National Special Pathogen System (NSPS) Resources for New York State

April 7, 2025

PREPARE. PROTECT. RESPOND.

Agenda

Agenda Item	Facilitator	Time
National Special Pathogen System (NSPS) Overview	Laura Hillard	15 min
HPAI Signs & Symptoms	Andrew Wallach, MD	5 min
Identify, Isolate, and Inform Best Practices	Andrew Wallach, MD	10 min
Region 2 Patient Transport Concept of Operations (CONOPs) Review	Deb Sottolano, PhD Laura Hillard	10 min
NSPS Resources	Laura Hillard	5 min
Q & A	All	20 min

Introductions

Andrew Wallach, MD, FACP
Ambulatory Care Chief Medical Officer | NYC Health + Hospitals (NYC H+H)

Laura Hillard MA
Regional Preparedness Director | Region 2 Regional Emerging Special Pathogen Treatment Center at NYC H+H /Bellevue

Debra Sottolano, PhD, MBA
Emergency Preparedness Consultant

New York's Need for Special Pathogen Preparedness

- 20+ million residents
- 3 international airports
- 150+ million travelers a year
- 2 international shipping ports
- 3 international cruise ports

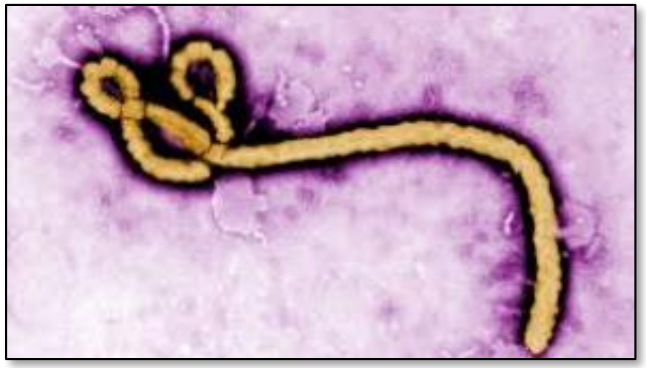
National Special Pathogen System (NSPS) Overview

PREPARE. PROTECT. RESPOND.

High Consequence Infectious Disease (HCID)

HCIDs, also known as "special pathogens", include the following characteristics:

- *Acute infection*
- *Pathogen with high morbidity and/or mortality*
- *May be difficulty to recognize and detect rapidly*
- *Pathogen with high likelihood of secondary cases (person-to-person spread)*
- *No effective vaccine, prophylaxis or treatment*
- *Requires enhanced individual, population, and systems response*



Sources: UK Health Security Agency; https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

NSPS Overview

What is the NSPS?

The National Special Pathogen System (NSPS) is a tiered System of Care with four facility levels (e.g., Level 1, Level 2, Level 3, Level 4) that have increasing capabilities to care for suspected or confirmed patients with High Consequence Infectious Diseases (HCIDs).

NSPS Mission, Vision, & Goals

Mission

To develop a coordinated network of high-quality special pathogen care dedicated to protecting patients, communities, and the health care workforce in the United States.

Vision

To save lives and protect the health care workforce through an agile and comprehensive special pathogen system of care.

ASPIRATIONAL GOALS

2 hours

Network Mobilization

after suspected special pathogen infection

100%

Have Access

to high-quality special pathogen care for all of the U.S. population

Zero

Preventable Deaths

after special pathogen infection

Evolution of the NSPS

The NSPS evolved from an earlier tiered system – the Regional Ebola Treatment Network (RETN) – which was stood up in response to the 2014 Ebola outbreak. Since then, the NSPS has grown and shrunk based on active emergency responses, but current efforts aim to make the NSPS more sustainable.

Ebola Outbreak

COVID-19 Pandemic

2014 | **2015** | **2018** | **2020** | **2021** | **2022+**

In response to Ebola, ASPR established the **RETN** with **10 RESPTCs** and established the National Ebola Special Pathogen Training and Education Center **(NETEC).**

In addition to the RESPTCs, **SPTCs and Assessment Centers** were established to provide more access to care facilities.

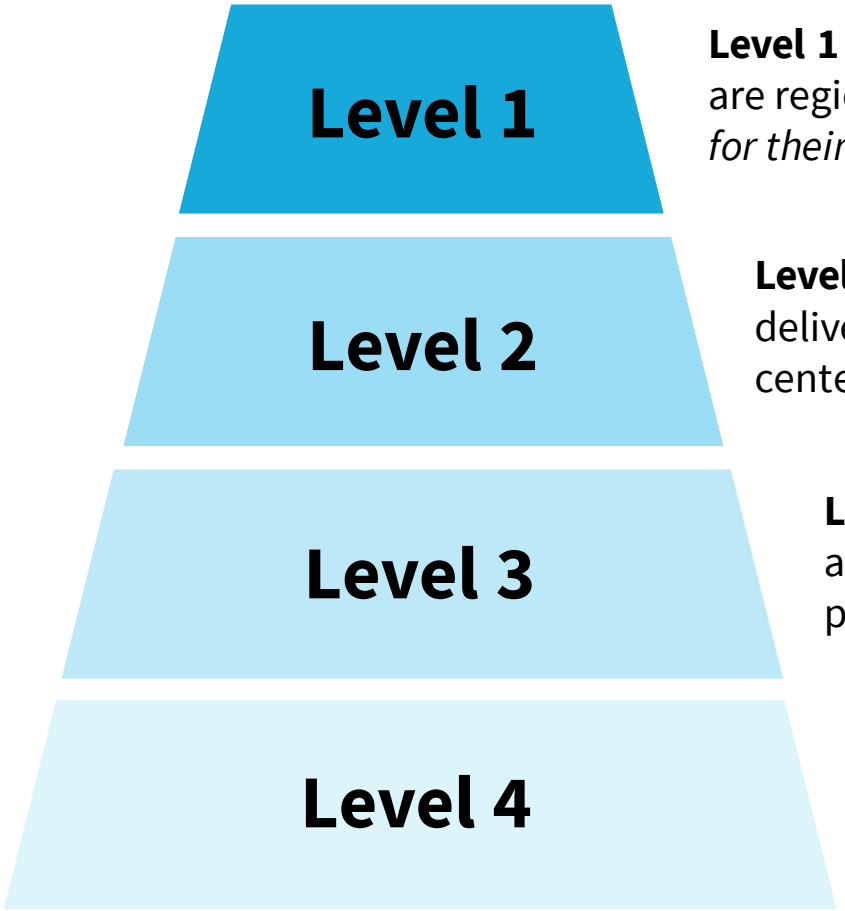
In response to COVID-19, ASPR **rebranded** the RETN to become the NSPS, and expanded its mandate to include all special pathogens.

NETEC rebranded in 2019 to the National Emerging Special Pathogen Training and Education Center, inclusive of all special pathogens.

To expand the tiered system for special pathogen response, ASPR tasked NETEC with developing the **NSPS Strategy** for a more coordinated system.

NETEC continues to lead the **NSPS Strategy Implementation** which includes developing the NSPS System of Care minimum capabilities for each Level and providing coordination support.

The Tiered System of Care



Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

Level 4 facilities, or All Other Healthcare Facilities, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Components of the NSPS

The NSPS is made up of a four-level tiered System of Care

Level 1 – *Regional emerging special pathogen treatment center and hub*

Level 2 – *Special pathogen treatment center*

Level 3 – *Assessment center*

Level 4 – *All healthcare facilities*

The NSPS Coordinating Body is led by NETEC and provides *services to* NSPS facilities such as…

Education & Training

Consultation and Assessment

Special Pathogen Research Network (SPRN)

International Partnerships & Programs

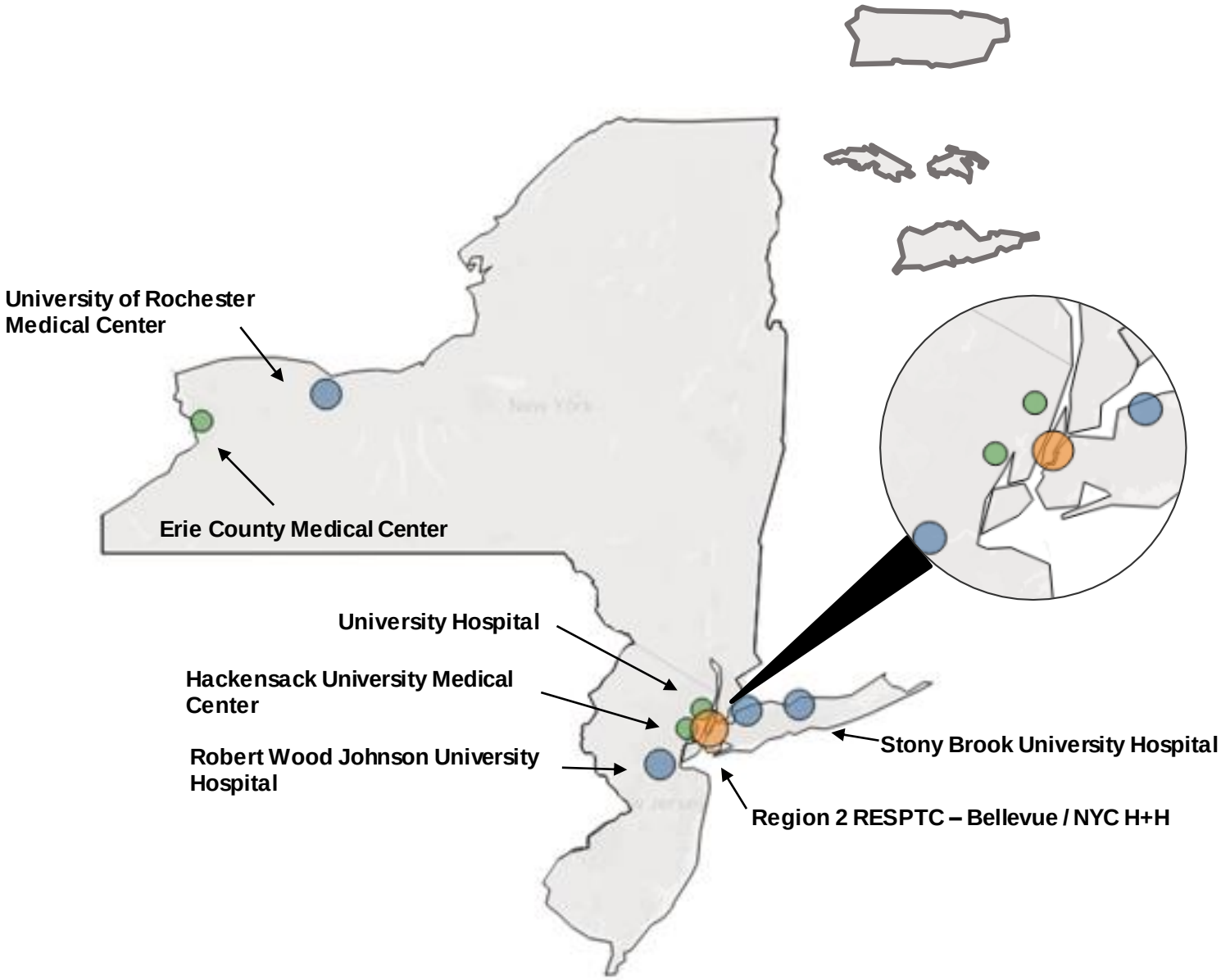
Additional partners, such as EMS and public health, are essential for the coordination of the System

NSPS Facilities in HHS Region 2

Legend

- Level 1
- Level 2
- Level 3

Data was last updated Nov 2024



NSPS REGION 2 RESPTC | NYC HEALTH+ HOSPITALS Bellevue

Bellevue's Infectious Disease History

1794 — **Yellow fever and smallpox** epidemics occur almost yearly. In preparation for a feared yellow fever epidemic, the City turns Belle Vue farm into a two-story Belle Vue Hospital.

