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of Health

OHEP-304 New York State Department of Health Special Pathogen Response and H5N1 Plans

New York State Department of Health (NYSDOH)

WEDNESDAY, MAY 14TH, 2025

PRESENTERS TODAY

- Mark Waldenmaier, Planning Manager, Office of Health Emergency Preparedness
- Brielle Phillips, Healthcare Facility Preparedness Manager, Office of Health Emergency Preparedness
- Matt Wiley, Emergency Preparedness Manager, Office of Primary Care and Health Systems Management & Office of Aging and Long-Term Care
- Bryon Backenson, Director, Bureau of Communicable Disease Control, Division of Epidemiology
- Ernest Clement, Director, Bureau of Healthcare Associated Infections, Division of Epidemiology
- Meghan Fuschino, Associate Director, Virology Laboratory

OBJECTIVES OF THE BRIEFING

After this overview, the participants will be able to:

- Understand the assumptions and concepts of a Special Pathogen Response by the State Health Department and local partners impacted
- Identify the different components of the State Health Department's Special Pathogen Response & H5N1 Plans related to initial cases in New York State
- Describe the general notifications and actions performed by local impacted partners in collaboration with the State Health Department and other partners.

BRIEFING IN CONTEXT

This briefing will focus primarily on **NYSDOH actions**, especially **Port of Entry planning** for special pathogens, and operations primarily with **Hospitals**.

Further information on overall Special Pathogen planning from the **previous webinar**:

OHEP-303: Regional Emerging Special Pathogen Treatment Center (RESPTC) & H5N1 Avian Influenza Overview — HPP Deliverable 6a

