who have contracted or who have been exposed to the Ebola Virus Disease; and

WHEREAS: Given the heightened concerns over the potential spread of the Ebola Virus Disease in the United States and given the many capable entities and individuals in this State who can assist in addressing these concerns, there is a necessity to bring our most competent representatives together as an Ebola Response Team to review and assess the State of Georgia's protocols, procedures and best practices in preparing for any potential spread of the Ebola Virus Disease; and

WHEREAS: The purpose of the Ebola Response Team is to ensure best preparations for any potential spread of the Ebola Virus Disease in our State. The team will be comprised of representatives from the following entities: Georgia Department of Public Health, Georgia Emergency Management Agency, Georgia National Guard, Emory University Hospital, University System of Georgia's infectious disease experts, Hartsfield-Jackson Atlanta International Airport, City of Atlanta and members of the nursing, rural hospital, EMT and education communities.

NOW, THEREFORE, BY VIRTUE OF THE POWER VESTED IN ME AS GOVERNOR OF THE STATE OF GEORGIA, IT IS HEREBY

ORDERED: That the Governor's Ebola Response Team be assembled as follows:

- Brenda Fitzgerald, MD; Commissioner – Georgia Department of Public Health

APPENDIX 1

a. Executive Order

continued

- Charley English, Director – Georgia Emergency Management Agency
- Major General Jim Butterworth, Adjutant General – Georgia National Guard
- William Bornstein, MD, PhD; Chief Quality and Medical Officer – Emory Healthcare
- Susan Grant, MS, RN, NEA-BC, FAAN; Chief Nurse Executive – Emory Healthcare; Associate Dean – Nell Hodgson Woodruff School of Nursing
- Frederick Quinn, MS, PhD; Professor of Infectious Diseases – University of Georgia
- Miguel Southwell, General Manager – Hartsfield-Jackson Atlanta International Airport
- Michael Geisler, Chief Operating Officer – City of Atlanta
- Scott Kroell, Chief Executive Officer/Administrator – Liberty Regional Medical Center
- Courtney Terwilliger, Chairman – Georgia Association of Emergency Medical Services
- Brenda Rowe, M.N., RN, JD; Associate Professor – Georgia Baptist College of Nursing, Mercer University
- Jody Barrow, Superintendent – Fayette County Schools; President - Georgia School Superintendent Association
- Doug Patten, MD; Chief Medical Officer - Georgia Hospital Association

IT IS FURTHER

ORDERED: That Dr. Brenda Fitzgerald be appointed as chair of the Ebola Response Team.

IT IS FURTHER

ORDERED: That the Ebola Response Team shall meet and report periodically to the Governor on an as needed basis.

This 19th day of October, 2014.



GOVERNOR

APPENDIX 2

a. Membership Bios

MAJOR GENERAL JIM BUTTERWORTH

Major General Jim Butterworth was appointed Director of the Georgia Emergency Management Agency (GEMA) in November, 2014. Previously General Butterworth served as the Adjutant General of Georgia, overseeing almost 15,000 personnel of the Georgia National Guard.

Some of General Butterworth's prior military assignments have included pilot training at Columbus Air Force Base, Mississippi; time as a T-38 Pilot Instructor; service at Dover, Delaware, as a C-5 A/B pilot; and service in Georgia's own 116th Bomb Wing as a B-1B aircraft commander and flight lead.

Most recently he was appointed as the Adjutant General, General Butterworth previously served as a State Senator representing the 50th District in Northeast Georgia. During his time in the Senate, General Butterworth served as the Chairman of both the Higher Education Committee and the State and Local Governmental Operations committee, as Vice Chairman of the Banking and Financial Institutions Committee, as well as sat on a number of other committees

In 2010 he was appointed as a Floor Leader for Governor Nathan Deal during which he led the charge for Governor Deal's HOPE Scholarship reform effort.

Prior to his election to the Senate, General Butterworth served as Chairman of the Habersham County Board of Commissioners. During his time as a County Commissioner and Chairman of the Board, he worked closely with other Commissioners and governments to pass a 25-year water contract providing the county with an additional three million gallons of water every day. He also worked with community leaders to successfully pass a Special Local Option Sales Tax to finance transportation, economic development, recreation, and natural resource improvements.

In addition to an impressive public service record, General Butterworth has also flown as a pilot for Delta Air Lines and has accumulated over 11,000 hours of flying time between his military, commercial and civilian flying careers. He is a graduate of the University of Georgia, with a Bachelor of Science degree in Political Science, and the Air Force R.O.T.C. program at UGA.

Born in Macon, Georgia and raised in Habersham County, General Butterworth and his family attend Riverbend Baptist Church in Gainesville, Georgia. He and his wife Amy have four children: Blake, Claire, Jack and Cate.

BRENDA FITZGERALD, MD

Brenda Fitzgerald, M.D., serves as the Commissioner of the Georgia Department of Public Health (DPH) and State Health Officer. Dr. Fitzgerald, a board-certified Obstetrician-Gynecologist and a Fellow in Anti-Aging Medicine, has practiced medicine for three decades.

As Commissioner, Dr. Fitzgerald oversees various state public health programs including Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Pharmacy, Nursing, Volunteer Health Care, the Office of Health Equity, Vital Records and the State Public Health Laboratory. Dr. Fitzgerald also directs the state's 18 public health districts and 159 county health departments. Prior to joining DPH, Dr. Fitzgerald held numerous leadership positions.

Fitzgerald served on the board and as president of the Georgia OB-GYN Society and she worked as a health care policy advisor with House Speaker Newt Gingrich and Senator Paul Coverdell. She has served as Chairman of the Board for the Georgia Public Policy Foundation and remains a Senior Fellow. Additionally, she served on the Military Academy Selection Boards for Senators Paul Coverdell and Saxby Chambliss, and was a founding board member for the Paul Coverdell Leadership Institute. She also contributed to Leadership Georgia serving as a

APPENDIX 2

a. Membership Bios

continued

program chair, served as the 7th District Representative to the Georgia State School Board, and held board posts with Voices for Georgia's Children, the Advanced Academy of West Georgia, the University of West Georgia Foundation, and the Carrollton Rotary Club.

Dr. Fitzgerald holds a Bachelor of Science degree in Microbiology from Georgia State University and a Doctor of Medicine degree from Emory University School of Medicine. She completed post-graduate training at the Emory-Grady Hospitals in Atlanta and held an assistant clinical professorship at Emory Medical Center. As a Major in the U.S. Air Force, Dr. Fitzgerald served at the Wurtsmith Air Force Strategic Air Command (SAC) Base in Michigan and at the Andrews Air Force Base in Washington, D.C.

BRIGADIER GENERAL JOE JARRARD

Brigadier General Joe Jarrard is the Adjutant General of Georgia. In this position, he reports directly to the Governor with responsibility for almost 15,000 personnel of the Georgia Department of Defense which includes the Georgia Army National Guard, the Georgia Air National Guard, the Georgia State Defense Force and over 500 State of Georgia employees.

Brigadier General Joe Jarrard graduated from North Georgia College and State University and was commissioned a second lieutenant in the U.S. Army in 1988. He served on active duty for over 20 years and retired a lieutenant colonel in April 2009.

While on active duty, Gen. Jarrard served at numerous duty stations to include Germany; Fort Stewart, Ga.; Fort Riley, Ks; and Fort Bragg, N.C. In 2003, he deployed as the battalion executive officer of 3rd Battalion, 27th Field Artillery Regiment in support of Operation Iraqi Freedom, where his unit supported I Marine Expeditionary Force.

In 2005, Gen. Jarrard deployed to Iraq as the deputy brigade commander of the 18th Field Artillery Brigade (Airborne), where he served as the deputy effects coordinator and chief of assessments for the 101st Airborne Division (AASLT). From September 2011 to January 2015 Gen. Jarrard served as the assistant adjutant general for the Georgia Dept. of Defense.

General Jarrard's awards include the Legion of Merit, Bronze Star w/OLC, and Meritorious Service Medal w/OLC.

Jarrard worked in Afghanistan from August 2009 to September 2011, most recently with the Counterinsurgency Advisory and Assistance Team (CAAT). The CAAT works directly for the commander of international assistance forces Afghanistan advising and assisting commanders at all levels on counterinsurgency operations. His duties included observing and reporting on COIN activities, identifying best practices, and working with commanders at all levels in order to facilitate organizational and cultural change.

General Jarrard lives in North Georgia with his wife Susan, and three boys, Ben, Will, and Joseph.

APPENDIX 2

a. Membership Bios

continued

WILLIAM BORNSTEIN, MD, PhD

Dr. Bornstein has served as Chief Quality Officer for Emory Healthcare since September of 2003. In 2006 he was also named Chief Medical Officer of Emory Healthcare and in this capacity directs the Emory Healthcare Office of Quality and Risk. Dr. Bornstein has led the development of a quality and safety program that has been highly successful and visible and has been recognized by a number of awards. Under Dr. Bornstein's leadership, Emory University Hospital and Emory University Hospital Midtown respectively rose to rank second and third nationally among academic medical centers in the highly regarded University Health System Consortium Quality and Accountability Scorecard, representing the only two hospitals from one AMC, which have been ranked in the top ten by this scorecard. With a focus on delivering optimal health care value to a broad population, Bornstein in 2012 became the founding president of the Emory Healthcare Network, on which he now serves as vice-chairman of the Board.

Dr. Bornstein has been a champion of the use of information technology to improve healthcare quality. Before assuming his Chief Quality Officer role, he served as the Medical Director of the Emory Healthcare Information Services Department starting in 1996 (referred to as Director of Clinical Development from 1996 to 2001). In this role Dr. Bornstein was a leader in the development of the Emory Healthcare clinical data repository (one of the largest of its kind in the world) and is now a leader of the Emory Electronic Medical Records Project that is implementing clinically transformative technology on the foundation established by the clinical data repository. As Chief Medical Officer and Chief Quality Officer, Dr. Bornstein has retained a focus on ensuring that that implementation of this technology leads to breakthrough improvements in clinical quality and patient safety.

Dr. Bornstein is a Board-certified internist and endocrinologist and continues to care for patients. He received his undergraduate degree in mathematics from Dartmouth College and his M.D. and Ph.D. (Cell and Molecular Biology) from the Medical College of Georgia. He did his internal medicine training at Duke, where he served as assistant chief resident, and his fellowship in endocrinology and metabolism at the Massachusetts General Hospital (MGH) and Harvard Medical School.

Dr. Bornstein is a recognized leader in quality, safety, and the use of information technology in improving healthcare delivery. He has served on a number of national committees and advisory bodies in these areas including the Clinical Evaluative Sciences Council Steering Committee and the Risk Adjustment Task Force of the University Health System Consortium (UHC), and the Professional and Technical Advisory Committee for the hospital accreditation process of The Joint Commission, the Standards and Survey Procedures Committee of the Joint Commission. Dr. Bornstein currently chairs the steering committees of the Integrating Quality Initiative of the Association of American Medical Colleges and co-chairs the national advisory panel of the Wellpoint Q-HIP program. In 2014, he was appointed by Georgia Governor Nathan Deal to serve on his Special Advisory Commission on Mandated Health Insurance Benefits.

APPENDIX 2

a. Membership Bios

continued

SUSAN M. GRANT, MS, RN, NEA-BC, FAAN

Susan M. Grant, MS, RN, NEA-BC, FAAN is the chief nurse executive of Emory Healthcare and an Associate Dean at the Nell Hodgson Woodruff School of Nursing.

Prior to her joining the Emory University community, Ms. Grant served as the Chief Nursing Officer and Senior Associate Administrator for Patient Care Services at the University of Washington Medical Center and the Assistant Dean for Clinical Practice at the University of Washington School of Nursing. She also served as the Chief of Nursing at the Dana-Farber Cancer Institute in Boston, Massachusetts, prior to her time at the University of Washington.

Susan's work in healthcare over the last several years has been focused on patient safety and patient and family-centered care.

Susan is a member of the national advisory board for the Institute for Family-Centered Care and of the American Organization of Nurse Executives. She is a Robert Wood Johnson Executive Nurse Fellow and was inducted as a Fellow in the American Academy of Nursing in Washington, D.C., in November 2010.

Susan received her bachelor's degree in nursing from the Medical College of Georgia and her master's degree in Psychiatric Mental Health Nursing from the University of South Carolina. She is currently a doctoral student at Vanderbilt University School of Nursing.

FREDERICK QUINN, MS, PhD

Fred Quinn received his Bachelor of Science degree from Marquette University and Master of Science and Ph.D. degrees in Microbiology and Biochemistry from Indiana University, Bloomington. He completed postdoctoral training at University of Tennessee School of Medicine and the Stanford University School of Medicine. Both postdoctoral projects focused on defining genetic virulence mechanisms for a number of bacterial pathogens including *Campylobacter jejuni* and *Legionella pneumophila*.

In 1990, Dr. Quinn became Head of the Molecular Biology Laboratory in the Meningitis and Special Pathogens Branch at the Centers for Disease Control and Prevention (CDC), and in 1993, moved to the newly created Emerging Bacterial and Mycotic Diseases Laboratory Section. In 1997, he led the Tuberculosis and Mycobacterial Diseases Pathogenesis Lab also at CDC. These groups were responsible for coordinating efforts to control new and re-emerging U.S. and international bacterial diseases including Brazilian Purpuric Fever, Cat Scratch Disease, meningococcal meningitis, Buruli ulcer, and ultimately tuberculosis. During this period of time, he was involved in various outbreak investigations including what ultimately became known as the Hanta Virus outbreak in Arizona in the early 1990s and Buruli ulcer investigations in Ghana and Côte d'Ivoire in the mid-1990s.

In 2000, Dr. Quinn became a Fullbright Fellow studying tuberculosis pathogenesis in Great Britain at the University of Bristol and Imperial College, London. In early 2002, Dr. Quinn left CDC to become Professor and Head of the Department of Medical Microbiology and Parasitology (now Infectious Diseases) in the College of Veterinary Medicine at the University of Georgia, Athens. The department is currently comprised of 44 faculty members, and over 120 research fellows, students and support personnel who study host-microbial interactions, and develop appropriate animal models, vaccine candidates, diagnostic tests and novel therapies for many parasitic, viral and bacterial human and veterinary emerging and zoonotic pathogens.

Dr. Quinn's research focuses on understanding the pathogenesis of *Mycobacterium tuberculosis*, with the ultimate goal of developing improved vaccines and diagnostic tests for tuberculosis and other respiratory bacterial infectious diseases. Current collaborative activities include tuberculosis vaccine animal efficacy testing, animal model development for tuberculosis transmission studies, social network transmission studies in Uganda, and zoonotic tuberculosis field studies being organized in Mexico, Egypt, Morocco and Uganda..

APPENDIX 2

a. Membership Bios

continued

MIGUEL SOUTHWELL

Miguel Southwell was named aviation general manager of Hartsfield-Jackson Atlanta International Airport (ATL) in May 2014.

Southwell, who in June 2013 returned to ATL as a deputy general manager, brings more than two decades of aviation management experience to his new role. He is the former deputy director of business for Miami International Airport (MIA) and four Miami-Dade County general aviation airports. During his 12-year tenure in Miami, he was responsible for generating more than \$700 million in annual revenue from a wide variety of airport businesses, including real estate management, restaurants, retail, parking and hotel operations. Southwell also oversaw the divisions of HR, Procurement, Contracts, Arts and Cultural activities at MIA.

Before joining MIA in 2001, Southwell spent 11 years at ATL in numerous leadership positions, including as interim assistant general manager for Business and Finance. He also served for five years as an adjunct professor at Georgia State University where he taught courses in air transportation management. Southwell previously worked as a regional manager and assistant vice president of Willamette Savings, where he oversaw the lending and savings operations of 16 branches in Portland, Oregon. He began his career in the airline industry.

Southwell holds a bachelor's degree in Management from Portland State University and a master's degree in International Business from City University of New York's Bernard Baruch College. Southwell currently chairs the Airports Council International (ACI) - Fund Council that provides training to airport professionals in developing countries. ACI is the world's association of airports with more than 1,750 member airports in 174 countries. Southwell served six years on the ACI World Governing Board and is the immediate past president of its Latin America and Caribbean Region.

MICHAEL GEISLER

As Chief Operating Officer for the City of Atlanta, Michael Geisler directly manages and oversees all city operating departments and related agencies including Aviation, Police, Fire, Corrections, Parks, Recreation and Cultural Affairs, Planning and Community Development, Public Works, Watershed Management, Human Resources, Procurement, Information Technology, Sustainability and Enterprise Assets. Mr. Geisler served as the Deputy Commissioner and Chief Financial Officer for the City of Atlanta Department of Watershed Management, a position he assumed in November 2012 after a national search was conducted.

Mr. Geisler brings to the position more than 30 years of experience in strategic and tactical management, combined with excellent business development, operations and financial acumen.

APPENDIX 2

a. Membership Bios

continued

H. SCOTT KROELL, JR., MHA, FACHE, LNHA

Scott Kroell is currently the Chief Executive Officer of Liberty Regional Medical Center in Hinesville, Georgia, a Joint Commission Accredited Critical Access Hospital; Coastal Manor, a 108 Bed Long Term Care Facility located in Ludowici, Georgia; and the Liberty Regional Emergency Medical Services, a two-county Emergency Medical Service serving Liberty and Long counties.

He received his Bachelor of Science in Industrial Engineering from the Georgia Institute of Technology in Atlanta, his Master of Health Administration from Georgia State University in Atlanta and is a Licensed Nursing Home Administrator. He was active in the United States Navy Reserve and retired as a Captain after 28 years of service.

Mr. Kroell's professional affiliations include Vice Chair of the Liberty County, Georgia Board of Health, Board Member of the Georgia Board of Nursing Home Administrators, Board Member of the Healthcare Georgia Foundation and Member of the Georgia Ebola Task Force.

COURTNEY TERWILLIGER

Courtney Terwilliger currently serves as EMS Director at Emanuel Medical Center in Swainsboro, Georgia. He has been Director of this county wide, hospital based EMS service for 35 years. He is a member of the Region 6 EMS Council, previously served as president of the Council, and currently chairs the membership and by-laws committee. He has been a member of the Georgia Emergency Medical Service Advisory Council for over 16 years and has served as Chairman of that group for the past 10 years.

Mr. Terwilliger is Chairman of the Georgia Association of EMS and serves on the Georgia Trauma Commission and the Georgia EMS Foundation. Courtney is a member of Nunez Baptist Church where he serves as the Sunday School Director. He was also awarded the Governor's Public Safety Award in 2012 by Governor Deal for outstanding contribution to the EMS profession. Courtney is married to Toni Terwilliger. They reside in Swainsboro Georgia with their two children.

BRENDA ROWE, MN, RN, JD

Brenda Rowe is a tenured faculty member of the Georgia Baptist College of Nursing of Mercer University on Mercer's Cecil B. Day Graduate and Professional Campus in Atlanta, where she has taught since 1992. Her research interests include health care policy, legal and ethical issues affecting health care, and NCLEX-RN preparation for prelicensure students, and she has presented her work at the local, state and national level.

Ms. Rowe earned her B.S.N. from the University of Evansville, M.N. from Emory University and J.D. from Georgia State University. She completed 28 years as an Army Nurse Corps Officer for the United States Army Reserves, which included service in Operation Desert Shield/Desert Storm, and she retired as a Colonel.

