



Proposed Update of Patient Placement and PPE Recommendations for Andes and Nipah Viruses (Appendix A)

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Disclaimer: The findings and conclusions herein are draft and have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

Agenda

1. Rationale for Update
2. Review of patient placement and PPE considerations for Andes, Nipah
3. Questions

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Rationale for Update

Rationale

- Recent examples of risk for non-Ebola viral hemorrhagic fever pathogen importation
 - Marburg outbreaks in Equatorial Guinea, Tanzania (2023)
 - Lassa, Crimean Congo Hemorrhagic Fever are often possible diagnoses for ill returning travelers from endemic regions
 - 2 U.S. patients with Nipah on the differential diagnosis (2023)
 - Single imported Andes virus case (person-to-person transmissible hantavirus) in U.S. (2018)

June HICPAC Meeting

- Proposed updates to personal protective equipment (PPE) and patient placement recommendations for Lassa, CCHF, Marburg, and South American Hemorrhagic Fever viruses were approved
 - Same as PPE and patient placement recommendations for Ebola
- Additional clarification requested re: Andes/Nipah recommendations

Patient Placement and PPE Recommendations: Andes and Nipah viruses

Andes Virus

- **Clinical Illness:** fever, chills, headaches, cough, shortness of breath progressing to respiratory failure, coagulopathy, multiorgan dysfunction
- **Mortality:** 30%, no vaccine/treatment
- **Modes of person-to-person transmission:** thought to occur during close and prolonged proximity to case-patients via droplet/aerosolized inhalation or contact
- **Detection in body fluids:** blood/serum/PBMC (PCR; viral isolate), urine (PCR), respiratory samples (PCR), breastmilk (PCR)
- **Documented episodes of occupationally-acquired transmission in healthcare:** Yes, in setting of no or minimal PPE

Andes Virus Patient Placement and PPE

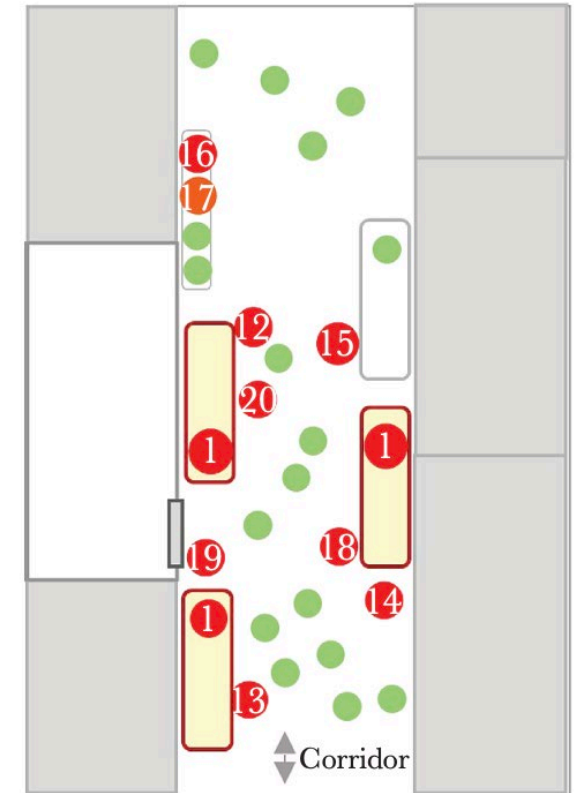
- **Patient Placement:** AIIR
- **PPE:** gown, gloves, eye protection, N95 respirator or higher

Nipah Virus

- **Clinical Illness:** prodromal phase (fever, HA, myalgia, dizziness), respiratory symptoms, vomiting; neurological symptoms within 1 week (coma, hyporeflexia, areflexia, seizures); survivors may have relapse or late-onset encephalitis
- **Mortality:** 40-75%, no vaccine/treatment
- **Modes of person-to-person transmission:** contact with body fluids, especially respiratory secretions; prolonged exposure to case-patients especially those with respiratory symptoms and older age
- **Detection in Body fluids:** Respiratory samples (PCR, viral culture), urine (PCR)
- **Documented episodes of occupationally-acquired transmission in healthcare:** Yes, in setting of no or minimal PPE

5 May

Corridor outside CT room



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Nipah Virus Patient Placement and PPE

- **Patient Placement:** AIIR
- **PPE:**
 - *If suspect Nipah case and clinically stable: gown, gloves, eye protection, N95 respirator or higher*
 - *If suspect Nipah case and clinically unstable (e.g. hemodynamic instability, vomiting) OR confirmed Nipah case regardless of clinical stability: use PPE according to clinically unstable VHF guidance*

Discussion