Access through the [NYSDOH Learning Management System \(LMS\)](#) or QR code

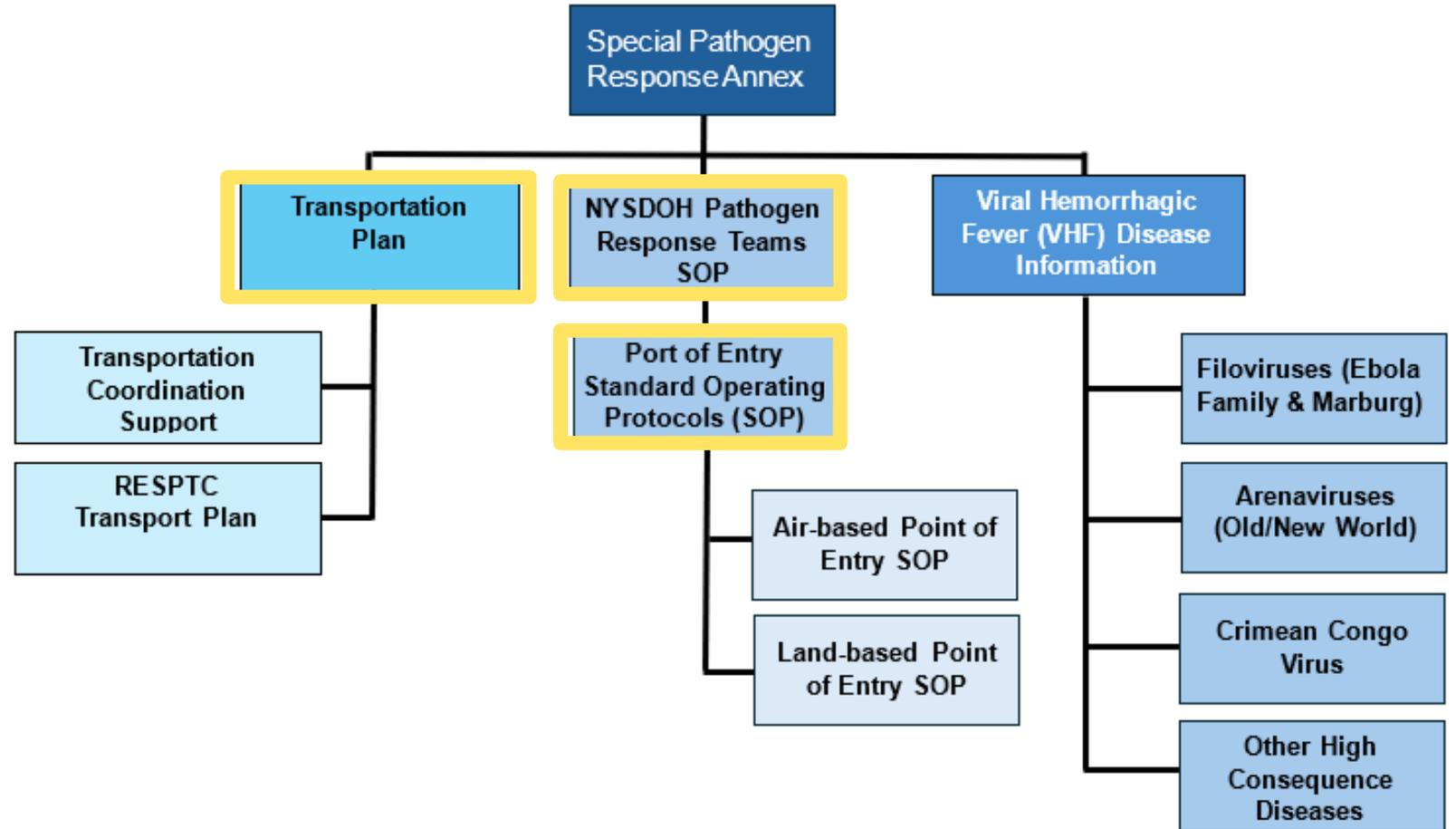


Assumptions & Concepts of the NYSDOH Special Pathogen Plan

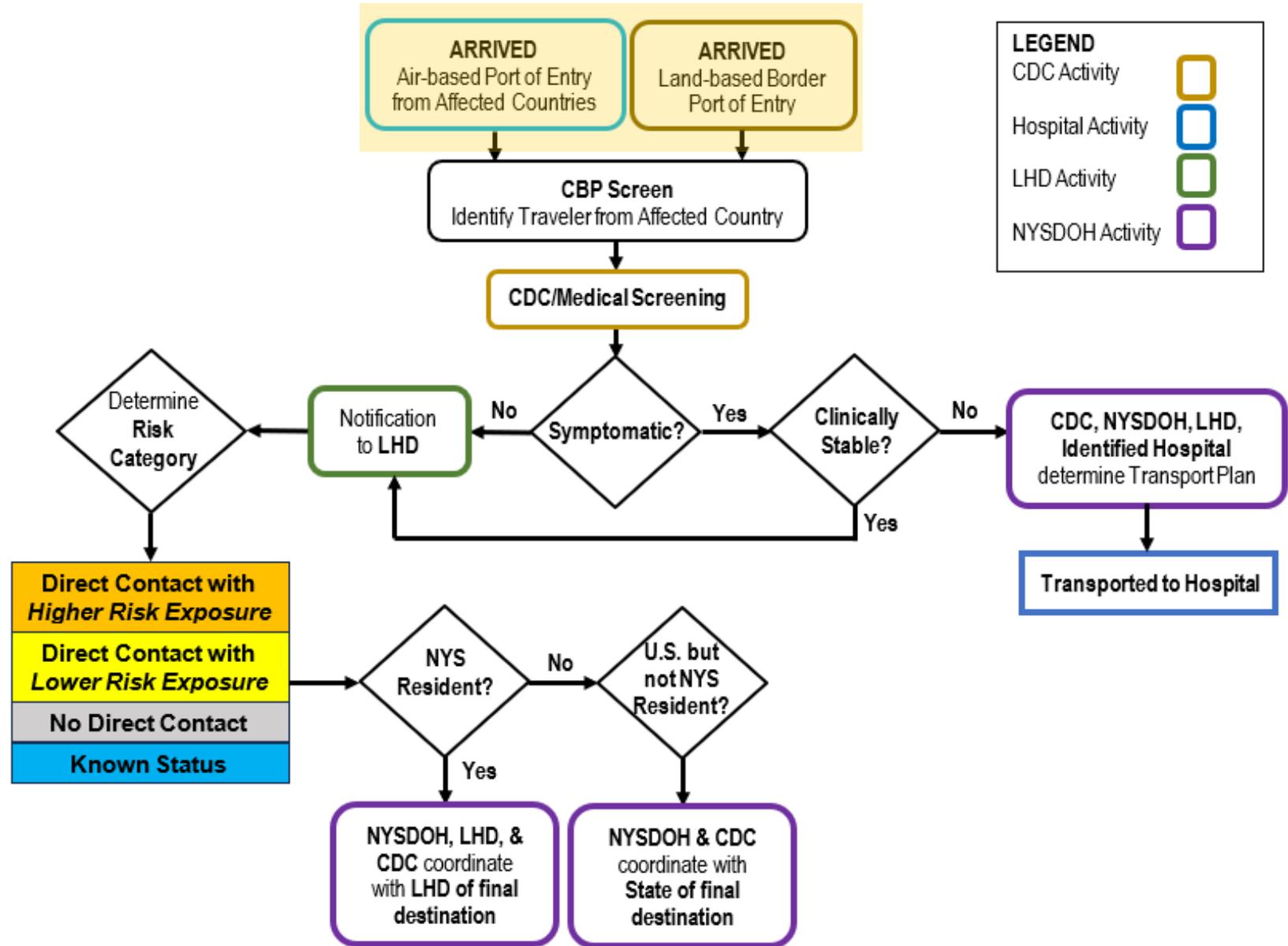
GENERAL ASSUMPTIONS

- An outbreak of a **High Consequence Infectious Disease (HCID)** is currently occurring in a globally defined area, and an individual with the HCID or at risk of the HCID based on travel origins will most likely be identified through Ports of Entry in New York State.
- Symptomatic, clinically unstable **Person Under Investigation (PUI)** will be sent to Level 1 or Level 2 **National Special Pathogen System (NSPS)** designated hospital for isolation, testing, and care.
- Transportation planning will be key in moving PUI to most appropriate facility as quickly as possible.
- A **Special Pathogen Response Team (SPRT)** from the State Health Department may be activated to support facility and community response as needed.

