

like this. They had the staff; they had the special containment units; they were ready to handle the next two patients brought to them—but only the next **TWO** patients. But what if there were more? What if there weren't enough beds and staff at Emory? Where would patients go then?

There was a distinct possibility there would be more – especially since the CDC is located in Atlanta. Further, Hartsfield Jackson was one of five airports in the country designated as an entry point for individuals coming from West Africa.

The first step was to establish a monitoring system for every traveler coming from Liberia, Guinea, or Sierra Leone. They were questioned about their health before boarding their flight out of West Africa and questioned again when they landed. Each was given a kit containing a thermometer and instructions on taking their temperature and monitoring for any possible symptoms of Ebola. They were instructed how to log their information and report it to DPH.

Using a system already in place for tracking and recording other infectious diseases in Georgia, DPH created an online monitoring portal for travelers with possible exposure to Ebola. Travelers were given login instructions and based on their level of risk; they took their temperatures daily and recorded the results by logging into the system. For those who were not computer literate, they could email their information or simply call DPH. Some individuals required face-to-face monitoring, which could be accomplished via Skype, Face Time or home visits. Everyone entering the country through Atlanta was required to monitor and self-quarantine as necessary. On at least two occasions, that included the head of the CDC. For those who might refuse, there was at the Fulton County Jail, but it was never needed. Hospitals and emergency medical services (EMS) needed to know what to look for, what questions to ask, and how to handle patients with possible exposure to Ebola. They needed guidelines for isolating and diagnosing, and they needed personal protective equipment (PPE). Pocket-sized cards with information ranging from infection control to intubation of a potential Ebola patient were developed and distributed to all EMS.

A three-tiered system was developed for dealing with Ebola. All hospitals in Georgia were considered tier-three hospitals. They were to identify patients at risk for Ebola, taking into consideration travel history and symptoms and to isolate them as needed. Tier-two hospitals had the capability of managing a suspect case of Ebola – including specimen collection for diagnostic testing and laboratory capacity for diagnosing. Tier-one hospitals were those for treatment of patients with Ebola. These hospitals were required to have facilities and procedures suitable to treat Ebola, including isolation areas, laboratory capacity, strict infection control procedures, appropriate staff, and PPE. These specifications often required time for implementation. Some hospitals had to make physical changes, and acquire proper equipment and PPE, and generally, staff had to undergo intense training. Once that was accomplished, they were reviewed by the CDC and the DPH and designated as treatment facilities. Georgia now has five treatment hospitals and eight

diagnosing hospitals, with one more to be designated in the coming weeks.

Since suspect Ebola patients would need to be moved between hospital facilities. EMS companies in 25 areas throughout Georgia were designated for transport. These companies now have PPE, advanced protocols, and increased training. All EMS transports of potential Ebola patients would be monitored through a dedicated phone line providing triage, along with EMS coordination and dispatch.

Initially, only the CDC could perform testing for Ebola. As the number of Ebola tests increased, DPH sought and received certification for the Laboratory Response Network of the State Public Health Laboratory to perform Ebola tests. The laboratory purchased Bio Fire testing equipment, and arrangements were put in place for the Georgia State Patrol to transport specimens for testing. For assessment hospitals that could not perform routine blood testing because of the infection control requirements, Grady Memorial Hospital agreed to conduct those tests.

To date, DPH has monitored 1,123 travelers with risk of exposure to Ebola. Of that number, 26 have been medically evaluated. Five individuals were tested for Ebola; all of those tests were negative. Monitoring of travelers continues today and likely will continue through the end of the year.

Ebola is still with us, and the next disease like it is somewhere in the world. I am very proud of DPH's accomplishments. We don't have just a *good* plan and system – we have a **GREAT** plan and system in place for meeting Ebola and similar diseases should it become necessary. It is a plan and system that can be used for any unforeseen – at least for now - infectious disease outbreak.

Inform. Prevent. Protect.

