US deploys rapid response teams to hospitals with Ebola cases

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The US government will deploy rapid response teams to local hospitals to help them handle any new Ebola cases, the Centers for Disease Control and Prevention (CDC) announced on Tuesday 14 October.

Tom Frieden, CDC director, said, “For any hospital anywhere in the country that has a confirmed case of Ebola, we will put a team on the ground within hours with some of the world’s leading experts in how to take care of and protect healthcare workers from Ebola infection.” The teams will include experts in infection control, laboratory science, management of Ebola treatment units, and administration of experimental treatments, he said.

The CDC is taking the action after a young female nurse became infected through taking care of a Liberian man with Ebola at a hospital in Dallas, Texas. Nina Pham of Fort Worth, Texas, who was admitted to the hospital two days later on 10 October, after he went there with symptoms of infection.

A number of nurses’ organizations have complained that their members have not been properly trained to care for Ebola patients. In an informal survey of 2000 members of National Nurses United, the largest US nurses’ organization, 76% said that their hospital had not communicated to them any policy on admitting patients infected with Ebola, and more than a third said that their hospital had insufficient supplies of face shields and impermeable gowns.

RoseAnn DeMoro, executive director of National Nurses United, said that nurses should be given hazmat (hazardous material) suits and improved training in the use of protective gear. “There is no standard short of optimal in protective equipment and hands-on training that is acceptable,” DeMoro said.

Frieden said that, although the CDC had deployed infection control experts to the Dallas hospital, “in retrospect with 20/20 hindsight we could have sent a more robust inspection control team and been more hands-on with the hospital from day one.”

Under the new protocols being put in place at the Dallas hospital an infection control manager will be onsite 24 hours a day, hospital staff will undergo additional training led by two nurses from the high level biocontainment unit at Emory University Hospital in Atlanta, Georgia, and the number of staff allowed to enter the hospital’s isolation unit will be kept to a minimum.

Texas health officials have identified 48 people in Dallas who were, or possibly were, in contact with Duncan while he was contagious. Those people have now been without symptoms for 14 or more days—two thirds of the virus’s 21 day incubation period—since their last contact with Duncan.

“While it wouldn’t be impossible that some of them would develop the disease,” Frieden said, “they have now passed through the highest risk period, and it’s increasingly likely that any of them will develop Ebola.”

1 McCarthy M. US to “rethink” Ebola infection control after nurse falls ill. BMJ 2014;349:g6240.


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