NSPS Region 5 RESPTC | Corewell Health University of Minnesota Medical Center

Region 5 Newsletter Subscription

Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[August 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.

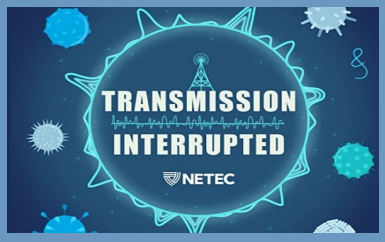
To learn more about the Corewell Health RESPTC, contact Tim Scholten, Program Manager, at

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
Indiana University Hospital– Level 2

The IU Health Level 2 Special Pathogens Treatment Center is located at Methodist Hospital in downtown Indianapolis. This unit was established in late 2014, with our first patient under investigation (PUI) admitted in August of the same year. As the outbreak spread, we began preparing to protect our healthcare workers (HCW). We trained our Emergency Department staff in proper PPE donning and doffing techniques and set up our operations in a designated closed unit.

Our facility includes a single negative-pressure ICU-level room, as well as a doffing area and a holding room that are part of that suite. We were fortunate to create a unidirectional flow for safety. I want to express my gratitude to Nebraska for always being available to answer my questions, and to Emory for allowing us to visit and learn from their experiences. The most vital aspect of being part of NETEC is the ability to share knowledge, support each other, and validate our efforts.

All staff involved in this program are volunteers, including Registered Nurses (RNs) and Respiratory Therapists (RTs) from ICU, Medical/ Surgical (M/S), and Progressive Care Unit (PCU) settings. Their families must be informed about our work to help alleviate some of their stress. We have appointed a safety officer who monitors care using cameras and a communication system to ensure the safety of our staff.

(Continued on page 2)

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Frontline Focus: *Indiana University Hospital– Level 2*

(Continued from page 1)

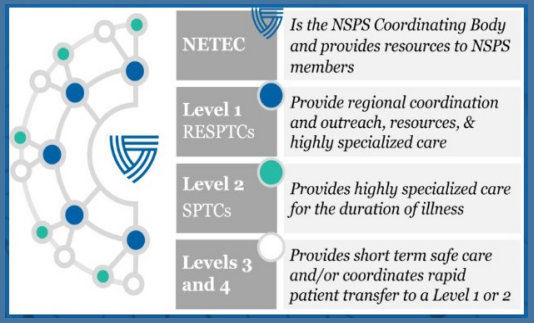
We recruit healthcare workers from Adult, Obstetric (OB), and Pediatric units across our 17-hospital system, and we are in the process of reestablishing our program in Pediatrics and Obstetrics. Due to the impact of COVID-19, our staffing has been significantly reduced, but we are actively working to hire more staff. We collaborate closely with the Indiana Department of Health, our local health departments, and the Indianapolis EMS team, which is our preferred transport partner.

In late 2027, we plan to move to a new downtown hospital, where we will have four ICU-level beds, along with an autoclave and an on-site laboratory. IU Health is a leader in Indiana and continues to support this important program.

Mary Kay Foster RN, BSN, CIC
Special Pathogens Program Manager
IU Health Methodist Hospital

The National Special Pathogen System (NSPS) helps the country **prepare** the heath 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)

NSPS PREPARE. PROTECT. RESPOND.



Current Countries of Concern for Travel Screening

Disease	Location
Lassa Fever	Guinea, Sierra Leone, Liberia, Mali, Cote d'Ivoire, Burkina Faso, Ghana, Togo, Benin, Nigeria
Ebola	DRC, Congo, Uganda, South Sudan
CCHF	Iraq, Pakistan
MERS	Bahrain, Iraq, Iran, Israel, Palestine, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen
Mpox	DRC, Burundi, Central African Republic, Congo, Rwanda, Uganda, Zambia, Angola, Tanzania, South Sudan

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Regional Outreach

Strengthening Special Pathogen Preparedness Through Interdisciplinary Training

Written by Ohio State Wexner Medical Center Preparedness Team

Readiness for high-consequence infectious diseases (HCIDs) requires ongoing planning, collaboration, and practice. Recently, multidisciplinary teams across The Ohio State University Wexner Medical Center participated in a comprehensive special pathogens preparedness exercise designed to assess and strengthen our capabilities should a patient with Ebola virus disease or another special pathogen present for care.

