

# Federal Health Update

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Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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[ktheroux@federalhealthcarenews.com](mailto:ktheroux@federalhealthcarenews.com)

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are adjourned until after the election.**
- **President Barack Obama has signed an executive order authorizing the Pentagon to call up reserve and National Guard troops if they are needed to assist in the U.S. response to the Ebola outbreak in West Africa.**

The U.S. has already committed to sending up to 4,000 military personnel to West Africa to provide logistics and help build treatment units to confront the rapidly spreading and deadly virus.

Nearly 4,500 people have died from the Ebola outbreak, most of them in Liberia, Sierra Leone and Guinea. The White House has said the troops will not be providing direct health care aid.

- **The House Energy and Commerce Subcommittee on Oversight and Investigations held a hearing on Oct. 16, to examine the U.S. Public Health response to the Ebola outbreak.** Dr. Thomas R. Frieden, director Centers for Disease Control and Prevention, testified about the measures taken and considered to fight the spread of Ebola in the United States. Frieden, responding to the committee chair, acknowledged that one of the measures considered is restricting travel from West Africa to the U.S. Frieden also told the committee that such a ban could drive people to find other ways to enter the U.S. without proper screening to detect the virus.

## MILITARY HEALTH CARE NEWS

- **The Defense Health Agency released a statement about Military Health System preparation for potential Ebola Virus Disease (EVD) infection among DoD Personnel on Oct. 14, 2014.**

Currently, members of the U.S. military have begun to deploy to the Ebola-stricken nation of Liberia. The medical and logistic capabilities of the Department, along with our infectious disease expertise, will provide a significant level of support to the clinical and public health workforce in these nations, as well as the many non-governmental organizations serving in the West African countries of Liberia, Guinea, and Sierra Leone.

Domestically, the U.S. has confirmed two cases of Ebola Virus Disease (EVD) within our own borders, reminding all military medical professionals of our obligation to remain informed on the current state of medical knowledge regarding the prevention, identification, treatment, and ongoing surveillance of EVD regardless of where we work. Every medical professional has a role to play within our military communities, as well as helping to educate and inform the American public and help allay unwarranted fears.

The Centers for Disease Control and Prevention (CDC) maintains comprehensive information and guidance for medical institutions on their [website](#). These CDC documents outline a number of important steps that every military medical commander must take in order to ensure the highest state of readiness within the military medical community.

While every member of our medical team should be familiar with the basic checklist for identifying a possible case of EVD, it is particularly important that our clinical personnel in primary care, specialty clinics, and emergency rooms are educated on the current screening procedures and identification of risk factors for EVD – particularly questioning whether individuals may have traveled to those locations where the disease is endemic. The clinical checklist should be followed for any patient who presents with the following symptoms:

- Fever
- Headache
- Weakness
- Muscle pain
- Vomiting
- Diarrhea
- Abdominal pain
- Hemorrhage

If EVD is considered a possible diagnosis, the military treatment facility (MTF) must isolate the patient immediately while completing further evaluation and testing. Prompt notification to higher headquarters and to the CDC must follow the identification of these preliminary cases. Facilities should ensure proper medical waste disposal guidelines are followed even prior to definitive tests confirming or ruling out the diagnosis of EVD. This extra level of precaution is prudent – and expected of all our medical professionals.

As deployed members return from Liberia, or if other beneficiaries have traveled to West Africa, our responsibilities to protect the health of our force and our communities will grow. DoD leadership has created [comprehensive pre- and post-deployment screening guidance](#), and every MTF needs to be prepared to support the requirements detailed in it. We urge you to familiarize yourself with this policy, especially with the post-deployment monitoring. All of the troops coming home from affected areas will be screened twice a day, regardless of exposure – so MTFs will play a large role in supporting this task.

The DHA encourages all medical professional remain attentive to the symptoms of EVD, and follow the CDC protocols to identify and treat individuals with this disease.

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that its national telehealth programs served more than 690,000 veterans during fiscal year 2014.**

This represents approximately 12 percent of the overall veteran population enrolled for VA healthcare, and accounted for more than 2 million telehealth visits. Of that number, approximately 55 percent were Veterans living in rural areas with limited access to VA healthcare. With more veterans seeking health care, telehealth is rapidly becoming an attractive option, especially for those veterans who don't have a VA health care facility close to home.

Currently, there are more than 44 clinical specialties offered to veterans through VA's telehealth programs. One program at the Miami VA schedules close to 90 clinic connections every week for dermatology, eye exams, the women veterans program, podiatry, mental health and other clinical specialties.

One tangible example of the success of VA's telehealth program is its burgeoning TeleAudiology program because of large population of Veterans living with hearing loss. The TeleAudiology program has grown from 1,016 Veterans in fiscal year 2011 to more than 10,589 in fiscal year 2014.

For more information about VA's telehealth program, visit [www.telehealth.va.gov/](http://www.telehealth.va.gov/).