1832 — Bellevue treats over 2,000 cases of **Asiatic Cholera**

1847 — NYC struck by the Great **Typhus Epidemic;** 60-80 victims arrive daily.

1866 — Bellevue physicians are instrumental in developing **New York City's sanitary code**, the first in the world.

1900 — Walter Reed, a Bellevue graduate, leads the US Army Yellow Fever Commissions which confirms **yellow fever** is transmitted by mosquitoes.

1903 — Dr. James Alexander Miller develops the Bellevue Chest Service to combat **tuberculosis**.

1918 — The **Influenza epidemic** strikes NYC. Bellevue treats 3,000 cases. The TB boat is converted to a flu hospital.

1985 — Bellevue opens the first **AIDs** program in a NYC public hospital.

2014 — Bellevue is one of three US hospitals to safely treat a patient with **Ebola**.

2020 — Bellevue plays a vital role in NYC's **COVID-19 response.**

2022 — Bellevue leads national response to **mpox.**

NSPS REGION 2 RESPTC | NYC HEALTH+ HOSPITALS Bellevue

Bellevue's Special Pathogens Program

BELLEVUE HOSPITAL TREATS ALL PATIENTS – REGARDLESS OF THEIR ILLNESS OR THEIR ABILITY TO PAY.

BELLEVUE'S SPECIAL PATHOGEN PROGRAM INCLUDES:

- **Ability to activate within 1 hour** of notification
- Capacity for **4 viral hemorrhagic fever** patients OR **10 novel respiratory** patients
- Advanced **critical care** capabilities
- Fully **trained, multidisciplinary staff**
- **A lab** on the same floor that provides diagnostic testing
- **In-house autoclave** for HCID waste processing

HPAI A(H5N1) Clinical Presentation

Andrew B. Wallach, MD, FACP

PREPARE. PROTECT. RESPOND.

Goals

- Understand the **signs and symptoms** of HPAI
  - Recognize the **exposure risks** for HPAI
- Understand the **clinical course** of HPAI and how to decrease one's risk

Clinical Presentation: Signs and Symptoms

- Uncomplicated upper respiratory tract signs and symptoms with or without fever, including influenza-like illness (ILI)
  - Fever (temperature of 100ºF [37.8ºC] or greater) or feeling feverish
  - Cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue
- **Eye redness (or conjunctivitis)**
- Shortness of breath or difficulty breathing
- *Less common signs and symptoms are diarrhea, nausea, or vomiting*
- *Remember that fever is not always present- especially in persons aged 65 years and older or people with immunosuppression*

Clinical Presentation: Signs and Symptoms

Table 2. Clinical Characteristics of and Outcomes in 45 Case Patients with Highly Pathogenic Avian Influenza A(H5N1) Virus Infection Who Had Exposure to Infected Animals.*

Variable	Exposure to Poultry (N=20)	Exposure to Dairy Cows (N=25)	Overall (N=45)
Signs and symptoms			
Conjunctivitis — no. (%)	19 (95)	23 (92)	42 (93)
Measured fever or feeling feverish — no. (%)	12 (60)	10 (40)	22 (49)
Respiratory symptoms — no. (%)†	9 (45)	7 (28)	16 (36)
Cough	3 (15)	5 (20)	8 (18)
Sore throat	7 (35)	6 (24)	13 (29)
Shortness of breath	3 (15)	4 (16)	7 (16)
Myalgia — no. (%)	11 (55)	8 (32)	19 (42)
Headache — no. (%)	11 (55)	9 (36)	20 (44)
Fatigue — no. (%)	6 (30)	4 (16)	10 (22)
Nausea — no. (%)	6 (30)	0	6 (13)
Vomiting — no. (%)	1 (5)	1 (4)	2 (4)
Diarrhea — no. (%)	2 (10)	0	2 (4)
Clinical constellations			
Status with respect to conjunctivitis — no. (%)			
Conjunctivitis only	4 (20)	11 (44)	15 (33)
Conjunctivitis plus any respiratory symptom	8 (40)	6 (24)	14 (31)
Conjunctivitis plus any nonrespiratory symptom	7 (35)	6 (24)	13 (29)
Only nonconjunctival symptoms	1 (5)	2 (8)	3 (7)
Symptoms still present at time of interview — no. (%)	2 (10)	7 (28)	9 (20)
Median no. of days with symptoms (range)‡	2.0 (1.0–8.0)	5.0 (2.0–7.0)	4.0 (1.0–8.0)
Oseltamivir treatment — no. (%)	18 (90)	21 (84)	39 (87)
Median no. of days between symptom onset and treatment (range)§	1.0 (0–8.0)	2.5 (0–8.0)	2.0 (0–8.0)
Median no. of days of oseltamivir treatment (range)¶	5.0 (3.0–10.0)	5.00 (5.0–10.0)	5.0 (3.0–10.0)
Hospitalization — no.	0	0	0
Death — no.	0	0	0

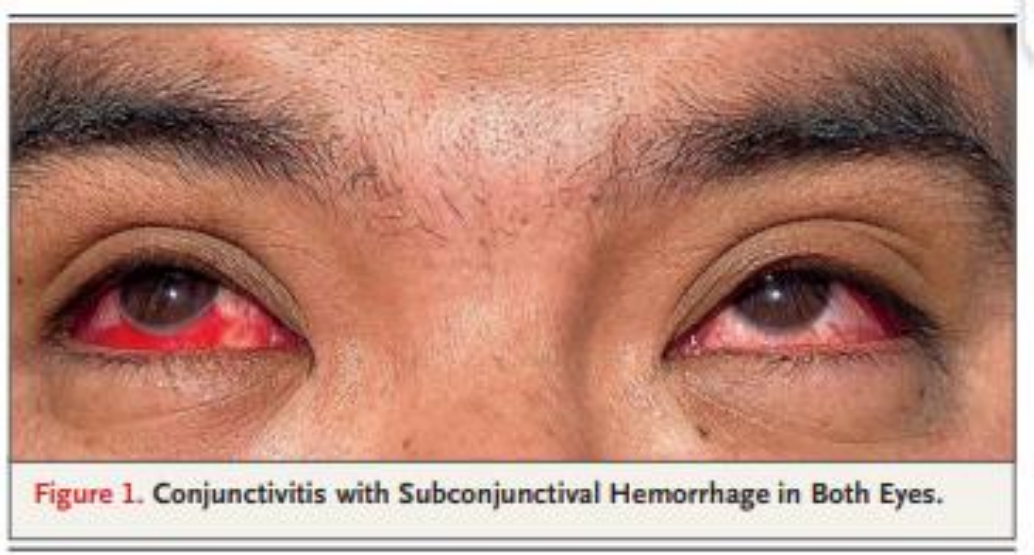


Figure 1. Conjunctivitis with Subconjunctival Hemorrhage in Both Eyes.

- 2024 Dec 31. doi: 10.1056/NEJMoa2414610. Online ahead of print. https://pubmed.ncbi.nlm.nih.gov/39740051/

Clinical Presentation: Epidemiologic Link

- Diagnosis should be strongly considered in those with these signs and symptoms and a relevant exposure history

- Contact with potentially infected sick or dead birds, livestock, or other animals within 10 days before symptom onset (e.g., handling, slaughtering, defeathering, butchering, culling, preparing for consumption or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk or other unpasteurized dairy products)
- Direct contact with water or surface contaminated with feces, unpasteurized(raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals; and
- Persons who have had prolonged exposure to potentially infected birds or other animals in a confined space

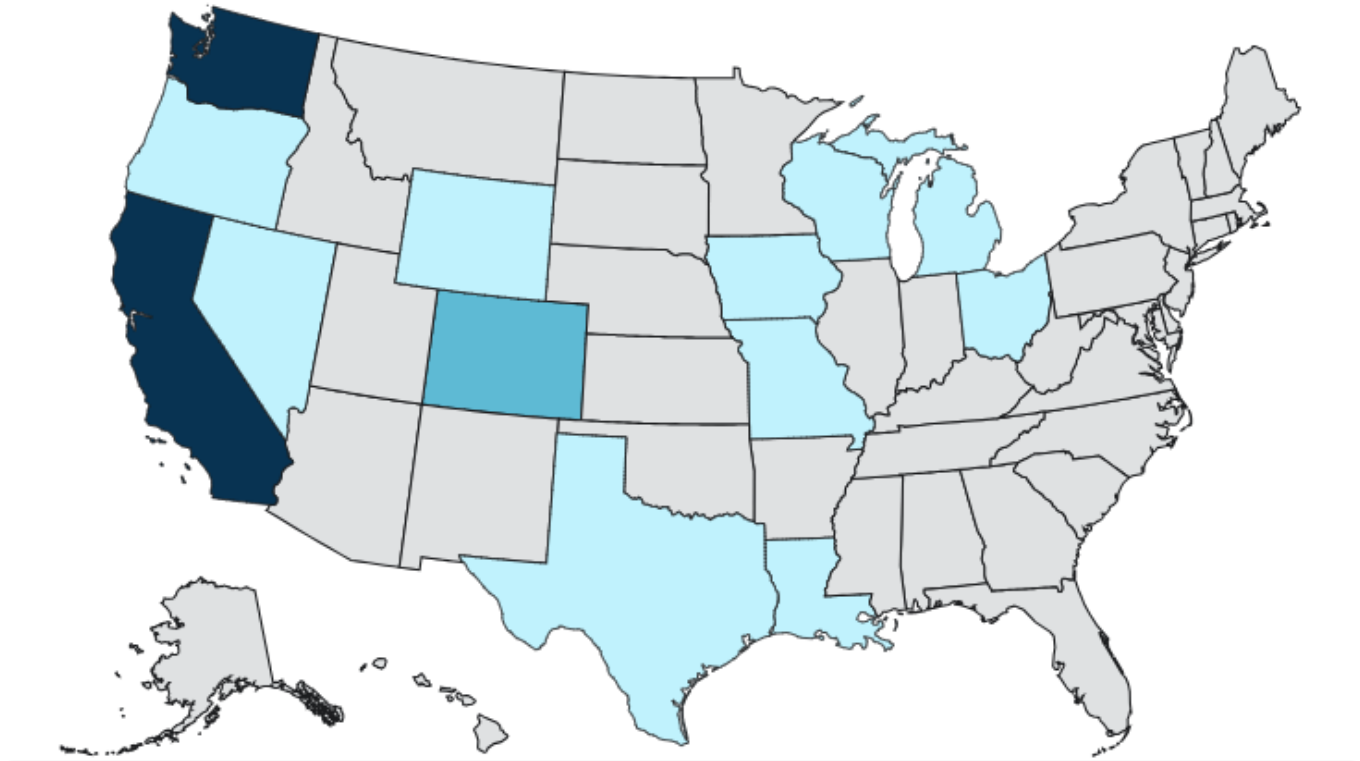
Exposure Source

National Total Cases: 70

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
2	Other Animal Exposure†
3	Exposure Source Unknown‡