The session brought together representatives from Infection Prevention and Epidemiology, Nursing Leadership, Emergency Department nursing teams from both Main Campus and East Hospital, Laboratory Services, Environmental Services, and other key stakeholders. The collaborative exercise focused on reviewing response processes, identifying opportunities for improvement, and ensuring operational readiness for a potential special pathogen event.

PPE Skills Refresher and Team-Based Practice

A key component of the training included hands-on personal protective equipment (PPE) donning and doffing exercises. Participants reviewed appropriate PPE selection, infection prevention principles, and safe removal techniques designed to minimize the risk of self-contamination. These exercises provided an opportunity for staff from multiple disciplines to practice together and reinforce the critical role PPE plays in safely caring for patients with suspected or confirmed HCIDs.

Walking Through an Ebola Patient Scenario

The group conducted a detailed walk-through of how the organization would respond if a patient with suspected Ebola virus disease presented to one of our Emergency Departments. Beginning with patient identification and travel screening, participants reviewed notification pathways, isolation procedures, patient movement, staffing considerations, communication strategies, and contact tracing processes. The exercise highlighted the importance of rapid coordination between frontline clinical teams, Infection Prevention, Epidemiology, Laboratory Services, Security, Environmental Services, and hospital leadership. By working through the scenario step-by-step, teams were able to validate existing procedures while identifying opportunities to further refine workflows and response plans.

Review of the Special Pathogens Unit

Participants also reviewed the capabilities and operational considerations of the Special Pathogens Unit (SPU). Discussions included patient transport processes, zone establishment, laboratory support, waste management, staffing requirements, and coordination with regional and state partners. The review helped ensure stakeholders remain familiar with unit operations and understand their respective roles should activation be required. The training also included discussion of regional preparedness efforts through the Regional Emerging Special Pathogens Treatment Center (RESPTC) network and considerations for future readiness activities, including ongoing drills, skills validation, and interdisciplinary exercises.

Maintaining a State of Readiness

While special pathogen events are rare, maintaining preparedness is essential to ensuring a safe and effective response. Exercises such as these allow teams to evaluate plans, strengthen partnerships, and identify areas for continuous improvement before an actual event occurs. The dedication and engagement demonstrated by all participants reflect OSUWMC's commitment to protecting our patients, staff, and community. Through ongoing training, collaboration, and preparedness activities, we continue to build and sustain the capabilities needed to respond confidently to special pathogens and other high-consequence infectious diseases.

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Education Spotlight

EMS Ambulance Modification (Wrapping) for HCID Transport
Toby Oehler, Critical Care Paramedic, HCID Transport Team
Fairview EMS | St. Paul, Minnesota
Region 5, Fairview Riverside RESPTC Outreach Member

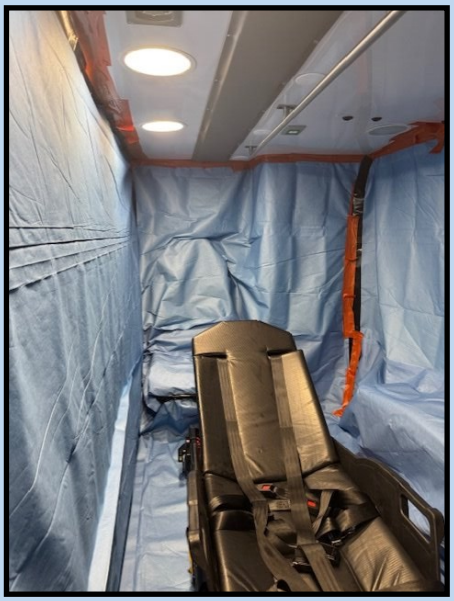
Transporting patients with High Consequence Infectious Diseases presents unique challenges for EMS providers. One effective method of reducing contamination within the patient compartment is the use of disposable barrier materials, commonly known as "wrapping" the ambulance. The goal of ambulance modification is to minimize exposure to personnel, equipment, and vehicle surfaces while simplifying post-transport decontamination. By covering difficult-to-clean areas with an impermeable disposable barrier, EMS crews can reduce contamination risks and significantly decrease the time required to return an ambulance to service following transport. Wrapping also helps maintain separation between the patient compartment and driver compartment, limiting the spread of contamination throughout the vehicle.