Ms. Rowe has participated in the Governor's Teaching Fellows Program and is a member of the State Bar of Georgia, Sigma Theta Tau International and the American Nurses Association. In 2011, she was appointed by Gov. Deal to serve on the Georgia Board of Nursing and now serves as President of the Board. She was a recipient of the College's Distinguished Faculty Member of the Year Award in 2013.

APPENDIX 2

a. Membership Bios

continued

JOSEPH “JODY” BARROW, EdD

Dr. Joseph (Jody) C. Barrow, Jr. began his career in education in 1980. He is in his second year as the Superintendent of Fayette County Schools, having also served previously as a teacher, assistant principal, principal, and superintendent across the K-12 spectrum in several Georgia school systems. He has been awarded multiple honors during his career including being named the Georgia Association of Educational Leader’s Outstanding Educator, the prestigious Georgia School Superintendents Association’s Bill Barr Leadership Award, the Georgia Partnership for TeleHealth Champion of the Year, was recognized by the Georgia Senate for efforts in Educational Excellence, and was chosen as Superintendent of the Year for the Georgia Head Start Program.

He and his wife, Dr. Susan Barrow, are the proud parents of five children, two who are currently enrolled in the Fayette County School System.

During his career Dr. Barrow’s accomplishments include:

- Improving student achievement
- Increasing graduation rates
- Implementing and advancing cutting edge 21st Century technology
- Currently serving as President of the Georgia School Superintendent’s Association (GSSA) and on the National Governing Board of the American Association School Administrators (AASA)
- Educationally overcoming the largest wild fire in the history of Georgia
- Led construction projects that have received national recognition
- The establishment of School Based Health Centers (SBHC)
- Leading his districts to these accomplishments while dealing with massive budget challenges
- Dr. Barrow truly strives to be a “Champion for Children” in all endeavors, and works to put children first in every situation.

DOUG PATTEN, MD

Dr. Doug Patten is Chief Medical Officer for the Georgia Hospital Association. He has previously served as Chief Medical Officer for Phoebe Putney Health System and in that role was involved in Phoebe’s readiness role as a Regional Coordinating Hospital. His background includes the practice of General Surgery in rural South Georgia.



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

Governor's Ebola Response Team Meeting

October 22, 2014 4:30 PM
Capitol Conference Room 107

Minutes

Team Attendance

Brenda Fitzgerald, MD; Commissioner, Georgia Department of Public Health	Present
Charley English, Director, Georgia Emergency Management Agency	Present
Major General Jim Butterworth, Adjutant General, Georgia National Guard	Present
Susan Grant, MS, RN, NEA-BC, FAAN; Chief Nurse Executive, Emory Healthcare; Associate Dean, Nell Hodgson Woodruff School of Nursing	Present
Frederick Quinn, MS, PhD; Professor of Infectious Diseases, University of Georgia	Present
Miguel Southwell, General Manager, Hartsfield-Jackson Atlanta International Airport	Present
Michael Geisler, Chief Operating Officer, City of Atlanta	Present
Scott Kroell, Chief Executive Officer/Administrator, Liberty Regional Medical Center	Present
Courtney Terwilliger, Chairman, Georgia Association of Emergency Medical Services	Present
Brenda Rowe, M.N., RN, JD; Associate Professor, Georgia Baptist College of Nursing, Mercer University	Present
Jody Barrow, Superintendent, Fayette County Schools; President Georgia School Superintendent Association	Present
William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare	Call in
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association	Call in

Governor Nathan Deal – The Governor opened the meeting and thanked all for participation. He indicated the purpose of the Ebola Response Team is to be prepared in the event we are confronted with an Ebola emergency. The Response Team is a good mix of public and private representation.

Dr. Fitzgerald (Georgia Department of Public Health) – The Commissioner reiterated the value of the public/private partnership and called on Susan Grant to bring the committee up to date on what Emory Healthcare is doing.

Susan Grant (Emory Healthcare) – Dr. Grant provided an update on the current status of Ebola efforts at Emory.



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- For the last 12 years, Emory has had a communicable disease unit that prepares for this type of disease.
- For the past 2 months, Emory has been providing expanded training.
- Emory accepted 2 Ebola patients in August and 2 more in September and October.
- Emory is concentrating efforts on preparedness training, biosafety site assessments, and strategies based on risk categories.
- All sites will have Personal Protective Equipment (PPE) at clinics.
- There is currently a shortage of PPE in some areas.
- Emory has posted protocols on their website that include videos on how to don/doff PPE.
- Emory will assist with validation of competencies of hospitals throughout Georgia, however their resources are strained.

Dr. Fitzgerald – Public Health is following CDC guidelines. Today, Public Health met with all Georgia hospitals on a call coordinated by the Georgia Hospital Association. Dr. Fitzgerald explained Georgia's role and the role of the Federal Government in the response.

- The Feds are responsible for international travelers that are incoming both by air and through the ports.
- Georgia is responsible for international travelers that elect to stay in the state.
- Georgia is responsible for situational awareness, hospital coordination, and public awareness.
- The hospitals will be using a tiered approach in which all facilities can and will identify and isolate individuals that meet the CDC criteria for possible Ebola infection. Diagnosis will be coordinated with Public Health and those identified as positive will be moved to treatment hospitals that have containment units.
- Atlanta is well prepared as is Hartsfield-Jackson Atlanta International Airport.

Ebola Response Team members were then invited to provide the group with an overview of activities from the area they represent.

Miguel Southwell (Hartsfield-Jackson Atlanta International Airport) –

- Passengers on incoming flights identified with symptoms are referred to a Central Command center.
- Customs Officers observing symptoms interview the passenger to determine where the passenger is coming from and whether or not he/she has had contact with a person potentially positive for Ebola.
- Employees can also report sick individuals to the Central Command. On a normal day, the airport has 50 or more passengers or people in the airport that are sick so protocols have been in place.
- Individuals with symptoms are cared for by Atlanta Fire Rescue (EMS).
- CDC resides at the airport.
- There are no direct flights coming into the airport from the three affected countries.
- The airport has two quarantine facilities.

Michael Geisler (City of Atlanta) –

- The City of Atlanta has adopted the CDC protocols and has policies and procedures in place that include emergency management (911).
- They have developed a training video for the donning and doffing of PPE that will be used to educate various sectors of their workforce including Public Safety personnel.

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- Policies and procedures were developed in coordination with the Georgia Department of Public Health (DPH).

Jody Barrow (Georgia School Superintendent Association) –

- School systems are concerned with individuals following protocols. The first priority is the safety of children and staff.
- Policies and procedures are in place in schools systems for control of Communicable Disease.
- Two metro county school systems have been more aggressive in handling the situation,
- Dr. Obasanjo, the Health Director of State Health District 4 has been working closely with them.
- Communication is a high priority.

Frederick Quinn (University of Georgia) –

- The university system is ready to assist with basic information and has a large number of epidemiologists available.
 - The system has a robust program for developing vaccines, etc and this expertise can be tapped.
- **Action Item:** Governor Deal asked about the capacity of the university system to identify the foreign travel plans of students and faculty. Would we be able to find out travel plans? Do we need a plan for those returning from travel? Dr. Quinn indicated they will look at this more closely and report back.

Courtney Terwilliger (Georgia Association of Emergency Medical Services) –

- EMS is used to an environment in which the EMS worker doesn't know the status of the patient so precautions are in place; however there is apprehension about this disease.
- Decontamination training has been enhanced.
- The State Office of EMS will be convening a meeting at the Georgia Public Safety Training Center.
- Ebola will be one of the practice events at the upcoming table top exercises.

Scott Kroell (Liberty Regional Medical Center) –

- Rural hospitals are preparing and doing trainings.

Brenda Rowe (Georgia Board of Nursing) –

- There are over 154 thousand licensed nurses in the Georgia.
- The Board of Nursing stands ready and available to send communications to insure the nursing workforce has up to date information. The Board has been working closely with DPH.

Major General Jim Butterworth (Georgia National Guard) –

- In a possible event, the Guard can assist with a variety of areas including but not limited to quarantine, transportation, logistical support, and command and control. All of the capabilities are scalable.
- The Homeland Response Force (HFR) is located in Cobb County. The HFR can support and make available Army materials.
- The Guard can also assist with medical personnel as it includes well-trained medical doctors and nurses that can assist with screening, etc.

Charley English (Georgia Emergency Management Agency) –

- GEMA can assist with information distribution to Public Safety and with convening meetings.

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- The Joint Information Center (JIC) has been established and is functioning to facilitate communication distribution.

Dr. William Borstein (Emory Healthcare) –

- Emory has been caring for Ebola patients and has increased staff to improve preparedness.
- Emory has been assisting with preparing other hospitals in Georgia.
- The hospital system has shared policies and procedures publically through their website.
- Emory is providing hands on training to hospitals and staff.
- They are also expanding their capacity to treat Ebola patients.

The following next steps were identified by the Ebola Response Team:

- The Response Team will meet once/week until further notice.
- Members were asked to focus attention on schools.
- It was noted that stressing proper hygiene and encouraging all Georgians to get flu shots is an important strategy for reducing flu, thereby potentially reducing the numbers of people that present at hospitals thinking they have Ebola virus.
- Mr. Southwell asked the Response Team to look at training for custodial staff that might come in contact with contaminated surfaces.
- Dr. Fitzgerald requested an assessment of the availability of PPE across the state to determine where the equipment is located and how much is available. Dr. Patton indicated the GHA will be leading this effort.

The meeting was adjourned.



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor

Atlanta, Georgia 30303-3142

www.health.state.ga.us

Governor's Ebola Response Team Meeting

October 29, 2014 4:30 PM
Capitol Conference Room 107

Minutes

Team Attendance

Brenda Fitzgerald, MD; Commissioner, Georgia Department of Public Health	Present
Charley English, Director, Georgia Emergency Management Agency	Present
Major General Jim Butterworth, Adjutant General, Georgia National Guard	Phone
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William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare	Present
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association	Present

I. Welcome – Dr. Fitzgerald

The Commissioner opened the meeting and reminded all of the purpose and reiterated the importance of the public/private partnership.

II. Current Status of Outbreak – Dr. Fitzgerald

- A map of the airports accepting incoming flights from affected countries was shared.
- We are in day 327 of the outbreak.
- There are over 10 thousand cases.



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- There is one case in the United States currently hospitalized and undergoing treatment in New York City.
- Today is day 21 since the death of the patient in Texas. Therefore, it is important to note two nurses caring for the sick individual in the intensive care setting contracted the virus. None of the family members, ED workers or others that came in contact with the patient developed Ebola.
- Emory has safely and successfully treated 4 patients including one of the nurses from Texas.

Dr. Fitzgerald called on Courtney Terwilliger to describe the established transport system as a part of the status report.

Courtney Terwilliger –

- They are designating certain crews to transport patients to the designated hospitals that are identified through the DPH monitoring process.
- Training is being ramped up.
- The following draft procedure is currently under review for coordination of the EMS response: Identification comes through 911 and DPH is called at the 866-PUB-HLTH number. DPH triages over the phone and dispatches one of the identified crews.
- These crews are provided with the appropriate PPE.
- This insures appropriate PPE is with the providers that will be most in need.

Dr. Fitzgerald continued the status report as follows:

- Current status of hospitals accepting patients in each Tier:
 - Tier 1 – Emory
 - Tier 2 – 8 hospitals in the Atlanta region, 2 hospitals in the Coastal region
 - Tier 3 – All hospitals where these patients may present will be prepared to identify and isolate

Dr. Bornstein expressed concern regarding the capacity for care of Tier 1 patients.

Dr. Fitzgerald reported there are 7 hospitals that have expressed interest in becoming Tier 1 hospitals. They are currently undergoing intense training and have identified special units within their hospitals to handle the care. CDC site visits will be arranged that include Emory staff. Two of these site visits will be conducted, November 5th and 7th. The Georgia Hospital Association is assisting with hospital preparedness.

Dr. Bornstein asked if the hospitals will be identified.

Dr. Fitzgerald indicated we will respect the request from the hospitals to not be identified.

Susan Grant – Requested to know when the public can be made aware of the hospital plan.

Dr. Fitzgerald indicated the plan can be shared now.

Susan Grant – November 7th, Emory Healthcare and the Georgia Hospital Association will be training 250 people on Ebola Preparedness.

Dr. Bornstein asked if this approach is voluntary. What will the state do if none of the hospitals are capable of becoming Tier 1 hospitals? Emory has a finite capacity.

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Dr. Fitzgerald responded that DPH is comfortable with the developing capacity. The burden will be American citizens currently treating Ebola in Africa. DPH is making sure we are getting the initial capacity increased. In the airport screening now, of 71 people being monitored, none are in the high risk category.

III. Reports from Members:

Dr. Quinn –

- Steve Wrigley, the University System of Georgia's (USG) Executive Vice Chancellor of Administration has been appointed by Chancellor Huckaby to examine the questions posed by the Governor at the previous meeting. The following actions have been taken:
 - A committee has been established to investigate and address the issue of students and faculty traveling to the affected countries.
 - This committee has been meeting several times per week and will continue to meet.
 - Correspondence has been sent to USG students, faculty and staff explaining the responsibilities of the staff and students.
 - A system-wide campus monitoring system has been developed under which each campus designates a Campus Lead (CL) for Ebola related matters. The role of the CL is to monitor travel information, communicate with campus Emergency Response teams, and provide information updates to the campus. Any students that plan to travel are required to provide the CL with their itinerary and upon return, inform the CL what the DPH monitoring system finds.
 - Campus Emergency Response participated in a web discussion with Dr. O'Neal.

Brenda Rowe – Emory has a robust tracking system but what about private colleges?

Action Item: Charlie Harman will provide a list of contacts for the private colleges and universities to Jamie Howgate. DPH will follow up with the contact.

Dr. Patton –

- PPE Inventory Update:
 - GHA released a survey to determine the amount of inventory. They received 80 responses from 150 surveys.
 - There were different interpretations of the meaning of PPE in the responses.
 - Some hospitals included their readiness response inventory.
 - The Regional Coordinating Hospitals maintain readiness supplies.
 - GHA will conduct the survey again, carefully defining and including pictures of the articles that make up PPE requirements.
 - Answers will be available early next week.
 - PPE will be given to the hospitals that are treating the highest risk patients first.

Action Item: GHA to conduct second survey and provide results to the Response Team early next week.

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Miguel Southwell –

- Approximately 10 passengers arrive at the airport each day that meet the requirements for monitoring by the State.
- They are trying to coordinate how they will accomplish the connection with the State monitoring system. Mr. Southwell requested placement of DPH staff at the airport.
- The head of the airport Customs needs additional information.
- The CDC protocols are currently being followed.

Dr. Fitzgerald indicated the medical epidemiologists are available 24/7. Active monitoring is in place for all incoming travelers. Low risk individual monitoring includes self-temperature check and electronic daily reporting. High risk individuals such as medical personnel returning from the affected area are more closely monitored including twice daily visual contact with DPH.

Action Item: Jamie Howgate to meet with Miguel Southwell and other airport personnel as soon as possible to clarify process.

Action Item: Chris Rustin, the DPH Director of Environmental Health will be reaching out to Mr. Southwell regarding procedures for custodial staff.

Michael Geisler –

- The City is implementing protocols and has hazmat suits; however confusion exists about when police are supposed to suit up.
 - Guidance is needed regarding what is recommended when the police are sent to a home where a person has indicated they have Ebola.
 - Guidance is needed regarding what happens if a person is symptomatic and becomes belligerent. Are Fire Rescue first responders supposed to go into the home or wait for DPH?
- Two City of Atlanta staff members are going to New York tomorrow to meet with Mayor Bill de Blasio to learn more about how New York is handling these issues.
- The City will be conducting an Ebola related table top exercise on Monday.

Dr. Fitzgerald reported that CDC has released PPE guidance for EMTs but released guidance for other emergency responders as of this date. The State sent instructions to Law Enforcement agencies yesterday that may not have filtered to all levels yet.

Action Item: DPH to share updated PPE guidance for public safety from CDC upon receipt.

Jody Barrow –

- Discussion was held at the State Superintendents meeting. They advised superintendents to review wellness policies and communicate with their local health departments.
- Gary McGibonney sent out the letter that was prepared by the DPH to all schools in Georgia.
- The Georgia Association of Education Leaders (GAEL) included the letter in their newsletter.
- This is seen as an opportunity to look at educating parents, students and the general public.

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Action Item: Prepare an educational video regarding the things you should know. Recommendation was made to work with GBP to do public service announcements. Susan Grant will provide a general education video that was used to educate Emory staff. Dr. Barrow will review the video to determine usefulness for the school system.

Dr. Bornstein reported the Emory Travel Well clinic has been bombarded with patients that read an erroneous report that Emory would be screening patients. The school system can be helpful in sharing information about the 21 day monitoring period if a school system decides not to allow students to attend during that time.

Charlie English –

- There are 13 facilities that have been identified with various levels of suitability for quarantine.

Courtney Terwilliger –

- Training should be reinforced for emergency responders.
- N95 masks have been purchased for fire services.
- Dr. O’Neal has scheduled training at the Georgia Public Safety Training Center.

Dr. Bornstein –

- The patient was discharged from Emory yesterday.
- Emory is working to expand capacity for treatment of Ebola infected patients.
- He has spoken with the Dean of Emory University about vaccine and drug development.

Frederick Quinn indicated there are 2 vaccines in Phase I clinical trials that NIH is sponsoring.

Dr. Patten reminded all that it is important to note people should not be discouraged from going to Africa to help stop the epidemic. The United States has the best medical staff in the world. As policies are developed, this should be taken into consideration.

IV. Identification of Stakeholders

Action Item: The Team was provided a draft list of stakeholders and asked to review. Team members were asked to submit edits to Jamie.

Action Item: Miguel Southwell asked that Delta and Southwest be added to the stakeholder list.

V. Internal and External Communication Strategies

Dr. Fitzgerald opened discussion on communication strategies.

Susan Grant indicated there needs to be an increase in communication to the general public on what is being done and general information provided to reassure the public by explaining the risk.

Recommendation to the Governor: Dr. Bornstein recommended an ad campaign to emphasize that flu is a greater risk to Americans. While we are concerned about Ebola, we need to lower the numbers of individuals that report to Emergency Departments with fever and other symptoms. The Team supported this approach.

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Michael Geisler requested communication to people to address their fears.
Brenda Rowe has worked with Carole Jakeway, DPH Chief Nurse to develop guidance for nurses. This guidance has been distributed and posted on the association websites.

VI. Identification of Potential Challenges

Training:

Frederick Quinn requested additional information about PPE training.

Dr. Patten indicated Emory will be providing this training. Susan Grant developed the agenda for the upcoming training.

Frederick Quinn asked about the level of training that is needed.

Dr. Bornstein indicated that when fully communicable, third party observation of donning and doffing is necessary. That will be part of the validation process for those hospitals.

Dr. O'Neal, DPH Director of Health Protection reported he attended a meeting in Athens today regarding development of the certification process for the Tier 1 and Tier 2 hospitals. He further reported there will be a training session for EMS, Fire, and law enforcement agencies including Sheriffs at the GPTC on November 12th. 487 of the 500 training slots have already been booked.