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

*Exposure Associated with Commercial Agriculture and Related Operations
†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals
‡Exposure source was not able to be identified



Total cases

0 | 1-5 | 6-10 | >10

Download Data (CSV)

Clinical Course

- Most human cases in the United States have been mild
- Most were in people who had known exposure to sick or infected animals
- The time from when a person is exposed and infected to when respiratory symptoms begin is about three days but can range from about 2 to 7 days
- Eye symptoms can occur 1 to 2 days after exposure and infection
- Illness typically lasts from a few days to up to 2 weeks
- People are thought to be most contagious during the first few days of illness

Prevention

- ❑ *Overall risk in the United States remains LOW*

- ❑ Best way to prevent bird flu is to avoid sources of exposure
- ❑ Avoid direct contact with sick or dead wild birds, poultry, and other animals and observe them only from a distance
- ❑ Wear recommended personal protective equipment (PPE)
- ❑ Do not touch surfaces or materials (e.g., animal litter or bedding material) contaminated with saliva, mucous, or animal feces from wild or domestic birds or other animals
- ❑ Do not touch or consume raw milk or raw milk products

Prevention

- PPE

PROTECT YOURSELF FROM H5N1 BIRD FLU

HIGH EXPOSURE SETTINGS

Wear personal protective equipment in milking parlors

H5N1 bird flu is a virus that could make you sick if you breathe it in or if it gets in your eyes, nose, or mouth. You can also get sick if you touch your eyes, nose, or mouth after touching contaminated surfaces, clothing, skin, or hair. Wear personal protective equipment (PPE) when in contact with or around animals confirmed or potentially infected, including dairy cows, or confirmed or potentially contaminated raw milk, surfaces, or other items. You may need more PPE than what you use for your normal duties. Your employer should provide the recommended PPE at no cost. **Ask your supervisor if you have questions about what type of PPE to wear or when or how to use it.**

RECOMMENDED PPE TO PROTECT AGAINST H5N1 BIRD FLU

- **Head cover or hair cover**
- **Safety goggles**
- **Optional face shield over the top of goggles**
- **NIOSH Approved® particulate respirator (such as an N95®)**
- **Sleeved apron that keeps you dry**
- **Disposable gloves with optional outer work gloves**
- **Boot covers or boots**

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

CS351866-G

SCAN TO LEARN MORE →

- https://www.cdc.gov/bird-flu/prevention/farm- workers.html

Identify, Isolate, and Inform

Andrew B. Wallach, MD, FACP

Goals

- ❑ Understand the **Identify, Isolate and Inform/Initial Management** strategy for preventing the transmission of infectious agents in healthcare settings
- ❑ Begin to formulate/finalize your facility's plan based on the example provided

Strategy

- **Identify**
  - Universal screening of signs and symptoms
    - Fever (> 100.4° F or 38.0° C), rash and/or cough
    - **Now, also conjunctivitis (AKA 'pink eye')**
  - Travel history

- **Isolate**
  - Appropriate personal protective equipment (PPE)
    - Hand hygiene
    - Surgical mask (patient)
    - N95 respirator (staff)

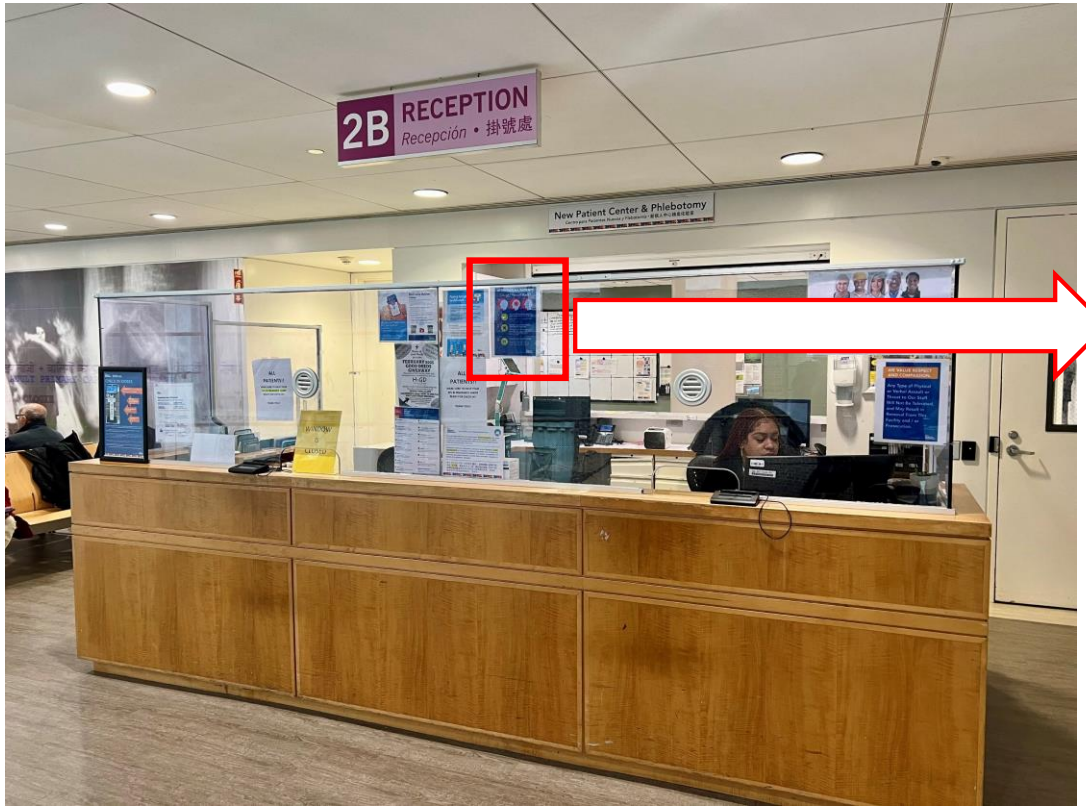
Strategy

- **Isolate**
  - Airborne infection isolation room (AIIR)
    - Preferably with a bathroom
    - *Alternatively, private room with viewing window and a covered bedside commode*
    - Minimize exposures to patient to minimize potential transmission
  - Equipment cart
    - PPE
    - Signage
    - Log book
    - Communication device (e.g. Intercom, phone, push-to-talk, etc.)

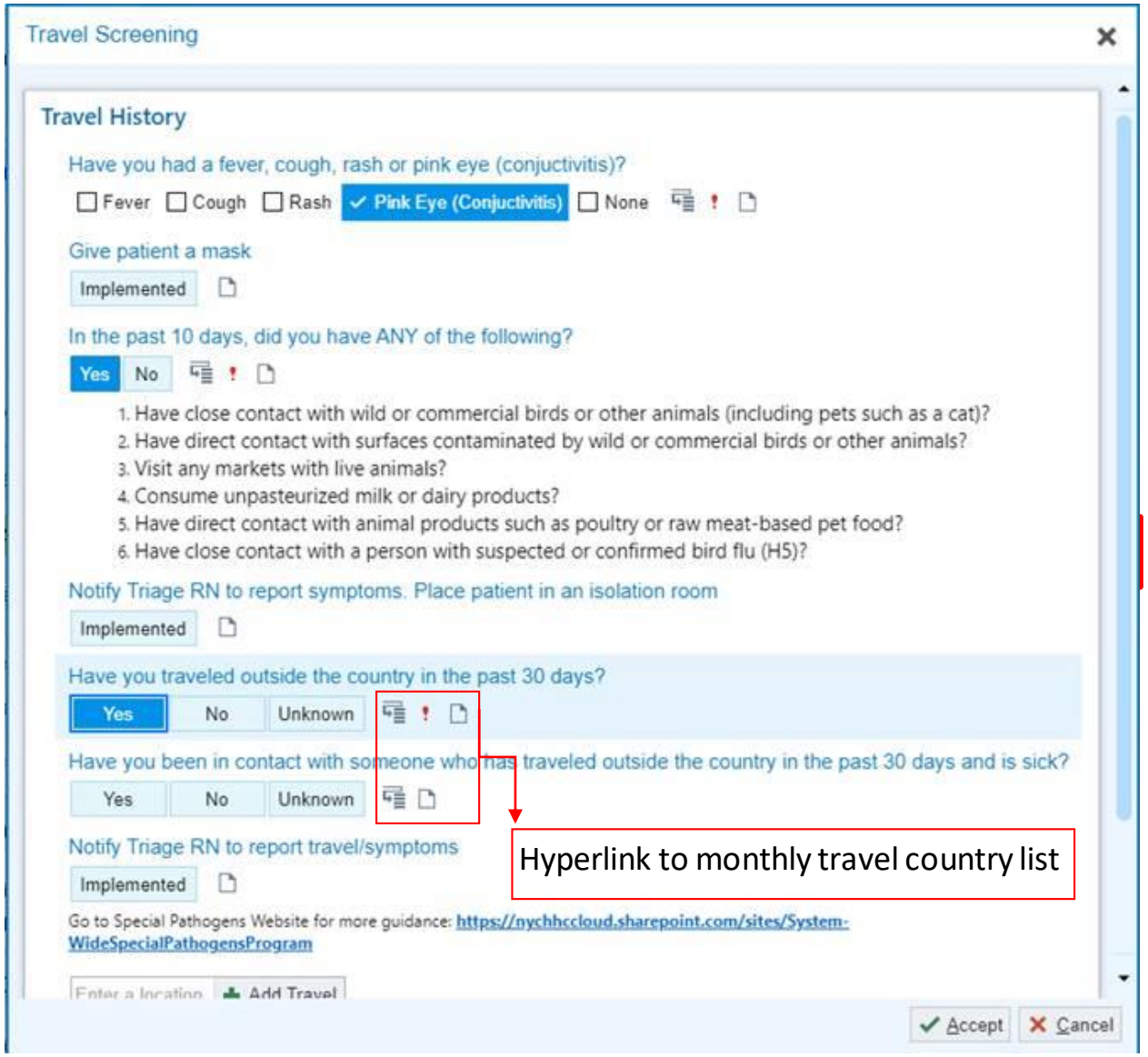
Strategy

- **Inform/Initial Management**
  - Inform
    - Internal communication
      - Infection prevention and control team/local leadership
    - External communication
      - Local health department
  - Initiate management
    - Preliminary patient assessment
    - Complete history
    - Treatment (as needed/available)