Plan Components

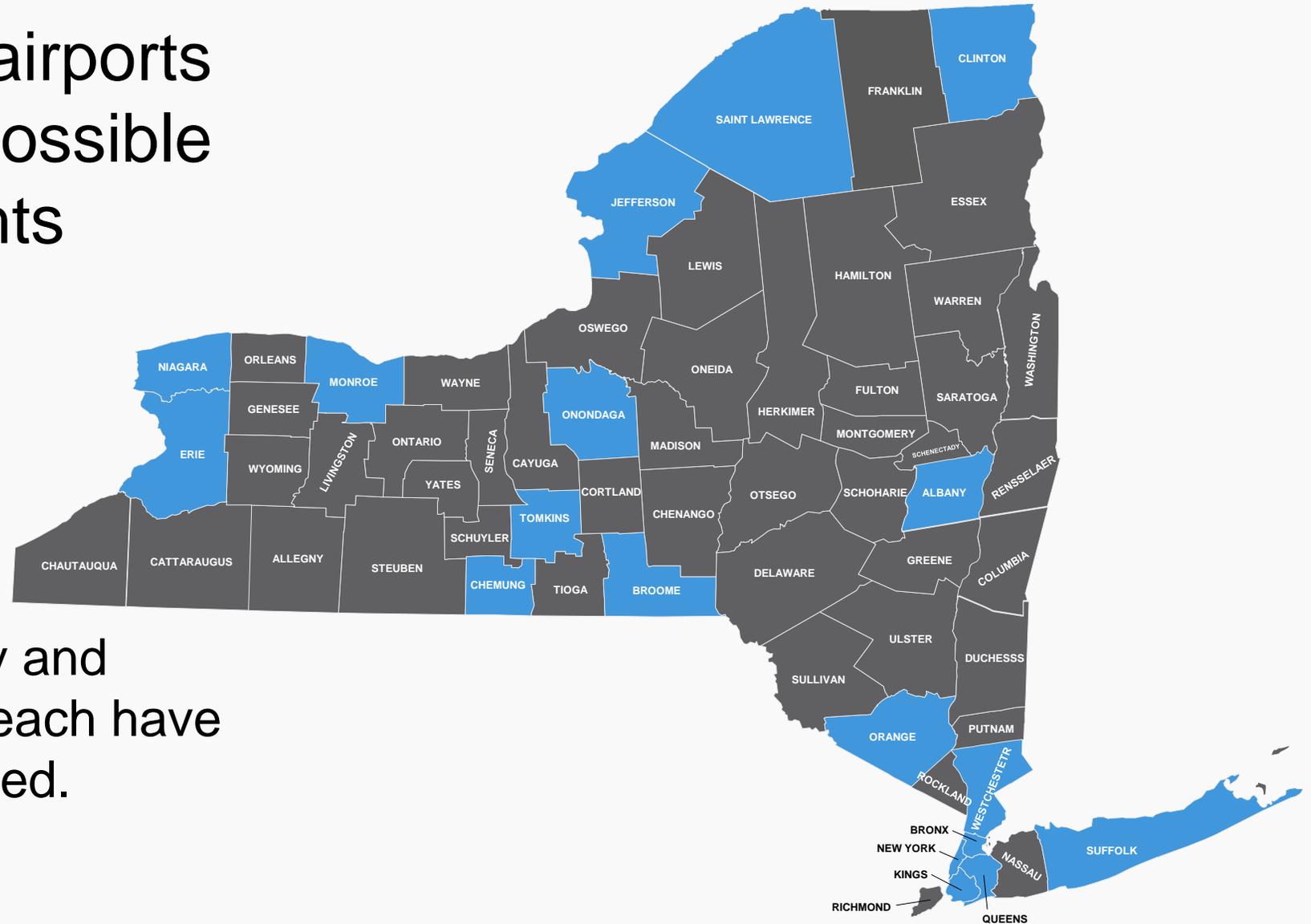


Ports of Entry



AIR-BASED PORTS OF ENTRY

17 International airports
or airports with possible
international flights



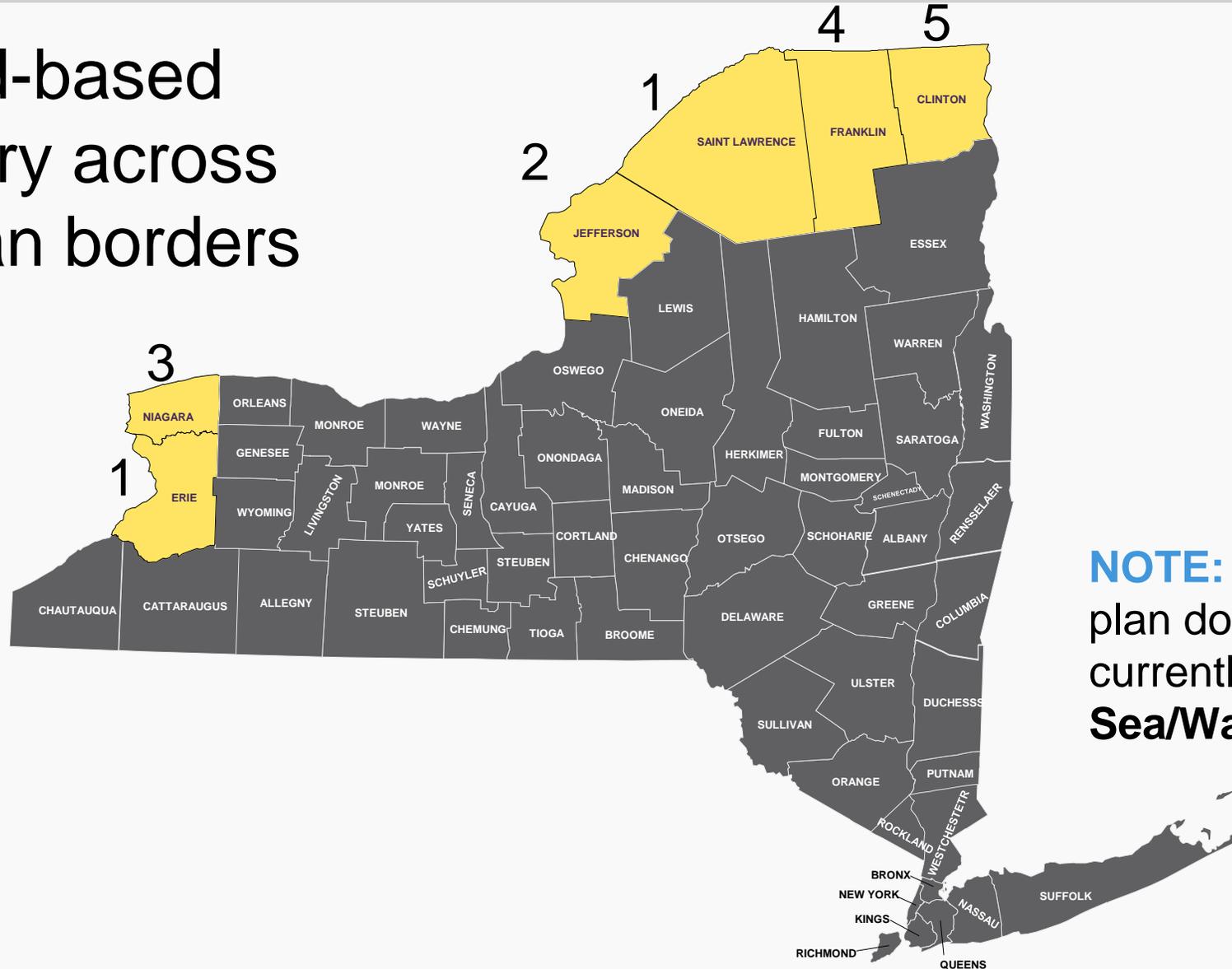
NOTE: New York City and
St. Lawrence County each have
two (2) airports identified.