Dr. Patten reminded the group that training should be provided to those most in need first.

Policy for Treatment of Pets:

Frederick Quinn requested policy development for treatment of pets of potential Ebola patients. Science indicates that other than bats and primates, animals don't harbor the virus. Recommendation is that pets be disinfected. Who would provide that service?

Charlie English indicated he had reached out to the Department of Agriculture for assistance with this issue.

Action Item: Dr. Quinn and Charlie English to develop recommendations for the treatment of pets of potential patients and report to the Team.

Communication:

Dr. Patten asked for simpler ways to dispel fears. The message should be sent to not reduce preparedness budgets. The PPE stock is an example of the need for emergency preparedness. The Regional Coordinating Hospitals are a good example preparedness that works. They are a network of hospitals that currently share supplies, etc.

Susan Grant recommended the development of Frequently Asked Questions about Ebola (FAQs) that can be placed on websites and broadly distributed.

Action Item: DPH to develop a first draft of FAQs and send to the Team for review/feedback. DPH and the Team will distribute the completed document.

Action Item: DPH to develop a list of all Ebola related trainings.

The meeting was adjourned.

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Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
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Governor's Ebola Response Team Meeting

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William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare Phone
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association Phone

I. Welcome – Dr. Fitzgerald

The Commissioner opened the meeting and asked everyone to review the biographies document and notify Jamie Howgate of any edits. The information will be added to the Department of Public Health (DPH) Ebola website.

Action Item: Response Team members to provide edits to Jamie Howgate. DPH to update Ebola website with Ebola Response Team information.

II. Current Status of Outbreak – Dr. Fitzgerald



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- Dr. Fitzgerald shared the Georgia Ebola Response Briefing Document with the group.
 - Members were asked to review the document and provide recommendations for edits.
 - She reminded the group the outbreak started with a two year old and now there are over 13,000 cases worldwide. The animals that carry the disease are not found in North America so the only way people in the United States that do not travel to the affected countries will get the disease is from a traveler from one of the affected countries.
 - This is day 341 of the outbreak.
 - Georgia has led the nation in successful treatment of people with Ebola.
 - Gratitude was express to Emory for the treatment of the patients and for assistance with training other providers on how to treat Ebola patients.
- Dr. Fitzgerald provided an update on active monitoring by the DPH.
 - Monitoring starts at the airport Quarantine Station.
 - Travelers coming from one of the affected countries are placed on DPH monitoring.
 - There are three categories of monitoring. Following are the numbers as of today:
 - 0 patients – High risk
 - 118 patients – Low risk (This number will fluctuate between 100 and 200)
 - 1 patient – Low risk but medical category (Visual monitoring)
 - Georgia Watch, the electronic monitoring system provides information to three audiences:
 - Traveler facing page – provides the traveler with list of symptoms including pictures that can be easily interpreted.
 - Public health epidemiologists' page – Provides detail on each traveler, tracking their daily reporting and any symptoms reported. If a traveler reports symptoms, he or she is sent to one of the diagnosing hospitals.
 - Hospital facing page – Emergency Department Directors can view this page to see if a patient in their Emergency Department is being monitored and view history on that patient.
 - To receive access to the Georgia Watch system, an Emergency Department Director can apply for a password.
- Dr. Fitzgerald reported she will be attending a Regional Ebola Coordinating meeting for State Health Officers at the end of this week. At this meeting the states in our region will work on coordination of response including the monitoring system.
- An update on the tiered hospital system was provided by Dr. Fitzgerald.
 - It is expected that all Georgia hospitals can identify and isolate Ebola patients. Detailed information for hospitals is maintained on the DPH Ebola website.
 - An Ebola Virus Disease (EVD) algorithm has been developed and distributed to the diagnosing hospitals. The process includes isolation and blood draw.
 - The DPH State Lab now has the capability of testing for Ebola.
 - There are 25 EMS transport systems that can transport identified individuals to the diagnosing hospitals if needed. They are located throughout the state.

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- Two treatment hospitals have had CDC site visits. Two are scheduled for visits and two others have requested site visits.
- Dr. Fitzgerald indicated information from the Georgia Ebola Response Briefing Document can be shared with others.

III. Communications:

- Dr. Fitzgerald provided the group with copies of Frequently Asked Questions (FAQs) and asked the group to provide input by close of business, this Friday, November 14th.

Action Item: Response Team members are asked to send edits to the FAQs to Jamie Howgate by close of business, Friday, November 14th.

- Public Awareness Campaign:
 - Dr. Fitzgerald indicated Public Health has some concerns with combining flu vaccine messaging with Ebola messaging. She requested input from the group.
 - Brenda Rowe suggested a statement from the Governor or Dr. Fitzgerald about Ebola, leading into information about the flu and flu vaccines.
 - Michael Geisler reported that the City of Atlanta did include Ebola messaging with their flu campaign and the numbers receiving vaccine were the same this year as last year.
 - Brenda Rowe indicated Ebola messaging is very complex. She further indicated the FAQs presented earlier are a very good approach, providing information separately about both health concerns.
 - Dr. Bornstein recommended saying Georgians are at greater risk for the flu than Ebola.
 - Dr. Patten expressed concern we are not pressing the flu messaging as much as we need to right now and indicated agreement with Dr. Bornstein's suggestion for messaging.
 - Dr. Quinn requested stronger messaging for the flu.
- Stakeholder List:
 - Dr. Fitzgerald discussed the stakeholder list. DPH surveyed the districts regarding flu vaccine supply. There is good availability of vaccine in the county health departments. How can we use the stakeholder list to promote flu vaccines?
 - Dr. Quinn suggested the stakeholders could also deliver the flu message to their communications groups.
 - Mr. Geisler reported the City of Atlanta advanced their flu campaign into October to help increase the numbers of vaccines provided.
 - Dr. Bornstein suggested emphasis there is flu in Georgia now and no Ebola.
 - Dr. Fitzgerald asked how we might utilize the stakeholders in the event of an Ebola case in Georgia.
 - Dr. Bornstein said we will need to deal with the public trust and transparency. A confirmed diagnosis should be shared widely through this group so that everyone gets the message at the same time.
 - Dr. Patten requested sharing of the surveillance program information with the public.

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- Mr. Terwilliger echoed Dr. Bornstein's comments and indicated the stakeholders should share the information with their communication groups.
- Mr. Geisler reminded the Team that the City of Atlanta is monitoring CDC communications through the airport quarantine station but they would like status of outbreak updates on a regular basis from DPH.

Action Item: Dr. Fitzgerald to provide regular Ebola updates to the Response Team.

- Susan Grant asked about development of a public service announcement to inform the public about Ebola facts.
- Dr. Fitzgerald indicated DPH had not had time to focus on this yet and suggest the Response Team form a subgroup to work on this task.

Action Item: DPH, Emory and GHA will collaborate on PSA development.

IV. Reports from Members:

- Student Tracking
 - Dr. Quinn reported the Regents' plan included a memo to all colleges and universities including information about the travel monitoring process. This has been completed. The process includes identification of an individual on each campus that will be responsible for the travel monitoring and communications around Ebola. Some campuses have submitted the names but not all have sent in names as of this date. The monitoring lists will be completed before semester end for all campuses.
- Personal Protective Equipment (PPE) Inventory Report:
 - Dr. Patten indicated there is no update at this time. There are no additional supply chain resources. The Regional Coordinating Hospitals will be the first to receive PPE when it becomes available.
 - Dr. O'Neal reported DPH has queried all Georgia vendors on the state vendor list and PPE inventory exists with the exception of hoods and powered air purifying respirators (PAPRs) are back ordered. The Association of State and Territorial Health Officials (ASTHO) has queried regarding PPE in the strategic national stockpile (SNS). The SNS has availability of supplies for hospitals that need it for treatment of an Ebola case on site.
 - Dr. Quinn asked if the standards allow for use of N95 masks and face shields as an alternative to the hoods and PAPRs.
 - Dr. O'Neal indicated both are acceptable and it is the hospitals' choice.
- Review of Educational Video:
 - Mr. Barrow reported he had reviewed the educational video provided by Susan Grant and the content was more clinical than was needed for the schools. He would prefer creation of a PSA for children, parents and faculty. The webinar provided to the educational community by DPH that included Dr. O'Neal and Dr. Drenzek was very helpful.
 - Dr. Fitzgerald reported some school systems keeping children out of school because the children's parents were CDC employees that had traveled out of the country to the affected

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areas. 55 of the 118 that are currently being monitored are CDC employees. Dr. Frieden and Dr. Fitzgerald coauthored a letter to the school systems regarding this issue to reassure school systems that keeping the children out of school was not required.

- Dr. Barrow expressed appreciation for the letter as it provided the school systems with the medical information they need to make decisions. He suggested the best method to get communications out into the community is to share it with the teachers through organizations such as PAGE. He asked that a package of information be put together addressed specifically to this audience.

Action Item: Dr. Fitzgerald indicated DPH will provide the information to PAGE and other teacher associations. This information will include a section on what to do if you have fears you have Ebola per Ms. Grant's suggestion.

Action Item: Mr. Barrow will request links to the DPH Ebola website be added to education leadership associations' websites. Dr. Barrow will also provide the contact information for PAGE and any other teacher associations to Jamie Howgate.

- Quarantine Space:
 - Charlie English reported that use of portable hospitals is preferred option for quarantine. The hospital would be set up at a state owned facility.
 - Dr. Fitzgerald reminded the group the first option for quarantine is at home. The portable hospital will only be used if the individual is not cooperative or at a very high risk of exposure to others. The individual will be detained at the airport quarantine station until the decision regarding where the quarantine will take place is made.
 - Major General Butterworth indicated availability of the Clay National Guard Center for placement of the portable hospital should it become necessary.
- Guidance for Pet Exposure:
 - Dr. Quinn reported Charlie English had forwarded a procedure draft on how to educate people with pets regarding the handling of pets in the event of an Ebola exposure. They will be meeting this week to finalize the document.

Action Item: DPH to add procedure to the DPH Ebola website upon completion.

- Other Reports:
 - Mr. Southwell reported the meeting with Jamie Howgate and other DPH staff went well. It included airport staff from CDC, Atlanta Fire and Rescue, Atlanta Police as well as airport leadership staff. The meeting served a great purpose, informing all present of the current procedures. The previous request for DPH staff at the airport was retracted. The airport is averaging five travelers per day entering the monitoring system. Mr. Southwell also reported there will be a CDC pilot project at the JFK airport in which those to be monitored will be provided with free cell phones.
 - Dr. Quinn indicated the free cell phones might be a good idea because it would add the ability to track the individual's location to the capabilities of the monitoring system.
 - Mr. Geisler reported the City of Atlanta conducted an Ebola table top exercise last Friday to test the plan the City had prepared. DPH had assisted with the plan review. Atlanta has PPE

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supply including face shields and N95 masks available to share in the event there is a need before additional supplies become available. The City is also planning to add information about Ebola to upcoming water bills. In response to the conversation today, they will also consider adding information about flu vaccines to a future water bill.

- Mr. Terwilliger reported the EMS training at the Georgia Public Safety Training Center went very well today and included more law enforcement personnel than EMS. The attendance was so great it was standing room only. EMS was encouraged to work closely with law enforcement and fire. Training for the EMS Ebola transport groups will be held this Friday. PPE training has already been completed. One large EMS group has agreed to do all the dispatch for Ebola cases. Appreciation was expressed to Dr. O'Neal, Keith Wages, Emory staff and others that assisted with development of the training.
- Dr. Bornstein had no further update.
- Susan Grant had no further update.
- Major General Butterworth reported the Homeland Response Force was at the training today. Medical staff is available through this group and they have a supply of PAPRs as well. They are also prepared for decontamination of their ambulances if needed. The Homeland Response Force has capabilities that can be shared with the Ebola Response Team.

Action Item: At the next meeting of the Ebola Response Team, Major General Butterworth will provide a brief presentation on the capabilities of the Homeland Response Force.

- Brenda Rowe reported she remains cognizant of the needs of nurses and shared the link to the DPH Ebola website with all the nursing associations and assured them the information is updated regularly.
 - Dr. Fitzgerald reminded the group that nurses have volunteered to participate in the treatment rooms of Ebola patients and this speaks to the good will of Georgians.
- Mr. Kroell reported they are seeing skills improve as information provided on a statewide basis through weekly calls with the Georgia Hospital Association (GHA) and DPH. Information is getting where it needs to be.
 - Dr. Fitzgerald informed the group an email has been established for hospitals in the event they are not able to get through on the 1-866-PUB-HLTH number. The number currently can handle over 500 simultaneous calls.

Dr. O'Neal informed the group Georgia is the first and only state that has developed a statewide Medical Response Corp (MRC). The MRC for Georgia is responsible for portable hospital set up if we chose that option. The portable hospital is self-contained and has 25 beds. When a portable hospital was used in Americus, Georgia in a previous emergency, they were able to perform service that was needed. The only service they did not provide was elective surgery.

V. Closing

The meeting was adjourned.

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Ebola Guidance Stakeholders

GOVERNMENT

Georgia General Assembly

Georgia Emergency Management Agency

Georgia Department of Public Safety

Georgia Department of Human Services, Division of
Family and Children Services

Georgia Department of Early Care and Learning

Georgia Department of Administrative Services

Georgia Department of Community Health, Healthcare
Facilities Regulation

Georgia Composite Medical Board

Georgia Board of Nursing

Georgia Board of Dentistry

Georgia Regional Transportation Authority

Georgia Department of Defense

CITY OF ATLANTA

Hartsfield-Jackson Atlanta International Airport

Metro Atlanta Rapid Transit Authority

Association of County Commissioners of Georgia

Georgia Municipal Association

Council of Superior Court Judges of Georgia

Georgia Board of Funeral Service

Centers for Disease Control and Prevention

EDUCATORS

Georgia Department of Education

Georgia School Board Association

Georgia Association of Independent Schools

University System of Georgia/Board of Regents

University System of Georgia/Board of Regents

Technical College System of Georgia

Georgia Independent College Association

Professional Association of Georgia Educators

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Ebola Guidance Stakeholders

HEALTHCARE PROVIDERS/ASSOCIATIONS

Licensed Georgia Physicians	Georgia Medical Examiners
Medical Association of Georgia	Georgia Funeral Directors Association
Georgia Academy of Family Physicians	Georgia Hospitals through the Georgia Hospital Association (GHA)
Georgia Academy of Pediatrics	Hometown Health
Licensed Georgia Physician Assistants	Georgia Alliance of Community Hospitals
Georgia Association of School Nurses	Georgia Public Health Association
Emergency Medical Services	Eighteen Public Health Districts, District Health Directors
Georgia Emergency Medical Services Association	Local Boards of Public Health – All 159 Counties
Georgia Emergency Management Association	Red Cross
Georgia Association of Fire Chiefs	Georgia Association of Primary Health Care
Georgia State Firefighters Association	Georgia Rural Health Association
Georgia Association for Primary Health Care, Inc. (GAPHC)	Georgia Free Clinic Network
Long Term Care Facilities	Georgia Pharmacy Association

BUSINESS COMMUNITY

Numerous Georgia companies were consulted throughout the Ebola response.

FAITH-BASED COMMUNITY

Regional Council of Churches

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Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor

Atlanta, Georgia 30303-3142

www.health.state.ga.us

Governor's Ebola Response Team Meeting

December 17, 2014 4:30 PM

Telephone Conference

Minutes

Team Attendance

Brenda Fitzgerald, MD; Commissioner, Georgia Department of Public Health	Present
Charley English, Director, Georgia Emergency Management Agency	Present
Joe Gerard (for Major General Jim Butterworth, Adjutant General, Georgia National Guard)	Present
Susan Grant, MS, RN, NEA-BC, FAAN; Chief Nurse Executive, Emory Healthcare; Associate Dean, Nell Hodgson Woodruff School of Nursing	Present
Frederick Quinn, MS, PhD; Professor of Infectious Diseases, University of Georgia	Present
Miguel Southwell, General Manager, Hartsfield-Jackson Atlanta International Airport	Present
Michael Geisler, Chief Operating Officer, City of Atlanta	Present
Scott Kroell, Chief Executive Officer/Administrator, Liberty Regional Medical Center	Present
Courtney Terwilliger, Chairman, Georgia Association of Emergency Medical Services	Present
Brenda Rowe, M.N., RN, JD; Associate Professor, Georgia Baptist College of Nursing, Mercer University	Present
Jody Barrow, Superintendent, Fayette County Schools; President Georgia School Superintendent Association.....	Present
William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare	Present
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association	Present

I. Welcome – Dr. Fitzgerald

The Commissioner opened the meeting and welcomed all to the call.

II. Current Status of Outbreak – Dr. Fitzgerald

Dr. Fitzgerald provided an update on the current status of the Ebola outbreak. There are currently four countries from which travelers are monitored upon return to the United States. As of this date, 379 people have been monitored by DPH and DPH has responded to 243 inquiries from medical facilities on the 1-866-



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PUB-HLTH number. Of the 379 monitored to date, six have been evaluated further due to reported symptoms. Of the six, two had upper respiratory infections, one had influenza and one had malaria.

Mr. Southwell reported that an individual came in from Guinea today with a fever and was transported to Emory for further evaluation.

III. Reports from members – Group Discussion

- Charlie English – Status has not changed.
 - Quarantine locations include trailers or portable hospitals.
 - Dr. Fitzgerald added that private homes have also been identified to fill this need.
- Joe Gerard (for Major General Jim Butterworth) – The Guard is ready to respond.
- Susan Grant – Work continues at Emory around education. Emory is conducting drills around the system to maintain competency. Emory continues to follow recovered patients.
- Dr. Bornstein – Nothing to add.
 - Dr. Fitzgerald expressed appreciation to Emory on behalf of the Georgia medical community for sharing the Emory protocols.
- Dr. Quinn – The Board of Regents as established policies and procedures and completed set up and design of the coordinator program. There are coordinators, main points of contact at all colleges and universities. The institutions are monitoring travel to the affected countries. Coordinators are in contact with the health clinics at each location.
- Miguel Southwell – Everything is going well at the airport. The airport is working closely with the CDC and the Department of Public Health.
- Michael Geisler – No change in status.
- Scott Kroell – No change in status.
- Courtney Terwilliger – EMS trainings are being scheduled and all previous sessions had good attendance. The coastal and metro Atlanta trainings are completed.
- Brenda Rowe – There have been no concerns addressed to the Board of Nursing.
- Jody Barrow – They are continuing to post updated information. The biggest concern now is the flu outbreak in Georgia.

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- Dr. Patten – Weekly calls continue. Hospitals are still in need of financial support for trainings and preparedness.
 - Dr. Fitzgerald reported that federal funds will be coming to the state but at this time the funds are only for monitoring activities. The funds will be distributed according to the number of travelers monitored.
 - Dr. O’Neal reported on the status of the tiered hospital system. At this time, there is one identified treating hospital (Emory) and two hospitals have been visited by the CDC. Lack of PPE prevents these two hospitals from becoming treatment hospitals at this time. Two additional hospitals have requested CDC site visits. The CDC has offered to do technical assistance for hospitals for the donning and doffing training. There are seven Tier 2 (diagnosing) hospitals. The Tier 2 hospitals will be granted higher priority by the manufacturers for PPE. Tier 3 hospitals identify and isolate patients.
 - Dr. O’Neal also brought the Response Team up to date on the status of the labs. The Grady lab will be conducting routine blood testing for the assessment facilities and the DPH State Lab will do the LRN testing for Ebola. Specimens will be transported by the Georgia State Patrol. There is a five hour turnaround for the Ebola tests at the State Lab.