Identify: Signage



Identify: Symptom and Travel Screening



Identify: Travel Screening

- Travel country list

NYC HEALTH+ HOSPITALS | SYSTEM-WIDE SPECIAL PATHOGENS PROGRAM

NYC HEALTH+ HOSPITALS | EMERGENCY MANAGEMENT

NSPS REGION 2 RESPTC | NYC HEALTH+ HOSPITALS Bellevue

Travel Screening Country List – January 2025

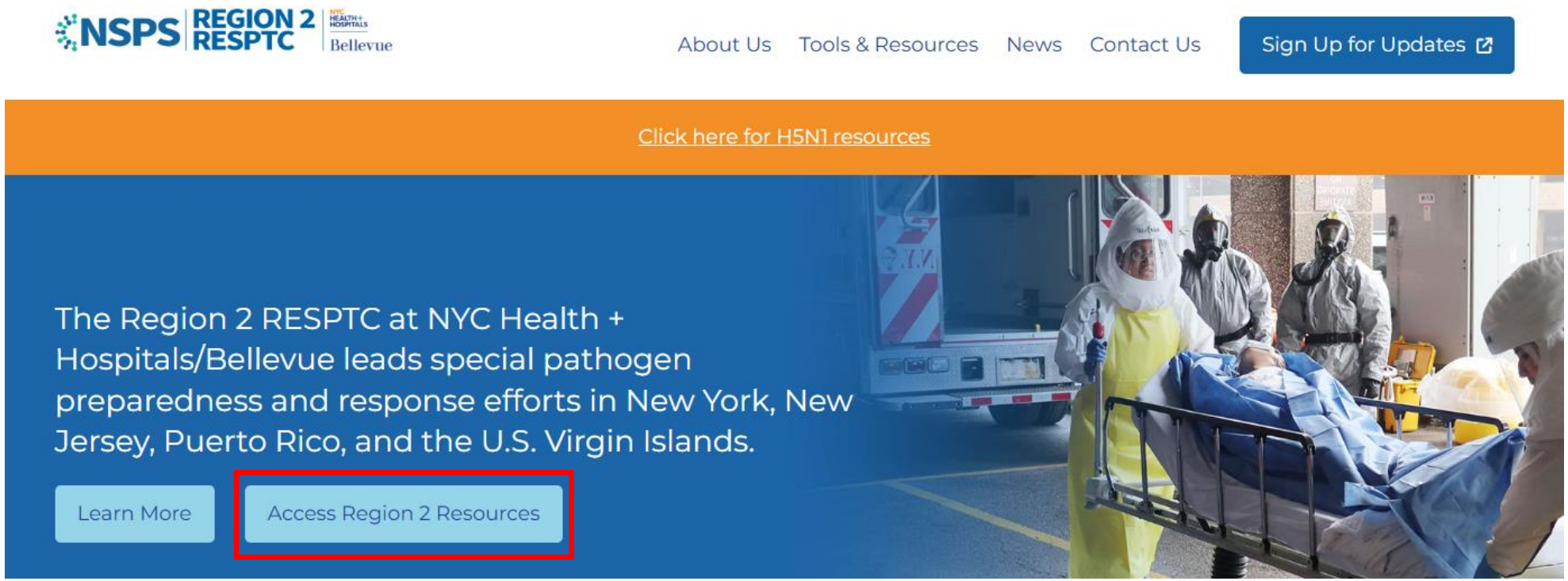
This document is not meant to be an exhaustive list but is focused on select, current special pathogen disease outbreaks that require prompt identification, isolation and/or specialized evaluation and management.

Country	*Diseases with Active Cases*	*Surveillance Window (max time from exposure to symptom onset)*	*Case Definition and Guidance*	*PPE/Precautions*
Numerous Countries • Belgium • Burundi • Democratic Republic of the Congo • France • Republic of the Congo • Central African Republic • Germany • Kenya • Oman • Pakistan • Rwanda • Uganda	MPox, Clade Ia & Ib	21 days	Mpox Clinician Fact Sheet	Special Pathogens Level 1
Nigeria	Lassa Fever	21 days	Lassa Fever Clinician Fact Sheet	Special Pathogens Level 2 VHF
Recent Health Alerts/Advisories		***General Notes and References for Local & National health alerts/advisories***		
NYC/NYS	Influenza Pertussis (whooping cough)	As of December 18, 2024, New York State Department of Health Declares Flu Is Prevalent Across the State, requiring health care workers who have not received this year's flu vaccine to wear masks in certain health care settings to avoid exposing sick patients and those most vulnerable to complications of the virus. There has been a statewide increase in pertussis cases in 2024 with approximately 1,544 cases reported from January 1, 2024, to December 2, 2024, in New York State (excluding New York City); in comparison, 593 pertussis cases were reported in 2023 in New York State (excluding New York City). Over fifty percent of the cases reported this year occurred among individuals 10-19 years of age, almost all of whom were vaccinated. Healthcare providers should consider pertussis in the differential diagnosis of patients presenting with a prolonged cough illness, regardless of vaccination		

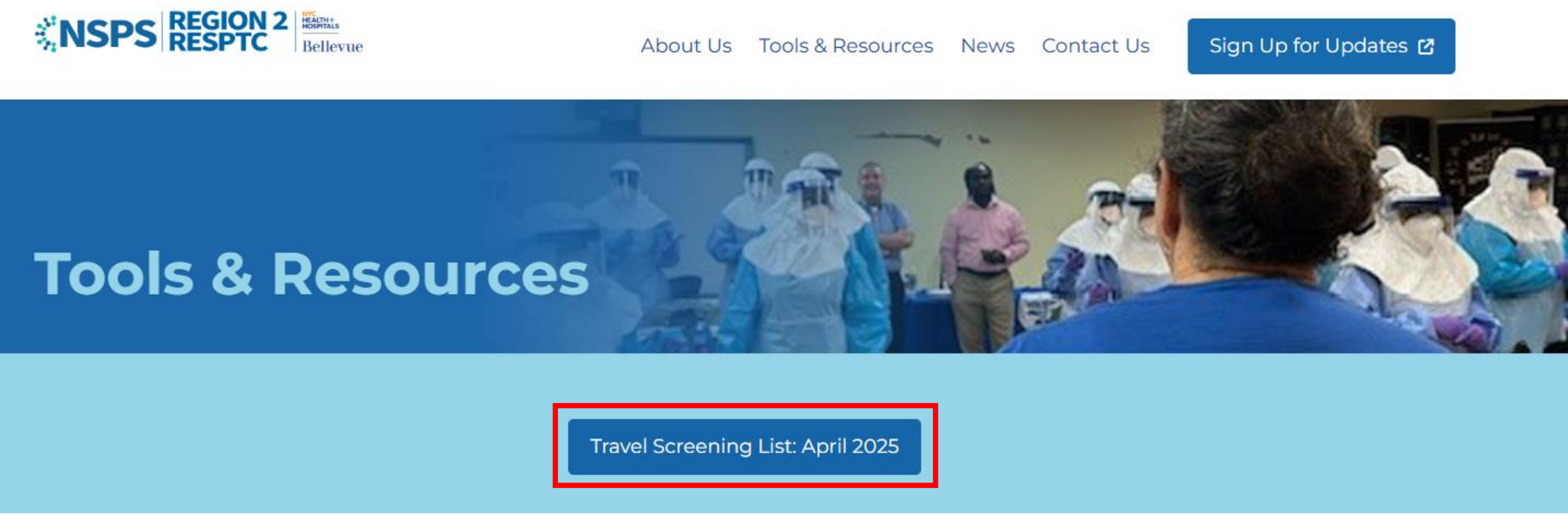
Developed by NYC Health + Hospitals System-wide Special Pathogens Program

