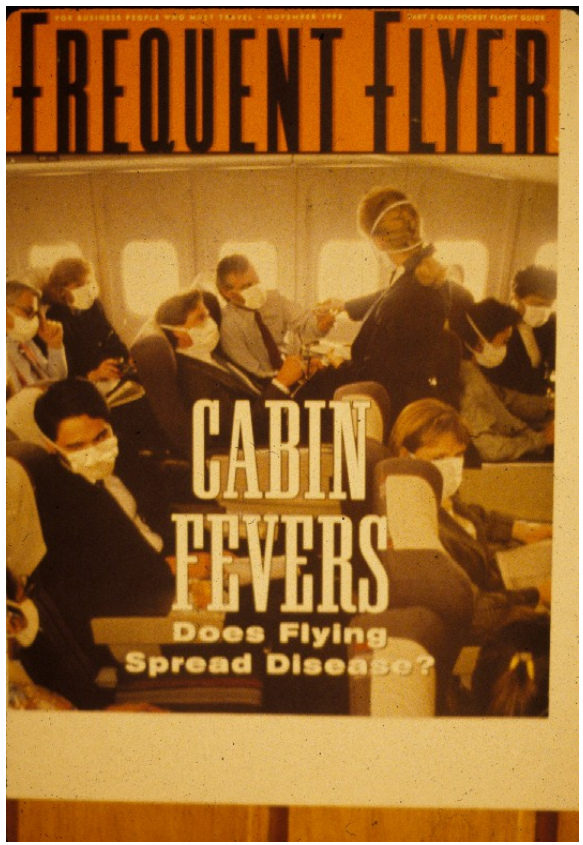
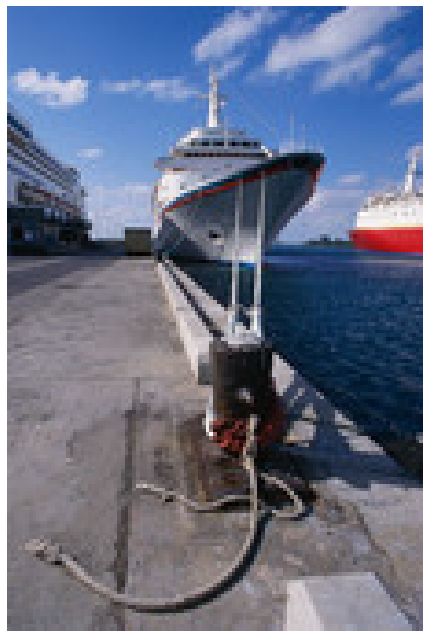
Local Public Health Management of Returning Ill Travelers



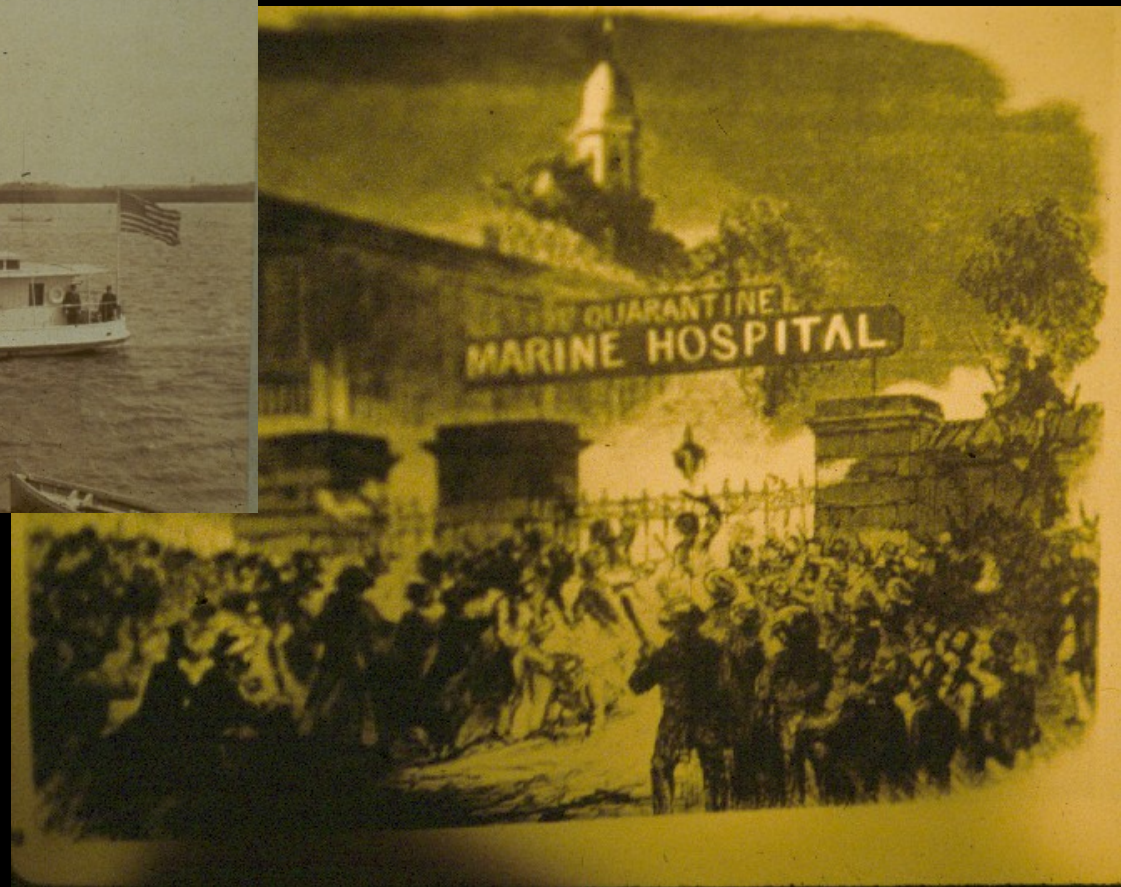


Annual Number of Travelers—NYC

Airplane	**85 Million**
Bus	**57 Million**
Train	**13 Million**
Ship	**0.6 Million**

…about 210,000 non-commuter arrivals each day!