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LAND BASED PORTS OF ENTRY

16 total land-based
Ports of Entry across
the Canadian borders



NOTE: NYSDOH plan does not currently consider **Sea/Water Ports**

PARTNERS AND ROLES

- U.S. Customs & Border Protection (CBP)
- Centers for Disease Control & Prevention Division of Global Migration and Health (CDC – DGMH)
- New York State Department of Health (NYSDOH)
- Local Health Departments (LHDs)
- Local Emergency Medical Services (EMS)

Screening & Identification
Detainment
Notification
Coordination
Transportation

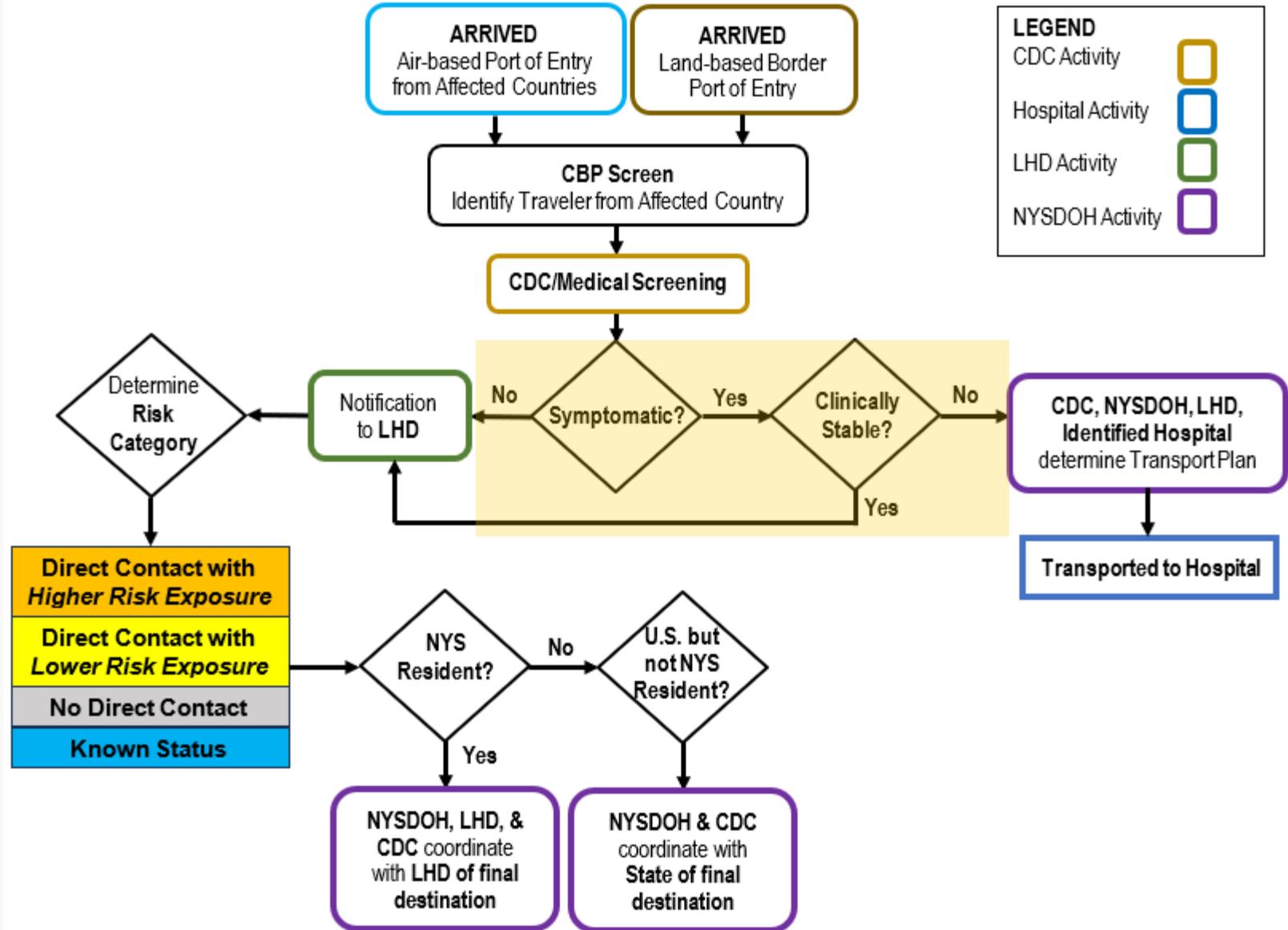
SCREENING LEVELS

- U.S. CBP
 - **Primary** → Travel History
- CDC – DGMH
 - **Secondary** → Risk/Symptoms & Temperature Check
 - **Tertiary** → Fuller Interview
- NYSDOH → Added **screening criteria** if established

TRAVEL AND PORTS OF ENTRY



- Symptomatic, clinically *unstable* → **Hospital**
- Symptomatic, but clinically *stable* **OR** asymptomatic but a defined **risk exposure** → **Local Health Department**



OPERATIONAL SCENARIOS

Passenger/Traveler Presents at Port of Entry

Scenario	Description
1	With fever or other symptoms identified as possible infection by special pathogen
2	Direct Contact with <i>Higher Risk Exposure</i>
3	Direct Contact with <i>Lower Risk Exposure</i>
4	No Direct Contact
5	Known Status



COMMON ELEMENTS OF OPERATIONAL SCENARIOS

From the various agency screenings:

- Symptoms & Stability
- Risk Exposure
- Residency

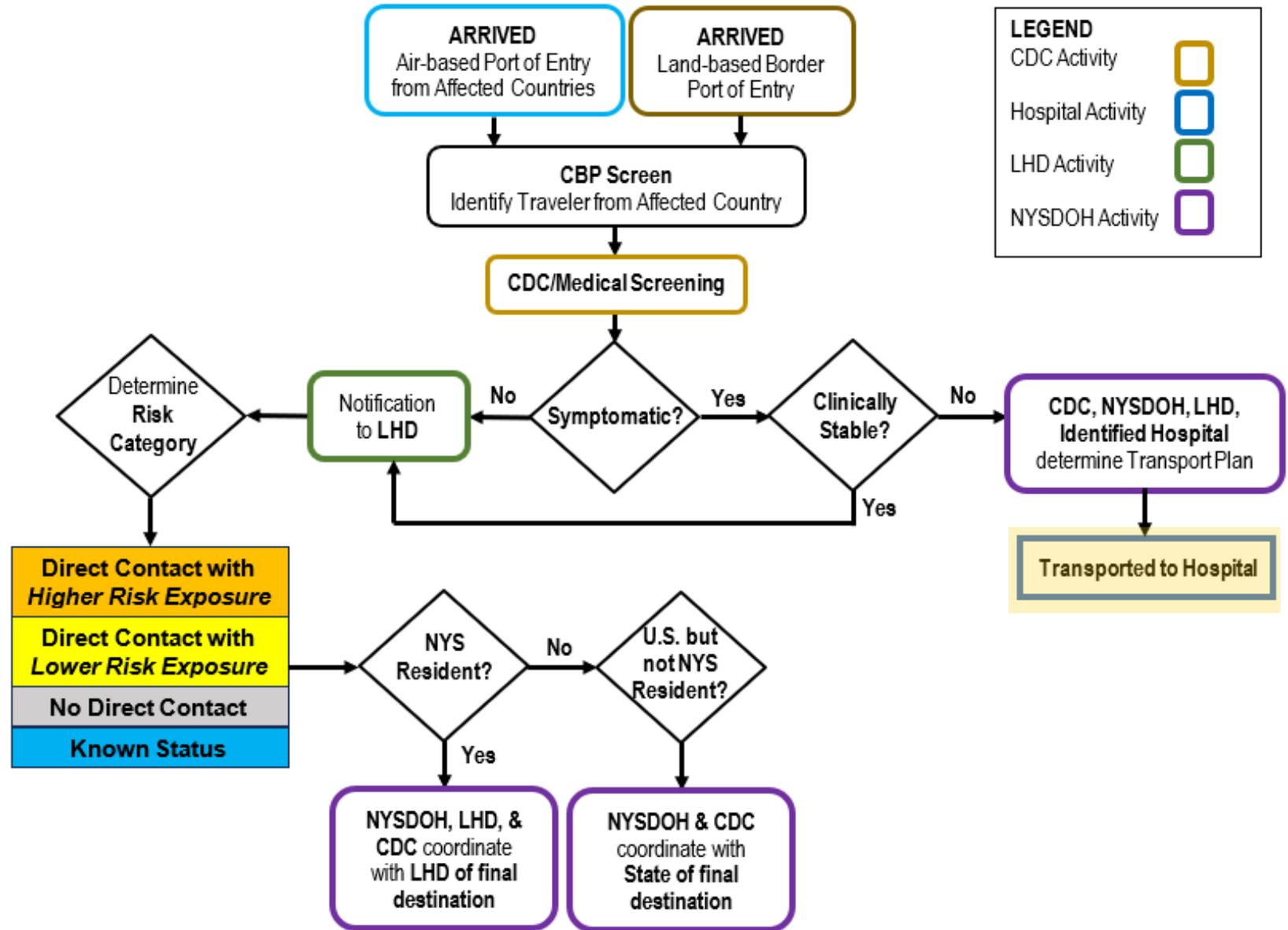
```
graph TD; A[Symptoms & Stability  
Risk Exposure  
Residency] --> B[Next Steps Determined]; B --> C[Notifications  
By Whom and To Whom]; B --> D[Transportation  
By Whom and To Where];
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**Next Steps
Determined**

Notifications
