2-2-21 Emerging Infectious Disease Collaborative (EID) Minutes

Participating: Eric Alberts, Sean Austin, Paula Bass, A. C. Burke, Lynsey Collier Graham, John Corfield, Tommy Curtis, Greg Donahue, Lynne Drawdy, Rachel Driscoll, Dr. Vincent Hsu, April Hultz, Kelly Jenkins, Jason Klein, Reggie Kornegay, Emily Leathers, John Maze, Matt Meyers, Anna Nye, Heyda Rodriguez, Melissa Royer, Michelle Rud, Todd Stalbaum, Steve Viola, Brenna Young

Welcome: Dr. Hsu thanked all participants and stated that this is the first meeting in 2021 and there is much to discuss. He stated that he wants to begin by discussing where we’ve been, how we can best leverage our efforts and funds to best meet the needs of our constituents. He stated that we are currently in our third wave of the pandemic, and the cases have been going down since the middle of January. In the first wave last March, we didn’t know what to expect, we didn’t know much about the virus, and there were shortages of testing and PPE. We came through that with a better understanding of the virus. In July, we began the second wave, and we started seeing significant issues with surge capacity and staffing and space shortages. The third wave began in late November; after the holidays we saw the peak and we saw the frontline staff fatigue and staffing issues. Dr. Hsu said that AdventHealth and many other health systems have had to create new policies, such as if you are exposed and not symptomatic, you can return to work during surge periods. He stated that we are seeing nurses leave to go to higher paying jobs in other parts of the country. He stated that we have now begun the vaccination campaign and are working through logistics and hesitancy among providers. He cited a recent NNRW report that shows only 38% of long-term care providers are willing to receive the vaccine. We are also seeing variants and while genome sequencing is expensive, we need to know what’s circulating in our area. Some of the variants are more contagious, and some are more virulent. He stated that we still have many challenges to address, and today we’d like to hear from all of you on how to best use our resources. He encouraged all to be innovative. Dr. Hsu stated that working together, we will have a brighter future.

EID Deliverables/Budget for FY 20-21: Lynne advised that the EID work plan for this year was to develop SOPs and provide equipment and training. A new ASPR deliverable has been added; an infectious disease annex is due June 30, 2021. A tabletop is also required but ASPR will accept our COVID19 After Action Report in lieu of the tabletop. The remaining EID budget for fiscal year 2020-2021 is approximately $170,000, which must be spent by June 30. Lynne suggested that the group go through the remainder of the agenda, and then make recommendations on where to allocate this funding.

Pre-COVID Recap: A. C. Burke provided a recap of where the group was prior to COVID. In January 2020, we held frontline hospital refresher training. In a subsequent meeting, the group reviewed the Minnesota screening tool, and came to consensus on a donning and doffing protocol; this was to be updated to include the last man out and we were planning to produce an on-line training. The next steps at that time were:

* Hospitals were to discuss the Minnesota screening algorithm internally and advise of any comments
* EID scheduled a meeting in March 2020 to discuss employee management for high consequence infectious diseases (this was postponed due to COVID19)
* Hospitals were to identify any additional training needed to sustain readiness.
* The EID Collaborative planned to work with DOH and the Medical Examiners in developing mass fatality plans for highly infectious diseases.
* The EID was planning an exercise, but we will use the COVID19 after action report.

FHA Update: Lynne reported that the Coalition received just over $480,000 from Florida Hospital Association. As directed by the EID, the four major projects are providing infection control prevention and response consultation to nursing homes, providing negative air pressure equipment to nursing homes, a fit-testing train-the-trainer program, and an EID repository for resources and best practices. The scope of work for the nursing home consultants has gone out to seek vendors. Lynne asked for volunteers to serve on a vendor selection committee. John Maze volunteered. Lynne also asked the group to send her information on any vendors who provide fit-testing training.

COVID19 Response:
A. C. Burke advised that the Coalition sent out the preliminary COVID19 after action report. We are working to address the need to improve nursing home preparedness and capacity to respond to the pandemic through the FHA agreement. She asked the group to identify any additional needs. Steve Viola suggested additional PAPRs and consumables. Lynne advised that there is a minimum hospital readiness equipment list; this has just been updated by the hospitals and includes the equipment purchased for Ebola. The hoods include enough for each hospital to field one team of three for a four hour shift, with a regional cache that can be moved within four hours to support five days of treatment. The group discussed the need to better understand the variants. Dr. Hsu advised that the CDC has a website that is a one-stop shot with this information, including a map with the various strains. Although there is concern that there could be increased morbidity with some strains, reduced or resistance to vaccine, the mainstay of therapy hasn’t changed nor has the known mitigation efforts to reduce spread, including social distancing, masks, and the vaccine. It was noted that Dr. Fauci is recommending double-masking, although it is not clear if this is a policy yet. The group agreed that we need to continue to focus on what we know is effective. Eric Alberts stated that limited vaccine is an issue, but this is not something the Coalition can address. The group discussed vaccine hesitancy, particularly in long-term care, and asked that the consultants focus on educating on the vaccine. Eric raised the issue of mental health and staff resiliency. He stated that staff are exhausted and burnt-out, and the hospitals are also seeing increased mental health incidents in patients and families. Dr. Hsu agreed, and stated that even though the numbers are going down, frontline staff are still dealing with a significant number of cases with a high death rate. He stated that resiliency impacts patient safety. The group agreed to focus the EID dollars on this type of training, and in supporting the long-term care project. The group discussed monoclonal antibody administration. The product is free, and facilities can charge for administration and logistics. Dr. Hsu stated that we are waiting for clinical trial data re using this as a prophylaxis. Another need is to continue to educate hospitals and nursing homes on current guidance (for example, some nursing homes are still requiring two negative PCRs before taking a patient back, even though they are well over 20 days since symptoms). He stated that the hospitals can identify these issues.

Pandemic Plan: A.C. advised that this is a grant requirement. Last year, we expanded the Ebola plan to a high consequence pathogen plan, but we need to develop a highly infectious pandemic plan. Matt Meyers used the ASPR guidance to draft this. Dr. Hsu stated that every institution has a plan, but it is important to have a regional plan. He stated that we used to expect a pandemic every 100 years, but scientist now think these may occur more frequently. He stated that he would use this plan if we have a fourth wave or a mutation. The plan will be sent to the group with comments due by mid-March. Matt asked the group to pay particular attention to the roles and responsibilities listed, beginning on Page 11.

Next Steps:

* The Coalition will arrange for staff resiliency and mental health training (training will need to be virtual)
* The Coalition will use any excess EID project funding to supplement the nursing home consultant project
* The Coalition will send out the draft pandemic plan and EID Collaborative members will review and provide feedback
* The group discussed the need to ensure that all facilities have infographics on vaccine safety, and the Coalition will recognize employers who incentivize the vaccine for employees
* The group agreed to meet again in mid-April.