Planning Before You Begin
Successful ambulance modification starts with preparation. Before applying any barrier material, crews should review the patient report and consider the anticipated care requirements for the transport. Equipment and supplies likely to be needed during patient care should be removed from cabinets and positioned where they will remain accessible after wrapping. Oxygen regulators, monitoring equipment, and other frequently used items may need to be relocated before barrier installation begins. Any bulky or unsecured equipment not required during transport should be removed or safely secured. Vehicle systems should also be prepared in advance. Interior lighting, oxygen systems, and suction equipment should be activated as needed. Heating and air conditioning should be set to non-recirculating mode whenever possible, and the patient compartment exhaust fan should be operated at high speed to promote airflow. Before taping begins, clean the ceiling surfaces where tape will be applied and ensure the ambulance floor is clean and dry.

Selecting Barrier Materials
The most commonly used barrier materials are 6-mil plastic sheeting and One Tuff® disposable impermeable sheeting. Both provide an effective fluid-impermeable barrier capable of covering large sections of the patient compartment. At our organization, One Tuff material is often preferred because it is lightweight and easier to install. The tradeoff is visibility is obscured through any windows that are covered. Regardless of the material used, crews should have a sufficient supply of waterproof duct tape or Gorilla Tape® available to secure the material and seams. Additional supplies include scissors, alcohol-based disinfectant wipes, a spill kit, and contractor-grade lawn-and-leaf bags for covering seats or equipment.

Installing the Wrap
Installation typically begins on the floor of the patient compartment near the rear driver-side area. The barrier material should be positioned as close to the stretcher track or securing system as possible and secured to the floor using tape. The material is then extended up the walls to the ceiling and taped securely in place. If a single sheet does not reach from floor to ceiling, an additional section should be overlapped by at least one inch before being taped. This overlap helps maintain barrier integrity and reduces the potential for contamination to reach underlying surfaces. Continue around the entire patient compartment until the walls and floor are covered. All seams should be sealed, and exposed surfaces minimized whenever operationally possible. Maintaining ventilation is critical. Openings should be cut around air vents and exhaust fan inlets, then sealed around the edges while preserving airflow.

Creating a Rear Door Barrier
A useful modification is the installation of a deployable rear-door barrier. This is accomplished by attaching a floor-to-ceiling sheet of barrier material above the rear doors and rolling it upward toward the ceiling. The roll is secured with a small tab of tape during loading. Once the patient has been loaded, the tape can be released, allowing the barrier to drop into place and cover the rear doors. This provides additional containment without interfering with patient loading operations.



Final Inspection and Removal
Before patient loading, crews should perform a final inspection of the compartment. Ensure essential equipment remains accessible, ventilation systems are functioning properly, and all seams remain intact. A spill kit should also be immediately available during transport. After transport, barrier removal should be performed in a slow and controlled manner. Beginning where installation ended and working backward allows potentially contaminated surfaces to remain contained within the dirty side of the material. This approach reduces the risk of spreading contamination during removal. Once the wrap has been removed and disposed of according to agency policy, normal ambulance cleaning and disinfection procedures should be completed.

Final Takeaway
Ambulance wrapping is a simple, cost-effective but highly beneficial strategy for HCID transport operations that can be completed with materials from a local hardware store. Proper planning, careful installation, and controlled removal help reduce contamination risks, protect equipment, improve crew safety, and streamline post-transport decontamination. As part of a comprehensive HCID transport program, ambulance modification provides another layer of protection for providers and their equipment.

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This month's featured Funky Bug

Written by Gabby Hoflock and Susan Kline, UMMC RESPTC

Junin Virus and Argentine Hemorrhagic Fever: A Rare but Important Differential Diagnosis

Junin virus causes Argentine hemorrhagic fever. This virus was discovered in Argentina, in 1958. Although Argentine hemorrhagic fever (AHF) is rarely encountered outside Argentina, healthcare professionals should consider Junin virus infection in the differential diagnosis of patients presenting with an acute febrile illness and a compatible exposure history. Endemic to certain regions of Argentina, the virus is transmitted primarily through exposure to aerosolized rodent excreta, with agricultural workers at greatest risk. The Junin virus is an Arenavirus (order Bunyavirales). It is spread by the drylands vesper mouse. The virus is spread though aerosolization of the vesper mouse excreta, but also through mucosal exposure or direct contact with abraded skin.

