



One Hundred Thirteenth Congress
U.S. House of Representatives
Committee on Homeland Security
Washington, DC 20515

October 15, 2014

Dr. Thomas R. Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Dr. Frieden:

I appreciate the Centers for Disease Control and Prevention's participation in the House Committee on Homeland Security's hearing, "Ebola in the Homeland: The Importance of Effective Federal, State, and Local Coordination," on October 10, 2014. Since the hearing, two additional cases of Ebola have been diagnosed, raising serious questions about the manner in which Ebola-related guidance to hospitals has been implemented.

As you know, two nurses who treated the first patient diagnosed with Ebola in the United States ("index patient") have recently been diagnosed with the virus. There is no question as to their courage, compassion, or, most importantly, their competence. There are doubts, however, as to whether the infection control protocols utilized were sufficient to protect healthcare workers charged with caring for the index patient and whether healthcare workers were provided sufficient training on those procedures prior to their being asked to take on such a high-risk mission. Moreover, the latest cases involving the two nurses who treated the index patient raise larger questions regarding the sufficiency of infectious disease control practices at hospitals and whether there is sufficient emphasis on promoting the uniform implementation of those practices in routine hospital care.

At this point, I do not believe an Ebola outbreak in the United States is imminent. Rather, my immediate concern is that it is unclear if there are adequate protocols in place to ensure that the healthcare workers who are on the frontlines of our nation's efforts to protect the public against manmade and natural pathogens can perform their jobs safely. Like you said in your press conference on October 14, "a single infection in a healthcare worker is unacceptable", and I agree. National Nurses United, the largest union of nurses in the country, has expressed similar concerns.¹ Furthermore, some nurses at Texas Health

¹ DeNeen L. Brown, "National Nurses United Says Most Hospitals Are Not Prepared For Ebola," *Washington Post* (Oct. 12, 2014), <http://www.washingtonpost.com/news/post-nation/wp/2014/10/12/national-nurses-united-says-most-hospitals-are-not-prepared-for-ebola/>.

Presbyterian Hospital indicated that they treated the index patient for several days “without proper protective gear and that the hospital’s Ebola protocols and procedures were unclear and inadequate, leaving workers and hospital systems prone to contamination.”²

In light of these concerns and pursuant to Rule X and Rule XI of the House of Representatives, please respond to the following questions:

I understand that the two nurses that have been diagnosed with Ebola cared for the index patient between September 28, 2014, and his Ebola diagnosis on September 30, 2014.

- What guidance does CDC provide to healthcare workers to ensure that they can care for a patient safely during the time between when a patient enters the Emergency Room to the time the patient is diagnosed? How can healthcare workers protect themselves?
- What efforts did CDC undertake to ensure that hospitals across the country were aware of and able to implement Ebola-related guidance, particularly with respect to healthcare worker safety, between the time that the Ebola outbreak was identified in West Africa in March 2014 and the date of the index patient’s diagnosis? How have the CDC’s efforts changed since September 30, 2014?
- Have you explored new or innovative technologies that help bridge the gap between when you know a patient is infectious and when you do not, such as fabric technologies that have fluid-repellent, antimicrobial properties?

There are reports that healthcare staff at Texas Health Presbyterian Hospital did not wear protective hazardous-material suits for the first two days they treated the index patient.³

- Was the use of personal protective equipment from September 28, 2014 through September 30, 2014 consistent with relevant guidance from the CDC?
- To what degree does the CDC coordinate with the National Institute of Occupational Safety and Health (NIOSH) and its enforcement counterpart at the Occupational Safety and Health Administration (OSHA) to ensure that healthcare workers have access to, and training to use, the personal protective equipment and other tools to keep them safe?

The CDC has indicated that it is evaluating its protocols for caring for Ebola patients, including transferring Ebola patients to one of the nation’s biocontainment units. My understanding is that the second nurse diagnosed with Ebola is being transferred to the biocontainment unit at Emory University Hospital. As I have indicated in public statements, I support transferring Ebola patients to such facilities pending the development of State or regional capability to safely treat Ebola.