IV. Communications:

- Dr. Fitzgerald asked the Response Team to review the Ebola communications package, to provide edits as needed and to decide whether or not to disseminate any of the information at this time.
 - Community Letter – The recommendation was made to clarify treatment and assessment.
 - Public Service Announcements (PSAs) – The recommendation was made to add the word “Ebola concerns”. Response team members Grant and Barrow both indicated the PSAs were well done.
 - News Release – The decision was made not to send a news release at this time.
 - The decision was made to edit the other documents as recommended and hold for when they are needed.

Fred Quinn provided the group with an update on the animal care procedures. Weekly conference calls have been held to develop the protocols. Animal control representatives from around the state have participated. The protocol is almost complete. Training will occur in January and the protocols will be forwarded to DPH to be added to the Ebola website.

Ashlee Aurandt inquired about the amount of anticipated travel by students and faculty at Georgia colleges and universities. She requested to know the number that might be staying in the United States due to the concerns with travel as she has received an offer of assistance for places for students to stay that could not go home for the holidays. Dr. Quinn indicated the amount of travel is very low but that he would pass along the information to the coordinators and get back with Ashlee.

V. The meeting was adjourned.

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Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

Governor's Ebola Response Team Meeting

January 14, 2015 4:30 PM
Telephone Conference

Minutes

Team Attendance

Brenda Fitzgerald, MD; Commissioner, Georgia Department of Public Health	Present
Brigadier General Joe Jarrard, Director, Georgia Emergency Management Agency	Present
Major General Jim Butterworth, Adjutant General, Georgia National Guard	Present
Susan Grant, MS, RN, NEA-BC, FAAN; Chief Nurse Executive, Emory Healthcare; Associate Dean, Nell Hodgson Woodruff School of Nursing	Present
Frederick Quinn, MS, PhD; Professor of Infectious Diseases, University of Georgia	Present
Balram Bheodari, (Representing Miguel Southwell), General Manager, Hartsfield-Jackson Atlanta International Airport	Present
Michael Geisler, Chief Operating Officer, City of Atlanta	Present
Scott Kroell, Chief Executive Officer/Administrator, Liberty Regional Medical Center	Present
Courtney Terwilliger, Chairman, Georgia Association of Emergency Medical Services	Present
Brenda Rowe, M.N., RN, JD; Associate Professor, Georgia Baptist College of Nursing, Mercer University	Present
Jody Barrow, Superintendent, Fayette County Schools; President Georgia School Superintendent Association.....	Present
William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare	Present
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association	Not Present

I. Welcome – Dr. Fitzgerald

The Commissioner opened the meeting and welcomed all to the call. She then introduced new Team member Brigadier General Joe Jarrard.

II. Current Status of Outbreak – Dr. Fitzgerald

Dr. Fitzgerald provided an update on the status of the Ebola outbreak. There are currently four countries from which travelers are monitored upon return to the United States. There have been over 8,000 deaths and



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more than 21,000 cases related to this Ebola outbreak. There has been some decrease in new case numbers in Guinea and Sierra Leone. As of this date, 581 people have been monitored by DPH, with an average daily number monitored of approximately 100. Of the 581 monitored to date, 17 have been evaluated further due to reported symptoms. Of the 17, six had influenza, one had malaria and the others had a variety of diagnoses but none were diagnosed with Ebola.

DPH has been able to evaluate its laboratory response system. One test was sent to the State Lab that was negative for Ebola. The specimen transport system using the Georgia State Patrol was very successful.

Dr. Fitzgerald shared accolades for the Georgia Active Monitoring System. Dr. Friedan, upon return from one of the identified countries, participated in the DPH monitoring system. Due to his positive experience with the system, CDC has adopted the DPH system internally for monitoring of CDC employees who are returning from identified countries. Prior to the adoption of the DPH system, CDC employees were required to participate in both the DPH and CDC monitoring systems.

The Georgia Hospital Association Ebola call was held earlier today. Site visits to the five possible Tier I facilities are being scheduled with the first occurring tomorrow. Site visits are being scheduled for the twelve possible Tier II facilities. Completion of all designation is anticipated within six weeks. The ultimate goal is creating a more robust system for infectious disease diagnosis and treatment in Georgia.

A small amount of federal funding has come into Georgia for support of the monitoring system. No funds have been received for clinical care.

III. Reports from members – Group Discussion

- Joe Jarrard – There is nothing new to report at this time.
- Jim Butterworth – Standard operating procedure guidance for quarantine sheltering has been completed and provided to DPH.
- Susan Grant – There is nothing new to report at this time. Emory is maintaining a state of readiness.
- Dr. Quinn – Coordinators are in place at all colleges and universities and protocols are assembled. The institutions are monitoring travel to the affected countries and at this point, there are no travelers. Training on animal handling procedures will be held on January 20th for animal control personnel.
- Balram Bheodari – Everything is going well at the airport.
- Michael Geisler – The City of Atlanta is ready to respond.
- Scott Kroell – There is nothing new to report at this time.

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- Courtney Terwilliger – Ebola related EMS trainings have been provided to 205 people. These trainings included guidance on personal protective equipment (PPE) processes and ambulance configuration. The PPE guidance is also ready for law enforcement. Dr. Fitzgerald inquired whether a PPE inventory exists for first responders. Mr. Terwilliger replied that an inventory from last year exists.
- Brenda Rowe – The Georgia Board of Nursing has nothing new to report.
- Jody Barrow – The biggest concern continues to be the flu outbreak in Georgia.
- Dr. Fitzgerald – The Commissioner introduced Cherie Drenzek, the Chief State Epidemiologist and asked that she provide an update on the influenza outbreak. Dr. Drenzek reported the current flu strain, Influenza A (H3N2) is a suboptimal match to this year's vaccine. With this flu strain, there are usually more deaths in the elderly and children. In Georgia, there have been 16 deaths including 12 individuals over the age of 65 and one pediatric death. There have been 27 flu outbreaks associated with congregate settings and there may be more that have not been identified. So far, in 2015 there has been some decline, however the decline may not continue now that school and work have resumed from the holidays.

The Commissioner asked the group if there was any further business.

Charlie Harmon, a participant on the call responded that he had received some information from the HHS Assistant Secretary for Preparedness and Response, Dr. Nicole Lurie and requested Jamie Howgate or David Bayne follow up with him after the meeting.

The recommendation was made by Commissioner Fitzgerald that the Ebola Response Team meet once per month, on the second Wednesday at 4:30 pm for the next three months and then reassess the meeting schedule. Ebola Response Team members approved the recommendation.

IV. Closing:

The meeting was adjourned.



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

Governor's Ebola Response Team Meeting

February 11, 2015 4:30 PM
Telephone Conference

Minutes

Team Attendance

Brenda Fitzgerald, MD; Commissioner, Georgia Department of Public Health	Present
Brigadier General Joe Jarrard, Director, Georgia Emergency Management Agency	Present
Major General Jim Butterworth, Adjutant General, Georgia National Guard.....	Not Present
Susan Grant, MS, RN, NEA-BC, FAAN; Chief Nurse Executive, Emory Healthcare; Associate Dean, Nell Hodgson Woodruff School of Nursing	Present
Frederick Quinn, MS, PhD; Professor of Infectious Diseases, University of Georgia	Not Present
Balram Bheodari, (Representing Miguel Southwell), General Manager, Hartsfield-Jackson Atlanta International Airport	Present
Michael Geisler, Chief Operating Officer, City of Atlanta	Present
Scott Kroell, Chief Executive Officer/Administrator, Liberty Regional Medical Center	Not Present
Courtney Terwilliger, Chairman, Georgia Association of Emergency Medical Services	Not Present
Brenda Rowe, M.N., RN, JD; Associate Professor, Georgia Baptist College of Nursing, Mercer University	Present
Jody Barrow, Superintendent, Fayette County Schools; President Georgia School Superintendent Association.....	Not Present
William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare	Not Present
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association	Present

I. Welcome – Dr. Fitzgerald

The Commissioner opened the meeting and welcomed everyone to the call, thanking Team members for their continued participation. Participating team members announced their presence on the call and attendance is recorded above.

II. Current Status of Outbreak – Dr. Fitzgerald



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Dr. Fitzgerald provided an update on the status of the Ebola outbreak. There have been 22,859 cases worldwide and over 9,000 deaths reported. The numbers of new cases in the Ebola affected countries have decreased dramatically. Mali was removed from the affected list on January 6, 2015. The Department of Public Health (DPH) monitoring system is going very well. DPH has monitored 755 individuals to date. 19 individuals have been evaluated for symptoms. All those monitored for symptoms returned to active monitoring and none were Ebola infected.

Currently, DPH is monitoring a situation regarding a physician with a high risk of exposure. An American (Oregon resident) surgeon with a high risk exposure to Ebola returned to the United States from Liberia on February 2nd. He will be arriving in Georgia tonight so that he can be near Emory University Hospital in case he needs treatment. Because he had a high risk exposure, while he is here in Georgia, he will need to be under quarantine with direct active monitoring for the duration of the Ebola incubation period (today is day 9 so he will have 12 days left). He will remain a guest in the home of a CDC employee for the duration of the quarantine. DPH will issue a quarantine order with expressed stipulations about movement restrictions and will perform direct active monitoring twice/day until February 23, 2015.

A flight with 73 Public Health Service officers who had been providing Ebola clinical care in Monrovia, Liberia arrived at Atlanta-Hartsfield on Sunday, February 8, 2015. All were screened and none were symptomatic nor needed medical referral. They all flew to MD on a charter flight that night for Health and Human Services debriefing. Three live in Georgia and will return here. We already enrolled them into our monitoring system, listed them as out of jurisdiction, and they will be ready to go when they return. All three are medical workers with some risk so will need direct active monitoring. At this time, there is no evidence of Ebola in this group of medical workers.

Dr. Fitzgerald then provided an update on the hospital designation program. Everything is on track and going well. Regarding funding, the funding announcement on Ebola hospital preparedness is expected by the end of the month. Dr. Fitzgerald expressed great appreciation to Emory and the others on the team for doing such an extraordinary job with hospital preparedness.

Dr. Fitzgerald asked the Response Team members if they would approve DPH sending the Ebola Update report once per month, on the last Friday of the month. There were no objections noted by Response Team members so the report schedule will be as indicated, stating on the last Friday of February.

Dr. Patten asked for an update on the numbers of facilities. Dr. Fitzgerald indicated there are four Tier I and two Tier II hospitals with eight additional hospitals agreeing to become Tier II. The current Tier II hospitals are Memorial Hospital, Savannah and Hamilton Medical Center.

III. Reports from members – Group Discussion

- Joe Jarrard –Nothing new to report. GEMA stands ready to respond.
- Susan Grant – Work is continuing at Emory. They are currently doing preparedness work and validating training. They are in the process of finalizing the post-acute phase care and post hospitalization protocols. These documents are in the final stages of the approval process. A New

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England Journal of Medicine article is forthcoming. To date, Emory has worked with CDC and the University of Nebraska to train more than 50 facilities across the country.

Dr. Fitzgerald mentioned that Emory had trained more than 4,000 people and congratulated Emory on their work on the post treatment care.

- Dr. Quinn – The Board of Regents campus preparedness program is going very well. The animal care training received great support statewide. Large numbers of animal shelter staff were trained across the state and are prepared to respond.
- Balram Bheodari (for Miguel Southwell) – The Sunday flight went very smoothly. Everyone was processed in accordance with established procedures and all operations are continuing as normal at the airport.
- Michael Geisler – The City of Atlanta is standing by in a state of readiness.
- Brenda Rowe – Nothing new to report.
- Doug Patten – The weekly Georgia Hospital Association (GHA) Ebola calls are not as urgent now. The group has held two calls so far this year and agreed to suspend the calls unless or until the need arises to reconvene the group. GHA has developed a survey about estimated readiness costs for staff, supplies, etc. The survey will be sent to hospital CEOs this week. Dr. Patten also requested the Response Team translate this learning for the next disaster and is looking forward to the debriefing soon. Processes should be documented for training opportunities, supply distribution, etc., all the progress that has been made through this effort.
- Dr. Fitzgerald – The Commissioner made the Team aware she has received numerous reports about the great work of the Georgia hospitals and the GHA. She further noted the Federal government should reimburse cost of care through 2015. If more is learned about funding, we will let them know. She further requested that GHA share results of the survey with the Team.

Dr. Fitzgerald gave the Team a brief update on the current measles outbreak. Georgia has had one 9 month old child with measles. There were 230 contacts to this case. DPH has reached all but 10 of the contacts as of this date. Of the contacts, 35 did need intervention to prevent measles. Tomorrow is the last day of concern for infection for these contacts. Georgia has an immunization rate of 98.3% for those entering kindergarten. Therefore, we have good herd immunity. People are encouraged to keep their children and themselves up to date on all immunizations and the members were asked to share this message as often as possible.

Georgia Department of Public Health | We Protect Lives.

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Dr. Fitzgerald thanked everyone and indicated a debriefing will occur in the future. The Commissioner then asked the group if there was any further business. There being none, she asked for a motion to adjourn the meeting.

IV. Closing:

The meeting was adjourned.



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

Governor's Ebola Response Team Meeting

March 18, 2015 4:30 PM
Telephone Conference

Minutes

Team Attendance

Brenda Fitzgerald, MD; Commissioner, Georgia Department of Public Health	Present
Brigadier General Joe Jarrard, Director, Georgia Emergency Management Agency	Present
Gary Kelly, Deputy Director, GEMA (Representing Major General Jim Butterworth), Adjutant General, Georgia National Guard	Present
Susan Grant, MS, RN, NEA-BC, FAAN; Chief Nurse Executive, Emory Healthcare; Associate Dean, Nell Hodgson Woodruff School of Nursing	Not Present
Frederick Quinn, MS, PhD; Professor of Infectious Diseases, University of Georgia	Present
Miguel Southwell, General Manager, Hartsfield-Jackson Atlanta International Airport	Not Present
Michael Geisler, Chief Operating Officer, City of Atlanta	Present
Scott Kroell, Chief Executive Officer/Administrator, Liberty Regional Medical Center	Present
Courtney Terwilliger, Chairman, Georgia Association of Emergency Medical Services	Present
Brenda Rowe, M.N., RN, JD; Associate Professor, Georgia Baptist College of Nursing, Mercer University	Present
Jody Barrow, Superintendent, Fayette County Schools; President Georgia School Superintendent Association	Present
William Bornstein, MD, PhD; Chief Quality and Medical Officer, Emory Healthcare	Present
Doug Patten, MD; Chief Medical Officer, Georgia Hospital Association	Not Present

I. Welcome – Dr. Fitzgerald

The Commissioner opened the meeting and welcomed everyone to the call, thanking Team members for their continued participation.

II. Current Status of Outbreak – Dr. Fitzgerald

Dr. Fitzgerald provided an update on the status of the Ebola outbreak. The numbers of new cases worldwide is decreasing. This week, there were 116 newly diagnosed cases in comparison to 132 the previous week.



We Protect Lives.

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There have been no new cases reported in Liberia in the last two weeks, the numbers are increasing in Guinea and the numbers are decreasing in Sierra Leone. Currently, the best estimate of the end of the epidemic is late 2015 or first quarter 2016. There are approximately 24,600 cases worldwide at this time so this is the most significant Ebola epidemic in history.

The Commissioner then provided an update on activities in Georgia. The Department of Public Health (DPH) has monitored 969 cases to date and is currently monitoring four medically high risk individuals. Four hospitals have indicated a desire to be Tier 1, treatment facilities for Ebola and other major infectious diseases. As of this date, three of the four have been designated and the fourth is scheduled for its designation site visit later this month. Ten hospitals have requested to be designated as Tier 2, assessment and evaluation sites. Most have received technical assistance and six of the ten have already been designated. The hospitals are located throughout the state, providing good coverage for Georgia.

As of this date, DPH has medically monitored 24 individuals that were considered to be high risk. Most have been Georgia residents that were monitored at their own homes. Before this week, DPH had monitored three from other states, one at a time and found private homes to accommodate the individuals each time. Currently, there are several individuals at high risk that lived in close proximity to an Ebola positive NIH physician. These individuals have been brought home to the United States and currently there are three in Georgia and another is possibly coming tonight. The rest are in other states.

Dr. Fitzgerald asked the Response Team members to let her know if they have any housing capability or ideas for accommodating the medically monitored individuals in the future. DPH has rented a house for the near term that will accommodate a few people at one time.

III. Reports from members – Group Discussion

- Joe Jarrard – GEMA continues to be ready to respond.
- Gary Kelly – Will continue to assist Public Health as needed.
- Dr. Quinn – Nothing new to report. The Board of Regents has maintained the current status. Veterinary work is status quo.
- Michael Geisler – The City of Atlanta is standing by to assist.
- Scott Kroell – No report.
- Courtney Terwilliger – EMS staff are trained and on standby. The Metro Ambulance service serving as designated dispatcher has been calling to confirm that responders are remaining on ready status.
- Brenda Rowe – The Board of Nursing is ready to help as needed.

Georgia Department of Public Health | We Protect Lives.

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- Jody Barrow – Nothing new to report. There is an upcoming meeting of superintendents on April 15th at which he will be happy to disseminate any updates the Response Team may want to share.
- Dr. Bornstein – Emory has received one patient for whom the Ebola diagnosis was ruled out and they continue to be ready to provide service if needed.

IV. Closing:

Dr. Fitzgerald thanked everyone and asked members to provide her with recommendations for how often the group should meet going forward.

There being no further business, the meeting was adjourned.

Georgia Department of Public Health | We Protect Lives.

APPENDIX 2

d. Airport Screening

SCREENING OF TRAVELERS AT ATLANTA'S AIRPORT

Effective Monday, October 27, 2014, the Georgia Department of Public Health (DPH), with guidance from Georgia's Ebola Response Team, conducted monitoring of travelers arriving at the Hartsfield-Jackson Atlanta International Airport from countries affected by Ebola. DPH's enhanced monitoring is in conjunction with measures being taken by the Centers for Disease Control and Prevention (CDC), the Department of Homeland Security's Customs and Border Protection, and their partners at airports both in the United States and in affected countries in West Africa to prevent the spread of Ebola.

The process began with exit screenings conducted by quarantine station medical personnel, which include measuring temperature and checking for symptoms of Ebola and history of any exposure to known Ebola patients.

If travelers show symptoms, they will be isolated immediately and transferred to a designated hospital for evaluation. If the travelers show no symptoms, they will be divided into three categories for monitoring. Categories and associated procedures detailed below:

CATEGORY 1 | high risk – Travelers with known direct exposure to an Ebola patient. Travelers in this category will be subject to quarantine at a designated facility.

CATEGORY 2 | low risk – Travelers from affected area with no known exposure to an Ebola patient. Travelers in this category will sign a monitoring agreement with the Georgia Department of Public Health. This agreement requires travelers to conduct temperature and symptom self-checks twice per day and report results to Public Health once per day (electronic, email or phone contact acceptable). Travelers who fail to report during the 21-day incubation period will be contacted by Public Health and issued a mandatory quarantine order if necessary.


