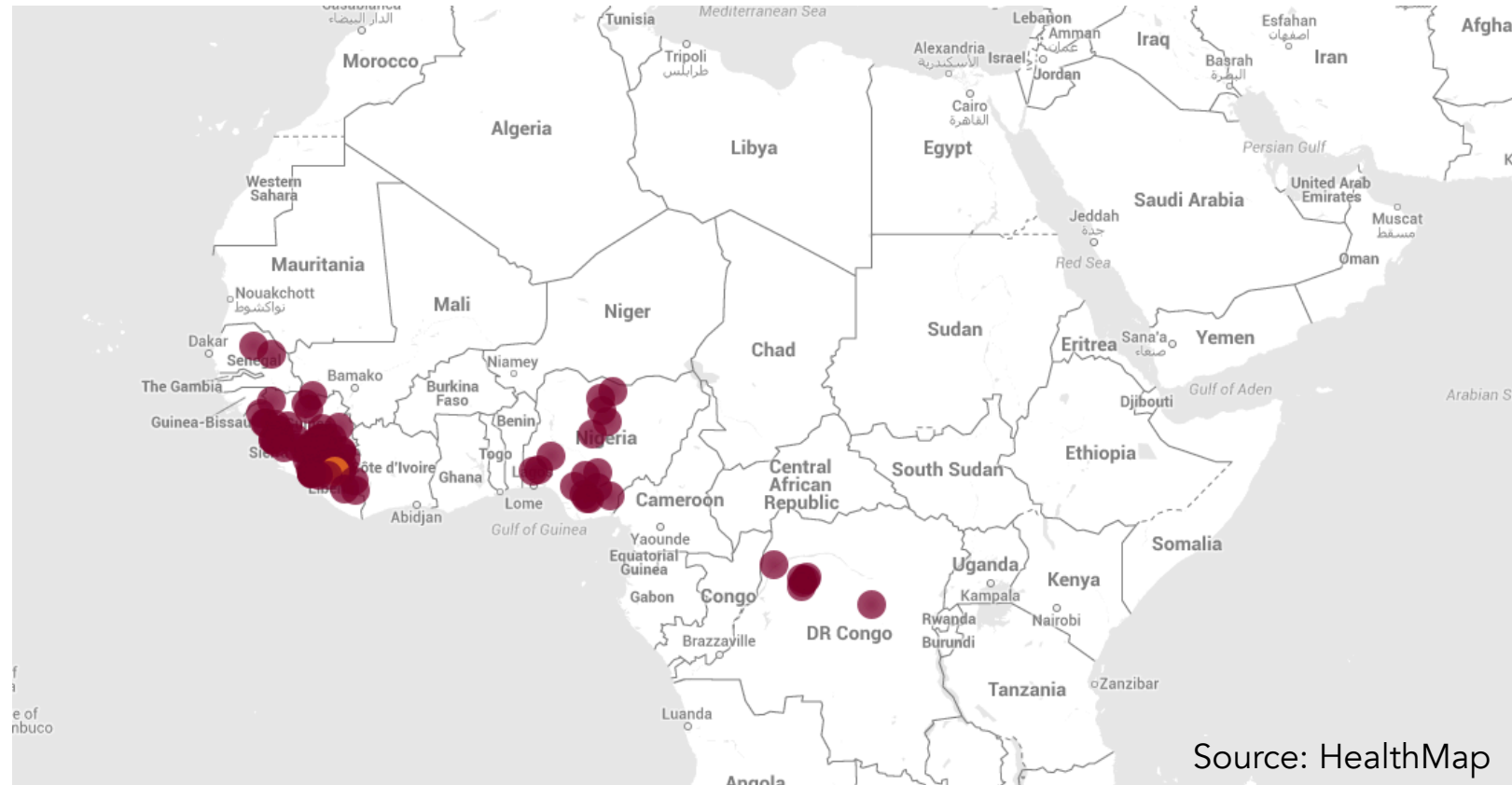


# 2014 West Africa Ebola Outbreak

- Majority of cases in Liberia, Guinea and Sierra Leone
- Transported to Nigeria and Senegal