² ABC News, “Dallas Nurses Accuse Hospital of Sloppy Ebola Protocol,” *ABC News* (Oct. 15, 2014), <http://abcnews.go.com/Health/dallas-nurses-hospital-sloppy-ebola-protocols-union/story?id=26205956>.

³ Dianna Hunt, “Presbyterian Workers Wore No Hazmat Suits for Two Days While Treating Ebola Patient,” *The Dallas Morning News* (Oct. 15, 2014), <http://thescoopblog.dallasnews.com/2014/10/presbyterian-workers-wore-no-protective-gear-for-two-days-while-treating-ebola-patient.html/?hootPostID=c7c473e639ad2859ea04ad2773012ff1>.

- What process was used in making the decision to transfer the second nurse diagnosed with the Ebola virus to the biocontainment unit at Emory University Hospital? Who ultimately made the decision? What individuals or groups were consulted? What factors were considered? Is this the process that will be used in making such determinations going forward?
- Why was the index patient treated at Texas Health Presbyterian Hospital – instead of being transferred to one of the biocontainment units – when all other patients previously treated for Ebola in the United States were treated at one of the biocontainment units?
- What did the CDC do to help healthcare workers at Texas Health Presbyterian Hospital treat the index patient safely?
- With respect to the CDC’s comments⁴ related to building State and regional capabilities to treat patients with Ebola or other highly infectious diseases, how would a hospital be certified as “Ebola-ready”? How does the CDC validate a hospital’s infectious disease control capability? What is the timeline for identifying these hospitals?

The CDC has repeatedly reiterated healthcare workers have to meticulously adhere to the CDC’s guidance to safely care for an Ebola patient. After the first nurse was diagnosed, the CDC established Ebola Response Teams that travel to any hospital where an Ebola diagnosis is made to assist with training and implementation of Ebola-related guidance and protocol.

- How consistent is the implementation of the CDC’s infectious disease control guidance in hospitals across the country? To what degree do hospitals provide their employees ongoing infectious disease control training?
- Have hospitals consistently communicated Ebola-related guidance to their healthcare staff? What are you doing to ensure that the CDC’s guidance is effectively communicated and implemented?
- How quickly can the CDC train healthcare workers on appropriate infectious disease control and Ebola-related guidance and protocols, particularly as they relate to healthcare worker safety? Is it fair to expect healthcare workers, such as those at Texas Health Presbyterian Hospital, to both train on Ebola-related infectious control procedures and protocols and treat an Ebola patient at the same time?

The early symptoms of the Ebola virus are similar to other common diseases, including the flu and malaria.

- With flu season coming, how do you plan to educate healthcare practitioners about taking patient histories to differentiate between potential Ebola and potential flu?

⁴ Caroline Chen and Kelly Gilblom, “Dedicated Ebola Hospitals Sought,” *Bloomberg News* (Oct. 14, 2014), <http://www.bloomberg.com/news/2014-10-13/ebola-monitoring-to-include-medical-staff-after-infection.html>.

- Is the CDC working with governments in West Africa to rephrase questions on exit questionnaires to help identify individuals who may not know they have been exposed to the Ebola virus?

The CDC has also indicated that it has stationed a site manager at Texas Health Presbyterian Hospital to be available 24 hours a day, 7 days a week, to, among other things, oversee the donning and doffing of personal protective equipment and the care given in the isolation unit.

- Did Texas Health Presbyterian Hospital have an infection prevention practitioner or site manager on site prior to the first nurse's diagnosis on October 12, 2014?
- What are the CDC's current recommendations related to the number of infection prevention practitioners/experts hospitals should have per facility? What is the percentage of hospitals that comply with the CDC's guidance?

I look forward to working with you to ensure that the lessons learned about infectious disease protocols and healthcare worker safety in Dallas over the past month can be incorporated into relevant guidance and protocols in the future. Healthcare workers are on the frontlines of defense against manmade and naturally-occurring biothreats. The public is at risk if healthcare workers cannot safely do their jobs.

Thank you for your attention to this important matter. If you have any questions or require additional information, please contact Hope Goins, Chief Council for Oversight, at 202-226-2616.

Sincerely,



BENNIE G. THOMPSON
Ranking Member