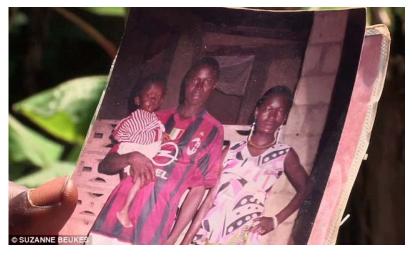


Chapter 1 BEFORE EBOLA

2

The Story of Emile Meliandou, Guinea, December 2013

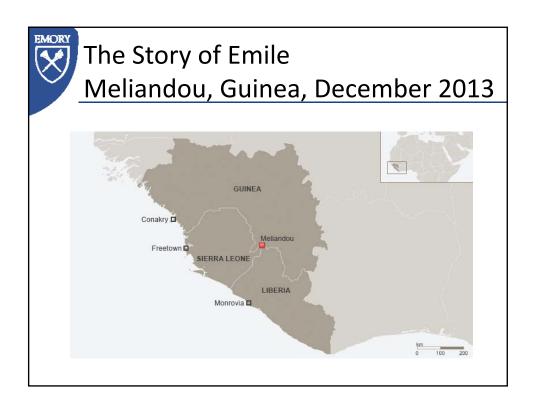


Photograph by Suzanne Beukes, UNICEF

The Story of Emile Meliandou, Guinea, December 2013



AM Saéz et al, EMBO Mole Med 2015



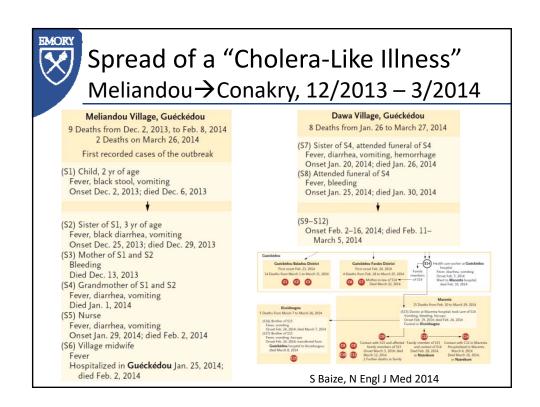


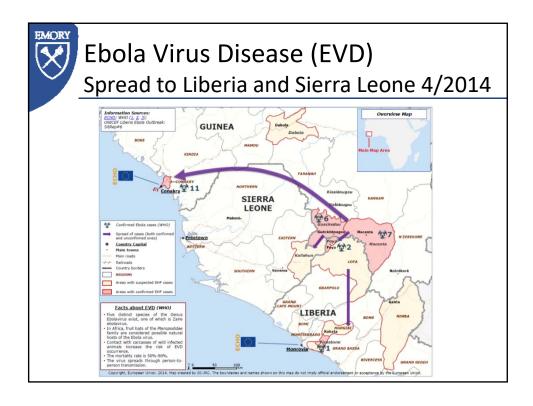


The Story of Emile Meliandou, Guinea, December 2013

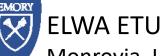


Photograph by Suzanne Beukes, UNICEF









Monrovia, Liberia 6/2014 – 7/2014



Photograph by Bethany Fankhauser, SIM

ELWA ETU Monrovia, Liberia July 2014

- 40 patients with EVD treated
 - 39 of 40 died





- July 22-23: 2 American humanitarians working in the ELWA ETC develop a fever....
 - Initially treated for malaria
 - Laboratory testing confirmed Ebola Virus Disease



Ebola Virus Disease and Emory July 30, 2014

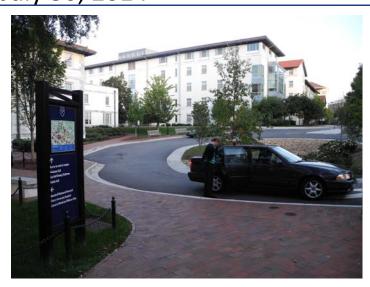
- Emory University Hospital was asked to receive the first patients with confirmed Ebola virus disease to be treated in the United States
- 2 American humanitarians had become infected while working in an ETU in Monrovia, Liberia
 - Patient 1: 33 yo male physician
 - Patient 2: 59 yo female medical missionary
- Expected arrival time unclear but Emory was asked to be ready to receive the 1st patient within 72 hours.

