Virginia's tiered treatment plan

by Tim Loughran

Betty Long, the Virginia Hospitals & Healthcare Association (VHHA) vice president in charge of helping to coordinate how the state responds to any possible episode of Ebola virus disease, says the new screening system of all people arriving from West Africa should catch any case before they even have to go to a hospital.

"Local health departments are monitoring patients who have entered the U.S. from West African countries," she says. "As a result, the most likely scenario is that a suspected Ebola patient will be identified through that process rather than through the more random appearance of a patient in a hospital emergency department."

Yet, if an Ebola victim slips through that monitoring system, a multi-step program will kick into gear, according to public health officials at hospitals across the state.

1

First, the patient would be isolated from other patients. Some hospitals are working on special isolation units with a dedicated entrance and exit some distance away from other hospital entrances, the regular emergency room and the general hospital population.

If a local hospital does not have an Ebola isolation unit available for use, the patient would be sent to a nearby hospital that does. (This type of transfer occurred last October in Arlington between Virginia Hospital Center and Inova Fairfax Hospital. The patient did not have Ebola.)

2

Next, a sample of the patient's blood would be drawn and rushed to Virginia Department of Health (VDH) labs in Richmond, where a result would be available within a few hours.

In the event of an initial positive blood test in Richmond, the sample would be flown to the Centers for Disease Control and Prevention (CDC) labs in Atlanta for a follow-up test to confirm the result. In the meantime, the Virginia patient would remain isolated and under observation away from all other patients and all personnel except a handful of especially trained physicians and nurses at the hospital where he or she first arrived for treatment.

3

If the CDC's follow-up test also proved positive, a rapid response team of infectious disease experts from the CDC would be sent to the receiving hospital. They, along with officials from VDH, would coordinate the transfer of the infected patient to one of three sophisticated bio-containment facilities designated by federal officials to accept positive Ebola patients from around the nation.

These hospitals are: The University of Nebraska in Omaha, Emory University in Atlanta and the National Institutes of Health (NIH) in Bethesda, Md.

4

If none of these medical centers have Ebola isolation units available to treat the patient, Virginia health officials would transfer the patient to either the University of Virginia Medical Center in Charlottesville or the Virginia Commonwealth University Medical Center in Richmond. (As of press time U.Va. and VCU were among 35 hospitals nationwide designated as Ebola treatment centers.) Each of the two hospitals has high-level isolation units in place to treat the most dangerous infectious diseases. Currently both facilities have room for just two Ebola patients each.

5

If U.Va. and VCU can't treat any additional Ebola cases, any new patient would be sent to the closest hospital within one of the state's six public health regions — organized under the federal government's nationwide Hospital Preparedness Program — that has built an isolation unit suitable for the long-term treatment of these patients. Each of the state's 35 health systems has promised to create at least one Ebola unit apiece, according to VHHA officials.

6

Finally, if all of the most sophisticated regional isolation units around the state are filled with Ebola patients, then any additional victims of the disease will remain in isolation units at local hospitals where they were originally admitted until higher-level isolation units become available elsewhere.

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