

Special Pathogens Tip Sheet

In infectious disease, the term “special pathogen (SP)” and “high consequence infectious disease (HCID)” are used interchangeably and are referring to novel or reemerging infectious agents that are transmissible person-to-person, have limited or no medical countermeasures (such as an effective vaccine, specific treatment or prophylaxis, have a high mortality, require prompt identification and implementation of infection control activities and require rapid notification to public health. Some examples include MERS, novel influenzas, Ebola or other viral hemorrhagic fever (VHF) pathogens such as Lassa fever and Marburg Virus. The recommendations below apply to all SP. However, depending on the situation at hand and the agent under questions, especially if it is a novel pathogen, specific procedures and protocols may be required.

Therefore, it is highly recommended that during an event reach out to your LHJ or NWHRN for updated and current information.

Advance Planning for Special Pathogens

The backbone of any SP Preparedness is to ensure staff are educated and equipped to implement the **Identify, Isolate and Inform** procedures.

Identify:

The first step in SP preparedness and response is to effectively identify and safely manage patients with suspected or confirmed SP to reduce transmission. Screening must occur for signs, symptoms and epidemiological risk factors for all patients upon entry to a facility.

- Know current international diseases of concern and keep triage staff updated as to specific travel history and symptoms to monitor for.
- The Providence Health System Region 10 Special Pathogen Treatment Center (RSPTC) releases a monthly flyer which identifies international regions of concerns and is distributed monthly in the NWHRN Briefings. If you would like to receive these Briefings please email info@nwhrn.org
- Ensure that staff who are responsible for screening know the procedures when a patient screens positive. This should include:
 - Supplying the patient and all accompanying family members or friends with a mask
 - Implement internal SP procedures.

Isolate:

After a patient screens positive, the next step is to move the patient to a pre-designated isolation room. The following criteria will assist in the pre-identification of this room.

- Single patient AIIR or negative pressure room, with either a private bathroom or a commode.
- The room should be located as near as possible to the triage / intake area to limit transmission
- Signage should be available and put in place to warn staff that full PPE is required to enter the room
- Communication between the patient and staff should be identified to limit entry into the room for non-direct patient care needs
- Appropriate PPE supply should be available as well as a safe donning and doffing area and procedures in place
- Staff who care for SP patients must maintain updated competencies and training
- See resources below for more information on PPE, Isolation requirements and trainings

Inform:

Once the patient is isolated and staff are implementing appropriate PPE, the next step is to promptly notify your facility Infection Preventionist or infectious disease clinician and local public health. Timely and efficient communication ensures that outside processes are mobilized to help care for this patient. It is important to keep these contact phone numbers easily accessible. If your local health jurisdiction (LHJ) cannot be reached in a timely manner, then Washington State Department of Health (WA DOH) should be called. The decision to test for a specific SP must be made in coordination with your LHJ and DOH.

Phone Numbers:

Facility Infection Preventionist	(add your facility number)
LHJ	(add your LHJ number)
WA DOH (Office of Communicable Disease Epidemiology)	During Business Hours: 206-418-5500 (CDEpi Main line) After Hours: 206-418-5500 or 360-888-0838 (Ask for On-Call Epi)

Resources

The resources below provide information regarding Identify, Isolate and Inform as well as detailed procedures for PPE donning and doffing, and resources for internal training and exercise

1. [CDC: IP and Control Recommendations for Patients in US Hospitals who are suspected of VHF](#)
2. [CDC Travel Screening questions for VHF](#)
3. [CDC interim Guidance for PH and Management of Travelers from Countries Affected by the 2026 Ebola Outbreak](#)
4. [NETEC VHF Preparedness Checklist](#)
5. [NETEC Identify Isolate an Inform Tip Sheet](#)
6. [NETEC: PPE Matrix for HCID](#)
7. [CDC COCA Call webinar Recording and slides \(although I don't see the recording posted yet\)](#)
8. [NETEC: SP "Mystery Drill Toolkit"](#)
9. [CDC Definition of High Risk Exposure](#)
10. [CDC Donning and Doffing PPE During Management of Patients with VHF in US Hospitals](#)
11. [WA DOH Evaluating an Ill Person for a Special Pathogen in Washington: Guide for Clinicians](#)

NWHRN Support

NWHRN provides 24/7 Duty Officer support for questions or support.

- 24/7 Duty Officer line - **Duty Officer at 425-988-2897**