Chapter 2 DURING EBOLA

14



Woodruff Circle, Emory University July 30, 2014





Woodruff Circle, Emory University August 2, 2014





Background: Ebola Virus

- Family Filoviridae
 - Two genera: marburgvirus and ebolavirus
- Enveloped RNA virus
- Five subtypes of Ebola virus
 - Ebola (Zaire; EBOV)
 - Sudan (SUDV)
 - Tai Forest (TAFV)
 - Bundibugyo (BDBV)
 - Reston (RESTV)
- No vaccines/treatments approved for humans
- Case-fatality rates of up to 50-90%

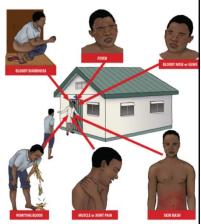


Cvnthia Goldsmith/CDC



Background: Clinical Characteristics of EVD

- Acute infection starts as a nonspecific febrile illness
 - Fever, severe headache, myalgias, malaise → GI symptoms (SEVERE diarrhea and vomiting)
 - May appear 2-21 days after exposure (8-10 days most common)
- Small vessel permeability
 - · Dehydration AND edema
- Most death occur during the 2nd week of illness
- Poor prognosis associated with
 - shock, encephalopathy, extensive hemorrhage (~30%), multi-organ system failure



Developed by CDC



West Africa EVD Outbreak December 2013 – August 2014

- 3,052 cases and 1,546 deaths (as of 8/29/2014)
- Guinea
 - 648 cases
 - 158 deaths
- Sierra Leone
 - 1,026 cases
 - 331 deaths
- Liberia
 - 1,378 cases
 - 866 deaths
- Nigeria: 19 cases and 7 deaths





Ebola Virus Disease (EVD) December 2013 – June 9, 2016

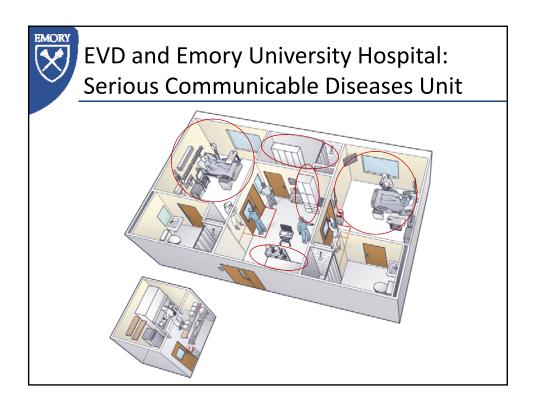
Guinea-Bissau

- 28,616 cases and 11,310 deaths
- Guinea
 - 3,811 cases
 - 2,543 deaths
- Sierra Leone
 - 14,124 cases
 - 3,956 deaths
- Liberia
 - 10,675 cases
 - 4,809 deaths



CDC

- Sporadic cases since Fall 2015: Role of EVD Survivors?
- Italy, Mali, Nigeria, Senegal, Spain, United Kingdom & USA: 36 cases and 15 deaths





The Emory SCDU Team

- 21 ICU Nurses
- 5 ID Physicians







Clinical Care of EVD

No Proven Therapeutics!

- · Unclear availability of experimental agents
- Limited safety or efficacy data in humans
- BUT, Emory received SIGNIFICANT support and advice from CDC, FDA, and medical and scientific colleagues throughout the world

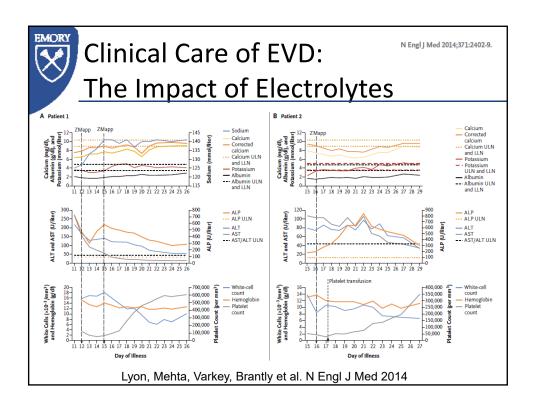
Treatment is "Supportive Care"

- <u>CDC Definition</u>: "Providing IVF, balancing electrolytes, maintaining oxygen and blood pressure and treating other infections"
- A Practical Definition: "Keeping the patient alive long enough for them to develop the antibodies necessary to resolve Ebola viremia"



Clinical Care of EVD: The Impact of Electrolytes

- Our patients had MARKED electrolyte abnormalities and nutritional deficiencies
 - Hypokalemia, hypocalcemia and hyponatremia
 - Required both intravenous and oral replacement
 - Required significant potassium replacement
 - Nutritional supplements (oral and parenteral)
 - Laboratory testing for chemistries was <u>critical</u> to provide supportive care





