



Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[April 2026]

Corewell Health and the University of Minnesota Medical Center (UMMC) are two of the 13 federally funded Regional Emerging Special Pathogen Treatment Centers (RESPTCs).

Our RESPTC Programs work to enhance and support the National Special Pathogen System of Care (NSPS) to safely and effectively manage special pathogen response.



Corewell Health and UMMC are a part of HHS Region 5.

To learn more about the Corewell Health RESPTC, contact Tim Scholten, Program Manager, at

Timothy.Scholten@corewellhealth.org

To learn more about the UMMC RESPTC, contact Sarah Haroth, Patient Care Supervisor, at

Sarah.Haroth@Fairview.org

If you want to learn more about Special Pathogens, check out [NETEC's Podcast](#):



You can also take a look at [NETEC's most recent News & Blog](#).

Frontline Focus: Region 5 Special Pathogens Response System

Nationwide Children's Hospital Special Pathogens Unit— Level 2

Written by Children's National Special Pathogens Team

Nationwide Children's Hospital (NCH) is honored to be among the organizations selected by NSPS to help strengthen the U.S. special pathogens care network for children and their families. Since 2016, the facility has been designated as an Ebola Assessment Hospital under the Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). The team looks forward to further supporting local and regional partners as a level 2 Special Pathogens Treatment Center.

NCH has 79 airborne infection isolation rooms (AIIR) throughout the hospital, including five in the Special Pathogens Unit (SPU). This access-controlled specialized unit includes designated donning and doffing spaces to support safe personal protective equipment (PPE) practices, a point-of-care testing lab, and a staff shower. The Infection Prevention team includes ten infection preventionists, two of whom specialize in high-consequence infectious diseases (HCID). They provide guidance and recommendations on waste management, visitor management, laboratory protocols, PPE use, and safe clinical practices when caring for patients with HCIDs.

NCH is able to accept patients from within the state, HHS region, other HHS regions, and outside the U.S. within four hours of notification. The hospital has a total of 70 non-NICU ICU beds (13 of which are AIIR rooms), 195 ventilators, 7 CRRT machines (continuous renal replacement therapy) machines, 11 hemodialysis machines, 4 aquapheresis machines, and 3 peritoneal dialysis machines. Utilizing a high-reliability healthcare strategy, the HCID patient care teams collaborate closely with the in-house ECMO, radiology, laboratory, and infectious disease programs, as well as Child Life specialists and pediatric experts in over 80



subspecialties, to provide comprehensive care for children and families. While the hospital has a float pool of staff that can be utilized to sustain these types of operations, the bulk of STAND grant funds will be used to train and reconstitute the dedicated Special Pathogens patient care team to ensure adequate staffing to handle multiple patients throughout the course of their illness.



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Regional Outreach

"We were so fortunate to have a training that was relevant and useful to our rural providers, allowing them to not only hear from instructors, but to put their hands to work on what they learned. We found this to be a high-caliber, interactive, and engaging training. 10/10 would highly recommend!"



Mark Griffith,
South Central MN EMS



Region 5 Special Pathogen PPE Survey

HHS Region 5 Special Pathogen PPE Inventory Survey



To support regional preparedness and surge readiness, Region 5 is inviting **all facilities** to participate in the **2026 Special Pathogen PPE Inventory Survey**. This annual survey helps assess PPE availability, identify potential gaps, and guide training and resource sharing efforts across the region.

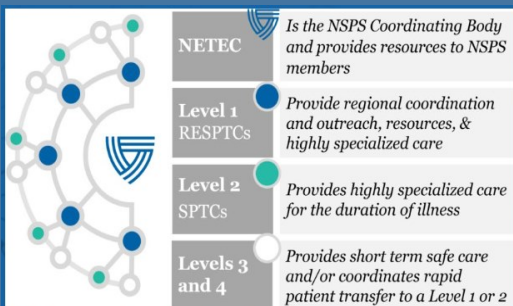
The survey link is included here and will be open throughout April. Your participation helps strengthen visibility, collaboration, and readiness across Region 5.

[HHS Region 5 Special Pathogen PPE Inventory Survey – Fill out form](#)

The National Special Pathogen System (NSPS) helps the country **prepare** the health care system, **protect** the health care workforce, and **respond** to special pathogen events by coordinating special pathogen care across the United States.



