



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary

October 29, 2014

Dear Colleagues,

Thank you for your continued efforts to prepare to respond to Ebola virus disease (EVD). Although we have not diagnosed any cases in Maryland, it is essential that we all be prepared to screen and evaluate patients who may be at risk for EVD. As long as the Ebola virus outbreak in West Africa, specifically in Guinea, Liberia, and Sierra Leone is ongoing, the best way to protect Marylanders is to be prepared to respond appropriately to potential cases. We appreciate the many calls and communications we have received at DHMH and our local health departments and wanted to provide you with some updates.

Maryland Hospital Ebola Strategy

Governor Martin O'Malley announced on October 23, 2014, that Maryland health and hospital officials have agreed upon a coordinated strategy for caring for potential Ebola patients. Under the strategy (1) all hospital emergency departments in the state will continue to be prepared to evaluate patients suspected of having Ebola; and (2) should a case of Ebola be confirmed, the patient would be treated at one of three designated hospitals, if no federal facility is available. This strategy was developed in partnership with the Maryland Hospital Association, Johns Hopkins Health System, MedStar Health, and the University of Maryland Medical System, with support from the U.S. Centers for Disease Control and Prevention (CDC). According to the strategy, a potential Ebola patient in Maryland who could not be treated at one of the four national specialized biocontainment facilities (NIH, Emory, Nebraska, Montana) would be cared for at one of three regional hospitals that are being further prepared with focused support, training, and equipment. The hospitals are:

- Johns Hopkins Hospital in Baltimore;
- University of Maryland Medical Center in Baltimore; and
- MedStar Washington Hospital Center in Washington, D.C.

Note that per the strategy, all Maryland hospitals will need to be able to screen patients to identify those who potentially have Ebola, isolate any potential cases, and work with the local health department and DHMH's public health laboratory to quickly confirm whether Ebola is present. If a case is confirmed, DHMH will work with the CDC to determine whether a federal facility is available to treat the patient. If a federal facility is not available, then DHMH will coordinate with the three health systems in Maryland to determine where to transfer the patient for care.

A consolidated approach to Ebola treatment offers several advantages:

- Nurses and doctors at consolidated locations, with the aid of intensive training, will develop greater proficiency in treating the unique needs of Ebola patients and in the intricate safety measures necessary to prevent exposure.
- Using fewer Ebola treatment sites ensures that the communication and operationalization of the latest information from state, federal, and international health agencies is streamlined.
- Caring for an Ebola patient requires many specially trained medical staff, complex waste management procedures, a significant quantity of personal protective equipment, and other resources; by consolidating care, Maryland's health care providers are better able to deploy personnel and resources.

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Web Site: www.dhmh.maryland.gov

Assessment of Travelers

Governor O'Malley also announced that Maryland will actively monitor the health of all returning travelers from the countries of Liberia, Sierra Leone, and Guinea. This plan began on October 27, 2014. Under the plan, screeners at the airports of entry are providing the names and contact information for all travelers from the affected countries with destinations in Maryland. DHMH or the local health department is making contact with these travelers and providing specific guidance, information, and 24-hour numbers for assistance. DHMH will coordinate daily contact with the travelers during the 21 days following the last possible exposure when illness might develop. Should a traveler need medical attention, health officials will provide advance direction to the emergency management system for transport and the local hospital for evaluation. DHMH's public health laboratory is available 24 hours a day for Ebola testing.

The plan includes specific provisions for health care workers who are returning from caring for Ebola patients in affected countries. Individuals at high or some risk of infection will sign agreements outlining certain restrictions, and other travelers will receive daily monitoring and will be alert for signs and symptoms of possible infection. At any time -- in case of noncompliance, or if necessary for the public health -- the state may issue a specific public health order.

Additional information related to DHMH traveler monitoring is available at the following webpage:

<http://dhhm.maryland.gov/newsroom1/Documents/Active%20Traveler%20Monitoring%20slides%20FINAL%20102714.pdf>

Outpatient Guidance

In response to questions from many of you, DHMH has developed guidance for outpatient settings, which may be found at the following link on our webpage:

Interim Guidelines for Evaluation of Suspected Ebola Infections in Outpatient Settings

<http://phpa.dhhm.maryland.gov/OIDEOR/SIPOR/SitePages/EbolaOutptGuidelines.aspx>

Maryland LHD Contacts

In the event you need to consult with the health department about Ebola-related situations, you can call your health department at the number listed here:

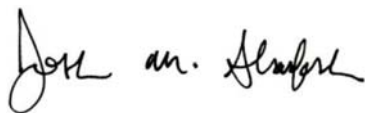
<http://phpa.dhhm.maryland.gov/OIDEOR/SIPOR/Shared%20Documents/LHD%20After%20Hours%20Contacts.pdf>

Please continue to monitor the DHMH website for Maryland-specific EVD guidance:

<http://phpa.dhhm.maryland.gov/OIDEOR/SIPOR/SitePages/ebola.aspx>

Thank you for your continued attention to this urgent public health issue.

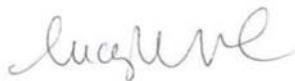
Sincerely,



Joshua M. Sharfstein, M.D.
Secretary



Laura Herrera, M.D., M.P.H.
Deputy Secretary for Public Health Services



Lucy Wilson, M.D., ScM
Chief, Center for Surveillance, Infection Prevention and Outbreak Response