Accessing the Monthly Travel Screening List

- Travel country list
  - Access via our website- R2RESPTC.org

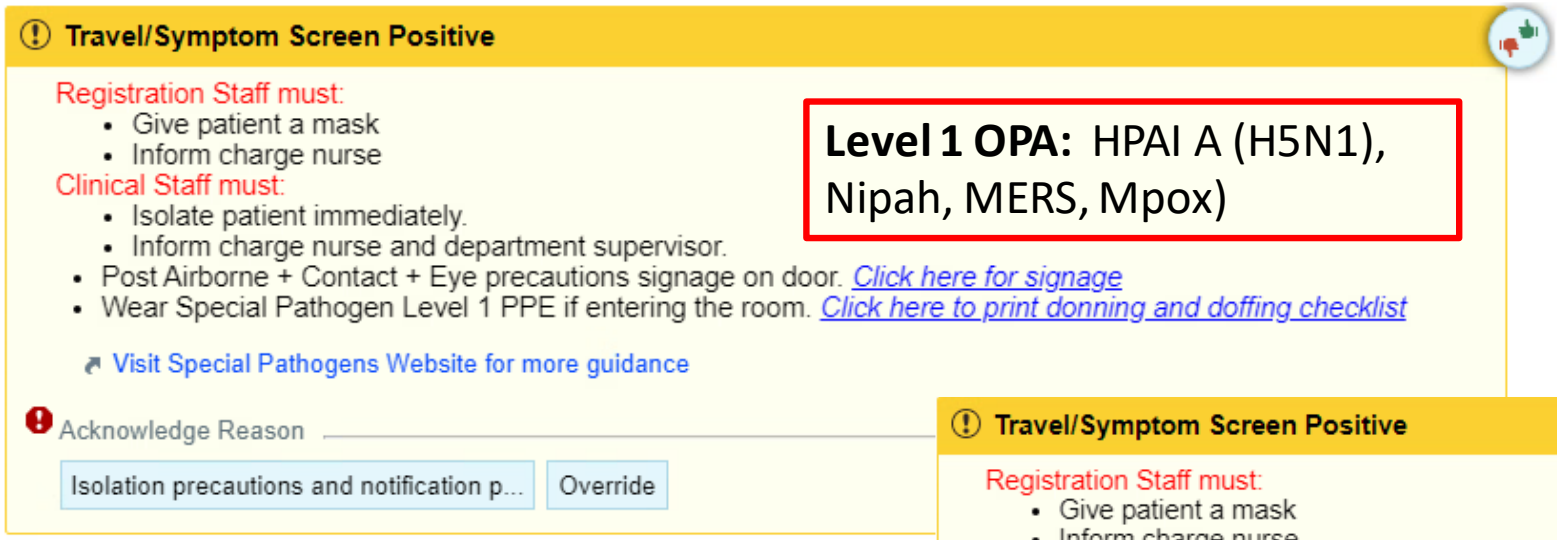


Accessing the Monthly Travel Screening List

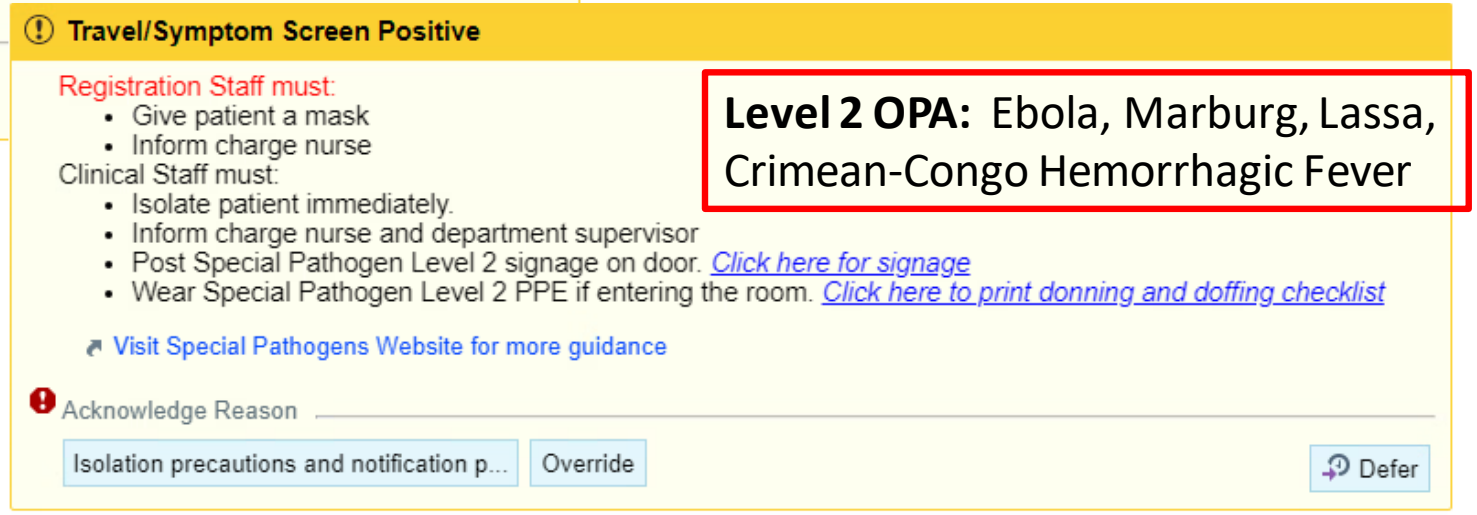


Identify: Embedded EMR Decision Support

- OurPractice Advisory (OPA)
  - A reminder or warning that appears in the clinician's workflow



Level 1 OPA: HPAI A (H5N1), Nipah, MERS, Mpox)



Level 2 OPA: Ebola, Marburg, Lassa, Crimean-Congo Hemorrhagic Fever

Provider Prompt: H5N1/Influenza A Screening

4. **Influenza Test Results**

BPA 1: Test of Influenza

Test the patient for influenza using the Cepheid or LIAT testing since patient has compatible symptom(s) AND risk factors for potential H5N1 (bird flu)

If patient is **positive** for Flu A, call NYC DOHMH Provider Access line: 866-692-3641 to discuss case and request H5N1 testing (send out test)

If patient is **negative** for Flu A, proceed as usual.

Ensure patient is on airborne precautions and all staff entering patient room are wearing N95 respirator, gloves, isolation gown and eye protection

- If **negative** for Flu A, proceed as normal (no BPA required)
- If **positive** for Flu A, fire a BPA 2 that states:

Provider Prompt: H5N1/Influenza A Screening

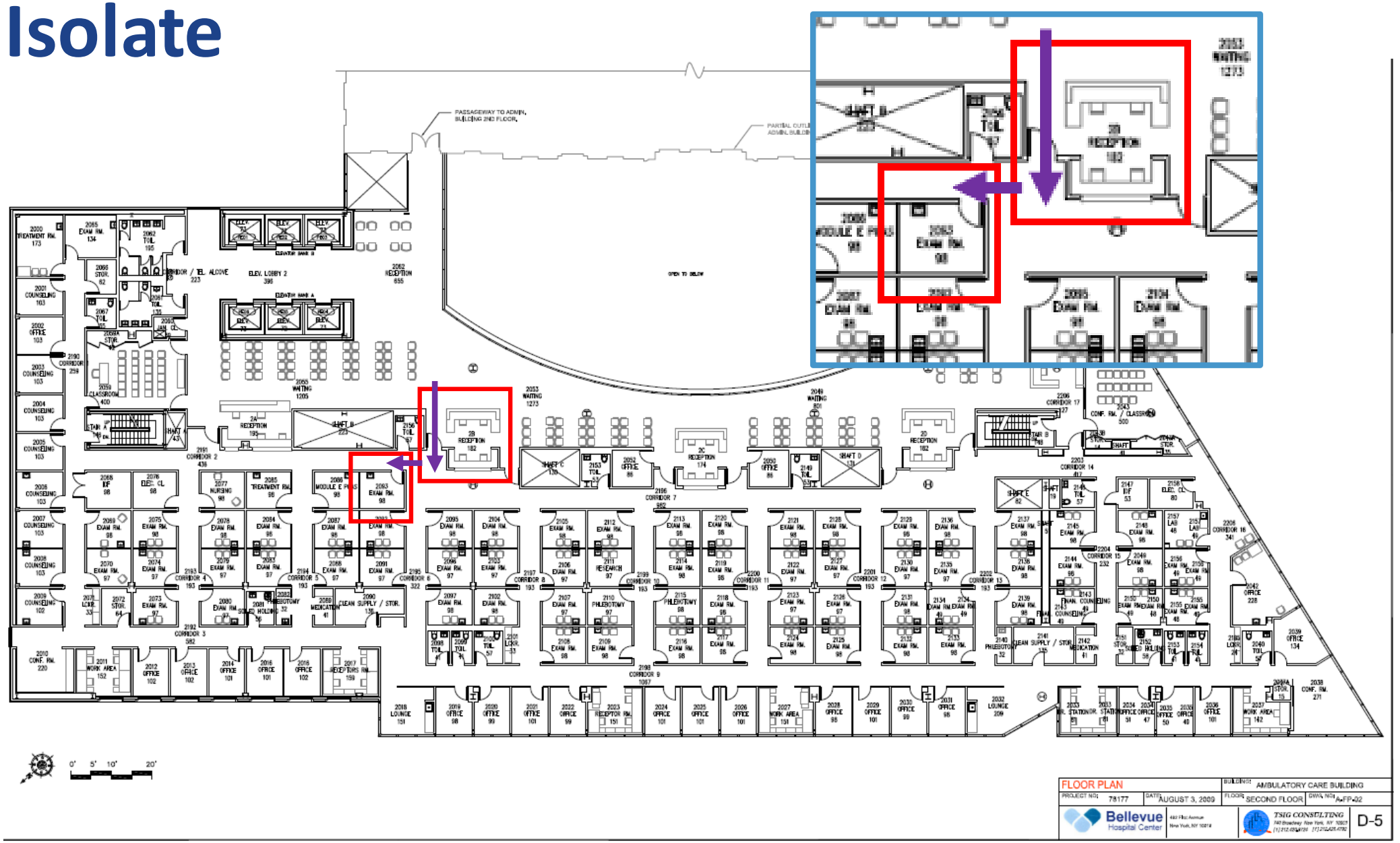
BPA 2: Influenza A Positive

Patient is positive for Influenza A and has compatible symptom(s) AND risk factors for potential H5N1 (bird flu)

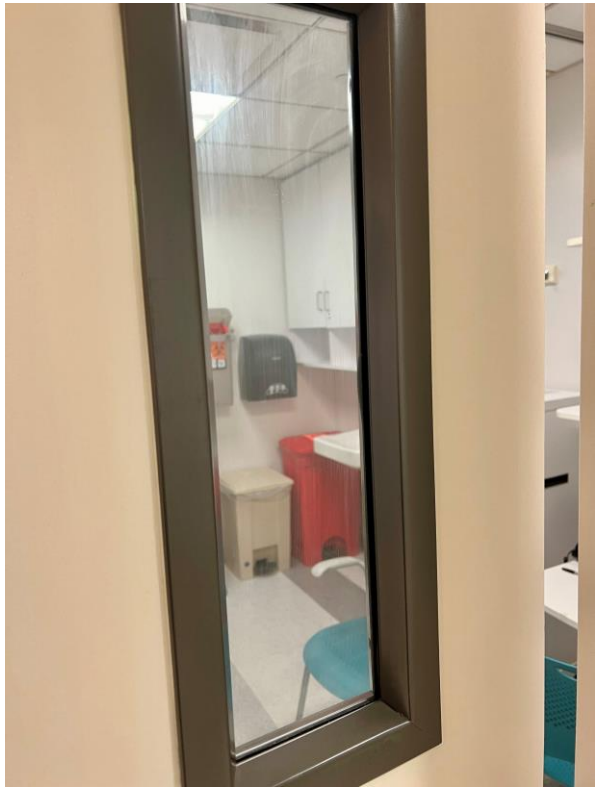
Call NYC DOHMH Provider Access line: 866-692-3641 to discuss case and request H5N1 testing (insert EPIC order #)

Ensure patient is on airborne precautions and all staff entering patient room are wearing N95 respirator, gloves, isolation gown and eye protection

Isolate

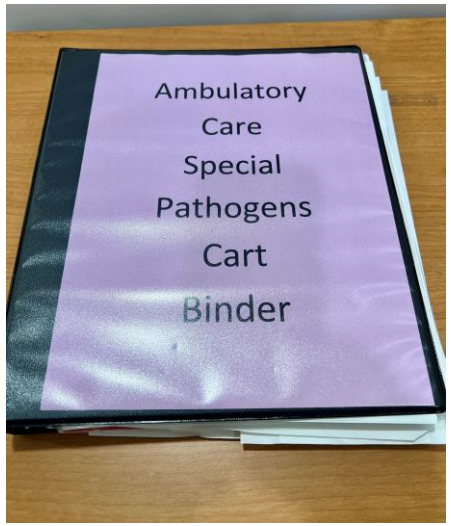

FLOOR PLAN
AMBULATORY CARE BUILDING
SECOND FLOOR
AUGUST 3, 2009
Bellevue Hospital Center
TSIG CONSULTING
D-5

Isolate



Isolate


Ambulatory
Care
Special
Pathogens
Cart
Binder


Ambulatory
Care
Special
Pathogens
Cart
Binder

Isolate

SPECIAL PATHOGENS LEVEL 2

All staff must report to the nurse station before entering this room.