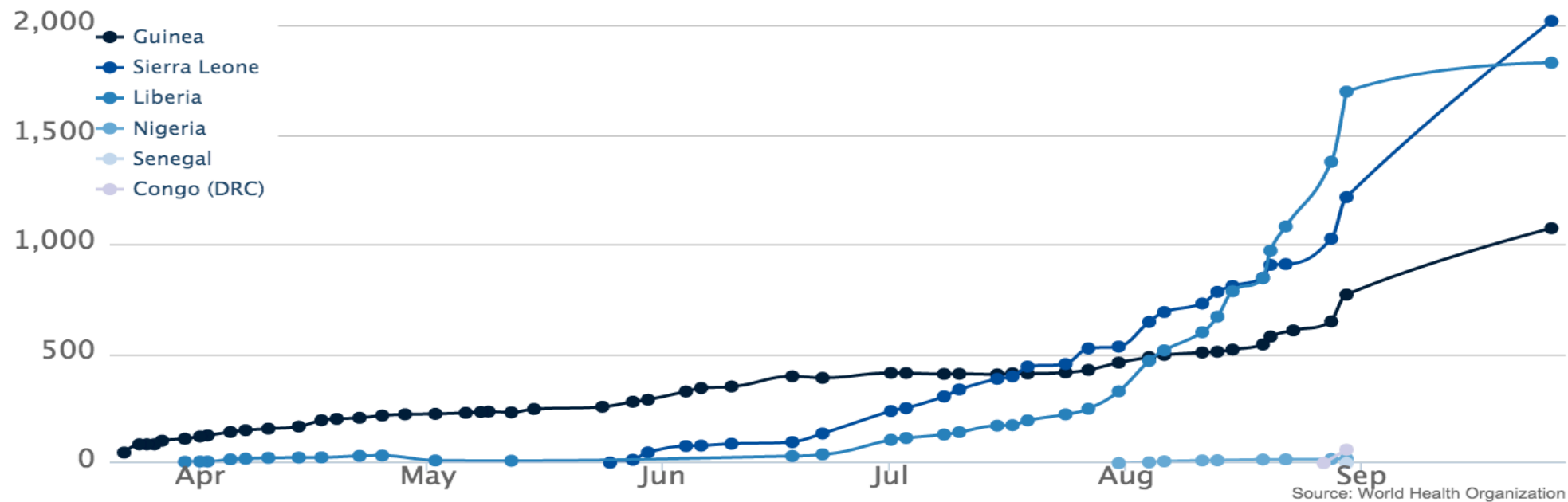
*Since 22 March 2014*

- Over 3,000 deaths
- Over 6,500 cases
- ~50% mortality rate

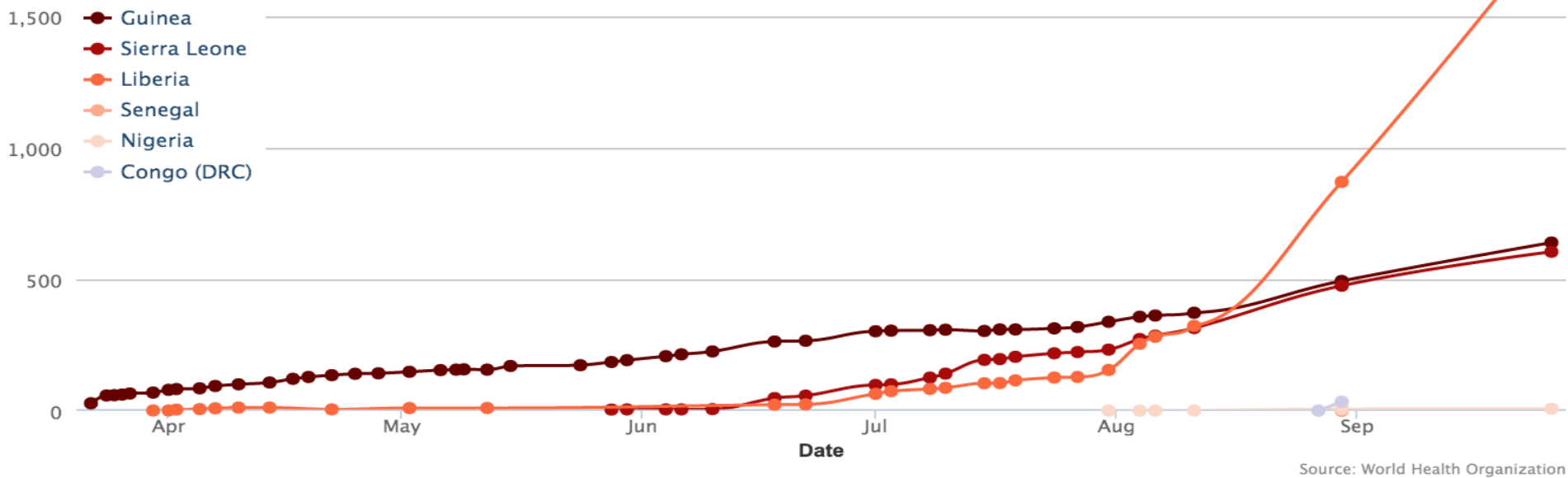


Source: HealthMap

# Cases

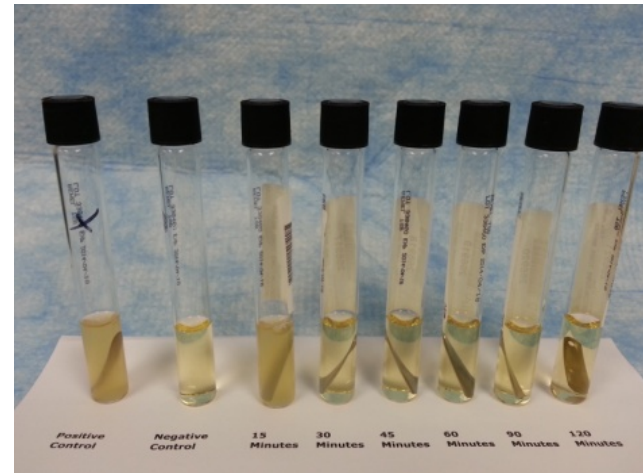


# Deaths



# Decontamination of Electronic Devices with Chlorine Dioxide Gas

- Tested to be non-destructive to electronics by use of 15 decon cycles on a simulated device and 5 decons on an iStat device without measurable damage to electronics.
- Process creates heat 80-120°F temp
- 30 minute spore kill demonstrated



# Protocol

- Perform a surface decon of the equipment. Remove any soil or fluids using appropriate PPE and disinfectants.
- Open kit and tape chlorine dioxide (CD) indicator with purple check marks facing in the up direction within the sealable bag. Place one in the center and one in the corner. Decon should occur in shaded, well ventilated area (outside is ideal in case of bag leak).
- Open the mylar bags containing Part A and Part B and place into some type of cup container (ideally disposable plastic) that can hold at least 50 mls of material and fluid.
- Add ~15 mls of water to the Part A and Part B container. Quickly, mix gently, and place into the center of the sealable bag.
- Place your item to be deconned in the bag and ideally lifted off of the surface of the CD mixture and bag.
- Seal bag, record time, and observe the CD indicator, Open after a minimum of 30 minutes (60 minutes ideal) and when the CD indicator changes from lighter purple to pink) . The bag will generate heat and pressure during the gas phase of the process.