CATEGORY 3 | Medical personnel actively involved in treating Ebola patients returning to the United States. Individuals in this category will be issued a 21-day active monitoring order and will be visually monitored (video communications or home visit) by Public Health twice per day. Public Health will assess for the development of symptoms and adjust restrictions as necessary. Noncompliance will result in quarantine at a state-designated facility.

APPENDIX 3

Georgia Ebola Active Monitoring System

Following is the epidemiologist facing screen of the Georgia Active Monitoring System:

Traveler Monitoring Form: Used by GPDH to establish traveler record and create online account



User: ksoetebier
 Session will expire in 58:50

11/7/2014

[Home](#)
[Applications](#)

Ebola Active Monitoring Search Results
 Ebola Soot, Karl
 S: Complete - Out Of Jurisdiction

• New Search • Revise Search • Add New Passenger
 • Show Summary • Query Users

• [List fields](#) • [all links](#) • [before submit](#) • [nav check](#)
 • [searches](#) • [my info](#)

Demographic Information

Traveler ID: 146458
 Traveler Demographic:
 Last Name: First Name:
 Middle Name: Nickname (AKA):
 District Assigned To:
 Date of Birth:
 Gender: Ethnicity:
 Race: Date of Death:
 Diet:

Traveler Address Information:
 10/25/2014 A New Address Abbeville, AK H:1112223333 W: C: **Current**
 10/22/2014 125 Some street Marietta, GA COBB H:7704253251 W: C:
 10/15/2014 Adrian, AL H: W: C:

[Add New Address](#)
[SAVE](#)

Ebola Followup

11/22/14 00:00:00 ksoetebier This is a test comment

[Add New Comment](#)

Ebola Specific Information

Has traveler been contacted:
 Date of Contact:
 Reporting Type:
 Needs Translator:
 Monitoring Type:
 User name:
 Password:
 Email:
☐ Check this box to send login email to this person when you save this record.
 Last Login: 11/06/2014 13:32:30
 Date Arrived:
 Traveler Status: **NOT COMPLIANT**
 Override automated status by making a selection here:

Country Traveling From:
 Country of Residence:
 Country of Citizenship:
 Port of Entry:
 Flight Number:
 Airline:
 DGMQ ID:
 List Travel Partners:

Did you live in the same household or have other contact with a person who may have been sick with Ebola? This includes someone who was sick with fever and diarrhea:
 Did you work in a healthcare facility or a laboratory:
 Were you in a healthcare facility or a laboratory?:
 Did you touch the body of someone who died or attend a funeral?:
 Risk Category:
 Known Exposures:

Has medical evaluation been performed:
 Has ebola testing been performed:
 Has quarantine been ordered:
 Is traveler a healthcare or laboratory worker:
 Is traveler a CDC employee:
 List pending travel:
 Travel plans:
 Travel where:
 Is traveler US Citizen:
 Does traveler speak English:
 Languages Spoken/ Translator Name:
 Documentation provided to traveler:

APPENDIX 3

Georgia Ebola Active Monitoring System

continued

Following is the traveler facing screen of the Georgia Active Monitoring System:

Temperature and Symptom Check: Used by traveler to record twice daily temperature and symptoms

DPH Georgia Department of Public Health

EBOLA **21 Day Temperature / Symptom Monitoring**

Entering symptoms for: **Karl Ebola Soet** DOB: **01/01/1950**

[Click Here](#) for temperature and symptom monitoring instructions

1. Please Choose the Day and Time: **Evening Day 21 11/03/2014 (done)** ▼

2. Please enter your Temperature: **98.6** ° F

3. Please indicate any symptoms you are experiencing by clicking the picture(s), then click "DONE" at the bottom:

					
			OR		

If you have no symptoms, please click OK, NO SYMPTOMS above and leave the field below blank:
List additional symptoms here:

4. Do you have any trips planned between now and 11/03/2014?: **Yes** ▼

If yes, please describe the where and when you are going, and how you are getting there:

[Click Here](#) for travel approval instructions

APPENDIX 3

Georgia Ebola Active Monitoring System

continued

Following is the Emergency Department facing screen of the Georgia Active Monitoring System:

GDPH Ebola Active Monitoring Query: Used by hospital to identify if patients being treated are being monitored



Georgia Department of Public Health

EBOLA

Active Monitoring Query

The following travelers matched your search criteria:

Last Name	First Name	Date Arrived	Date Monitoring Period Ends
Ebola Soet	Karl	10/15/2014	11/05/2014

To query for a traveler being monitored, please provide a date of birth and last name:

Traveler's Last Name:

Date_of Birth: (mm/dd/yyyy) / /

Search

continued

Used by GDPH to track symptom status and compliance of travelers being actively monitored

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UNCLASSIFIED//FOR OFFICIAL USE ONLY**GEORGIA INFORMATION SHARING AND ANALYSIS CENTER
INFORMATION BULLETIN**

27 October 2014

(U//FOUO) Legal Authority of Law Enforcement with Public Health Orders

While the Georgia Department of Public Health (DPH) is the primary government agency responsible for responding to instances of Ebola Virus Disease (EVD) in Georgia, first responders are critical to parts of this mission. First and foremost, public safety personnel are encouraged to educate and familiarize themselves with EVD from reliable sources such as the Centers for Disease Control and Prevention (CDC) and the Georgia DPH websites. Links to these websites are included at the end of this bulletin and can be reviewed to help plan and develop the proper safety protocols for first responder personnel. Additionally, agency planners should identify their respective local public health officials in a position to coordinate with one another and enact precautionary measures and effective response protocols.

Georgia Department of Public Health

The Georgia DPH is the lead agency in the state in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.

In order to protect the public's health and prevent the spread of disease, Georgia DPH has the statutory authority to issue orders for isolation and quarantine in this state under O.C.G.A. §§ 31-2A-4(4) and 31-12-4. Further, local county health departments are also authorized to issue isolation orders under O.C.G.A. § 31-12-4. Pursuant to this authority, law enforcement agencies have the ability to enforce such orders issued by the state and county health departments, and can rely on them to take action under color of law.

Unlike other states, Georgia is unique in that a court order is not necessary to require a person to be isolated or quarantined. Georgia DPH is authorized to issue administrative orders based on established guidelines and clinical criteria to require individuals to be confined to a particular location, such as their residence or medical facility, or to impose certain conditions on people's behavior and movement, such as daily temperature and symptom checks, not letting visitors in the home, or not traveling on public conveyances, etc.

A person's failure or refusal to comply with a public health order issued under GA DPH or a county health department's authority can result in a misdemeanor offense pursuant to O.C.G.A. § 31-5-8, which provides law enforcement with further legal authority to enforce and detain individuals who may be noncompliant.

With regard to law enforcement's role in enforcing public health orders issued by Georgia DPH, GISAC has outlined the following:

- 1.) Isolation and quarantine orders are issued by the Georgia DPH based on existing protocols and reviews of incoming travelers, medical patients, and potential contacts of known cases. What this means for law enforcement is that DPH will be familiar with and readily involved in any potential quarantine case and only request law enforcement in rare cases where the subject is non-compliant. Law enforcement will not be asked to respond independently, or without the continued direction, equipment,

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APPENDIX 5

DECONTAMINATION

Georgia Department of Public Health EBOLA VIRUS DECONTAMINATION GUIDANCE FOR PRIVATE HOMES OR PUBLIC SPACES

The Georgia Department of Public Health (DPH) is the lead state agency in preventing disease, injury and disability; promoting health and well-being; and preparing for, responding to and coordinating health and medical activities during and after disasters, disease outbreaks and events of Public Health significance.

Ebola Virus Disease (EVD) is a deadly disease that is spread by direct contact with an infected person's blood, semen, vomitus, feces or other body fluids and can be transmitted via contact with contaminated objects such as needles or infected animals. Environmental exposure to and transmission of Ebola has not been clearly established, but some studies suggest Ebola virus can be viable on solid surfaces, with concentrations falling slowly over several days. This would most likely depend on visual contamination with blood, vomit, feces or other body fluids of an infected patient. In addition, there is no epidemiologic evidence of Ebola Virus transmission via either the environment or fomites that could become contaminated by an infected patient (e.g., bed rails, door knobs, laundry). However, given the apparent low infectious dose, potential of high viral loads in the blood of ill patients, and disease severity, higher levels of precaution are warranted to reduce the potential risk posed by contaminated surfaces in the patient environment.

Guidelines

NOTE | The level of clean-up and decontamination of private/public property will be based on a risk assessment of the situation.

The Georgia Department of Public Health has been tasked with ensuring that the capacity is in place to clean and decontaminate private homes or public spaces contaminated with EVD. DPH is working with the Georgia Department of Natural Resources, Environmental Protection Division as a support agency responsible for enacting rules and regulations for final transport and disposal of biohazardous waste. The property owner is ultimately responsible for cleaning and sanitizing areas that have been potentially contaminated with Ebola virus and for appropriate waste disposal.¹ Due to the serious nature of contaminated waste from a person with confirmed EVD and per CDC interim guidelines, the DPH will coordinate decontamination of private residences and public spaces with a professional environmental remediation firm trained in biohazard cleanup and waste disposal.

The Centers for Disease Control and Prevention (CDC)² and the Occupational Safety and Health Administration (OSHA)³ have developed guidelines for the Cleaning and Decontamination of EVD in non-healthcare settings and when a professional decontamination is recommended. In addition, the U.S. Department of Transportation⁴ regulates the transport of biohazard materials and the Georgia Department of Natural Resources, Environmental Protection Division (DNR-EPD),⁵ regulates disposal of biohazard waste. These guidelines and laws are required to be followed for decontamination of private residences or public spaces and the level of clean-up is based on the risk. (See attached Guidelines)

APPENDIX 5

DECONTAMINATION

continued

This guidance applies to situations where an official DPH notification of a confirmed case of EVD meets the CDC case definition.

- 1 | DPH Epidemiology is notified of a suspected or confirmed Ebola case and will investigate to confirm and gather additional data. The State Epidemiologist or designee will notify the DPH Environmental Health Director or Deputy Director of the confirmed case with pertinent case notes and physical address information of patient.
- 2 | DPH Environmental Health will coordinate with the Director of Health Protection or designee and the Medical Epidemiologist to conduct a risk analysis of the patient contaminating his/her environment, notify the affected public health district and discuss with CDC for additional guidance.
 - a. DPH EH will notify DNR-EPD Duty Officer (1-800-241-4113) to inform them of the situation.
 - b. With DNR EPD guidance, may consult with Region IV Environmental Protection Agency for additional guidance and decontamination recommendations.
- 3 | DPH EH Director or designee will confer with DPH legal and pursuant to OCGA 31-2A-4(4) and 31-12-4 issue an administrative order to the property owner. This order will require the property to be cordoned off from visitors or the public and prohibit any removal or disturbance of property by the owner or visitors. This order will be hand delivered to the property owner.
- 4 | The administrative order will be sent to Local Law Enforcement for enforcement to ensure the home or public space is cordoned off from the public and a copy will be sent to the Director of the Georgia Emergency Management Agency.
- 5 | If a risk analysis determines there was environmental contamination, DPH will coordinate decontamination of the property using an Environmental Remediation firm with expertise in Biohazard clean-up and disposal.
 - a. Cleaning/sanitizing guidance will be provided to the property owner if the risk analysis does not require a professional clean-up.
- 6 | If the property owner refuses to allow clean-up and decontamination of the property, DPH legal will consult with the Attorney General to seek an immediate injunction from Superior Court to give the State permission to coordinate the decontamination of the property.
- 7 | DPH will coordinate with a state vendor for decontamination of the property. The vendor must provide written documentation of all employees attending required OSHA training as outlined in the CDC Interim Guidelines. The vendor must follow all CDC, OSHA, DOT and EPD guidelines and laws and provide written verification that property was decontaminated per guidelines.

APPENDIX 5 DECONTAMINATION

continued

Appendix

- 1 | Georgia Department of Public Health. OCGA 31-2A-4(2); 31-5-9(a)
- 2 | Interim Guidance for the U.S. Residence Decontamination for Ebola Virus Disease (Ebola) and Removal of Contaminated Waste.
<http://www.cdc.gov/vhf/ebola/hcp/residential-decontamination.html>
- 3 | Cleaning and Decontamination of Ebola on Surfaces: “Guidance for Workers and Employers in Non-Healthcare/Non-Laboratory Settings.” https://www.osha.gov/Publications/OSHA_FS-3756.pdf
- 4 | Department of Transportation Guidance for Transporting Ebola Contaminated Items, a Category A Infectious Substance.
<http://phmsa.dot.gov/home>
- 5 | Georgia Department of Natural Resources, Environmental Protection Division. Biomedical Waste Rule 391-3-4-.15.
<http://rules.sos.state.ga.us/docs/391/3/4/15.pdf>

APPENDIX 6

HEALTHCARE GUIDANCE

A | Healthcare guidance

Hospitals

- Patient triage guidance

Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease

The procedures in the accompanying algorithm provide guidance on the Emergency Department (ED) evaluation and management of patients who present with possible Ebola Virus Disease. The guidance in this document reflects lessons learned from the recent experiences of U.S. hospitals caring for Ebola patients.

The risk of transmission of Ebola virus from a patient to a healthcare worker depends upon the likelihood that the patient will have confirmed Ebola Virus Disease combined with the likelihood and degree of exposure to infectious blood or body fluids. That risk depends on the severity of disease; severe illness is strongly associated with high levels of virus production. In addition, close contact with the patient and invasive medical care can increase opportunities for transmission.

B | Patient screening guidance

- Health care providers should be alert for, and evaluate any patient who has had travel during the 21 days before symptom onset from an Ebola-affected area OR had contact with an individual who has Ebola.

AND

- Ebola symptoms: fever (including low-grade) headache, weakness, muscle pain, vomiting, loss of appetite, fatigue, diarrhea, abdominal pain or hemorrhage.

Ebola-affected areas can be found at www.cdc.gov/vhf/ebola.

Current case definitions are here: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

If a patient meets these criteria:

- Isolate patient in single room with a private bathroom and with the door to hallway closed.
- Implement standard, contact and droplet precautions (gown, facemask, eye protection, and gloves).
- Notify the hospital Infection Control Program and other appropriate staff.
- Evaluate for any risk exposures for EVD.
- IMMEDIATELY report to DPH at 1-866-PUB-HLTH to discuss screening, infection control, laboratory testing and recommended infection control measures.

APPENDIX 6

HEALTHCARE GUIDANCE

continued

C | Patient testing

Patient screening tool for Emergency Departments

Decisions about testing for EVD in cases meeting the above criteria will be made on a case-by-case basis. Testing for Ebola is currently available through the CDC; prior consultation and approval from DPH is required.

Even following travel to areas where EVD has occurred, persons with fever are more likely to have infectious diseases other than EVD (e.g., common respiratory viruses, endemic infections such as malaria or typhoid fever). Health care workers should promptly evaluate and treat patients for these more common infections even if Ebola is being considered.

D | EVD Evaluation Tool

Suspected Ebola Virus Disease (EVD) Evaluation



1

All facilities throughout Georgia Goal:
Identify and Isolate EVD suspects

Identify Exposures:

- Lived in or traveled to a country with widespread EVD within the last 21 days (Liberia, Sierra Leone, or Guinea)
- Had contact with a known or suspected Ebola patient within the last 21 days
- Had any ill contacts with individuals traveling from a country with widespread EVD within the last 21 days
- Consumed contaminated food and/or water (risk for food/water borne illnesses i.e. *schistosomiasis*)
- Has risk factors for malaria (mosquito exposure in a region where malaria is present: www.cdc.gov/malaria/)

YES

Identify Signs and Symptoms of EVD:

- Fever – *subjective* or $\geq 100.4^{\circ}\text{F}$ or 38.0°C
- Headache Weakness Diarrhea
- Muscle pain Vomiting Hemorrhage
- Abdominal pain Fatigue

YES

Isolate and Notify:

- Immediately mask the patient and move to isolation
- Contact Georgia Department of Public Health
 - 866-PUB-HLTH / 866-782-4584
- Verify patient is on Georgia Active Monitoring list with SENDSS
- Contact In-House staff of the situation
 - Administrator-on-call / ED Director / Facility Manager
 - Hospital Infection Control / Prevention provider

Decide: Decision made to transfer the client to a tier 2 facility?

YES: Call 866-PUB-HLTH for the Designated EVD Transporter

NO

2

All designated EVD diagnostic facilities Goal:
EVD diagnostic evaluation

Perform Diagnostic Studies:

- CBC, biochemical, blood culture (perform locally)
- Influenza: nasopharyngeal swab (if indicated-perform locally or state lab)
- Ebola: 1 Lavender top tube (EDTA) (2 total lavender top tubes required)
- Malaria: 1 Lavender top tube (EDTA)

Transfer for positive Ebola studies

Treat based on assessment
for negative Ebola studies

3

All designated EVD treatment facilities Goal:
Treatment of all EVD cases

Proceed with evaluation seeking
an alternative diagnosis* for the
presenting symptoms

Proceed with evaluation seeking
an alternative diagnosis* for the
presenting symptoms

Advise patient to monitor for
fever and symptoms for 21 days
after the last exposure

*Alternative Diagnoses (based on evaluation)

influenza, typhoid fever, yellow fever, varicella, dengue, Lassa hemorrhagic fever, measles, staphylococcal or streptococcal infection, gram-negative sepsis, toxic shock syndrome, meningococemia, leptospirosis, schistosomiasis, chikungunya

Red top tube (if indicated)
sent to the state lab for serology

Additional information
<http://www.cdc.gov/vhf/ebola/>

APPENDIX 6

HEALTHCARE GUIDANCE

continued

E | Ambulatory Care

The majority of febrile patients in ambulatory settings do not have Ebola Virus Disease (Ebola), and the risk posed by Ebola patients with early, limited symptoms is lower than that from a patient hospitalized with severe disease. Nevertheless, because early Ebola symptoms are similar to those seen with other febrile illnesses, triage and evaluation processes should consider and systematically assess patients for the possibility of Ebola.

Identify, Isolate, Inform: Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease (Ebola)



The majority of febrile patients in ambulatory settings do not have Ebola Virus Disease (Ebola), and the risk posed by Ebola patients with early, limited symptoms is lower than that from a patient hospitalized with severe disease. Nevertheless, because early Ebola symptoms are similar to those seen with other febrile illnesses, triage and evaluation processes should consider and systematically assess patients for the possibility of Ebola.

1 Identify travel and direct exposure history:

Has patient lived in or traveled to a country with widespread Ebola virus transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

NO

Continue with usual triage, assessment, and care

YES

2 Identify signs and symptoms:

Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or any Ebola-compatible symptoms: fatigue, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

- A.** Notify health department that patient is seeking care at this facility
- B.** Continue with triage, assessment and care
- C.** Advise patient to monitor for fever and symptoms for 21 days after last exposure in consultation with the health department.