- **The *Washington Post* reports that Susan Taylor, the Department of Veteran Affairs (VA) deputy chief procurement officer announced her retirement on Oct. 14, eight days after the VA announced that it had begun the process of firing her.**

In a VA inspector general's office report released last month, the inspector general said Taylor helped steer a contract to Vienna-based FedBid and worked with the government-services company to overturn an agency moratorium on work by the firm, in addition to interfering with an investigation of the matters.

In August, Congress passed a law that gave the VA secretary greater authority to remove senior executives over wrongdoing and performance issues. With the new law in place, employees have one week to appeal termination decisions with the Merit Systems Protection Board, which in turn has three weeks to rule on whether to overturn the actions.

The VA said it has no legal authority to stop an employee from retiring or prevent a retirement from taking effect before a firing is complete. "When evidence of wrongdoing is discovered, VA will continue to use all authorities at its disposal to hold employees accountable and take action as quickly as legally possible," the agency said in a statement on Tuesday.

Another VA executive, John Goldman, who was director of a VA medical center in Georgia, retired to avoid being removed from his position.

## GENERAL HEALTH CARE NEWS

- **The development of a vaccine to prevent Ebola virus disease will be accelerated with**

**support from the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR).**

Under a one-year contract with Profectus BioSciences Inc., headquartered in Baltimore, ASPR's Biomedical Advanced Research and Development Authority (BARDA) will provide approximately \$5.8 million in funding, in addition to subject matter expertise and technical assistance, to further develop an experimental Ebola vaccine. The company will manufacture vaccine for use in animal safety studies and future clinical trials and conduct animal studies to test safety. The contract can be extended to a total of 13 months and \$8.6 million.

Upon successful completion of this work, the company is expected to submit an investigational new drug application to the U.S. Food and Drug Administration (FDA). This application, once accepted by the FDA, would allow the vaccine to begin the first clinical trials for safety in humans.

Clinical trials are under way with other experimental vaccines. NIAID currently is supporting Phase 1 clinical trials that examine an investigational Ebola vaccine developed by GlaxoSmithKline and an experimental Ebola vaccine developed by the Public Health Agency of Canada and licensed to NewLink Genetics Corp. Phase 2 clinical efficacy trials for these vaccine candidates are expected in 2015.

The agency is seeking additional proposals for the advanced development of antibody treatments, antiviral drugs, and vaccines against the Ebola and Marburg viruses, both of which cause viral hemorrhagic fever. Program requirements are described in BARDA's Broad Agency Announcement BARDA-BAA-13-100-SOL-00013 at <https://www.fbo.gov>.

For more information about advanced research and development of medical countermeasures, visit [www.medicalcountermeasures.gov](http://www.medicalcountermeasures.gov). Contract opportunities and awards are announced at [www.fbo.gov](http://www.fbo.gov).

- **The Centers for Disease Control and Prevention (CDC) confirmed that a second healthcare worker at Texas Presbyterian Hospital who provided care for the index patient has tested positive for Ebola on Oct. 15, 2014.**

The patient was isolated after an initial report of a fever and remains so now. Confirmation testing at the CDC's laboratory is being done. The health care worker was being monitored for fever and symptoms.

The hospital and patient were notified of positive result. In addition, CDC has interviewed the patient to identify any contacts or potential exposures in the community.

CDC announced a series of actions related to hospital preparedness for Ebola treatment, both in Dallas, and in hospitals around the country.

They include:

- Sending an additional team to Dallas, including experts who successfully controlled outbreaks of Ebola in Africa in the past two decades, including in health-care settings. Team members have worked with Doctors Without Borders on infection control protocols and trained others in Africa to follow those protocols. In addition, two infection control nurses from Emory University hospital who have experience treating Ebola patients without infecting health-care workers are joining the response at the Dallas hospital to provide peer-to-peer training and support.
- Making immediate and specific improvements to processes and procedures at the Dallas hospital to reduce risk to health care personnel. Care for a patient with Ebola requires meticulous attention to detail, and refining these steps makes it safer and easier.

- Having a site manager in place and at the Dallas hospital 24/7 as long as Ebola patients are receiving care, to oversee the putting on and taking off of PPE and the care given in the isolation unit.
- Establishing a dedicated CDC response team that could be on the ground within a few hours at any hospital with a confirmed patient with Ebola. The CDC Response Team would provide in-person, expert support and training on infection control, healthcare safety, medical treatment, contact tracing, waste and decontamination, public education and other issues. The CDC Response Team would help ensure that clinicians, and state and local public health practitioners, consistently follow strict standards of protocol to ensure safety of the patient and healthcare workers.
- Providing more opportunities for U.S. healthcare providers to receive additional training and to get their questions answered from CDC experts. On Tuesday, CDC held a partner conference call where more than 5600 clinicians from across the country joined. Later this week, CDC will host a call with the American Nurses Association to discuss how to better prepare frontline nurses for Ebola; and another call with the American Hospital Association. Next week, CDC will host a live event in New York City with the Partnership for Quality Care and the Greater New York Hospital Association/1199SEIU Healthcare Education Project to educate frontline healthcare workers on Ebola; the event will be streamed live to hospitals across the country

Ebola is spread through direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated. The illness has an average 8-10 day incubation period (although it could be from 2 to 21 days) so CDC recommends monitoring exposed people for symptoms a complete 21 days. People are not contagious during the incubation period, meaning before symptoms such as fever develop.