Ebola Virus Disease: Staff & Environmental Safety

- Personal Protective Equipment
 - Requires <u>Training</u> & <u>Competency</u>
- High viral load in EVD patients
 - 108 virus particles/ml of fluid
- Low infectious dose
 - 0.001 ml of blood
- Frequent cleaning and disinfection CRITICAL for staff and environmental safety
- Environmental samples?
 - NEGATIVE by RT-PCR



Jelden et al Am J Infect Control 2015 and Varkey et al, SHEA 2015 Abstract 7227



Ebola Virus Disease: Staff & Environmental Safety

 All personnel required to enter twice daily temperature and symptom review into an online registry







Environmental Safety: Waste Management

Patient 1: Admitted for 19 days

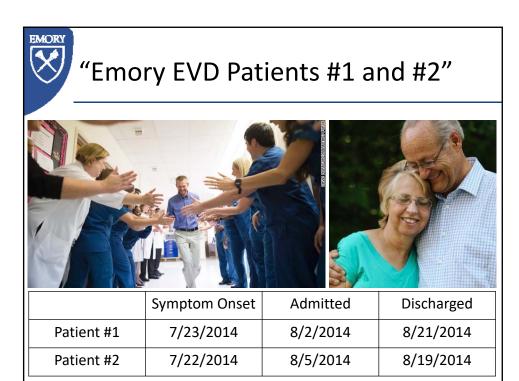
Patient 2: Admitted for 14 days

- Autoclaved 350 bags regulated medical waste
 - Total weight: 3,058 lbs
- Packaged 218 boxes regulated medical waste
- 6 shipments of regulated medical waste were transported for incineration













Hospital Course

Experimental Treatments TKM-100802: Day 3-8

Plasma: Day 8, 9, 11, 12, 14, 15

- -Day 6: Severe gastroenteritis and hepatitis
- -Day 9: Acute kidney injury and respiratory distress
 - -Intubation and Mechanical ventilation
- -Day 11: Cardiac arrhythmias and worsening acidosis
 - -Continuous Renal Replacement Therapy
- -Day 21: Extubated → Delirium
- -Day 29: Improving mental status
 - -Ambulates with assistance
- -Day 35: Dialysis held
 - -Blood tests **negative** for EBOV by RT-PCR
- -Day 40: Discharged home
 - -30 lb weight loss, easy fatigability, proximal muscle weakness + unsteady gait → difficulty ambulating, word-finding difficulties

Kraft Clin Infect Dis 2015 and Connor J Am Soc Nephrol 2015



Follow-Up Visit: 11/14/14

Interval History:

- -Ambulating up to 2 miles daily
- -Occasional word-finding difficulty—markedly improved
- -Gaining weight
- -Hair loss, coming out in clumps
- -Markedly decreased hearing (L > R)
- -Low back pain (worse than baseline)
- -Enthesitis: Bilateral Achilles tendons
- -Occasional blurry vision bilaterally
 - -transient, burning, lasts for few seconds, every few days
 - -referred to Emory Eye Center for further evaluation





Chapter 3 AFTER EBOLA

33

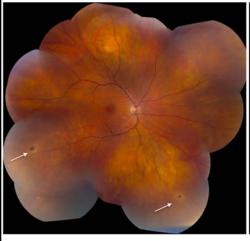


Post-Ebola Syndrome

- Arthralgias and myalgias
- Abdominal Pain
- Extreme fatigue
- Anorexia
- Amenorrhea
- Parotitis
- Unilateral orchitis
- Hair loss
- Hearing loss
- Visual problems

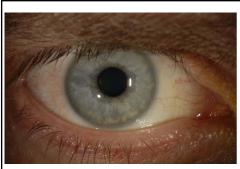


Post-Ebola Syndrome EVD and Visual Problems





Varkey, Shantha, Crozier, Kraft, et al. New Engl J of Med 2015





- 14 weeks after the onset of EVD symptoms and 9 weeks after clearance of viremia, Emory EVD patient #3 developed acute anterior uveitis of L eye:
 - L eye pain, redness, blurry vision and elevated intraocular pressure
 - Etiology? Immune reaction to EBOV antigen or a "new" viral process
- Anterior chamber paracentesis: 100 days after onset of symptoms
 - 170 microliters of aqueous humor sent for RT-PCR
 - POSITIVE for Ebola virus
 - Cycle Threshold: 18.7 (higher than blood during peak viremia)
 - Viable EBOV isolated by viral culture

Varkey, Shantha, Crozier, Kraft, et al. New Engl J of Med 2015



Post-Ebola Syndrome EVD and Visual Problems

- Acute Infection
 - · Bilateral conjunctivitis: Highly predictive
 - Subconjunctival hemorrhage (Rare: Blurry vision and blindness)
- Late complications may develop during convalescence
 - · Incidence is unclear
 - Pathogenesis poorly understood
 - Immunologic reaction to persistent viral antigen OR
 - Direct lytic effect of active replicating virus?
 - Viable virus can persist in the immune privileged tissue of survivors
 - Semen
 - Aqueous humor
 - Other ocular tissue?
 - Other CNS tissue?
 - Cartilage?