YES - Patient may meet criteria for Person Under Investigation for Ebola*

3 Isolate patient immediately: Avoid unnecessary direct contact

- Place patient in private room or area, preferably enclosed with private bathroom or covered commode.
- Avoid unnecessary direct contact.
- If direct contact is necessary, personal protective equipment (PPE) and dedicated equipment must be used to minimize transmission risk.
- Only essential personnel with designated roles should evaluate patient.
- If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, then do not re-enter room until EMS personnel trained to transport Person Under Investigation for Ebola arrive.
- Do not perform phlebotomy or any other procedures unless urgently required for patient care or stabilization.
- Consult with the health department before cleaning up blood or body fluids. Any reusable equipment should not be reused until it has been appropriately cleaned and disinfected.*

AND

4 Inform Health Department and prepare for safe transport.

- Contact the relevant health department IMMEDIATELY.
- Prepare for transfer to a hospital identified by the health department for evaluation of possible Ebola.
- Coordinate with health department regarding:
 - Who will notify the receiving emergency department or hospital about the transfer, and
 - Arrangements for safe transport to accepting facility designated by public health officials.

PERSONS UNDER INVESTIGATION FOR EBOLA SHOULD ONLY BE SENT TO HOSPITALS AND FACILITIES SPECIFICALLY DESIGNATED BY PUBLIC HEALTH OFFICIALS.

Do not transfer without first notifying the health department.

PPE in the ambulatory care setting**:

- No one should have direct contact with a Person Under Investigation for Ebola without wearing appropriate personal protective equipment (PPE).
- If PPE is available and direct patient contact necessary, a single staff member (trained in proper donning and removal of PPE) should be designated to interact with the Person Under Investigation.
- At a minimum, health care workers should use the following PPE before direct patient contact:
 - A.** Face shield & surgical face mask,
 - B.** Impermeable gown, and
 - C.** Two pairs of gloves.
- The designated staff member should refrain from direct interaction with other staff and patients in the office until PPE has been safely removed in a designated, confined area. Examples of safe donning and removal of PPE should be reviewed: http://www.cdc.gov/hicpac/2007IP/2007ip_fig.html

NOTE: Patients with exposure history and Ebola-compatible symptoms seeking care by phone should be advised to remain in place, minimize exposure of body fluids to household members or others near them, and given the phone number to notify the health department. The ambulatory care facility must also inform the health department. If the clinical situation is an emergency, the ambulatory care facility or patient should call 911 and tell EMS personnel the patient's Ebola risk factors so they can arrive at the location with the correct PPE.

*Refer to <http://www.cdc.gov/vhf/ebola/> for the most up-to-date guidance on the Case Definition for Ebola, Environmental Infection Control and Ebola-Associated Waste Management;

**Refer to <http://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html> for a summary guide of infection prevention recommendations for outpatient settings.

APPENDIX 6

HEALTHCARE GUIDANCE

continued

F | Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus

As part of the care of patients who are persons under investigation, or with probable or confirmed Ebola virus infections, hospitals are recommended to:

- Be sure environmental services staff wear recommended personal protective equipment (PPE) to protect against direct skin and mucous membrane exposure of cleaning chemicals, contamination, and splashes or spatters during environmental cleaning and disinfection activities.
- Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed Ebola virus infection.
- Avoid contamination of reusable porous surfaces that cannot be made single use.
- Routine cleaning and disinfection of the PPE doffing area.
- To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses, and textile privacy curtains into the waste stream and disposed of appropriately.
- The Ebola virus is classified as a Category A infectious substance by and regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported offsite for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance.

G | Infection Prevention and Control

- Standard, contact, and droplet precautions are recommended for management of hospitalized patients with known or suspected Ebola virus disease (EVD).
- Transmission of EVD in healthcare settings has been associated with reuse of contaminated needles and syringes and with provision of patient care without appropriate barrier precautions to prevent exposure to virus-containing blood and other body fluids (including vomitus, urine, and stool).
- Suspected EVD cases need to be isolated in a single room with a private bathroom and with the door to the hallway closed and maintained under standard, contact and droplet precautions (gown, facemask, eye protection, and gloves). Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
- Use the checklist for patients being evaluated for EVD to ensure the patient is managed appropriately and correct infection control precautions are taken, and to assess risk of exposed healthcare providers: <http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>.
- Use the following guidelines for personal protective equipment (PPE) use and removal for healthcare workers and patients:

APPENDIX 6

HEALTHCARE GUIDANCE

continued

- <http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>
- <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
- <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>
- Environmental infection control at the healthcare facility should be conducted per CDC guidelines: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
- Samples should be collected and handled using CDC guidance, discuss sample collection with the DPH:
- <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>
- <http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>
- EMS should use precautions recommended by CDC: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>.
- The following checklists will assist hospitals and healthcare providers, including EMS, to prepare for a suspected cases:
- Hospitals: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>
- Healthcare facilities: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-facility-checklist-for-ebola.pdf>
- Healthcare providers: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-provider-checklist-for-ebola.pdf>
- Healthcare coalitions: <http://www.cdc.gov/vhf/ebola/pdf/coalition-checklist-ebola-preparedness.pdf>
- EMS: <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>

H | Course of Illness and Treatment

- Supportive care only; no antivirals are currently available for treatment of EVD.
- Guidance about the course of illness and treatment: <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>.

This content was updated on 11-12-2014.

APPENDIX 7

EMS POCKET GUIDE

Guidance for EMS Professionals

Guidance for EMS Professionals Considering Transport of Potential Ebola Patients

- 1 | Consider patient as possible Ebola case when there is travel history to Ebola outbreak region within last 21 days OR exposure to a person known to have Ebola AND Ebola symptoms. (For involved countries see www.cdc.gov/vhf/ebola.) Patient may fever or have headache, muscle aches, vomiting, diarrhea, abdominal pain or unexplained hemorrhage.
- 2 | A patient with any of the above-mentioned symptoms, but no fever, should also be treated as a possible Ebola case if there is a positive travel history to the outbreak region within the past 21 days and there has been a high risk exposure (such as needle stick or exposure to body fluids from Ebola victim without adequate PPE).
- 3 | **For possible Ebola cases do the following:**
 - Implement standard, contact, and droplet infection prevention precautions
 - Gloves, fluid-resistant gowns, eye protection, and facemasks are essential
 - If there are copious body fluids, use double gloves, disposable shoe covers and leg coverings
 - Limit pre-hospital procedures to those that are absolutely necessary
 - If intubation or nebulizer treatment is required, medic should wear N95 mask
 - Notify receiving facility of possible Ebola case en route
 - Upon hospital arrival, avoid transporting patient through waiting rooms
 - Do not leave patient unattended
 - Careful cleaning of EMS unit and safe handling of potentially contaminated materials is essential
 - EPA-registered disinfectants are sufficient for inactivating Ebola virus

This content was updated 11-17-2014.

APPENDIX 8

LABORATORY INFORMATION

Specimen Collection, Transport, Testing, and Submission

Hospitals Preparing Specimens for Transport

Hospitals should contact DPH at 1-866-PUB-HLTH. Epidemiology will coordinate the assessment and submission of testing as applicable with clinicians and laboratory. This must be done prior to collection and packaging and shipping of specimens.

Transport, handling, packaging and shipping of specimens

Specific directions for transport, handling, packaging and shipping of specimens are outlined in the CDC Interim Guidance. After consultation with Georgia State Epidemiology, if the patient is considered to be at risk of being infected with Ebola virus, patient specimens, including blood, will be accepted for transport by FedEx and or World Courier. Patient specimens that are approved to be tested for Ebola virus are classified by the proper shipping name “infectious substance, affecting humans” and assigned to UN2814. They must be properly packed in UN specification packaging according to IATA packaging instruction 620 before being offered for transport. A shipper’s declaration form completed using either FedEx compliance checking software or software approved by FedEx must accompany those packages. Use “suspected category A infectious substance” as the technical name on the shipper’s declaration form but do not put the technical name on the outer packaging. Only those employees who have been trained and certified to be a category A shipper are allowed to package, mark, label or complete the documentation for packages being offered for Ebola testing. Ebola testing methodology requires specimens to be sent at 2-8°C or Frozen.

Couriers for Shipping

World Courier Customer Service (516) 354-2600 or (800) 221-6600

FedEx Customer Service (800) 463-3339

FedEx will only accept patient specimens from a person under suspicion of being infected with Ebola virus, which is referred to as a “Person Under Investigation” or PUI by CDC. FedEx will not accept or transport patient specimens from those infected with Ebola virus [once tested positive by PCR for Ebola Virus Disease (EVD)]. FedEx will not accept or transport “cultures” known or suspected to contain Ebola virus from a PUI or from patients confirmed to have EVD.

Forms

- Georgia Public Health Laboratory Submission Form
- CDC Submission Forms
- CDC’s Viral Special Pathogens Branch Specimen Submittal Form
- CDC DASH Form 50-34

Guidance for Health Care Providers and Laboratories

Guidance for Health Care Providers and Laboratories Regarding Ebola Virus Disease (EVD) and Management of Suspected Cases

APPENDIX 8

LABORATORY INFORMATION

continued

Summary

National and international health authorities are currently working to control a large, ongoing outbreak of Ebola Virus Disease (EVD) involving areas in West Africa. The first case identified in the US was diagnosed on September 30, 2014 in a traveller from Liberia who had contact with an infected person while in Liberia and travelled to Dallas, Texas.

Below is guidance for healthcare workers and laboratorians. These guidelines have been changing frequently as the outbreak has evolved; check the links to the CDC website to be sure you have the most recent guidance: <http://www.cdc.gov/vhf/ebola/index.html>.

Patient Screening

- Health care providers should be alert for, and evaluate any patient who has had travel during the 21 days before symptom onset from an Ebola-affected area OR had contact with an individual who has Ebola.

AND

- Ebola symptoms.

Ebola-affected areas can be found at www.cdc.gov/vhf/ebola.

Current case definitions are here: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

If a patient meets this criteria:

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
- Notify the hospital Infection Control Program and other appropriate staff
- Evaluate for any risk exposures for EVD
- IMMEDIATELY report to the DPH (1-866-PUB-HLTH) or your local health department to discuss screening, infection control, laboratory testing and recommended infection control measures.

Patient Testing

- Decisions about testing for EVD in cases meeting the above criteria will be made on a case-by-case basis. Testing for Ebola is currently available through the CDC; prior consultation and approval from DPH is required.
- Even following travel to areas where EVD has occurred, persons with fever are more likely to have infectious diseases other than EVD (e.g., common respiratory viruses, endemic infections such as malaria or typhoid fever). Healthcare workers should promptly evaluate and treat patients for these more common infections even if Ebola is being considered.

APPENDIX 8

LABORATORY INFORMATION

continued

Infection Prevention and Control

- Standard, contact, and droplet precautions are recommended for management of hospitalized patients with known or suspected Ebola virus disease (EVD).
- Transmission of EVD in healthcare settings has been associated with reuse of contaminated needles and syringes and with provision of patient care without appropriate barrier precautions to prevent exposure to virus-containing blood and other body fluids (including vomitus, urine, and stool).
- Suspected EVD cases need to be isolated in a single room with a private bathroom and with the door to the hallway closed and maintained under standard, contact and droplet precautions (gown, facemask, eye protection, and gloves). Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
- Use the checklist for patients being evaluated for EVD to ensure the patient is managed appropriately and correct infection control precautions are taken, and to assess risk of exposed healthcare providers: <http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>.
- Use the following guidelines for personal protective equipment (PPE) use and removal for healthcare workers and patients:
 - <http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>
 - <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
 - <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>
- Environmental infection control at the healthcare facility should be conducted per CDC guidelines: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
- Samples should be collected and handled using CDC guidance, discuss sample collection with the DPH:
 - <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>
 - <http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>
- EMS should use precautions recommended by CDC: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>.

The following checklists will assist hospitals and healthcare providers, including EMS, to prepare for suspected cases:

- Hospitals: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>
- Healthcare facilities: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-facility-checklist-for-ebola.pdf>
- Healthcare providers: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-provider-checklist-for-ebola.pdf>
- Healthcare coalitions: <http://www.cdc.gov/vhf/ebola/pdf/coalition-checklist-ebola-preparedness.pdf>
- EMS: <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>

APPENDIX 8

LABORATORY INFORMATION

continued

Course of Illness and Treatment

- Supportive care only; no antivirals are currently available for treatment of EVD.
- Guidance about the course of illness and treatment: <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>.

Reporting

- Physicians are required to contact DPH at 1-866-PUB-HLTH as soon as EVD or any other hemorrhagic fever virus infection is reasonably suspected.
- This is an evolving situation and recommendations are likely to change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola/>.

This content was updated on 11-17-2014.

Ebola Testing

- In Georgia, Ebola testing is currently performed only at CDC and is indicated for High-Risk Exposures who meet the case definition criteria for a Person under Investigation, as outlined above.[6] If warranted, contact tracing and follow-up will be performed by state and local public health. Contact DPH at 1-866-PUB-HLTH to facilitate CDC testing.
- If a person does not meet the clinical criteria, but had a high-risk or low-risk exposure, report the information to DPH using the contact information listed above. Patients with low-risk or no exposure will be evaluated on a case-by-case basis to determine if testing is needed. This decision will be based on severity of illness, laboratory findings, and alternative diagnoses.

High Risk Exposures

A high risk exposure includes any of the following:

- Needle stick injury or exposure to blood or body fluids of EVD patient;
- Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE);
- Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions;
- Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring.

APPENDIX 8

LABORATORY INFORMATION

continued

Low Risk Exposures

A low risk exposure includes any of the following:

- Household contact with an EVD patient;
- Other close contact with EVD patients in health care facilities or community settings. Close contact is defined as:
- Being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions, see Infection Prevention and Control Recommendations);

O R

- Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.
- Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

As healthcare professionals, we not only have a responsibility to keep our patients and ourselves safe but we also have a responsibility to remain informed so that we may accurately and knowledgeably educate our patients and the public. DPH encourages all nurses to take this opportunity to review the preparedness arrangements in your clinical setting. This includes assessing equipment and inventory needs not only at your own facility, but also in environments that may be contact points for exposed patients outside of the healthcare setting.

Please refer to the webpages below for current information related to the Ebola outbreak and for infection prevention tips and healthcare protocols.

<http://www.cdc.gov/vhf/ebola/index.html>

<http://www.dph.ga.gov/ebola>

www.emoryhealthcare.org/ebolaprep

[1] World Health Organization (WHO) Website: <http://www.who.int/csr/disease/ebola/en/>

[2] Centers for Disease Control and Prevention Website: <http://www.cdc.gov/vhf/ebola/about.html>

[3] Centers for Disease Control and Prevention Website: <http://www.cdc.gov/vhf/ebola/transmission/>

[4] Centers for Disease Control and Prevention Website: <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>

[5] Further information for health care professionals from the CDC can be found at <http://www.cdc.gov/vhf/ebola/hcp/index.html>

[6] Centers for Disease Control and Prevention Website: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

This content was updated on 11/17/2014.

APPENDIX 9

PPE GUIDANCE FOR FIRE FIGHTERS AND LAW ENFORCEMENT PERSONNEL

Georgia Department of Public Health

Guidance on Personal Protective Equipment for Law Enforcement and Fire Service Personnel

BACKGROUND

The current Ebola outbreak in West Africa has increased the possibility of patients with Ebola traveling from the affected countries to the United States. The likelihood of contracting Ebola is extremely low unless a person has direct unprotected contact with the body fluids (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola.

The Centers for Disease Control and Prevention (CDC) had developed Interim guidance for Managers of 9-1-1 Public Safety Answering Points (PSAPs), EMS Agencies, EMS systems, law enforcement agencies and fire service agencies. This guidance provides detailed information on management of patients with known or suspected Ebola Virus Disease (EVD) in the United States. Close coordination and frequent communication among 9-1-1 Public Safety Answering Points (PSAPs), the EMS system, and the public health system is important when preparing for and responding to patients with suspected Ebola Virus Disease (EVD).

In most cases, Law Enforcement and Fire Personnel will have advanced knowledge of individuals that have a risk level for Ebola prior to responding to a scene. However, should Law Enforcement or Fire Personnel respond to a scene and become aware that a person has an Ebola risk, contact 1-866-PUB-HLTH (1-866-782-4584) immediately.

PPE REQUIREMENTS

- 1 | The level of PPE should be based on the risk level of the patient as determined by public health officials.
- 2 | Specific guidance on patient assessment and PPE requirements (donning and doffing) for medical and non-medical first responders can be found at the following sites:
- 3 | CDC: Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

- 4 | Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

- Personal Protective Equipment (PPE): Escorts, Secondary Exit Screeners, Law

APPENDIX 9

PPE GUIDANCE FOR FIRE FIGHTERS AND LAW ENFORCEMENT PERSONNEL

continued

Enforcement

<http://wwwnc.cdc.gov/travel/pdf/ebola-ppe-secondary-screeners.pdf>

PPE Disposal

Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180)¹ and the Georgia Environmental Protection Division, Biomedical waste rules.² It is recommended to contact a U.S. DOT approved biomedical waste company prior to an event and discuss specific packaging procedures and disposal options.

- 1 | All PPE contaminated or potentially contaminated with Ebola should be doffed according to established guidance and disposed of as follows:
 - Place used PPE in a red biohazard bag of minimum 150 micron thickness. Prior to closure, treat material with an EPA registered hospital disinfectant with a label claim for a non-enveloped virus. Tie off the bag in a knot.
 - Place the first biohazard bag of minimum 150 micron thickness with the knot facing upward in a second biohazard bag and tie off the second biohazard bag in a knot. Disinfect the exterior of the second bag with an EPA registered hospital disinfectant with a label claim for a non-enveloped virus.
 - Place the double bagged material in a rigid UN standard or DOT approved non-bulk packaging. Disinfect the exterior surface of the package using an EPA registered hospital disinfectant with a label claim for a non-enveloped virus.
 - Wash hands thoroughly with soap and water.
 - Contact a U.S. DOT approved Biomedical waste disposal company for final pick-up and disposal of waste.

Appendix

- 1 | U.S. Department of Transportation Guidance for Transporting Ebola Contaminated Items, a Category A Infectious Substance. <http://phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnnextchannel=d248724dd7d6c010VgnVCM10000080e8a8c0RCRD&vgnnextfmt=print>
- 2 | Georgia Department of Natural Resources, Environmental Protection Division. Biomedical Waste Rule 391-3-4-.15. <http://rules.sos.state.ga.us/docs/391/3/4/15.pdf>

3 | PPE Guidance

Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola

The Centers for Disease Control and Prevention is tightening previous infection control guidance for healthcare workers caring for patients with Ebola, to ensure there is no ambiguity. The guidance focuses on specific personal protective equipment (PPE) health care workers should use and offers detailed step by step instructions for how to put the equipment on and take it off safely.

Recent experience from safely treating patients with Ebola at Emory University Hospital, Nebraska Medical Center and National Institutes of Health Clinical Center are reflected in the guidance.

APPENDIX 9

PPE GUIDANCE FOR FIRE FIGHTERS AND LAW ENFORCEMENT PERSONNEL

continued

The enhanced guidance is centered on three principles:

- 1 | All healthcare workers undergo rigorous training and are practiced and competent with PPE, including taking it on and off in a systemic manner
- 2 | No skin exposure when PPE is worn
- 3 | All workers are supervised by a trained monitor who watches each worker taking PPE on and off

All patients treated at Emory University Hospital, Nebraska Medical Center and the NIH Clinical Center have followed the three principles. None of the workers at these facilities have contracted the illness.

