



Brief Report

Preparedness planning and care of patients under investigation for or with Ebola virus disease: A survey of physicians in North America



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The West African Ebola virus disease (EVD) epidemic of 2014–2015 required North American hospitals to undertake comprehensive planning and training for the potential need to care for patients with EVD. Here we describe physician contributions to EVD preparedness planning and the care of persons under investigation for or patients with EVD.

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INTRODUCTION

The largest outbreak of Ebola virus disease (EVD) in known history began in West Africa in December 2013 and has just recently come to an end. The outbreak resulted in 28,616 confirmed, probable, and suspected cases of the disease and left 11,310 people dead.¹ Although cases were primarily limited to Guinea, Sierra Leone, and Liberia, isolated travel- and health care-associated cases were reported in Mali, Nigeria, Senegal, Spain, Italy, the United Kingdom, and the United States.² At the peak of the outbreak, the Centers for Disease Control and Prevention, the Public Health Agency of Canada, and the World Health Organization released guidelines for the management of patients with known or suspected EVD for health care workers in the United States, Canada, and those working in affected areas in Africa,^{3–5} requiring North American hospitals to undertake comprehensive efforts to plan and train for this potential need. It is not known how North American health care facilities selected and trained their physician staff to care for persons under investigation (PUIs) for and patients with EVD and to whom EVD

preparedness planning responsibilities were delegated. Developing an understanding of physicians' roles in EVD preparedness planning and the care of PUIs and patients with EVD will allow more specific recommendations and workforce estimates to be generated for future use in preparedness planning for novel pathogens. Here we describe selected physician contributions to EVD preparedness planning and the care of PUIs or patients with EVD, as determined by voluntary survey.

METHODS

An electronic survey invitation was sent to a convenience sample of health care epidemiologists (primarily infectious disease specialists) in the United States and Canada. The convenience sample of hospital epidemiologists and infectious disease physicians was obtained from a circulating listserve that includes a preponderance of academic institutions, including a majority of those institutions designated as Ebola Treatment Centers (ETCs). This sample was expanded to known colleagues who were not included on the listserve. QuestionPro (Seattle, WA) was used to generate and distribute the survey and store response data. The survey was developed specifically for purposes of this study and included 24 questions, which are delineated in Table 1. Data were identified before analysis. Descriptive statistics were used to analyze survey responses. The University of Virginia Institutional Review Board for Human Subjects Research reviewed the methods and questionnaire and deemed this study exempt from institutional review board approval.

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Table 1
Questions included in distributed survey

Question	Response options
Please choose from the dropdown list the state in which your institution is located.	
What is your institution's affiliation?	Academic/university Government Community Other (please specify)
How many beds does your institution have?	< 200 200–299 300–399 400–599 600–799 > 800
Is your institution a frontline health care facility, a designated EVD assessment center, a designated EVD Treatment Center, or other?	Frontline health care facility EVD assessment center EVD Treatment Center Other (please specify)
If a designated EVD Treatment Center, how many beds are designated for the care of patients with EVD?	1 2 3 4 5 or more
Are these beds in a stand-alone unit or part of a larger unit; that is, a section of an intensive care unit?	Stand-alone unit Part of a larger unit
What size is the pool of physicians who are trained and prepared to care for a patient with known or suspected EVD at your institution?	0–5 6–10 11–20 21–50 > 50
Physicians from which of these specialties are trained to be involved in the care of a patient with known or suspected EVD at your institution? (Choose all that apply)	Adult infectious disease Adult critical care Pediatric infectious disease Pediatric critical care Anesthesiology Anesthesiology critical care Nephrology General internal medicine General pediatrics Family medicine Hospitalist Emergency medicine Interventional radiology Obstetrics Neonatology General surgery Other (please specify)
How many physicians comprise the primary team caring for an individual PUI or patient with confirmed EVD?	1–2 3–4 5–9 ≥ 10
Physicians from which of these specialties are part of the primary team for the care of a patient with known or suspected EVD at your institution? (Choose all that apply)	Adult infectious disease Adult critical care Pediatric infectious disease Pediatric critical care Anesthesiology Anesthesiology critical care Nephrology General internal medicine General pediatrics Family medicine Hospitalist Emergency medicine Interventional radiology Obstetrics Neonatology General surgery Other (please specify)
Which of these groups (level of training) are part of the physician staff trained to care for a patient with EVD? (Choose all that apply)	Attending physicians Fellow physicians Resident physicians Other
What method(s) are/have been used to train physician personnel who may care for patients with EVD?	In-person training Simulations Online or computer modules No training has occurred Other (please specify)

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