Place patient in an Airborne Infection Isolation Room (AIIR). If AIIR is not available, place patient in a private room with a portable HEPA filter. Keep the door closed.

Staff must maintain a log when entering and exiting this room.

Perform hand hygiene.

Staff must wear SP Level 2 PPE:

- Surgical gown
- N95 respirator
- 2 pairs extended cuff gloves
- Face shield
- Shoe covers
- Hood
- Apron

Ensure a trained healthcare worker is present to observe PPE donning and doffing. Use dedicated single use disposable supplies.

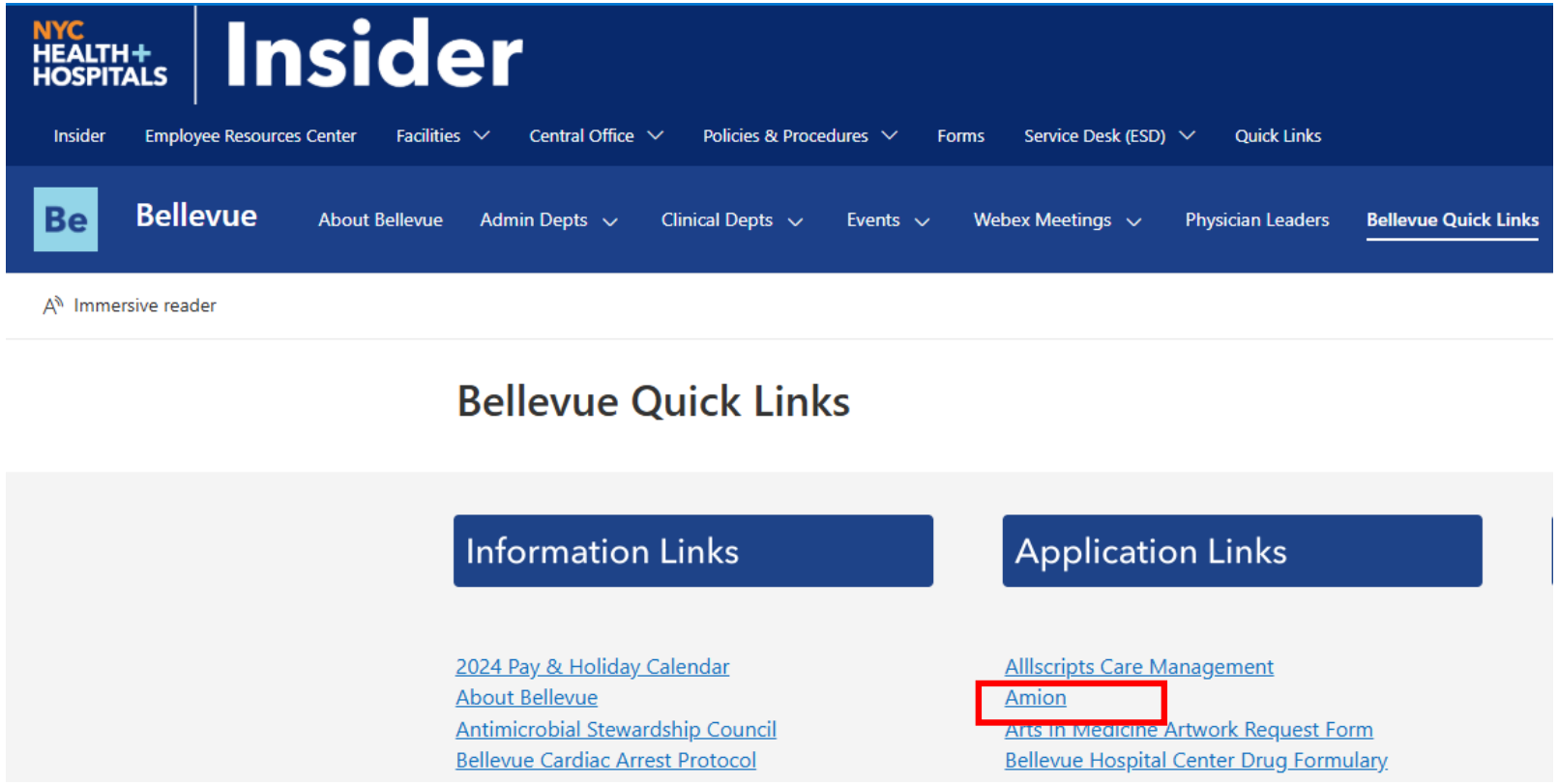
Keep waste and used patient care equipment in room until guidance on handling and disposal is provided.

2023
For Emergency Departments and Outpatient Settings

NYC HEALTH+ HOSPITALS

Inform/Initial Management

- Internal communication



Inform/Initial Management

- Internal communication

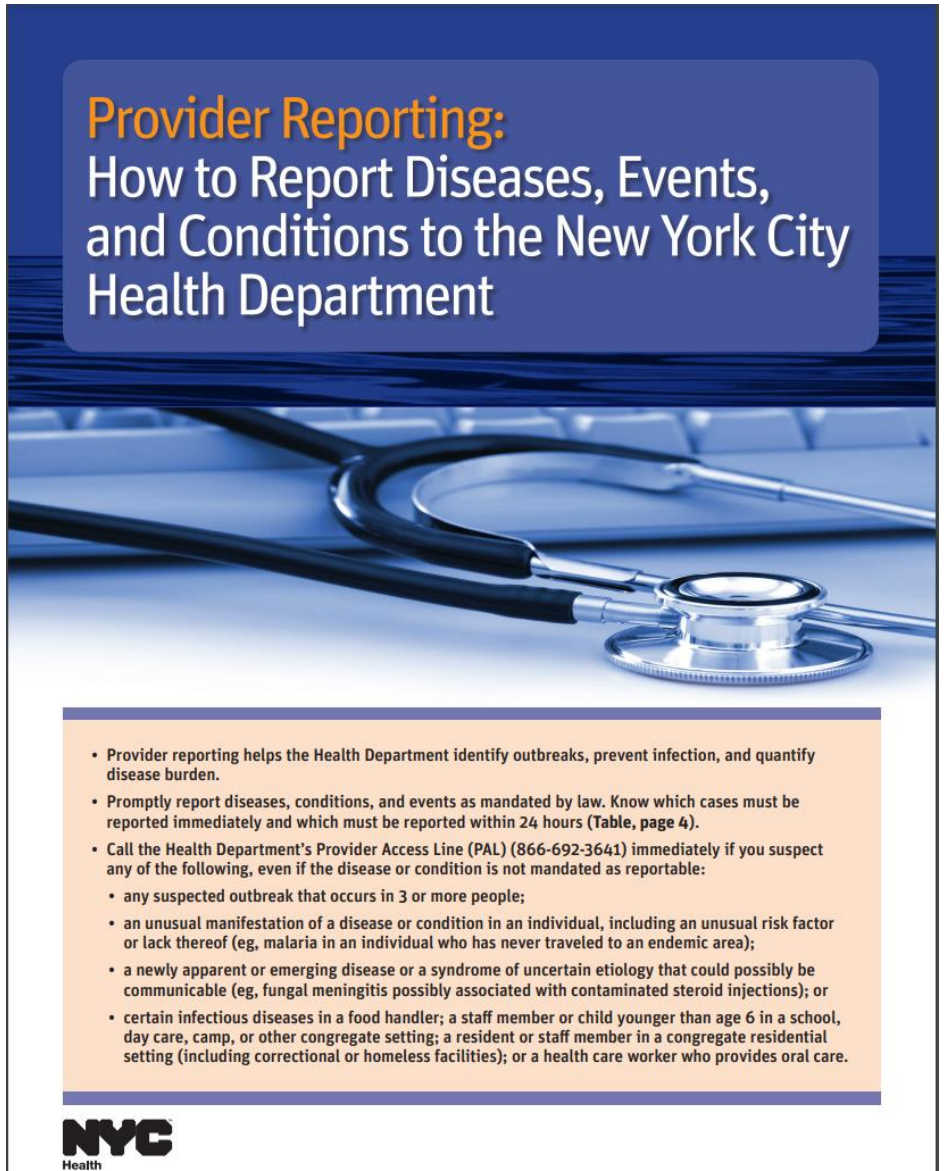
	BH + VA 2nd Call Attending	5p-8a	Sattler, Lindsey	Attendings	
Hem/Onc	BH - Evening & Weekend Call - 1st Call - Fellow	8a-8a	Fiocco, Constance	Fellow	
	BH - Evening & Weekend - 2nd Call - Attending	6p-8a	Papazoglu, Cristian	Attending	
	BH - Hematology Consults - Attending	8a-6p	Papazoglu, Cristian	Attending	
	BH - Medical Oncology Consults - Attending	8a-6p	Papazoglu, Cristian	Attending	
Infectious Disease	BH- Bellevue Inpatient Consult (24hrs)	8a-8a	Bellevue Consult iPhone	Bellevue consult iPhone	
	BH - On-Call Hospital Epi & IPC (24hrs)	7a-7a	Malik, Waleed	Attending	332-
Interventional Radiology - TH, BH, BK, VA	Urgent/Emergent Consults only 7pm to 8am, For non-urgent consults please page during daytime hours (after 8am)				
	BK+TH+VA+BH+LOH - On Call (FIRST CALL)	8a-8a	Janet Shum	IR Fellows	
	BK+TH+VA+BH+LOH - On Call (PERT and Trauma)	8a-8a	Beatriz Escobar	Attending	
	BK+BH - Trauma Backup	8a-8a	Amir Noor	Attending	
	For BH daytime consults, weekdays 8am-4pm, please call ext. 3181				

External Communication

- ❑ Notify the appropriate health department promptly if avian influenza A(H5) virus infection is suspected, probable, or confirmed
  - ❑ For people residing in NYC: Call the NYC Health Department's Provider Access Line (PAL) at 866-692-3641
  - ❑ For people residing outside NYC: Call the NYS Department of Health at 518-473-4439 or 866-881-2809 after hours and the local health department where the individual resides

Inform/Initial Management

- External communication



Current Guidance

- CDC Health Advisory January 16, 2025

- Test for seasonal influenza A in hospitalized patients- especially those in an ICU- with suspected seasonal influenza or novel influenza A virus infection
- For those who tested positive for Influenza A, if the initial diagnostic test does not subtype [e.g., identify A(H1) and A(H3)], order an influenza A subtyping diagnostic test within 24 hours of admission

Influenza A Subtyping

- Hospital clinical laboratory
- Commercial clinical laboratory
- Public health laboratories, if seasonal influenza A subtyping is not feasible through in-house or commercial testing

- If preliminary seasonal influenza subtyping yields an unsubtypeable result, samples should be promptly submitted to a public health laboratory for further characterization and potential H5 testing
  - For people residing in NYC-> NYC PHL
  - For people residing outside of NYC-> NYS Wadsworth