By Whom
and
To Whom

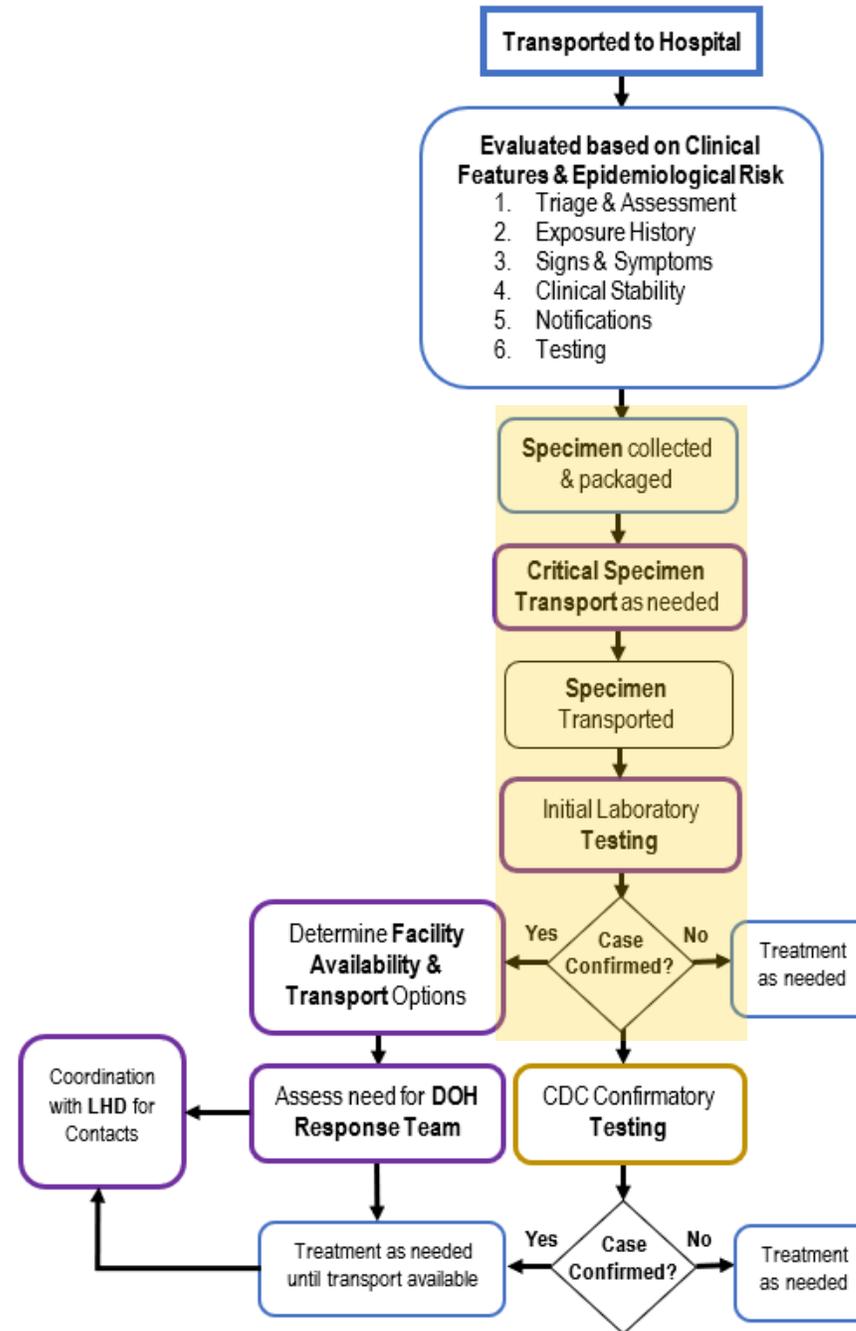
Transportation
By Whom
and
To Where

Travel From Port of Entry



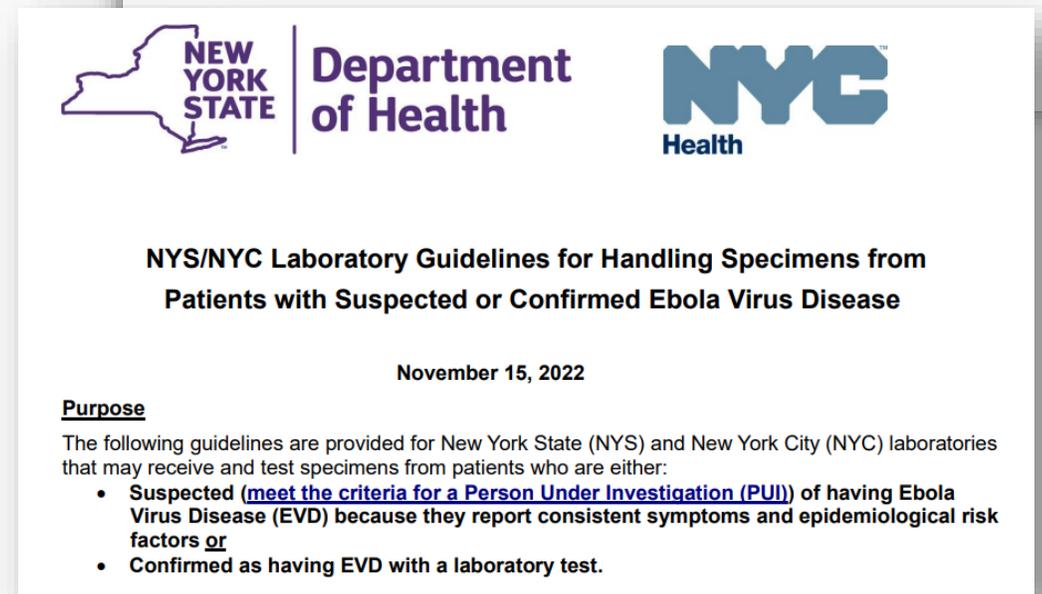
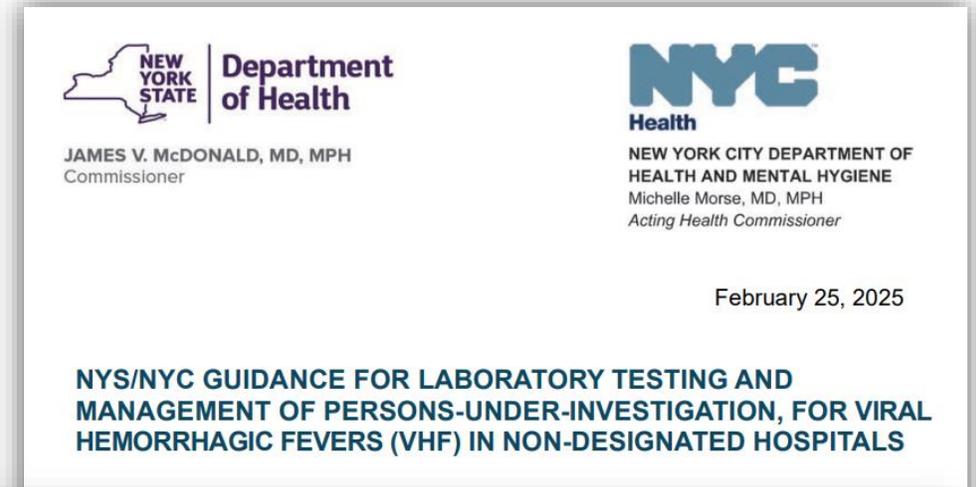
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Early Actions at the Hospital

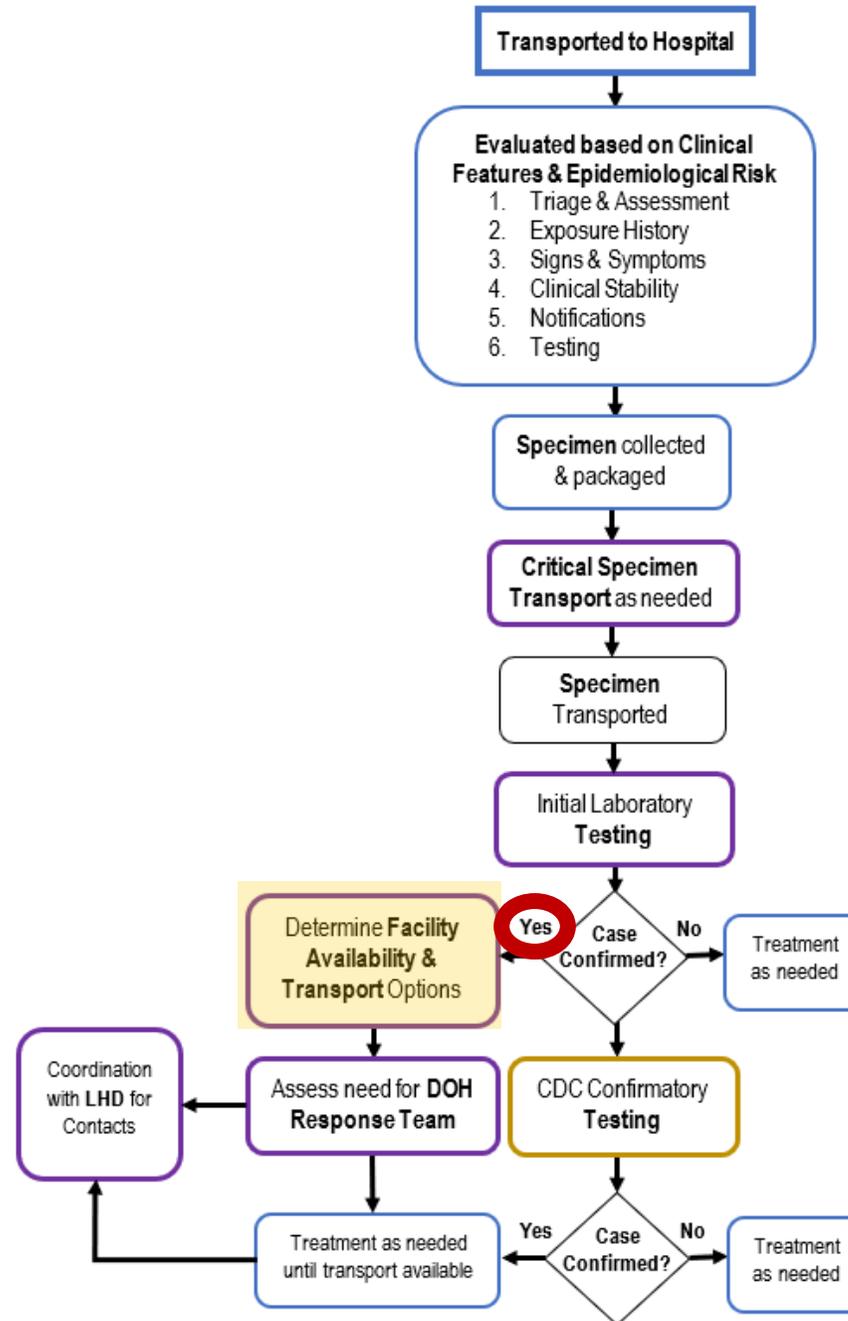


TESTING – VHF/EBOLA EXAMPLE