- After 30 minutes and CD indicator change, remove the device, wipe down equipment with a water solution and dry. Use gloves and open bag in a well ventilated area and shaded area. **CAUTION:** Gas generated in bag is strong and there will be chlorine residue on the equipment that will irritate skin and mucous membranes.
- Seal bag and properly dispose of the bag and components. At this point the bag is not considered medical waste.



# Old School...



# New School?

Lisa E. Hensley, PhD  
Associate Director, Science  
NIH/NIAID/IRF  
Ft Detrick MD  
301 631-7205  
[lisa.hensley@nih.gov](mailto:lisa.hensley@nih.gov)





# Equipment Decontamination

## **Current system**

2 gallon and 10 gallon bags

Two powder packets combined

Water added to powder and bags rapidly sealed

## **Ideal system**

1 m<sup>3</sup> and 0.5<sup>3</sup> m fixed containers

Ports for addition of dry and liquid components

# Personnel Decontamination

## **Current system**

Personnel spray one another with bleach mist prior to removing PPE.  
Difficult to insure topical coverage.

## **Ideal system(s)**

Bleach foam spray  
Cubicle



# Point of Care Diagnostic Devices

## **Current system**

Single agent assays (Ebola virus)

## **Ideal multiplex system(s)**

Ebola virus

*Plasmodia sp*

*S. typhii*

Lassa fever virus



# Improved Patient Transport

## **Current system**

Standard clothing

Public or private vehicles

## **Ideal system(s)**

Ventilated patient clothing that protects other personnel

Modified vehicle

# Data Collection and Management

## **Current system**

Ad hoc

## **Ideal system(s)**

Real time monitoring of patient census, outcomes, personnel, supplies

Fieldable devices