[Click Here For the Full CDC PPE Guidance](#)



[Click Here For the First Responders PPE Guidance Video](#)

(This is the revised Ebola Prep for First Responders video)

This content was updated on 12-19-2014.

APPENDIX 10

DISPOSITION OF REMAINS OF EBOLA INFECTED INDIVIDUALS

RULES OF THE DEPARTMENT OF PUBLIC HEALTH

CHAPTER 511-2-6 Handling and Disposition of Human Remains Infected With A Dangerous Virus

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511-2-6-.04 Handling of Infected Human Remains When Death Occurs Outside of a Hospital or Healthcare Facility.

511-2-6-.01 Handling of Infected Human Remains When Death Occurs in a Hospital or Medical Facility.

- 1** | This Chapter 511-2-6 shall govern the handling and disposal of human remains which are infected with a dangerous virus. The term “dangerous virus” includes Alkhurma, Chapare, Ebola, Marburg, or any other virus specifically designated as dangerous by the State Health Officer.
- 2** | The term “disinfect” as used in this Chapter shall mean to clean thoroughly with an EPA-registered hospital disinfectant with a label claim for one of the non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, or poliovirus) or, if that is not available, a solution of one part household bleach to nine parts water
- 3** | The body shall be prepared for transport at the site of death by persons trained in the safe handling of infected articles and human remains, wearing appropriate personal protective equipment.
- 4** | After identification of the body and collection of information necessary to complete the death certificate, the body shall be prepared as follows:
 - A** | Any medical tubing, intravenous needles, or other devices inserted into the body during treatment shall be left in place.
 - B** | The body shall be placed into a leakproof body bag of at least 150 microns thickness. If the bag is not designed to be sealed through the use of adhesives, then a durable tape shall be used to securely cover the zipper. The outside of the bag shall be disinfected immediately.
 - C** | The body shall next be placed into a second leakproof body bag of at least 150 microns thickness. If the bag is not designed to be sealed through the use of adhesives, then a durable tape shall be used to securely cover the zipper. The outside of the bag shall be disinfected immediately.
 - D** | The body shall then be placed into a zipperless body bag of aluminum-impregnated material, such as the BioSeal System 5 or equivalent, which is designed to be hermetically sealed through heat-welding. The outside of the bag shall be disinfected immediately.
 - E** | The double-bagged body shall then be placed in a transport container suitable for cremation or a hermetically metal casket of no less than 20-gauge metal. The placement shall occur immediately outside the site of death and the casket taken directly to the transport vehicle.
 - F** | The transport vehicle shall take the body directly to the crematorium or burial site.

APPENDIX 10

DISPOSITION OF REMAINS OF EBOLA INFECTED INDIVIDUALS

continued

AUTHORITY: O.C.G.A. SECTIONS 31-2A-4(2), -6.

511-2-6-.02 Disposition of Infected Human Remains.

- 1 | Infected human remains shall be cremated using an 8-hour cycle unless cremation is not feasible by reason of obesity, medical implants, or objection made on bona fide religious grounds within 24 hours of death by the person with legal right to control the disposition of the body. The cremation authorization may be signed by any representative of the Department of Public Health, County Board of Health, coroner, or medical examiner.
- 2 | If the body cannot be cremated, then it shall be buried in a hermetically sealed casket of no less than 20-gauge metal.
- 3 | The body shall not be transported out of state except with the consent of the chief public health officer of the receiving state and in coordination with the Centers for Disease Control.
- 4 | No autopsy or embalming shall be performed without the consent of the State Health Officer.

AUTHORITY: O.C.G.A. SECTIONS 31-2A-4(2), -6.

511-2-6-.03 Decontamination of Site of Death.

- 1 | The site of a death by a dangerous virus shall be thoroughly decontaminated in accordance with the latest guidance from the Centers for Disease Control. Until decontamination is complete, no persons shall be allowed at the site of death except persons trained in the safe handling of infected articles and human remains, wearing appropriate personal protective equipment.
- 2 | The body shall be removed from the site of death as provided in DPH Rule 511-2-6-.01 before decontamination of the site of death.
- 3 | Sharps waste shall be placed in a sturdy authorized sharps container. The sharps container and all clothes, towels, bed linens, paper, fabric, or non-durable porous materials that may have come in contact with the deceased during the period of illness shall be placed into plastic bags of 150 microns thickness or more, and the outside of the bags shall be disinfected immediately. Each bag shall then be placed into a second bag of 150 microns thickness or more, and the outside of that bag disinfected immediately.
- 4 | All such bags and their contents shall be either disinfected by autoclave or incinerated on the grounds of the hospital or healthcare facility, or incinerated offsite at the nearest disposal facility. If the bag is to be incinerated offsite, then it shall be secured inside a rigid container for transport as a Category A Infectious Substance in accordance with the Hazardous Materials Regulations of the U. S. Department of Transportation (49 C.F.R. Parts 171 – 180.)
- 5 | All surfaces that may have come in contact with the deceased, or with the bodily fluids of the deceased, shall be disinfected immediately after removal of the body.

APPENDIX 10

DISPOSITION OF REMAINS OF EBOLA INFECTED INDIVIDUALS

continued

AUTHORITY: O.C.G.A. SECTIONS 31-2A-4(2), -6.

511-2-6-.04 Handling of Infected Human Remains When Death Occurs Outside of a Hospital or Medical Facility.

- 1** | Any person who becomes aware of a death that occurs outside of a hospital or healthcare facility, or otherwise without medical attendance, in circumstances where a diagnosis of a dangerous virus disease is possible, shall immediately notify the Director of Health Protection of the Georgia Department of Public Health or designee and the county coroner or medical examiner. “Circumstances where a diagnosis of a dangerous virus disease is possible” exist when the following occurred:
 - A** | the deceased came into contact with a person infected with the virus within 35 days prior to death, or the deceased visited, within 30 days prior to death, an area of the world experiencing an outbreak or epidemic of a dangerous virus disease; and
 - B** | the deceased experienced any of the following symptoms immediately prior to death:
 1. fever of 100 degrees Fahrenheit or more;
 2. diarrhea;
 3. vomiting;
 4. unexplained bleeding or bruising;
 5. severe abdominal pain;
 6. severe muscle pain or weakness;
 7. severe headache.
- 1** | The site of death shall be immediately closed off and secured, and only persons trained in the safe handling of infected articles and human remains, using appropriate personal protective equipment, shall be permitted at the site until the completion of testing as provided in subsection (3) and (4) below. The body shall be handled in accordance with DPH Rule 511-2-6-.01(4)(a) through (d) above and shall remain on site pending the results of testing. The remaining site shall not be disturbed or handled without express permission from the Director of Health Protection of the Georgia Department of Public Health or designee. Any bed linens, clothes, towels, or other articles that came in contact with the deceased shall likewise not be disturbed or handled.
- 2** | A blood or tissue sample shall be taken by a person or company approved by the Department and transported directly to a laboratory for testing as directed by the Director of Health Protection of the Georgia Department of Public Health or designee.
- 3** | The test results shall be reported immediately to the family or property owner and to the county coroner or medical examiner. If the sample tests negative for a dangerous virus, then this Chapter shall no longer apply and the county coroner or medical examiner shall assume jurisdiction over the body and the site of death. If the sample tests positive for a dangerous virus, then the body and the site of death shall be handled in accordance with DPH Rules 511-2-6-.01 through -.03 above.

APPENDIX 11 - Public Awareness / Communication Efforts

APPENDIX 11

PUBLIC AWARENESS/COMMUNICATION EFFORTS

continued

11a | Frequently Asked Questions (FAQ's) about Ebola

GENERAL INFORMATION

What is Ebola?

Ebola virus disease, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus species (Zaire, Sudan, Bundibugyo, or Tai Forest virus).

How do I protect myself against Ebola?

The best way to protect yourself against Ebola is to avoid unnecessary travel to one of the affected countries currently experiencing an outbreak of the disease. For travel notices and other information for travelers, visit the 'Travelers' Health Ebola web page.

Transmission of Ebola generally occurs only when you have been exposed to the bodily fluids of an infected person who is showing symptoms of Ebola virus disease (fever—including low-grade, — headache, weakness, muscle pain, vomiting, loss of appetite, fatigue, diarrhea, abdominal pain, or hemorrhage). Even if a person is infected with the Ebola virus, you cannot catch it from them if they are not showing symptoms of illness.

Hand washing is still the most effective method to protect you from the spread of common infectious diseases, such as the flu. Flu season has begun in Georgia, and you are overwhelmingly more likely to be infected with seasonal influenza (flu) than with the Ebola virus. All Georgians 6 months of age and older are urged to get the flu vaccine this year. This will reduce the burden on our hospital Emergency Departments of individuals reporting flu-like symptoms and the number of people who think they might have Ebola due to their symptoms. Georgians are at much higher risk of illness and death from influenza than from Ebola and the influenza vaccination substantially reduces these risks.

Where can I find more information about Ebola?

For general information about Ebola, please use the links below:

- [About Ebola](#)
- [Signs and Symptoms](#)
- [Transmission](#)
- [Risk of Exposure](#)
- [Prevention](#)

APPENDIX 11

PUBLIC AWARENESS/COMMUNICATION EFFORTS

continued

I am a Georgia resident experiencing flu-like symptoms. How do I know if I have flu or Ebola?

If you have not traveled to an Ebola-affected country OR had contact with someone who has Ebola, you are NOT at risk for Ebola.

If you have flu-like symptoms, it is important to contact your doctor. Testing for Ebola is only warranted in rare cases. Your doctor will determine if you should be tested for this illness based on your symptoms, clinical presentation and recent travel or exposure history. (For information regarding the signs and symptoms of Ebola, and whether you may need to be tested, please review the Ebola case definitions.)

Seasonal influenza and the early clinical course of Ebola virus infection may share some similar non-specific symptoms like fever and muscle aches. However, if you have these symptoms, it is far more likely that they are caused by seasonal influenza or other common infectious diseases.

Influenza is very common. Millions of people are infected, hundreds of thousands are hospitalized, and thousands die from the flu each year. In the United States, fall and winter are the most common seasons for contracting the flu virus. While the exact timing and duration of flu seasons vary, outbreaks often begin in October and can last as late as May. Frequently, flu activity peaks between December and February. Information about current levels of U.S. flu activity is available in CDC's weekly FluView report.

How common are Ebola virus infections in the United States?

Ebola is very rare in the United States. There have been only four cases of Ebola diagnosed in the U.S. ever (all during 2014). Two persons acquired the virus while in West Africa, and two nurses acquired the virus here while treating a very sick Ebola patient.

Is there a danger of Ebola spreading in the U.S.?

Ebola is not spread through casual contact. Ebola virus is spread through direct contact with the blood or bodily fluids (including but not limited to feces, saliva, urine, vomit, breast milk, and semen) of a person who is sick with Ebola. The virus in blood and bodily fluids can enter another person's body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth. The virus also can be spread through contact with objects (like needles and syringes) that have been contaminated with the virus, or with infected animals.

There are measures in place to stop the further spread of this deadly disease: thorough exit and entry screening to identify potentially infected travelers from the affected countries, isolation of ill people, contacting people exposed to the ill person, further isolation of contacts if they develop symptoms, and treatment of those who become ill with the virus. Our healthcare system is better equipped than that of West Africa to limit and treat the virus.

Georgia has a system in place to identify and monitor individuals returning to this state from the affected countries who are at risk for Ebola disease. Anyone with symptoms upon arrival is isolated immediately and transported by specially trained Emergency Medical Services first responders to one of the hospitals in Georgia that is prepared to isolate and treat the individual. Persons without symptoms, but who may possibly have been exposed to the virus, are monitored until they are beyond the time limit for developing the disease (21 days).

What is Georgia doing to protect its citizens from Ebola?

Governor Nathan Deal has assembled an Ebola Response Team to assess current state health and emergency management procedures and produce necessary recommendations to minimize any potential impact of the disease in Georgia. The team is comprised of representatives from the following: Georgia Emergency Management Agency,

APPENDIX 11

PUBLIC AWARENESS/COMMUNICATION EFFORTS

continued

Georgia Department of Public Health, Georgia National Guard, Emory University Hospital—where four Ebola patients have been treated and released — University System of Georgia infectious disease experts, Hartsfield-Jackson Atlanta International Airport, city of Atlanta, and members of the nursing, rural hospital, EMT and education communities. The highest priority of the team is protection of the health of all Georgians. The team's priorities include preparedness of hospitals, emergency medical services, and first responders, as well as the monitoring of individuals returning from the affected countries.

The Georgia Department of Public Health (DPH) is protecting Georgians by working around the clock to prevent the spread of Ebola. DPH is in constant communication with the Centers for Disease Control and Prevention (CDC), Georgia Governor Nathan Deal, the Governor's Ebola Response Team, Emergency Medical Services (EMS) providers, Georgia's hospitals, our state's physicians, physician assistants, nurses, and numerous other state and federal partners, in addition to our 18 Public Health Districts and 159 county health departments. DPH epidemiologists are working to track Ebola globally, while monitoring incoming travelers from affected nations.

What is CDC doing in the U.S. about the outbreak in West Africa?

CDC has deployed several teams of public health experts to the West Africa region and plans to send additional public health experts to the affected countries to expand current response activities.

CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners.

If an ill traveler arrives in the U.S., CDC has protocols in place to protect against further spread of disease. These protocols include having airline crew notify CDC of ill travelers on a plane before arrival, evaluation of ill travelers, and isolation and transport to a medical facility if needed. CDC, along with Customs & Border Patrol, has also provided guidance to airlines for managing ill passengers and crew and for disinfecting aircraft. CDC has issued a Health Alert Notice reminding U.S. healthcare workers about the importance of taking steps to prevent the spread of this virus, how to test and isolate patients with suspected cases, and how to protect themselves from infection.

TRAVELERS

What is being done to prevent ill travelers in West Africa from getting on a plane?

IN WEST AFRICA

The Centers for Disease Control and Prevention's Division of Global Migration and Quarantine (DGMQ) is working with airlines, airports, and ministries of health to provide technical assistance for the development of exit screening and travel restrictions in the affected areas. This includes:

- Assessing the ability of Ebola-affected countries and airports to conduct exit screening,
- Assisting with development of exit screening protocols,
- Training staff on exit screening protocols and appropriate PPE use, and
- Training in-country staff to provide future trainings.

APPENDIX 11

PUBLIC AWARENESS/COMMUNICATION EFFORTS

continued

DURING TRAVEL

The CDC works with international public health organizations, other federal agencies, and the travel industry to identify sick travelers arriving in the United States and take public health actions to prevent the spread of communicable diseases. Airlines are required to report any deaths onboard or ill travelers meeting certain criteria to CDC before arriving into the United States, and the CDC and its partners determine whether any public health action is needed. If a traveler is infectious or exhibiting symptoms during or after a flight, the CDC will conduct an investigation of exposed travelers and work with the airline, federal partners, and state and local health departments to notify them and take any necessary public health action. When the CDC receives a report of an ill traveler on a cruise or cargo ship, their officials work with the shipping line to make an assessment of public health risk and to coordinate any necessary response.

IN THE UNITED STATES

Since Georgia is home to one of five airports where people can arrive in the U.S. from countries affected by Ebola (Hartsfield-Jackson Atlanta International Airport), DPH has begun post-arrival monitoring for all travelers from affected areas whose destination is Georgia. At the airport, quarantine station personnel will screen passengers arriving from the designated countries by checking their temperature, looking for symptoms, and determining whether they have had contact with anyone infected by Ebola. Anyone who shows symptoms will be immediately taken to a designated hospital for evaluation. Those who show no symptoms will be divided into three categories for monitoring (21 days).

Travelers who are not health care workers but who have had direct contact with a person infected with Ebola will be considered high risk and will be placed in quarantine at a designated facility to be monitored. Travelers who have been to an affected country but have had no known exposure to the disease will have to sign a monitoring agreement with the Georgia Department of Public Health. The agreement requires patients to do temperature and symptom checks twice a day and to report results electronically or by phone. Failure to report will result in a mandatory quarantine order, if necessary.

Health care workers who have been treating Ebola patients but show no symptoms will be closely monitored by state health officials using video communications or home visits. Instead of quarantine in a designated facility, they will be trusted to monitor themselves and communicate closely with state health officials because their experience makes them better prepared to identify symptoms. Those who do not comply will be quarantined in a state facility.

What can I expect when I return to Georgia from the area where the outbreak is occurring?

Effective Monday, October 27, 2014, the Georgia Department of Public Health (DPH), with guidance from Georgia's Ebola Response Team, is conducting monitoring of travelers arriving at the Hartsfield-Jackson Atlanta International Airport from countries affected by Ebola. DPH's enhanced monitoring is in conjunction with measures being taken by the CDC, the Department of Homeland Security's Customs and Border Protection, and their partners at airports both in the United States and in affected countries in West Africa to prevent the spread of Ebola.

The process begins with exit screenings conducted by quarantine station medical personnel, which include measuring temperature and checking for symptoms of Ebola and history of any exposure to known Ebola patients.

If travelers show symptoms, they will be isolated immediately and transferred to a designated hospital for evaluation. If the travelers show no symptoms, they will be divided into three categories for monitoring. Categories and associated procedures detailed below:

APPENDIX 11

PUBLIC AWARENESS/COMMUNICATION EFFORTS

continued

CATEGORY 1 | high-risk – Travelers with known direct exposure to an Ebola patient. Travelers in this category will be subject to quarantine at a designated facility.

CATEGORY 2 | low-risk – Travelers from affected area with no known exposure to an Ebola patient. Travelers in this category will sign a monitoring agreement with the Georgia Department of Public Health. This agreement requires travelers to conduct temperature and symptom self-checks twice per day and report results to Public Health once per day (electronic, email or phone contact acceptable). Travelers who fail to report during the 21-day incubation period will be contacted by Public Health and issued a mandatory quarantine order, if necessary.

CATEGORY 3 | Medical personnel actively involved in treating Ebola patients returning to the United States. Individuals in this category will be issued a 21-day active monitoring order and will be visually monitored (video communications or home visit) by Public Health twice per day. Public Health will assess for the development of symptoms and adjust restrictions as necessary. Noncompliance will result in quarantine at a state-designated facility, if necessary.

What do I do if I am traveling to an area where the outbreak is occurring?

If you are traveling to an area where the Ebola outbreak is occurring, protect yourself by doing the following:

- Wash your hands frequently or use an alcohol-based hand sanitizer.
- Avoid contact with blood and body fluids (e.g., saliva, vomit, sweat, urine, semen, breast milk) of any person, particularly someone who is sick.
- Do not handle items that may have come in contact with an infected person's blood or body fluids.
- Do not touch the body of someone who has died from Ebola.
- Do not touch bats and nonhuman primates or their blood and fluids, and do not touch or eat raw meat prepared from these animals.
- Avoid facilities in West Africa where Ebola patients are being treated.
- Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
- Limit your contact with other people until and when you go to the doctor. Do not travel anywhere else besides a healthcare facility.

Should people traveling to Africa be worried about the outbreak?