Quarantine – Past



Current NYC Response Plans for Imported H5N1 Cases

- Identified prior to leaving airport
- Identified after leaving airport (via traditional provider-based surveillance)

NYC's Pre-Designated Isolation and Quarantine Hospitals

- HRSA funding used for 2 city hospitals to create isolation/quarantine wards
  - Manhattan – Secure 30-bed unit, including separate isolation (AIIR) and quarantine areas
  - Brooklyn – 20 bed alternate care unit that could be used primarily for quarantine
- NYCDOH creating workgroup to develop operational protocols for standing up and management of these quarantine units

Response to Airport Case

- Interagency coordination with CDC Quarantine, Port Authority of NY, Office of Emergency Mgmt, NYC EMS & NYSDOH
- Four hospitals have signed MOUs with CDC, including site with secure unit
- Draft protocol for mgmt of suspect cases has been developed, and two CDC drills conducted with key agencies

Response to Airport Case - 2

- Protocol addresses:
  - Initial notification
  - Initial evaluation at airport (including consultation with NYC DOH)
  - Transport to pre-designated hospital
  - Isolation and medical evaluation
  - Legal detention, if needed

Response to Airport Case -3

- Expect immediate notification by CDC-DQ
- Initial evaluation at airport by CDC-DQ
  - Acutely ill – transported to nearest hospital
  - Less acutely ill – interviewed and examined on site, and if H5N1 suspected:
    - Conference call to arrange transport & hospitalization
    - Determine need for federal quarantine order
    - DOHMH will notify hospital so they can prepare for direct admission to isolation room
    - DOHMH medical epi will meet patient at hospital

Response to Airport Case - 4

- Transport: – Ideally to hospital with secure unit
- Hospitalization: DOHMH/CDC will work closely with hospital re: clinical mgmt, arranging lab testing, etc
- Contact Mgmt: Will depend on Pandemic Phase and clinical/epi risk assessment of case
- Legal detention: If patient not willing to stay voluntarily

Response to Airport Case – 5 Unresolved Issues

- ? If CDC Medical officer not on site
- NYC EMS prefer nearest hospital vv secure unit.
  ? specialty transport designation
- Detention orders –
  - ? Under whose authority
  - ? DOH Police and/or NYPD able to enforce federal order

Recognition and Response of Suspect H5N1 Cases After Arrival

- "Novel influenza strain with pandemic potential" made reportable in NYC in January 2006
- Enhancing provider awareness to remain alert for potential travel related cases
  - Oral presentations
  - Periodic health updates
  - Website materials
  - HRSA funded screening and isolation protocols & drills
  - Provision of posters for ED and clinic entrances

IMPORTANT NOTICE TO ALL PATIENTS

Please tell the nurse or staff **immediately** if:

1 You have **traveled** outside of the United States in the past 2 weeks

OR

You **live** with a **person who traveled** outside of the United States in the past 2 weeks and was ill with fever and cough

AND

2 You are here to see the doctor because you are having **fever**, **cough** or **breathing trouble**

重 要 通 知
請所有患者注意

如果有以下情形，請立即告知護士或工作人員：

1 您曾在過去2週內到美國 **或者** 境外旅行。

您家中有人曾在過去2週內到美國境外旅行並且出現發燒和感冒症狀。

以及

2您來看醫生是因為**發燒、感冒、或者呼吸有問題。**

The City of New York

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

紐約市健康與心理衛生局

Recognition and Response of Suspect H5N1 Cases After Arrival - 2

- DOHMH H5N1 Provider Protocols
  - When Should I Suspect Avian H5N1 Influenza and How Do I Report It?
  - Clinical Guidelines: Caring for Patients with Suspected or Confirmed Avian H5N1 Influenza
  - Infection Control Precautions and Guidance for Contacts
  - What Specimens Should Be Collected for Testing?

Recognition and Response of Suspect H5N1 Cases After Arrival - 3

- DOHMH Physician triage of provider calls
  - Developed protocol to guide on call MDs
  - On Call MD seminars to provide training on protocol
  - Developed contingency plan to facilitate transport of specimens to NYSDOH laboratory

DOHMH On Call Physician Protocol for Triage of Suspect H5N1 Cases

1) Interview MD and/or patient to confirm that case meets current surveillance case criteria. If so,
2) Advise provider on infection control precautions & collection of specimens for H5N1 testing
3) Inform Senior DOH staff, NYSDOH and CDC
4) Arrange specimen transport to NYC or NYS Public Health Laboratory for H5N1 testing
5) Strongly encourage hospitalization, with detention orders for non-compliant patients
6) Likely activation of DOH ICS, with proactive outreach to providers/public

Need for Leadership and Guidance from CDC

- Detailed operational protocols for mgmt of suspected cases recognized at airport
  - Specific evaluation criteria being used by DQ officers
  - Airline contact mgmt plans based on epi risk factors and pandemic phase
- Resolving current issues related to PPE required for management of suspected cases

“**As the human immunodeficiency virus (HIV) epidemic surely should have taught us, in the context of infectious diseases, there is nowhere in the world from which we are remote and no one from whom we are disconnected.**”

Institute of Medicine, 1992

OUR NEW YORK BOARD OF HEALTH.