The AHF incubation period is typically 6–14 days. Early symptoms are nonspecific and include fever, malaise, headache, myalgia, fatigue, chills, and anorexia, which can resemble many common infectious diseases. As illness progresses, patients may develop thrombocytopenia, petechiae, mucosal bleeding, gastrointestinal hemorrhage, vomiting, constipation or mild diarrhea, hypotension, and neurological manifestations such as confusion, tremors, seizures, or coma. Untreated severe disease has been associated with case fatality rates of 15- 30%.

While Junin virus is an unlikely diagnosis in most clinical settings, early recognition is essential. Patients with compatible epidemiologic risk factors should be promptly isolated using viral hemorrhagic fever precautions, and infection prevention, infectious diseases, and public health teams should be notified immediately. Management is primarily supportive, with careful attention to fluid balance, hemodynamic support, and treatment of complications. Convalescent plasma may reduce deaths from Junin virus infection when given early, within the first 8 days of symptoms. Use of ribavirin may be considered. Maintaining awareness of rare imported viral hemorrhagic fevers can facilitate timely diagnosis, appropriate infection control measures, and protection of healthcare workers and other patients.

Resources:

About Viral Hemorrhagic Fevers | Viral Hemorrhagic Fevers (VHFs) | CDC

Treatment of Argentine hemorrhagic fever - PMC

Clinical Management of Argentine Hemorrhagic Fever using Ribavirin and Favipiravir, Belgium, 2020 - Volume 26, Number 7—July 2020 - Emerging Infectious Diseases journal - CDC

Clinical case definitions for Argentine hemorrhagic fever - PubMed

Junín virus pathogenesis and virus replication. Viruses. 2012 Oct 19;4(10):2317-39. doi: 10.3390/v4102317. PMID: 23202466; PMCID: PMC3497054.

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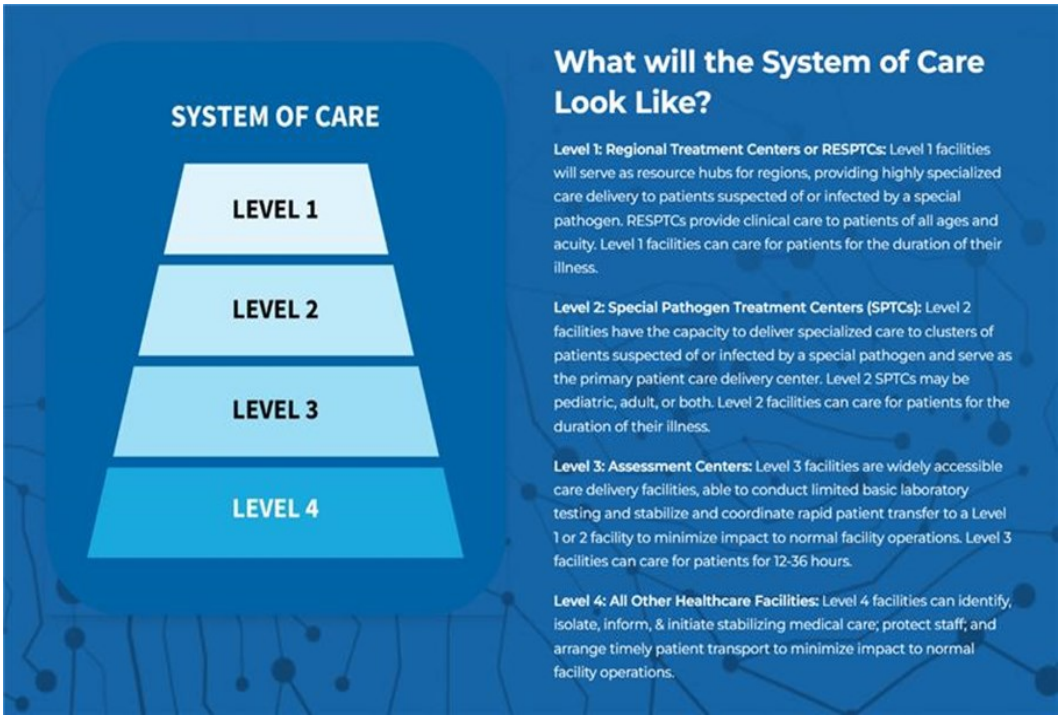
National Special Pathogens System of Care



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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!

How Do I Request Support?

Regional Outreach Intake Form

QUESTIONS?

Contact our Regional Outreach Coordinators, directly:

Kristin Sternhagen (MI, OH, IN, IL)
Kristin.Sternhagen@corewellhealth.org

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

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