The vast majority of Africa is not affected by the Ebola outbreak. CDC has issued a Warning, Level 3 travel notice for United States citizens to avoid all nonessential travel to Guinea, Liberia, and Sierra Leone. CDC has also issued an Alert, Level 2 travel notice for the Democratic Republic of the Congo (DRC). A small number of Ebola cases have been reported in the DRC, though current information indicates that this outbreak is not related to the ongoing Ebola outbreak in West Africa. You can find more information on these travel notices at <http://www.cdc.gov/travel/notices>.

CDC currently does not warn against visiting other African countries. Although spread to other countries is possible, CDC is working with the governments of affected countries to control the outbreak.

APPENDIX 11

PUBLIC AWARENESS/COMMUNICATION EFFORTS

continued

Why were the ill Americans with Ebola brought to the U.S. for treatment?

A U.S. citizen has the right to return to the United States, and effective treatment is available here that can be delivered safely in appropriately prepared centers. The patients who came back to the United States for care were transported and cared for with appropriate infection control procedures in place to prevent the disease from being transmitted to others.

What does CDC's Travel Alert Level 3 mean to U.S. travelers?

CDC recommends that U.S. residents avoid nonessential travel to Guinea, Liberia, and Sierra Leone. If you must travel (for example, to do for humanitarian aid work in response to the outbreak) protect yourself by following CDC's advice for avoiding contact with the blood and body fluids of people who are ill with Ebola. For more information about the travel alerts, see Travelers' Health Ebola web page.

Travel notices are designed to inform travelers and clinicians about current health issues related to specific destinations. These issues may arise from disease outbreaks, special events or gatherings, natural disasters, or other conditions that may affect travelers' health. A level 3 alert means that there is a high risk to travelers and that the CDC advises that travelers avoid nonessential travel.

APPENDIX 11B

EBOLA PUBLIC SERVICE ANNOUNCEMENT

:15

Travelers screened and monitored, health care professionals trained, hospitals ready to protect you and your family from Ebola. I'm Brenda Fitzgerald, Commissioner of the Georgia Department of Public Health. Georgia is ready to respond. Brought to you by the Governor's Ebola Response Team.

:15

Georgia is ready to respond! I'm Brenda Fitzgerald, Commissioner of the Georgia Department of Public Health. The Governor's Ebola Response Team is working with hospitals, medical providers and the CDC to protect you from Ebola. Brought to you by the Governor's Ebola Response Team.

:30


No matter what the emergency, preparedness is essential to an effective response. Georgia is prepared to protect you and your family from Ebola. I'm Brenda Fitzgerald, Commissioner of the Georgia Department of Public Health. We've created a tiered hospital system in Georgia to respond to Ebola, and with it a foundation for whatever comes our way in the future. Georgia is ready to respond. Brought to you by the Governor's Ebola Response Team.

Georgia is prepared to protect you and your family from Ebola. I'm Brenda Fitzgerald, Commissioner of the Georgia Department of Public Health. While Ebola does not pose a significant risk to Georgians, preparedness is essential to an effective response. Strong partnerships between public health, private healthcare providers, hospitals and emergency response teams throughout the entire state mean Georgia is ready to respond! Brought to you by the Governor's Ebola Response Team.

EBOLA SOCIAL MEDIA

Facebook:

- The current #Ebola outbreak is centered in West Africa. Ebola is spread through direct contact with blood or bodily fluids (blood, urine, feces, saliva & other secretions) of a person showing symptoms. It is also spread through exposure to objects (such as needles) that have been contaminated with infected secretions. Ebola is not transmitted through the air, food or water and does not pose a significant risk to Georgians. Get more facts at: <http://dph.georgia.gov/ebola#Facts>

Facts <i>about</i> Ebola in the U.S.	You CAN'T get Ebola through AIR 
You CAN'T get Ebola through WATER 	You CAN'T get Ebola through FOOD grown or legally purchased in the U.S. 
You can only get Ebola from <ul style="list-style-type: none">• Touching the blood or body fluids of a person who is sick with or has died from Ebola.• Touching contaminated objects, like needles.• Touching infected fruit bats or primates (apes and monkeys).  <small>CS200660</small>	

APPENDIX 11C
SOCIAL MEDIA
continued

- Get the facts on #Ebola and find out about steps the DPH is taking to protect Georgians: <http://dph.georgia.gov/ebola#DPH>
- Governor Nathan Deal has assembled an Ebola Response Team to assess current state health and emergency management procedures and produce necessary recommendations to minimize any potential impact of #Ebola in Georgia. Georgia is Prepared! <http://dph.georgia.gov/governors-ebola-response-team>
- DPH works closely with partners at ATL airport to detect ill travelers who could have a contagious disease, like #Ebola. Isolation and quarantine may be used to protect the public by preventing exposure to infected persons or to persons who may be infected. <http://dph.georgia.gov/ebola#Travelers>
- DPH has developed guidelines for healthcare workers on how to recognize cases of #Ebola and to prevent transmission in health care settings. The guidelines provide information for health care workers to allow them to recognize the symptoms and cases of Ebola, safely manage patients in US hospitals, infection control and lab guidance. Any US hospital that is following these guidelines can safely manage a patient with #Ebola. <http://dph.georgia.gov/ebola#Hospitals>

Twitter:

- #Ebola virus is spread by contact of infected person's blood or body fluids. It is not spread by air, water, or food. <http://dph.georgia.gov/ebola#Facts>
- #Ebola poses no significant risk to Georgians. Learn about steps @GaDPH is taking to protect Americans. <http://dph.georgia.gov/ebola#Facts>
- #Ebola is spread by direct contact w/ blood or bodily fluids or exposure to contaminated objects, like needles. <http://dph.georgia.gov/ebola#Facts>
- DPH is working w/ partners at ATL airport to detect ill travelers who could have a contagious disease, like #Ebola. <http://dph.georgia.gov/ebola#Travelers>
- DPH has developed resources for healthcare workers on how to recognize #Ebola cases & prevent transmission. <http://dph.georgia.gov/ebola#Hospitals>
- Questions about #Ebola? <http://dph.georgia.gov/Ebola%20FAQs>
- How is Gov.Deal's Ebola Response Team helping protect you from #Ebola? <http://dph.georgia.gov/governors-ebola-response-team>

APPENDIX 11D

GUIDANCE FOR FAITH-BASED COMMUNITIES

The Georgia Department of Public Health (DPH) is asking for assistance from faith-based communities as we work to improve public awareness of the symptoms of Ebola and the risks to the general population, including members of Georgia's congregations, church schools, daycares and mission workers in countries affected by the Ebola outbreak.

On August 8, 2014, the World Health Organization (WHO) declared the current Ebola outbreak a "public health emergency of international concern." The Ebola outbreak, the first ever in West Africa, currently is affecting the countries of Liberia, Sierra Leone, and Guinea.

Ebola is not easy to acquire. Ebola is spread through direct contact with blood or bodily fluids (urine, feces, saliva, vomit, sweat, semen, breast milk) of someone who is sick with Ebola. Ebola can also be transmitted by objects (needles, syringes) that have been contaminated with blood or bodily fluids from an infected person. Ebola is not spread through the air, water or, in general, by food. (In West Africa, Ebola may be spread as a result of handling wild animals hunted for food or contact with infected bats.)

Once a person is exposed to Ebola, symptoms will usually appear in 8 to 10 days, but may develop anywhere between 2 to 21 days.

A person infected with Ebola can't spread the disease unless they have symptoms.

Anyone who travels to the Ebola-affected West African countries will be considered at-risk and monitored by DPH for 21 days upon their return to the United States. There are three categories of risk; high risk includes travelers with known direct exposure to an Ebola patient; low risk includes travelers from Ebola-affected area with no known exposure to an Ebola patient; and medical personnel actively involved in treating Ebola patients returning to the United States.

DPH asks that you be diligent in carrying out the following recommendations for reporting at-risk individuals. It is important to inform church members, staff, their families, and visitors who might be traveling to and from the African countries in the Ebola outbreak, regarding the expectations upon their return to the United States.

APPENDIX 11D

GUIDANCE FOR FAITH-BASED COMMUNITIES

continued

- 1 | Travelers will be considered at-risk and be screened at the airport for the following:
 - Fever, including low grade
 - Severe headache
 - Muscle pain
 - Weakness
 - Fatigue
 - Diarrhea
 - Vomiting
 - Abdominal pain
 - Hemorrhage
 - Unexplained, unusual bleeding or bruising
 - Loss of appetite
- 2 | Travelers will be monitored by DPH for 21 days in accordance with the Georgia Department of Public Health Protocol for Active Follow-Up and Monitoring of Persons at Risk for Ebola Virus Disease Because of Travel History or Exposure to Ebola Virus Disease.
- 3 | Travelers will be provided with a Check and Report Ebola (CARE) Kit at the airport, which includes the following:
 - Digital thermometer
 - Directions for your digital thermometer
 - Ebola CARE Kit Health Advisory
 - Symptom Card and Symptom Log
 - List of State Health Department Telephone Numbers
 - Instructions for Monitoring by DPH

If a person gets sick after returning from an area with an Ebola outbreak, seek medical care RIGHT AWAY by calling 911.

While there is no vaccine or treatment for Ebola, there are ways to prevent the spread of Ebola.

- Wash your hands often and thoroughly.
- Avoid touching your nose, eyes and mouth. Bodily fluids from an infected person enter through mucous membranes or through broken skin (cut or abrasion).
- Do not touch or handle things that may have come in contact with a sick person's blood or bodily fluids, like clothes, bedding, needles or other medical equipment.
- Do not touch the body of someone who has died of Ebola.

To report someone who may be infected with Ebola or at risk of infection, or for any questions about Ebola, please call 1-866-PUB-HLTH. The line is available 24 hours a day, seven days a week.

APPENDIX 11D

GUIDANCE FOR FAITH-BASED COMMUNITIES

continued

We are entering peak time for influenza and there is concern that people who do not understand the difference between flu symptoms and Ebola symptoms will unnecessarily overwhelm Emergency Departments.

Early symptoms of the flu and Ebola can be similar (fever, fatigue, muscle aches), but if someone has not been to the Ebola-affected countries in West Africa and has not had direct contact with a known Ebola patient, that person is not at risk for Ebola. Flu symptoms usually lessen after four or five days while someone sick with Ebola will likely become sicker without medical attention. The Centers for Disease Control and Prevention (CDC) has additional information about Ebola and flu symptoms at: <http://www.cdc.gov/vhf/ebola/pdf/is-it-flu-or-ebola.pdf>.

The best protection against the flu is a flu vaccination. It is critical that every healthy person over the age of 6 months be vaccinated against the flu this year. For information about the flu or flu vaccinations click here: <http://www.cdc.gov/flu/>. It is possible to get the flu even with a flu shot, but the vaccination will usually lessen and shorten the duration of symptoms.

Frequent and thorough hand washing with soap and warm water also will help guard against the flu. Alcohol based gels are the next best thing if there is no access to soap and water. Cover the nose and mouth when coughing and sneezing to help prevent the spread of the flu. Use a tissue or cough or sneeze into the crook of the elbow or arm. Avoid touching the face as flu germs get into the body through mucous membranes of the nose, mouth and eyes. If you are sick, stay home from school or work. Flu sufferers should be free of a fever without the use of a fever reducer for at least 24 hours before returning to work or school.

Whether for Ebola or the flu, taking prevention measures seriously, maintaining overall health and diligent monitoring of persons who may be at risk for Ebola, can help prevent an outbreak in this country.

This content was updated on 11-17-2014.

APPENDIX 12

SCHOOL GUIDANCE

1 | K-12

The Georgia Department of Public Health (DPH) is providing the following update to initial guidance dated October 6, 2014. As information evolves, it is necessary to provide updated guidance and recommendations to the educational community. During the next several months, we anticipate an increase in travel among students, faculty and their families.

Public Health is requesting your help in making the public aware that any person(s) who travels to the Ebola-affected countries will be considered “at-risk” and monitored by the Department of Public Health (DPH) for 21 days upon their return.

Public Health is asking you to be diligent in carrying out the following recommendations for reporting at-risk individuals from your institution. It is important to also inform students, faculty, their families, other staff and visitors of those who might be traveling to and from the Ebola-affected countries regarding the expectations upon their return to the United States.

We will continue to keep you abreast of evolving directives from the CDC including those found in the CDC website, the link to which follows: <http://www.cdc.gov/vhf/ebola/index.html>

SHOULD A SCHOOL BECOME AWARE THAT TRAVEL HAS ALREADY OCCURRED

- 1 | If an individual has traveled to an Ebola-affected country and is not presenting any of the symptoms, it is required that they be monitored for symptoms and temperature daily for 21 days after their return to Georgia. This monitoring will be conducted by DPH or your local county health department. Each local school district (or individual school, if private) has the flexibility to decide whether or not to allow a child that is showing no symptoms to return to school during the monitoring period.
- 2 | Know the signs and symptoms of Ebola, which may appear anywhere from 2 to 21 days after exposure to Ebola.

If someone presents to your school nurse or other school official with any of the symptoms (with or without fever) and they have a travel history to one of the countries affected with Ebola, immediately separate the individual from contact with others and report it to the Georgia Department of Public Health at 1-866-PUB-HLTH. These contact numbers should also be used to address any additional questions. DPH strongly encourages each school to review its infection control policies and procedures with faculty and staff. In addition, DPH recommends reinforcement of healthy germ stopping habits with students. Please refer to the webpage below for infection prevention tips and flyers related to hand hygiene, cough and sneeze etiquette, and other tips to limit the spread of infection. <http://dph.georgia.gov/infection-prevention-tips-staying-healthy>

APPENDIX 12
SCHOOL GUIDANCE
continued

RECOMMENDATIONS FOR INFORMING STUDENTS, FACULTY AND THEIR FAMILIES

Anticipated Travel

Any person(s) who travels to the Ebola-affected African countries may expect the following upon return to the United States:

- 1 | Travelers will be considered “at-risk” and be screened at the airport for symptoms.
- 2 | Travelers will be monitored by DPH for 21 days in accordance with the Georgia Department of Public Health Protocol for Active Follow-Up and Monitoring of Persons at Risk for Ebola Virus Disease Because of Travel History or Exposure to Ebola Virus Disease.
- 3 | Travelers will be provided with a Check and Report Ebola (CARE) Kit at the airport, which includes the following:
 - Digital thermometer
 - Directions for your digital thermometer
 - Ebola CARE Kit Health Advisory
 - Symptom Card and Symptom Log
 - List of State Health Department Telephone Numbers
 - Instructions for Monitoring by DPH

The goal is to keep students, faculty and their families informed about how best to prevent the spread of Ebola. Hand washing is still the best, most effective method to protect from the spread of this infectious disease. Please refer to the webpages above for current information related to the Ebola outbreak and for infection prevention tips and flyers related to hand hygiene, cough and sneeze etiquette, and other tips to limit the spread of infection.

This content was updated 11-17-2014.

APPENDIX 12B

JOINT DPH/CDC LETTER



November 5, 2014

Dear Georgia Educator:

The Georgia Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) have been asked to provide guidance to schools with teachers, staff, or students who have family members who have recently traveled to Ebola-affected countries or who themselves may have recently traveled to Ebola-affected countries. We understand that concerned parents may fear for the safety of their children. However, it is important to understand the risk of disease transmission and not impose unnecessary restrictions on persons who do not present a health risk.

Current medical and scientific evidence indicate that a person infected with Ebola virus disease (Ebola) is not contagious unless they develop signs or symptoms of illness, such as fever (including low-grade), headache, weakness, muscle pain, vomiting, loss of appetite, fatigue, diarrhea, abdominal pain, or bleeding. In other words, a person who is not showing any signs or symptoms cannot infect others, not even close contacts such as children, spouses, other household members, or classmates. Furthermore, asymptomatic close contacts pose no risk of Ebola transmission to others. For this reason, we recommend that you not exclude from your schools the household or family members of asymptomatic travelers returning from Ebola-affected countries or any asymptomatic teachers, staff, or students who have recently traveled to Ebola-affected countries. We further recommend that you not require household members or asymptomatic travelers to obtain "clearance letters" from a physician or health authority before allowing them to attend classes or come to work.

Be assured that every person returning to Georgia from the Ebola-affected countries in West Africa is being screened for the risk of Ebola on entry to the United States by trained personnel. The Georgia DPH is monitoring all travelers from affected areas on a daily basis for 21 days, until the incubation period expires, and is prepared to take immediate action if any person being monitored develops signs or symptoms of Ebola. The details for the three categories of monitoring can be found on the Georgia DPH website at <http://dph.georgia.gov/screening-travelers-atlantas-airport>.

Public Health authorities stand ready to assist you in the protection of your students, faculty, and administration. If you have any questions or concerns please contact your local Public Health Director. For current information about the disease, the countries affected by this outbreak, and contact information for local public health in Georgia, please visit www.dph.ga.gov/ebola.

Thank you,

A handwritten signature in black ink, appearing to read "Brenda Fitzgerald".

Brenda Fitzgerald, MD
Commissioner, Georgia Department of Public Health
State Health Officer

A handwritten signature in black ink, appearing to read "Thomas R. Frieden".

Thomas R. Frieden, MD, MPH
Director, CDC, and
Administrator, ATSDR

APPENDIX 12C

COLLEGES AND UNIVERSITIES

As you know, national and international health authorities are working to control a large, ongoing outbreak of Ebola virus disease (EVD) in several countries in West Africa. With significant numbers of students from West Africa in Georgia's universities and colleges, it is necessary to provide guidance and recommendations to the educational community and as the holiday season approaches, students and faculty will travel home and then back to campus. Public Health relies on the vigilance of a vast array of informed contributors beyond our traditional medical providers to report diseases, and therefore are asking the following of you:

- 1 | Be aware of students and their families, faculty and staff members or visitors who have traveled to Ebola-affected West African countries, including Liberia, Sierra Leone, and Guinea within the previous 21 days.
- 2 | Know the signs and symptoms of Ebola, which may appear anywhere from 2 to 21 days after exposure to Ebola.
- 3 | If someone presents to your campus health clinic with a fever, immediately ask if they have traveled to or come into contact with someone who has traveled to an Ebola affected region.
- 4 | If you encounter individuals who you believe meet the case definition described in (1) and (2) or (3), immediately separate the individual from contact with others and report it to the Department of Public Health at 1-866-PUB-HLTH or the DPH Epidemiology section at 404-657-2588.
- 5 | Hand washing is still the best, most effective method at your disposal to protect you from the spread of infectious disease.

DPH strongly encourages each school to review its infection control policies and procedures with faculty and staff. In addition, DPH recommends reinforcement of healthy germ stopping habits with students. Please refer to the webpages below for current information related to the Ebola outbreak and for infection prevention tips and flyers related to hand hygiene, cough and sneeze etiquette, and other tips to limit the spread of infection.

<http://www.cdc.gov/vhf/ebola/index.html>

<http://dph.georgia.gov/infection-prevention-tips-staying-healthy>

Should you have questions, contact DPH at 1Ð866ÐPUB-HLTH

This content was updated on 11-17-2014.

STATE OF GEORGIA GOVERNOR'S EBOLA RESPONSE TEAM REPORT

<http://www.cdc.gov/vhf/ebola/index.html>

<http://dph.georgia.gov/infection-prevention-tips-staying-healthy>

Should you have questions, contact DPH at 1Ð866ÐPUB-HLTH

GOVERNOR'S EBOLA RESPONSE TEAM REPORT



MARCH 2015