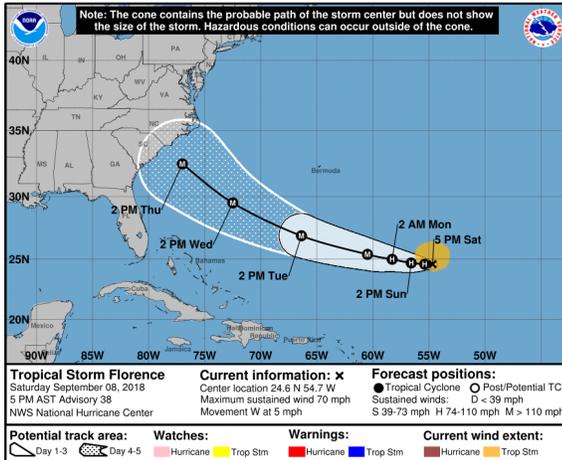




Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 8, 2018

Florence Forecast To Become A Major Hurricane; Risk to the East Coast Is Rising



(NPR) Tropical Storm Florence is quickly approaching the eastern United States, and according to the National Hurricane Center, the storm's threat to the East Coast keeps rising. The storm is traveling over warm water and is expected to increase its speed and become a hurricane by Saturday night.

The National Hurricane Center forecasts Florence will be a dangerous major hurricane near the southeastern U.S. coast by late next week, "and the risk of direct impacts continues to increase."

North Carolina declared a state of emergency on Friday, and South Carolina declared a state of emergency on Saturday.

Story: <https://www.npr.org/2018/09/08/645891482/florence-forecast-to-become-a-major-hurricane-and-risk-to-the-east-coast-is-risi>

NWS Expected Rainfall after 8 PM EDT - through Sunday evening

<https://www.weather.gov/lmk/weatherstory>

Sick airplane passengers greeted by 'hidden network of protection'

(CNN) At least four times this week, in the span of just two days, health officials jumped into action to greet sick flight passengers.

An Emirates flight from Dubai landed at New York's John F. Kennedy Airport on Wednesday morning with more than 100 passengers reporting symptoms including coughing, vomiting and fever. Eleven were taken to the hospital. [That story](#) got the most attention, but it didn't stand alone.

An ASL Airlines France flight from Algeria to Perpignan in France was briefly quarantined Wednesday when a child aboard was suspected of having cholera. And two American Airlines international flights into Philadelphia on Thursday -- one from Paris, the other from Munich -- landed with a combined 12 passengers who were evaluated by health officials for influenza and respiratory problems.

When contagious disease symptoms present in the air, how do officials mobilize on the ground? What response mechanisms are in place? And how often are they activated?

Read more: <https://www.cnn.com/2018/09/07/health/cdc-sick-flight-passenger-response/index.html>

Where Are The Most Viruses In An Airport?

Hint: It's Probably Not The Toilet

Curious? <https://www.npr.org/645255357>

Hospitals, health systems launch not-for-profit generic drug company

(AHA) Several hospitals and health systems today officially [established](#) Civica Rx – a new not-for-profit generic drug company that will help patients by addressing shortages and high prices of lifesaving medications. Since the initiative, which was previously known as Project Rx, was announced in January 2018, more than 120 health organizations representing about a third of the

nation's hospitals have contacted Civica Rx and expressed a commitment or interest in participating with the new company.

Initial governing members of Civica Rx will include Catholic Health Initiatives, HCA Healthcare, Intermountain Healthcare, Mayo Clinic, Providence St. Joseph Health, SSM Health and Trinity Health. Other health systems participating with Civica Rx will be announced later this year.

Read more: <https://www.aha.org/news/headline/2018-09-06-hospitals-health-systems-launch-not-profit-generic-drug-company>

A 55-Square-Mile Wind Farm Is Now Operating Off England's Shore



(NPR) Each of its 87 turbines stands more than twice as tall as the entire Statue of Liberty. Together, they generate enough electricity to power nearly 600,000 homes, in what's being called the largest offshore wind farm in the world, off the coast of northwestern England.

Standing in the Irish Sea, the turbines make up the new Walney Extension, a project led by [Danish energy company Orsted](#). It officially went into service on Thursday, producing 659 megawatts of power — topping the 600 megawatts of a standard coal plant, according to the [Union of Concerned Scientists](#).

