

Official websites use .gov A .gov website belongs to an official government organization in the United States. Secure .gov websites use HTTPS A lock () or https:// means you've safely connected to the .gov website. Share sensitive information only on official, secure websites. Emergency response employees (EREs) are at risk of exposure to potentially life-threatening infectious diseases through contact with victims during emergencies. Part G of the Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that medical facilities provide EREs with notification of when they may have been exposed to potentially life-threatening infectious diseases while transporting or serving victims of an emergency. Knowing this information allows EREs the opportunity to seek timely medical care and to make informed decisions about addressing potential health issues arising from their exposures. NIOSH has developed a list of potentially life-threatening diseases, including emerging infectious diseases, to which EREs may be exposed while transporting or serving emergency victims taken to a medical facility. Along with the list, NIOSH has also developed guidelines describing circumstances in which EREs may be exposed to a listed disease and the manner in which a determination of an exposure shall be made by a medical facility. Medical facilities that receive and treat the victims of an emergency or ascertain the cause of death are responsible for routinely notifying and responding to requests pertaining to any determinations that a victim of an emergency has a listed potentially life-threatening infectious disease, as described in the NIOSH guidelines. When a medical facility determines that a victim of an emergency has a potentially life-threatening airborne or aerosolized infectious disease, the medical facility is responsible for initiating notification to the ERE who transported the victim. If an ERE believes he or she has been exposed to any potentially life-threatening disease on the NIOSH list, and has transported, attended, treated, or assisted the victim pursuant to the emergency, the ERE may initiate a request for notification from the medical facility to which the victim of the emergency was transported. To learn more about the guidelines describing ways

employees may be exposed to these diseases and the guidelines describing the manner in which medical facilities should make determinations about exposures, visit the Guidelines page. To learn more about how EREs who believe they have been exposed to a disease on the list can request notification or about how medical facilities should initiate notification if an ERE may have been exposed to an airborne or aerosolized infectious disease on the list, visit the Notification Process page. Diseases often have multiple transmission pathways. However, for purposes of this classification, diseases routinely transmitted via the aerosol airborne and aerosol droplet routes are so classified, even if other routes, such as contact transmission, also occur. CDC will continue to monitor the scientific literature on these and other infectious diseases. If CDC determines that a newly emerged infectious disease fits criteria for inclusion in the List of Potentially Life-Threatening Infectious Diseases to Which Emergency Response Employees May Be Exposed required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, CDC will amend the list and add the disease. These diseases include those caused by any transmissible agent included in the HHS Select Agents List. [5] Many are not routinely transmitted human to human but may be transmitted via exposure to contaminated environments. The HHS Select Agents List is updated regularly and can be found on the National Select Agent Registry Web site: <http://www.selectagents.gov/> These diseases include those caused by any transmissible agent included in the HHS Select Agents List. [5] Many are not routinely transmitted human to human but may be transmitted via exposure to contaminated environments. The HHS Select Agents List is updated regularly and can be found on the National Select Agent Registry Web site: <http://www.selectagents.gov/> [1] Section 2695(b) [42 U.S.C. § 300ff-131(b)].

[2] Section 2695(b) [42 U.S.C. § 300ff-131(b)].

[3] For most viral hemorrhagic fevers (VHFs), routine transmission is limited to transmission from a zoonotic reservoir or direct contact with an infected person (e.g. Ebola virus, Marburg virus) or through arthropod-borne transmission (Rift Valley fever,

Crimean-Congo hemorrhagic fever). For a small number of VHF viruses, transmission may occur through droplet transmission (e.g. Nipah virus), however prolonged close contact is likely necessary. Aerosol transmission does not occur in natural (non-laboratory) settings.

[4] Council of State and Territorial Epidemiologists, Position Statement Number: 09-ID-43. Available at <https://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/09-ID-43.pdf>. Accessed January 15, 2019.

[5] 42 C.F.R. §§ 73.3, 73.4. If you have any questions about the list of potentially life-threatening infectious diseases to which emergency response employees may be exposed and accompanying guidelines, contact CDC/NIOSH Ryan White Coordinator via email or mail. Please provide your return contact information, if seeking a reply. Please do not provide information of a sensitive nature in this email, such as any disease status for yourself or another person. Email: NIOSHRyanWhiteAct@cdc.gov Mail: Ryan White Act Coordinator

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Atlanta, GA 30329 If you have questions on other sections of Part G, please contact the call center of U.S. Department of Health and Human Services headquarters at 1-877-696-6775.

