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Médecine et maladies infectieuses
Médecine et maladies infectieuses xxx (2017) xxx–xxx

Original article

The French Infectious Diseases Society's readiness and response to epidemic or biological risk–the current situation following the Middle East respiratory syndrome coronavirus and Ebola virus disease alerts☆

Préparation et réponse de la Société de pathologie infectieuse de langue française au risque épidémique et biologique – état des lieux suite aux alertes MERS-CoV et Ébola

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Received 7 April 2016; received in revised form 9 August 2017; accepted 2 October 2017

Abstract

Context. – In 2012, the French Infectious Diseases Society (French acronym SPILF) initiated the "Coordination of epidemic and biological risk" (SPILF-COREB - Emergences [SCE]) group to support the readiness and response of healthcare workers (HCWs) to new alerts.

Objective. – To present the SCE group, its functioning, and the main support it provided for frontline HCWs.

Methods. – A multidisciplinary group of heads of infectious disease departments from reference hospitals was created to build a network of clinical expertise for care, training, and research in the field of epidemic and biological risk (EBR). The network developed a set of standardized operational procedures (SOPs) to guide interventions to manage EBR-suspect patients.

Results. – A working group created the SOP aimed at frontline HCWs taking care of patients. Priority was given to the development of a generic procedure, which was then adapted according to the current alert. Five key steps were identified and hierarchized: detecting, protecting, caring for, alerting, and referring the EBR patient. The interaction between clinicians and those responsible for the protection of the community was crucial. The SOPs validated by the SPILF and its affiliates were disseminated to a wide range of key stakeholders through various media including workshops and the SPILF's website.

☆ This work was presented as a poster at the European Congress of Clinical Microbiology and Infectious Diseases, on May 10, 2014, Barcelona, Spain.

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https://doi.org/10.1016/j.medmal.2017.10.002

Please cite this article in press as: Coignard-Biehler H, et al. The French Infectious Diseases Society's readiness and response to epidemic or biological risk–the current situation following the Middle East respiratory syndrome coronavirus and Ebola virus disease alerts. Med Mal Infect (2017), https://doi.org/10.1016/j.medmal.2017.10.002

Conclusion. – SPILF can easily adapt and timely mobilize the EBR expertise in case of an alert. The present work suggests that sharing and discussing this experience, initiated at the European level, can generate a new collective expertise and needs to be further developed and strengthened.

Keywords: Clinical network; Emerging infectious diseases; Epidemic and biological risk; Standardized operating procedures

Résumé

Contexte. – En 2012, la Société de pathologie infectieuse de langue française (SPILF) a créé un groupe « Coordination du Risque Épidémique et Biologique (REB) » pour préparer la réponse des soignants à une nouvelle alerte (SPILF–COREB - Émergences [SCE]).

Objectif. – Présenter le groupe SCE, son fonctionnement et les productions mises à disposition des soignants de première ligne.

Méthodes. – Avec les responsables des services de maladies infectieuses des établissements de santé de référence, un groupe multidisciplinaire SCE s'est structuré en partenariat avec les sociétés savantes impliquées. Il devait organiser en réseau l'expertise clinique pour soin, formation, et recherche. Il élaborait des procédures opérationnelles pour guider les premières actions de prise en charge des patients suspects REB.

Résultats. – Un groupe dédié rédigeait les procédures destinées aux premiers soignants prenant en charge les premiers patients. La priorité a été l'élaboration d'une procédure générique, déclinée ensuite selon l'alerte en cours. Cinq étapes clés ont été identifiées et hiérarchisées : dépister, protéger, prendre en charge, alerter et orienter le patient REB. L'interaction entre cliniciens et acteurs de la protection de la collectivité était essentielle. Les procédures validées par la SPILF et ses partenaires concernés ont été largement diffusées, notamment sur le site web des infectiologues (infectiologie.com).

Conclusion. – La SPILF peut mobiliser rapidement en réseau l'expertise REB en cas d'alerte. Ce travail suggère que le partage et les échanges de cette expérience, amorcés avec d'autres pays européens, peuvent générer une nouvelle expertise et méritent d'être développés et consolidés.

Mots clés : Réseau clinique ; Maladies infectieuses émergentes ; Risque épidémique et biologique ; Procédures opérationnelles standardisées

1. Introduction

Since the 2001 anthrax alert in the United States (23 American case patients, 5 deaths, and approximately 2500 anthrax-suspect patients in France) and the international severe acute respiratory syndrome (SARS) outbreak in 2003, an organization has been developed in France to address the clinical management of patients suspected of having an infectious disease (ID) related to a natural epidemic or an intentional biological risk ("Epidemic and Biological Risk"–EBR). The response to nuclear, radiological, biological, and chemical risks in France is organized through 12 civil zones of defense (2003 application decree). In each zone 1–2 hospitals are identified as a reference for these risks (16 reference hospitals, among which the military reference center of the Paris - Île-de-France zone and the Guadeloupe-associated reference hospital were included) as presented in Fig. 1 [1]. For biological risks, each of these hospitals has a dedicated ID department, reference microbiology laboratory, zonal prehospital emergency medical service unit (SAMU center 15) including the medical regulation of emergency calls, and departments which include infection control unit, intensive care unit, and a pharmacy involved in the care of these patients. EBR alerts might lead to disruption within the public health sector and the society related to fear of transmission and to the potential negative socio-economic impacts [2]. Immediate access to ID expertise was requested by frontline healthcare workers (HCWs), especially SAMU Center 15 which is responsible for centralized medical calls in France. It is unlikely that EBR-suspect patients would present themselves directly to one of the reference centers identified by the health authorities; they would rather first consult other closer health facilities within the national health system. Therefore, the need for a multidisciplinary network to deliver the operational expertise to frontline HCWs for initial patient management (mainly SAMU Center 15, in-hospital emergency departments, and family physicians [FPs]) was urgent. The 2009 H1N1 influenza pandemic highlighted the importance for timely delivery of appropriate care to patients and for informing the general population about means of protection. This reinforced the concept that the mid/long-term outcome of an epidemic depends heavily on adequate and coherent coordination of individual care and collective measures, decisions and actions undertaken during the initial phase of the alert. In 2009, a dedicated regional EBR Coordination unit (*Coordination opérationnelle du risque épidémique et biologique* [COREB]) was created in Paris - Île-de-France. In 2012, the French Infectious Diseases Society (SPILF) established a national SPILF–COREB–Emergences (SCE) group to coordinate ID specialists' response to EBR in collaboration with other key stakeholders, such as other specialists and institutions.

The aim of the present article was to describe the SPILF–COREB - Emergences group functioning and the standard operational procedures (SOPs) that were delivered to frontline HCWs, particularly following the recent alerts of

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