[\(NSPS: National Special Pathogen System | NETEC\)](#)



Current Countries of Concern for Travel Screening

Current Outbreaks per [CDC - Travel Health Notices](#)

Location	Disease Outbreak
Democratic Republic of the Congo	Meningococcal
Venezuela, Colombia	Yellow Fever
Mayotte, Suriname, Bolivia,	Chikungunya
Global	Polio, Dengue, Measles
Ghana, Liberia	Clade II Mpox
Guinea, Nigeria	Diphtheria
Mexico	Rocky Mountain Spotted Fever
Morocco, India	Rabies
Americas	Oropouche



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Education Spotlight

Written By Indigo Bruno, MLS
Corewell Health RESPTC

Lab Connections

Get to know your region and resources by connecting with Region 5 Level 1 Laboratorians.

Corewell Health RESPTC, contact: Danny O'Brien, RESPTC Laboratory Coordinator
danny.obrien@corewellhealth.org

UMMC RESPTC, contact: Tori Nemitz, Point of Care Technical Supervisor
Tori.Nemitz@fairview.org

Quick check for preparedness! Do you know your facility's testing capabilities?

Making sure your system is prepared before lab testing is necessary. See laboratory sections of [NSPS Facility Capability Requirements](#) for what testing can be performed based on the facilities level. Review communication pathways for notifying laboratory personnel of samples that are from suspected or confirmed HCIDs. This could include IP flags in the LIS or other means such as additional labeling and verbal notice. These communications are essential in protecting your laboratory peers.

Laboratory			NSPS
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> Can perform clinical laboratory testing to support critical care (e.g., basic metabolic panel (BMP), complete blood count (CBC), arterial blood gas (ABG), liver function tests (LFTs), malaria, blood cultures, coagulation testing) Has on call staff certified in Category A shipping to safely collect/send samples to state and CDC labs 	<ul style="list-style-type: none"> Can perform clinical laboratory testing to support critical care (e.g., BMP, CBC, ABG, LFTs, malaria, blood cultures, coagulation testing) Has on call staff certified in Category A shipping to safely collect/send samples to state and CDC labs 	<ul style="list-style-type: none"> Can perform point of care onsite clinical diagnostic testing following risk assessment (able to test basic electrolytes, hematocrit (Hct)/ hemoglobin (Hgb), and malaria (Binax or other)) Has on call staff certified in Category A shipping to safely collect/send samples to state and CDC labs 	<p>Considerations to Meet Accreditation Standards</p> <ul style="list-style-type: none"> Works closely with public health partners to determine next steps for testing patients with suspect or confirmed HCIDs <p>Considerations to Advance Readiness</p> <ul style="list-style-type: none"> Identifies personnel trained in safely collecting and packaging Category A samples to the state lab or CDC Has plans to safely perform point-of-care clinical diagnostic testing onsite such as basic electrolytes, Hct/Hgb, malaria (Binax or other) <ul style="list-style-type: none"> Includes a laboratory risk assessment before specimen collection (if a patient has met criteria for suspected HCID)

Quick check for preparedness! Have sendout testing workflows been established?

Make sure your system is prepared in the case of needing to send out testing. It may be that testing is routed to be performed at regional Level 1 labs, public health labs such as state facilities, or even the CDC. Determine ahead of time if you are a registered client with these facilities and establish ordering/reporting pathways. Understanding the available test menus as well as collection requirements will ensure safe sending and accurate testing.

Please review the checklist below to give you an idea of some things to think about.
[NETEC Laboratory Activation Checklist](#)





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[April 2026]

This month's featured Funky Bug—Ebola

Written by Sarah Haroth, Patient Care Supervisor, UMMC RESPTC

Ebola Virus Disease (EVD): Clinical Overview for Healthcare Providers

Ebola virus disease (EVD) is caused by the Ebola virus, a rare but highly aggressive virus that is among the viruses associated with the more generalized syndrome of viral hemorrhagic fever (VHF). EVD is associated with severe illness and high case-fatality rates that range from 25% – 90% in past outbreaks, with an average of 50%. Infection can result in rapid clinical deterioration, severe illness, and death, making early recognition, isolation, and supportive care critical. Ebola virus affects humans, antelopes, apes and monkeys.

EVD is caused by infection with an *Orthoebolavirus*. Six different species of the Ebola virus have been found, but only four are known to cause disease in humans. The Ebola virus is zoonotic, with fruit bats thought to serve as the natural vector, however scientists are still trying to determine which species can maintain the virus in nature. These fruit bats are commonly found in sub-Saharan Africa. Humans can acquire Ebola virus infection through two pathways: animal-to-human transmission and human-to-human transmission. Animal-to-human transmission typically occurs through direct contact with infected animals like bats, primates, or antelopes and spread through hunting, handling, or eating infected animals. Human-to-human transmission can occur via direct contact with blood, saliva, vomit, feces, breast milk, urine, sweat, tears, mucus, and semen of infected individuals, or through contaminated fomites such as bedding, medical equipment, or needles.