Nearly half of the Walney Extension wind farm is made up of massive turbines from MHI Vestas, each producing 8.25 megawatts. Those turbines stand 640 feet above mean sea level. The rest of the installation is composed of slightly smaller 7-megawatt models from Siemens, standing at about 615 feet. Learn more: <https://www.npr.org/645565601>

Study provides data behind new MDR-TB guidance

(CIDRAP) A large meta-analysis of observational studies that provided the basis for the recent makeover of global recommendations for multidrug-resistant tuberculosis (MDR-TB) treatment shows that newer and repurposed drugs produced better outcomes and fewer deaths than older treatments.

The meta-analysis of 50 studies involving 12,000 patients from 25 countries, published yesterday in *The Lancet*, found that bedaquiline, linezolid, levofloxacin, and moxifloxacin were associated with greater treatment success and reduced mortality compared with the previously recommended first-line treatments, while clofazimine and carbapenem antibiotics were associated with significantly improved treatment outcomes (but not reduced mortality).

Read more: <http://www.cidrap.umn.edu/news-perspective/2018/09/study-provides-data-behind-new-mdr-tb-guidance>

John Hopkins: Health Security Headlines from [September 7, 2018](#)

[DRC Confirms 3 More Ebola Cases as Details Emerge About Urban Infection](#) (CIDRAP)

According to an outbreak update from the Democratic Republic of the Congo (DRC), officials recorded three more confirmed cases of Ebola yesterday, including one in a patient who died in Butembo, a major city in North Kivu province. [Go to article](#)

[China Finds African Swine Fever on Four Farms in Single Day](#) (Reuters) China reported four cases of African swine fever on Thursday alone, bringing the number of outbreaks to 13 since the virus was discovered in the country just over a month ago. The agriculture ministry said it had identified the disease on three small farms in Jiamusi in Heilongjiang province in China's northeast and the cities of Wuhu and Xuancheng in the eastern province of Anhui. [Go to article](#)

[Secretary Kirstjen M. Nielsen Remarks: Rethinking Homeland Security in an Age of Disruption](#)

(DHS) Today, I will describe five major changes in the threat landscape that are requiring us to comprehensively rethink homeland security. I will explain how we are building resilience into

everything we do, preparing our frontline defenders to protect America in a new age, and responding to these evolving threats. [Go to article](#)

[House Advances Cyber Protection Measure](#) (*Homeland Preparedness News*) House lawmakers advanced this week a measure designed to bolster protections against state-sponsored cyber activity threats aimed at the US. The Cyber Deterrence and Response Act of 2018 protects the nation's economy, elections, and infrastructure from cyber activity by establishing a framework to deter and respond to future cyber attacks here. [Go to article](#)

The KHREF Emergency Preparedness Update is assembled several times a week. When events make it necessary, the Update may be sent out several times a day to keep our hospital and the healthcare community advised on preparedness news and information. Most of this information is compiled from open sources, and where possible reference links will be provided. There is an archive of [Emergency Preparedness Updates available here](#). If you would like to added or deleted, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please contact rbartlett@kyha.com (include your current email address). The preparedness program for the Kentucky Hospital Association (KHA) and KHREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.

This is an official CDC Health Advisory

[As of September 8th, this had not been posted to the CDC HAN archive, so here is the bulletin as distributed.]

Distributed via the CDC Health Alert Network
September 7, 2018, 1345 ET (1:45 PM ET)
CDC HAN-00414

Advice to Clinicians about Leptospirosis in U.S. Travelers Returning from Northern Israel

Summary

The Israeli Ministry of Health is reporting an outbreak of leptospirosis in persons with exposure to natural water sources in the Golan Heights region of northern Israel after July 1, 2018. As of September 6, 2018, three persons with leptospirosis who traveled to Israel have been identified in the United States, with additional suspected cases reported and under investigation. Early symptoms of leptospirosis include fever, headache, chills, muscle aches, vomiting, diarrhea, cough, conjunctival suffusion (conjunctival redness without exudates), jaundice, and sometimes a rash. Clinicians should consider leptospirosis as a diagnosis in any patient who develops an acute febrile illness within 4 weeks of travel to one of the areas in northern Israel listed below since July 1, 2018.