CDC tests results will be shared when confirmatory tests are done, following appropriate patient notification.

- **The Centers for Disease Control and Prevention (CDC) has developed and started using a new, faster lab test for detecting enterovirus D68 (EV-D68) in specimens from people in the United States with respiratory illness.**

This test will allow CDC to more rapidly test remaining specimens received from states since mid-September.

Every year, enteroviruses and rhinoviruses cause millions of respiratory illnesses in children. This year, EV-D68 has been the most common type of enterovirus identified, leading to increases in illnesses among children and affecting those with asthma most severely. Other rhinoviruses and enteroviruses continue to be detected as well.

CDC expects, as with other enteroviruses, that EV-D68 infections will likely begin to decline by late fall. The real-time lab results combined with data on hospital admissions will help us understand when and where the EV-D68 outbreak is ending. CDC has received informal reports from some hospitals and states who are seeing signs of decreasing EV-D68 infections. CDC is gathering more information from states and assessing whether this represents a national trend.

Since the outbreak of EV-D68 began in August, CDC has tested 1163 specimens submitted by hospitals and from 45 states. Of the specimens tested by the CDC lab from Aug. 1 to Oct.10, about half have tested positive for EV-D68. About one third have tested positive for a rhinovirus or an enterovirus other than EV-D68. The new lab test speeds the process of the approximately one-thousand remaining specimens.

Testing for EV-D68 is not used to determine treatment for a particular patient. Treatment for

patients with EV-D68 is supportive therapy, such as oxygen therapy. The outcome of the EV-D68 test is to collect surveillance data to help public health officials target our responses to the outbreak, not to determine the treatment plan for a specific patient. CDC prioritized testing for the most severe cases since the outbreak began in August to get a better understanding of the disease.

Many viruses, including influenza viruses, cause respiratory illnesses. While there is not a vaccine to prevent illness from enterovirus infection, the single best way to protect against the flu is to get vaccinated each year. The timing of flu seasons can vary but activity usually begins to increase in October. CDC recommends everyone age 6 months and older get an annual flu vaccine. Flu vaccination is especially important for those at high risk, such as children with asthma. To help stop the spread of germs and prevent respiratory illnesses, wash hands often with soap and water and practice good health habits.

For more information on EV-D68 in the U.S., visit: <http://www.cdc.gov/non-polio-enterovirus/outbreaks/EV-D68-outbreaks.html>.

- **The Food and Drug Administration (FDA) approved two new drugs that can slow the progression of a deadly lung disease.**

Roche's *Esbriet* and Boehringer Ingelheim's *Ofev* were for treatment of people with idiopathic pulmonary fibrosis.

The drugs don't cure the disease -- a scarring of the lungs -- but slow lung function decline in some patients. About 100,000 Americans have idiopathic pulmonary fibrosis and many die within three to five years of diagnosis.

To learn more about these drugs, please visit:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm418994.htm> and <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm418991.htm>

## REPORTS/POLICIES

- There were no new reports published this week.

## HILL HEARINGS

- There are no hearings scheduled.

## LEGISLATION

- There was no legislation published this week.

## MEETINGS

- The 30th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.6-8, 2014**, in Miami, Fla. <http://www.istss.org/MeetingsEvents.htm>

- The AMIA 2014 Annual Symposium will be held on **Nov. 15-19, 2014**, in Washington DC. <http://www.amia.org/amia2014>
  - AMSUS Annual Continuing Education Meeting will be held **Dec. 2-5, 2014**, in Washington, DC <http://amsusmeetings.org>
  - The 100th Annual Meeting of Radiological Society of North America (RSNA) 2014 will be held **Dec. 5-9, 2014**, in Chicago, Ill. [http://www.rsna.org/Annual\\_Meeting.aspx](http://www.rsna.org/Annual_Meeting.aspx)
  - The 2014 Special Operations Medical Association (SOMA) Science Assembly will be held on **Dec. 8-11, 2014**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/Pages/scientificassembly.aspx>
  - The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. <http://aameda.org/p/cm/ld/fid=159>
  - The Heroes of Military Medicine Awards will be held on **May 7, 2015** in Washington, DC. <http://www.hjfc3.org>
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If you need further information on any item in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at [katetheroux@federalhealthcarenews.com](mailto:katetheroux@federalhealthcarenews.com).