The disease EVD was first identified in 1976 following two separate outbreaks in different areas of Central Africa.

Clinical Presentation and Disease Course

The incubation period for EVD ranges from 2 to 21 days, with symptoms often beginning suddenly. Early symptoms are nonspecific and resemble other VHFs, including fever, chills, headache, myalgia, sore throat, nausea, vomiting, and diarrhea. It can be difficult to distinguish Ebola disease from other infectious diseases such as dengue, malaria, typhoid fever, or Marburg virus disease. As the disease progresses, patients may develop severe complications, including multi-organ failure, delirium, hemorrhagic manifestations, and shock.

Treatment and Management

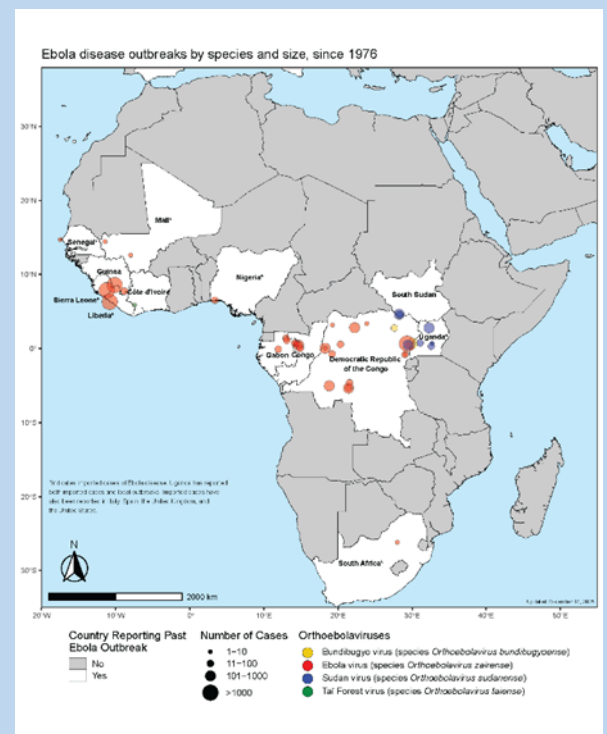
There are currently two FDA-approved monoclonal antibody treatments, mAb114 (ansuvimab™) and REGN-EB3 (Inmazeb™), for the Ebola Zaire strain. Supportive care is also an important treatment for Ebola disease with an emphasis on early aggressive rehydration, electrolyte management, supplemental oxygen, hemodynamic support, blood product replacement, and treatment of complications. Early supportive care has been shown to improve survival.

Recent Epidemiology

As of March 2026, there are no Ebola outbreaks, but there were two outbreaks in 2025. On September 4, 2025 the Democratic Republic of Congo (DRC) experienced its 16th outbreak since it was first discovered in 1976. The outbreak which was caused by the Zaire strain of virus and was declared over on December 1st, 2025 with 53 confirmed cases, 11 probable cases, and 45 deaths (70% fatality). The second outbreak began on January 30, 2025 in Uganda. The outbreak was caused by the Sudanese strain of virus and declared over on April 26, 2025 with 12 confirmed cases, 2 probable, and 4 deaths (30% fatality).

Healthcare Worker Protection

Ebola virus is a rare, but deadly VHF and healthcare workers are at particular risk due to the close contact with patients and their infectious body fluids. It is critical that all healthcare personnel know their institution's plan to "identify, isolate, and inform" regarding Ebola virus and other VHFs. If Ebola is suspected, full barrier Personal Protective Equipment (PPE) should be used.





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Region 5 Emergency Preparedness and Response Learning and Action Network ECHO

Program Details

Objective

This program aims to create a trusted learning and problem-solving network within HHS Region 5 to enhance emergency preparedness and response systems.

Target Professionals

Healthcare Personnel, Emergency Management Directors, Physicians, Nurses

Topics Covered

This twice monthly ECHO program will feature Healthcare Emergency Management topics including but not limited to: System Command, Business Continuity, Disaster Recovery, Regional Coordination, EMS, Infection Prevention, Special Pathogens, Radiologic Response, Pediatric Readiness.

Sessions are held every month on the 1st and 3rd Thursday at 12pm EST.