Background

Seven recreational water sites in the Golan Heights region have been linked to the outbreak:

- Gilabun (Jilbon)
- Yarden (Jordan) Park
- Majrase (Majrase-Beteha Nature Reserve)
- Meshushim (Meshushim Nature Reserve)
- Yehudiya (Yehudia Nature Reserve)
- Zaki (Zakhi)
- Zavitan

Leptospira species are spread by the urine of infected animals and can survive for weeks to months in fresh water, soil, and mud. The incubation period is usually 5-14 days, with a range of 2-30 days. Humans acquire the disease through direct contact with urine from animals infected with leptospirosis or with urine-contaminated water or mud. High-risk activities can include wading, swimming, or boating in floodwater or freshwater (rivers, streams, lakes) that may be contaminated with animal urine. Some actions like prolonged immersion in, submerging head in, or swallowing contaminated water can particularly increase risk. Other high risk activities can include direct contact with animals and activities that can lead to skin abrasions and water or soil exposure. Human-to-human transmission is very rare but has been documented through sexual intercourse and breastfeeding. Transmission has also rarely occurred through animal bites.

In humans, leptospirosis can cause a wide range of symptoms. Most patients have a mild flu-like illness with symptoms including fever, headache, muscle aches, conjunctival suffusion, vomiting, diarrhea, jaundice, and sometimes a rash. Some patients may go on to develop severe illness, including liver and renal failure, hemorrhage (especially pulmonary), aseptic meningitis, cardiac arrhythmias, and pulmonary insufficiency. Leptospirosis is fatal in approximately 5-15% of patients with severe illness.

Recommendations

Clinicians should evaluate patients for leptospirosis who have onset of an acute febrile illness within 4 weeks of travel to the Golan Heights region in northern Israel, especially with exposure to one of the seven natural water recreational sites listed above. If clinicians suspect leptospirosis in a patient, they should initiate treatment with antibiotics (e.g., doxycycline or penicillin) prior to receiving results of diagnostic tests, as earlier treatment is associated with a decrease in duration and severity of disease. For more specifics about antibiotics and dosage, please see CDC's [leptospirosis fact sheet for clinicians](#).

Commercially available tests include:

- Polymerase chain reaction (PCR): a positive result is confirmatory, but a negative result does not rule out leptospirosis.

- In the acute phase of illness, leptospireas are present in the blood (septicemia) for approximately the first 4–6 days of illness. Leptospireas may be shed intermittently in the urine after approximately the first week of illness onset.
- Screening (non-confirmatory) IgM-based serologic assays (ELISA, ImmunoDot): serologic test results may be falsely negative early in the course of the disease.
 - Antibodies to leptospireas develop between 3-10 days after symptom onset, thus any serologic test must be interpreted accordingly. Negative serologic test results from samples collected in the first week of illness do not rule out disease. Repeat serologic testing on convalescent-phase samples collected 7-14 days after the first testing.

Samples can be sent to the Centers for Disease Control and Prevention (CDC) for confirmatory testing (PCR and confirmatory serologic testing by the microscopic agglutination test). Send all specimens through the state/territorial public health department, unless authorized to send directly to CDC. Specimen submission instructions are available at CDC’s Zoonoses and Select Agent Laboratory website (https://www.cdc.gov/ncezid/dhcpp/bacterial_special/zoonoses_lab.html).

It is best to submit as many specimen types as possible (both in terms of type of body fluid and collection date within illness progression). Recommended specimens based on collection timing:

- Acute-phase illness (first week): whole blood and serum
- Convalescent-phase illness (after first week): serum, with or without urine

Leptospirosis is a nationally notifiable disease. Clinicians should report leptospirosis cases to their local/state health department according to their state’s disease reporting requirements.

For More Information

1. Leptospirosis diagnosis and management
<https://www.cdc.gov/leptospirosis/index.html>
2. CDC leptospirosis fact sheet for clinicians
<https://www.cdc.gov/leptospirosis/pdf/fs-leptospirosis-clinicians-eng-508.pdf>
3. Leptospirosis chapter in CDC Health Information for International Travel (Yellow Book)
<https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/leptospirosis>
4. Travel health notice on leptospirosis cases:
<https://wwwnc.cdc.gov/travel/notices/watch/leptospirosis-israel>
5. New CDC “Think Travel” posters to remind clinicians and patients about the importance of travel history
<https://wwwnc.cdc.gov/travel/page/infographics-travelers#thposters>
6. CDC-INFO
<https://www.cdc.gov/cdc-info/index.html> or 1-800-232-4636
7. CDC Emergency Operations Center (EOC)
770-488-7100
8. CDC’s Bacterial Special Pathogens Branch
bspb@cdc.gov or 404-639-1711