Q&A

Region 2 High Consequence Infectious Disease Concept of Operations

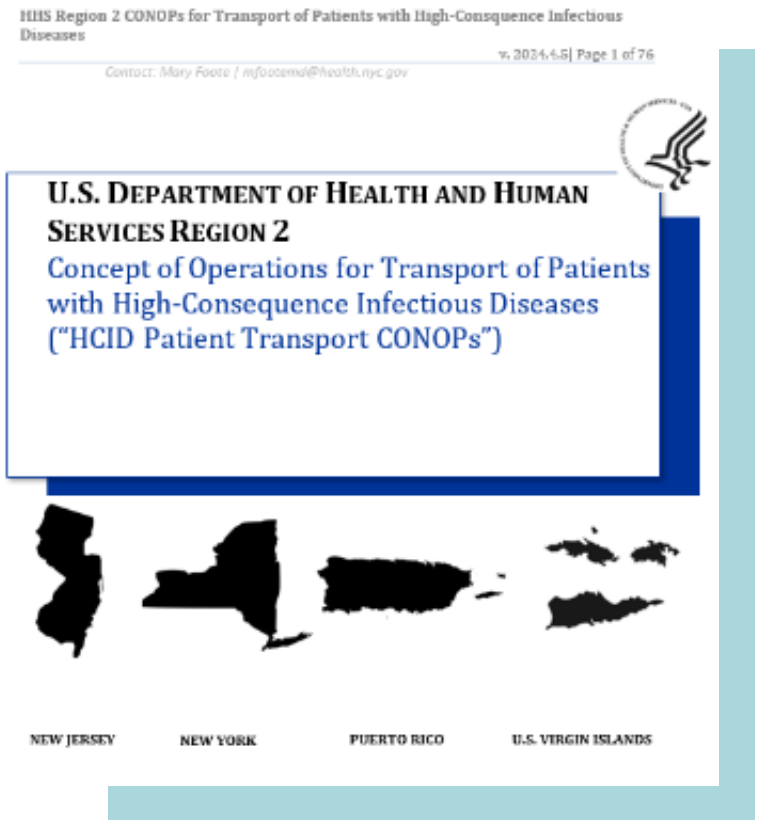
PREPARE. PROTECT. RESPOND.

The Region 2 HCID Patient Transport Plan

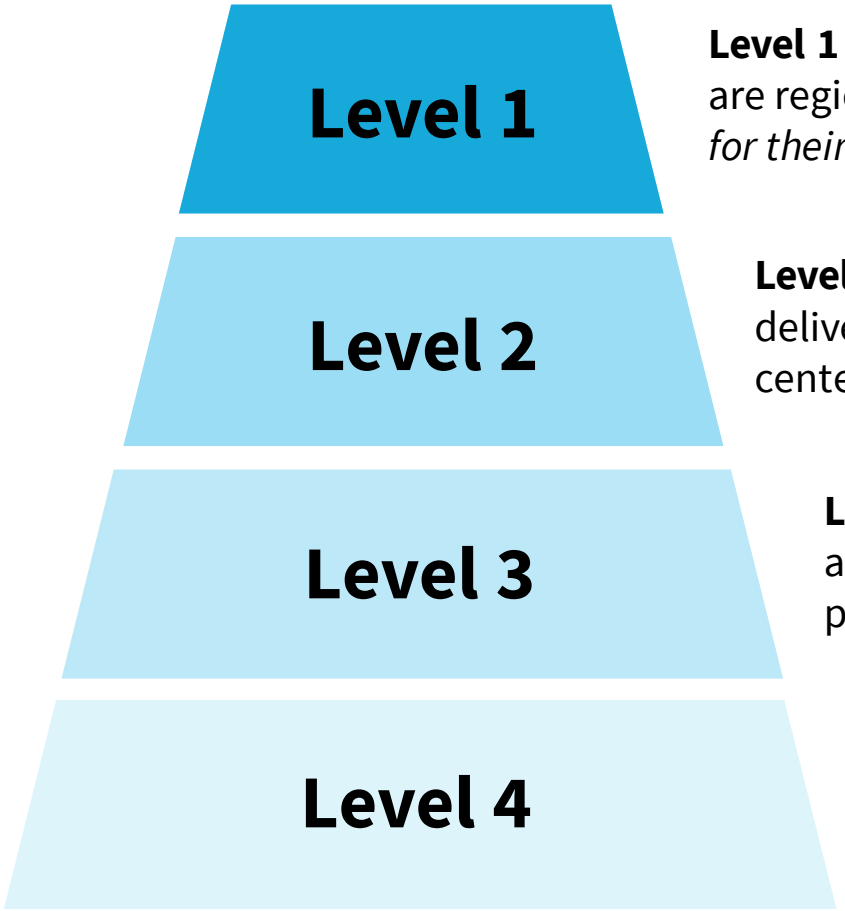
A Concept of Operations (CONOPs) "presents a clear picture of the sequence and scope of the **planned emergency response**, what should happen, when, and at whose direction" (FEMA)

The HHS Region 2 Transport Plan for High-Risk Patients Under Investigation (PUI) and Patients Confirmed with High-Consequence Infectious Diseases ("HCID Patient Transport Plan")

- ✔ Outlines an HHS Region 2 concept of operations for safely transporting a HCID patient to NYC Health + Hospitals/Bellevue, the R2 RESPTC, or another equipped facility
- ✔ Details cross-jurisdictional considerations and is intended to supplement jurisdiction-specific plans



The Tiered System of Care



Level 1 facilities, or Regional Emerging Special Pathogen Treatment Centers (RESPTCs), are regional resources hubs which provide highly specialized care. *Level 1s care for patients for their duration of illness.*

Level 2 facilities, or Special Pathogen Treatment Centers (SPTCs), have the capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. *Level 2s can care for patients for their duration of illness.*

Level 3 facilities, or Assessment Centers, are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. *Level 3s can care for patients for 12-36 hours.*

Level 4 facilities, or All Other Healthcare Facilities, can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

Region 2 HCID Patient Transport Plan | The Patient Journey to Bellevue

This graphic only illustrates an HCID patient transport to Bellevue. It does not include other transport scenarios.

INITIAL NOTIFICATION | **ARRANGING TRANSPORT** | **FINAL TRANSFER**

Patient presents symptoms

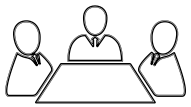
A patient presents at a facility as a high-risk PUI of a high-consequence infectious disease. Samples are sent to the lab.

Facility requests transfer

The facility's capacity or capability is exceeded.

The facility coordinates with their local department of health (DOH) to request a transfer to Bellevue.

Partners approve transfer



NYCDOHMH and Bellevue approve the transfer request. A clinical call coordinates relevant parties to arrange details and ensure the transfer is appropriate.

IS THE PATIENT WITHIN DRIVING DISTANCE?

YES

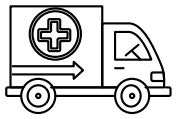
GROUND TRANSPORT

IS THE PATIENT IN NEW YORK CITY OR AT ONE OF THE FOLLOWING FACILITIES?*

- Robert Wood Johnson University Hospital
- Northwell Health | Glen Cove Hospital
- Stony Brook University Hospital

YES → **FDNY transports patient**

FDNY transports from the facility to Bellevue.



NO → **Partners identify EMS agency**

The facility coordinates with their DOH, Bellevue, and NYC DOHMH to identify an appropriate EMS agency.

→ **EMS agency transports patient**

The EMS agency transports from the facility to Bellevue.

NO

AIR TRANSPORT

Partners identify EMS agency

The facility coordinates with their DOH to identify an appropriate EMS agency to transport the patient to the airport.

Partners request aircraft

The sending DOH works with the ASPR REC to request Phoenix Air Group (PAG) aircraft to transport to NYC.

EMS agency and PAG transport patient

The local EMS agency transports the patient to the airport and PAG transports the patient to NYC.

FDNY transports patient

FDNY transports the patient from the airport to Bellevue.

*List of facilities eligible for FDNY transport as of September 2024.

Transfer of a High Risk PUI or confirmed HCID Patient from a Level 4 (Frontline) or Level 3 (Assessment) Hospital, to a NYS SPTC: Stony Brook, RUMC, or the RESPTC at Bellevue.

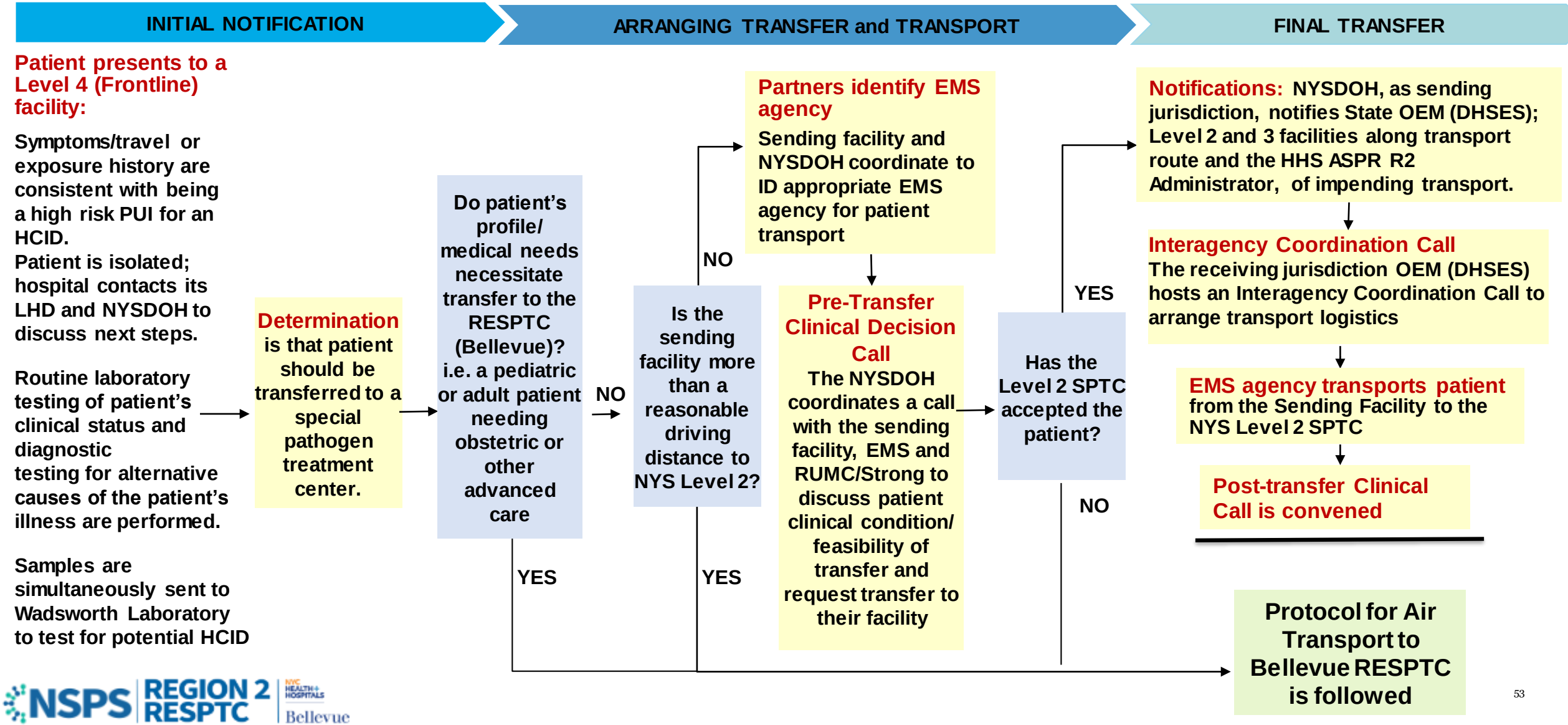
- When a patient that is a high risk PUI for an **HCID presents to a Level 4 or Level 3 hospital**, these types of hospital should **have the capacity to identify, isolate, inform, provide initial stabilizing care**.