Varkey, Shantha, Crozier, Kraft, et al. New Engl J of Med 2015



Emory EVD Patient #3: Surviving Ebola—Twice....

- Decreased visual acuity
- $20/15 \rightarrow 20/60 \rightarrow 20/200 \rightarrow$ Hand motions
- Ocular hypertension → Severe hypotony
- Treatments:
 - · Topical steroids
 - · Topical atropine
 - · Favipiravir (obtained by E-IND)
 - · Periocular triamcinolone



- Current status?
 - 20/15 in 2015!
 - Returned to Sierra Leone—established eye clinic for survivors

Epilogue PREPARING FOR A CRISIS Lessons Learned at Emory

39



Preparing for a Crisis: Lessons Learned BEFORE Ebola

- The Team: Build, Develop and Maintain
 - Nursing, Physicians, Laboratory, EVS
 - · Administrative Support: Unit-Based and C-suite
- The Unit
- Training: Regular and Just-In-Time
- Coordination with Public Health



Preparing for a Crisis: Lessons Learned DURING Ebola

- Clinical Operations
 - Maintain a Culture of Safety
 - Daily Huddle



- Communications
 - Internal
 - External





Communication

- · Primary goal: Educate and allay fears
- Audience: Internal AND external
- Key messages:
 - We have expertise in serious infectious diseases
 - We are trained and prepared for these patients
 - We will protect our patients, our staff and our communities
- Key principle: Act in the best interests of our patients
 - · Maintain confidentiality and respect



Internal Communication

- Understanding the concerns of <u>our hospital staff</u> was critical
 - Twice daily town hall meetings
 - Email updates and FAQ website





- Maintaining honesty and confidence with our other patients
 - Letter given to all patients from CNO and CMO
 - Key leaders rounded on the wards to answer questions



External Communication

I'm the head nurse at Emory. This is why we wanted to bring the Ebola patients to the U.S.

These patients will benefit - not threaten - the country.



By Susan M. Grant August 6

Susan Mitchell Grant, RN, is chief nurse for Emory Healthcare.

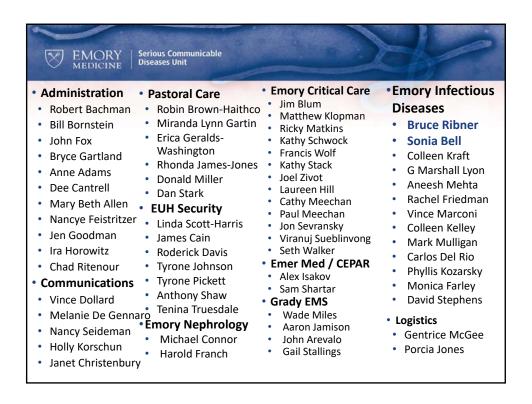
Preparing for a Crisis: Lessons Learned AFTER Ebola

Favipiravir and Ribavirin Treatment of Epidemiologically Linked Cases of Lassa Fever

Vanessa N. Raabe, ^{1,a} Gerrit Kann, ^{2,a} Bruce S. Ribner, ¹ Andres Morales, ³
Jay B. Varkey, ¹ Aneesh K. Mehta, ¹ G. Marshall Lyon, ¹ Sharon Vanairsdale, ⁴
Kelly Faber, ⁵ Stephan Becker, ⁶ Markus Eickmann, ⁶ Thomas Strecker, ⁶
Shelley Brown, ⁷ Ketan Patel, ⁷ Philipp De Leuw, ² Gundolf Schuettfort, ²
Christoph Stephan, ² Holger Rabenau, ⁸ John D. Klena, ⁷ Pierre E. Rollin, ⁷
Anita McElroy, ⁷ Ute Ströher, ⁷ Stuart Nichol, ⁷ Colleen S. Kraft, ^{1,9,a} and Timo Wolf, ^{2,a}; for the Emory Serious Communicable Diseases Unit^b

- SCDU activation March 2016
 - Successful care of a patient with Lassa Fever







Our Patients and Their Families





EVD survivors will help us prepare for the next crisis....



Our Patients and Their Families





EVD survivors will help us prepare for the next crisis....