Upcoming Sessions

April 2, 2020 @ 12pm EST	Healthcare Coalitions: Ready to Respond
April 16, 2026 @ 12pm EST	Learned Lessons for Family Reunification From A Real-Life Event
May 7, 2026 @ 12pm EST	Utilizing Data to Strengthen Your Emergency Management Program
May 21, 2026 @ 12pm EST	Bats in Healthcare – Responding to Mass Rabies Exposures

Register Now: [Region 5 Emergency Preparedness and Response Learning and Action Network ECHO](#)



Contact Courtney.Fitzgerald@corewellhealth.org with questions.



Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Regional Outreach Program

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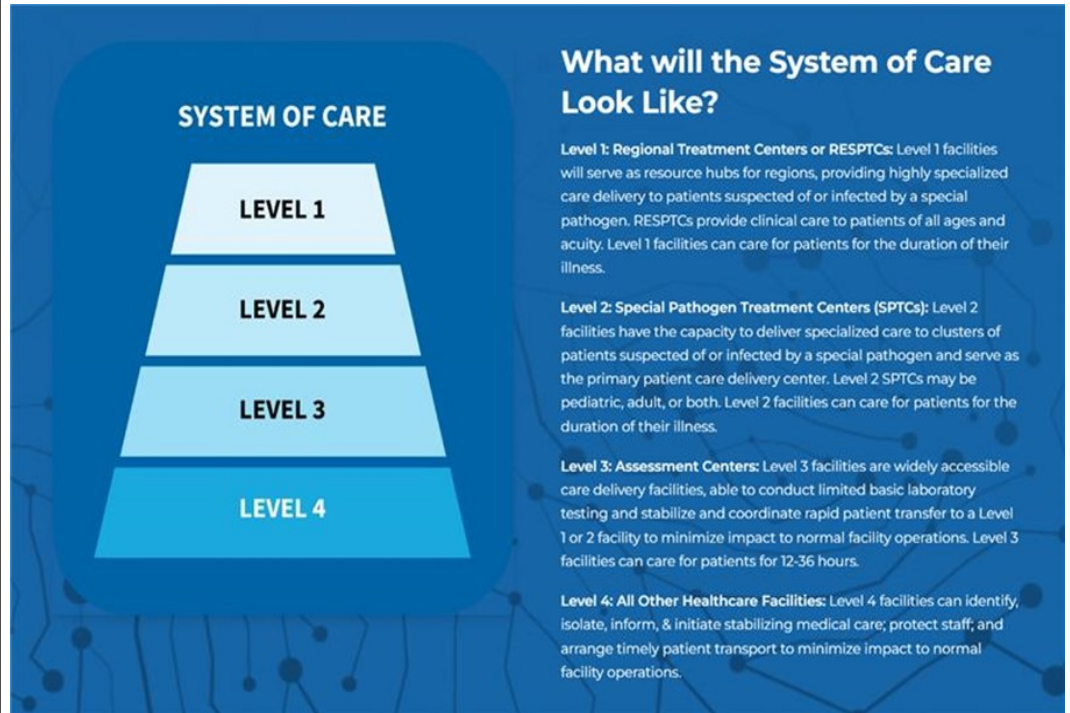


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National Special Pathogens System of Care



The National Special Pathogen System (NSPS) helps the country **prepare** the health care system, **protect** the health care workforce, and **respond** to special pathogen events by coordinating special pathogen care across the United States. [NSPS Minimum Capabilities Resource](#)

Effective July 1, 2024 The Joint Commission Requirement Standard IC.07.01.01
The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

Are you prepared? WE CAN HELP!

Hospital - EMS - Public Health

Consultation:

Inclusive Program Review · Standard Work Feedback
Category A Waste Planning In-Person Site Consultation · PPE Ensemble Considerations
Training Development

Education and Training:

NSPS & RESPTC Overview · Special Pathogens Overview · Identify Isolate Inform
Waste Management · PPE Considerations PPE Donning & Doffing · Ambulance Wrap Techniques
Wrapping a Patient for Transport · Lab Considerations · Tabletop Exercises

Miscellaneous:

Speaker requests · NETEC SPORSA Guidance · TJC Accreditation Strategies

To subscribe to our newsletter send your request to: SPU@corewellhealth.org

How Do I Request Support? [Regional Outreach Intake Form](#)



QUESTIONS?

Contact our Regional Outreach Coordinators, directly:

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Sara Thul (MN, WI)
Sara.Thul@fairview.org