- **Rapid transfer of the patient from these facilities to a Level 2 SPTC or Level 1 RESPTC** is needed as soon as possible, as long as the patient's status remains as a high risk PUI or has been confirmed to be a patient with HCID.

- At the current time, **some Level 2 SPTCs are undergoing long-term construction projects** that will enhance their SPTC capacity; therefore **patients near these SPTCs would be transferred directly to Bellevue Hospital** for care.

- Once their construction work is completed, a Level 4 or Level 3 hospital will again be able to **transfer such a patient to the closest of these two Level 2 SPTCs with available capacity or Bellevue**, following the same protocols as described on the **next slide for transfer of a high risk PUI or confirmed HCID patient to a New York State Level 2 SPTC.**

Region 2 HCID Patient Ground Transport Plan to New York State Level 2 Special Pathogen Treatment Center



Review: Roles & Responsibilities for Transfer of High Risk PUI/Confirmed HCID Patient to a NYS Level 2 SPTC

- ✓ **Notifications:** The sending jurisdiction Department of Health (**NYSDOH) notifies:**
  - NYS Office of Emergency Management OEM, i.e., the Division of Homeland Security and Emergency Management **(DHSES)**
  - All NSPS Level 2 and Level 3 **facilities** in NYS
  - the **ASPR** Region 2 Regional Administrator or delegated Regional Emergency Coordinator
- ✓ **Calls:**
  - The receiving jurisdiction Department of Health **(NYSDOH)** hosts a **Pre-transfer Clinical Call** to discuss the feasibility of patient transport
  - The receiving jurisdiction OEM **(DHSES)** hosts an **Interagency Coordination Call** to discuss transport logistics
  - The receiving jurisdiction Department of Health **(NYSDOH)** will host a **Post-transfer Clinical Call** to close the loop with relevant partners, including the sending jurisdiction.

**If the patient is being transported to New York City, NYC agencies (e.g., NYCDOHMH and NYCEM) would host the calls.*

NSPS Resources

NETEC Website

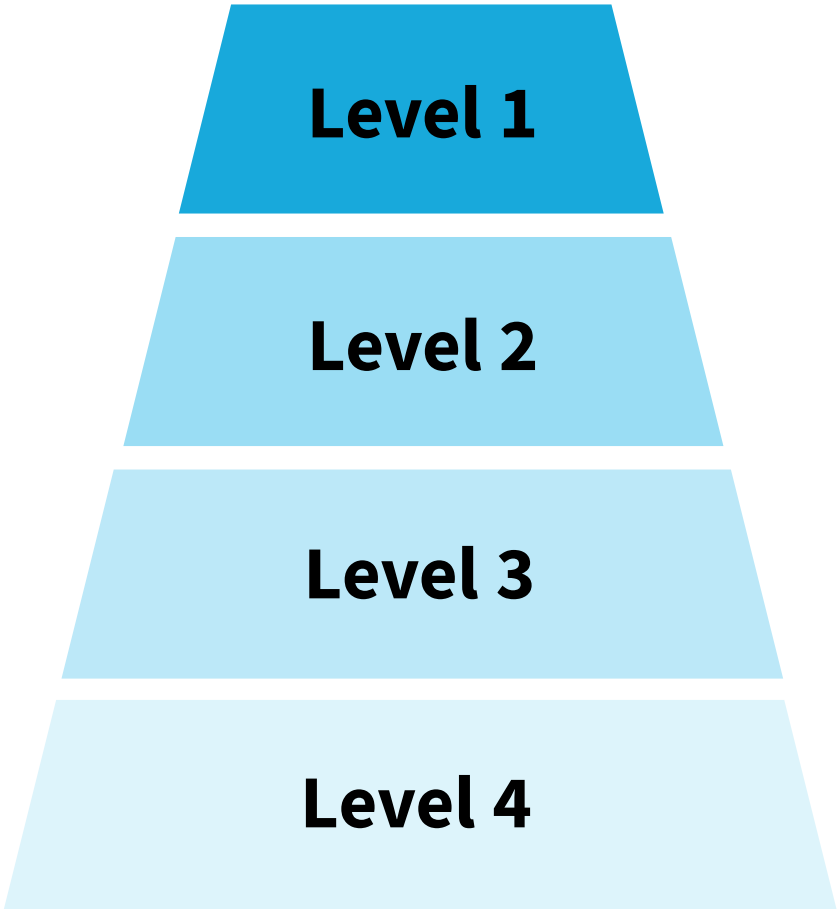
The NETEC team launched a website that serves as a **one-stop shop for national special pathogen preparedness resources**. The website includes:

- ✓ **NETEC and NSPS Introductions**
- ✓ **Educational Materials, Courses & Training**
- ✓ **Consultations & Support Services**
- ✓ **Readiness Assessments**
- ✓ **Research Support**
- ✓ **News**

Scan to visit the website

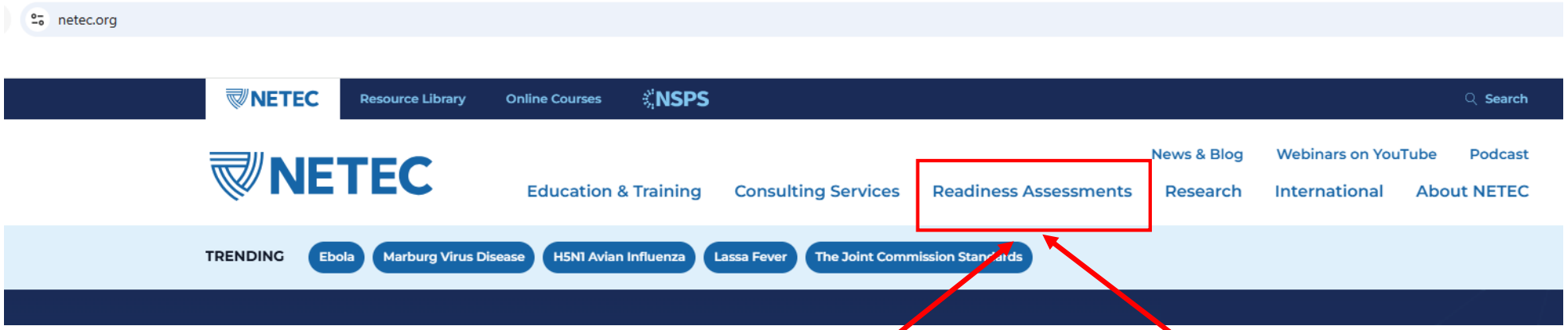
NSPS | REGION 2 RESPTC | NYC HEALTH+ HOSPITALS Bellevue

Potential Level 2 Funding Opportunity



Monitor netec.org in late spring for updates about a potential funding opportunity for facilities to join the NSPS as a Level 2.

Readiness Assessments



Viral Hemorrhagic Fever Checklist for Frontline Health Care Facilities

NETEC developed a checklist for facilities to assess their readiness to identify, isolate, inform, and provide initial treatment for patients suspected or confirmed to have a viral hemorrhagic fever. The checklist guides facilities through a review of their immediate care capabilities and links to resources that will help improve or fill gaps in preparedness.

Complete the Checklist

Now Available!

Hospital Readiness Assessment

Partner with our team of subject matter experts to assess your organization's special pathogen program. Our comprehensive self-assessment is available to hospitals interested in advancing their readiness to respond to special pathogen events. Along with the assessment, we can provide guidance and educational resources to help your team advance its readiness for special pathogen events. Take the self-assessment today!

Region 2 Website

The Region 2 RESPTC team launched a website that serves as a **one-stop shop for special pathogen preparedness resources** in HHS Region 2. The website includes:

- ✓ **About Region 2**
- ✓ **Tools & Resources**
- ✓ **News**
- ✓ **Contact Us Page**

Scan to visit the website

NSPS | REGION 2 RESPTC | NYC HEALTH+ HOSPITALS | Bellevue

Newsletter

The Region 2 RESPTC monthly newsletter includes:

- ✓ **Outbreak advisories and resources**
- ✓ **Event, training, and webinar invitations**
- ✓ **Region 2 partner highlights**

NSPS REGION 2 RESPTC | NYC HEALTH+ HOSPITALS | Bellevue

Thursday, February 27, 2025

February Region 2 RESPTC Newsletter

REGION 2 RESPTC PARTNER COMMUNITY NEWSLETTER

The Region 2 RESPTC at NYC Health + Hospitals/Bellevue serves as a National Special Pathogen System (NSPS) Level 1 facility and leads special pathogen preparedness efforts for New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands. Learn more about RESPTC updates, resources, and partner events here.

SPECIAL PATHOGEN NEWS

The Region 2 RESPTC's Director of Nursing, Trish Tennill, leading skills training in the U.S. Virgin Islands.

H5N1 Avian Influenza

70 cases of H5N1 Avian Influenza have been reported in the U.S including a death of a Louisiana resident from H5N1 avian influe current public health risk remains low and the situation is being Review the recent CDC HAN here.

Sudan Ebolavirus in Uganda

Scan to sign up

FREE SECRET SHOPPER EXERCISES FOR YOUR FACILITIES

- **Bellevue is working to provide free secret shopper exercises**, complete with an After-Action Report, to gauge facilities' preparedness to Identify, Isolate, and Inform at points of entry.
- The results of these exercises will be provided to your facility to **better prepare for a special pathogen patient** presenting to your site.
- The **information will remain private** to you, but you will be given the tools and reports to assess your own readiness and meet regulatory requirements.

If you are interested as we begin to roll out this initiative, please email us at BellevueSPP@NYCHHC.org

Webinar Recordings

Q&A

PREPARE. PROTECT. RESPOND.