- Appropriate specimen collection
- Proper packaging and shipping
- Critical Specimen Transport – State Health Department operation to expedite samples which need testing immediately
- Laboratory testing timeline
- Department of Health Ebola Healthcare Provider Information



Early Actions at the Hospital

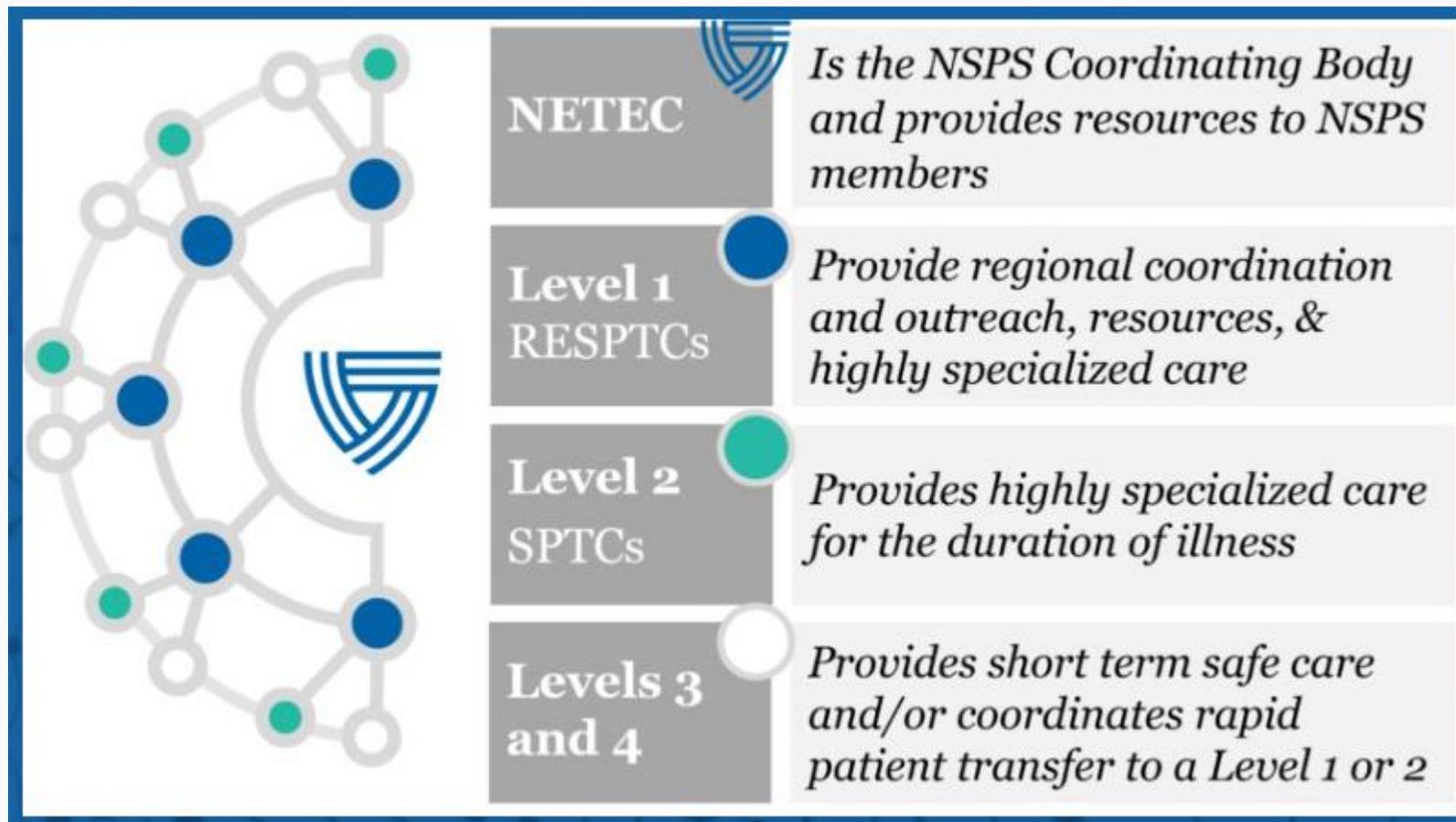


Transportation Planning

- From Port of Entry →
Level 1 or 2 Facility
- From Port of Entry →
Frontline/Level 4 Facility
- From Frontline/Level 4 Facility →
Level 1 or 2 Facility

NATIONAL SYSTEM FOR SPECIAL PATHOGENS

- **Where are the Symptomatic Patients going long term?**
- National Emerging Special Pathogens Training & Education Center ([NETEC](#))
- National Special Pathogen System ([NSPS](#))

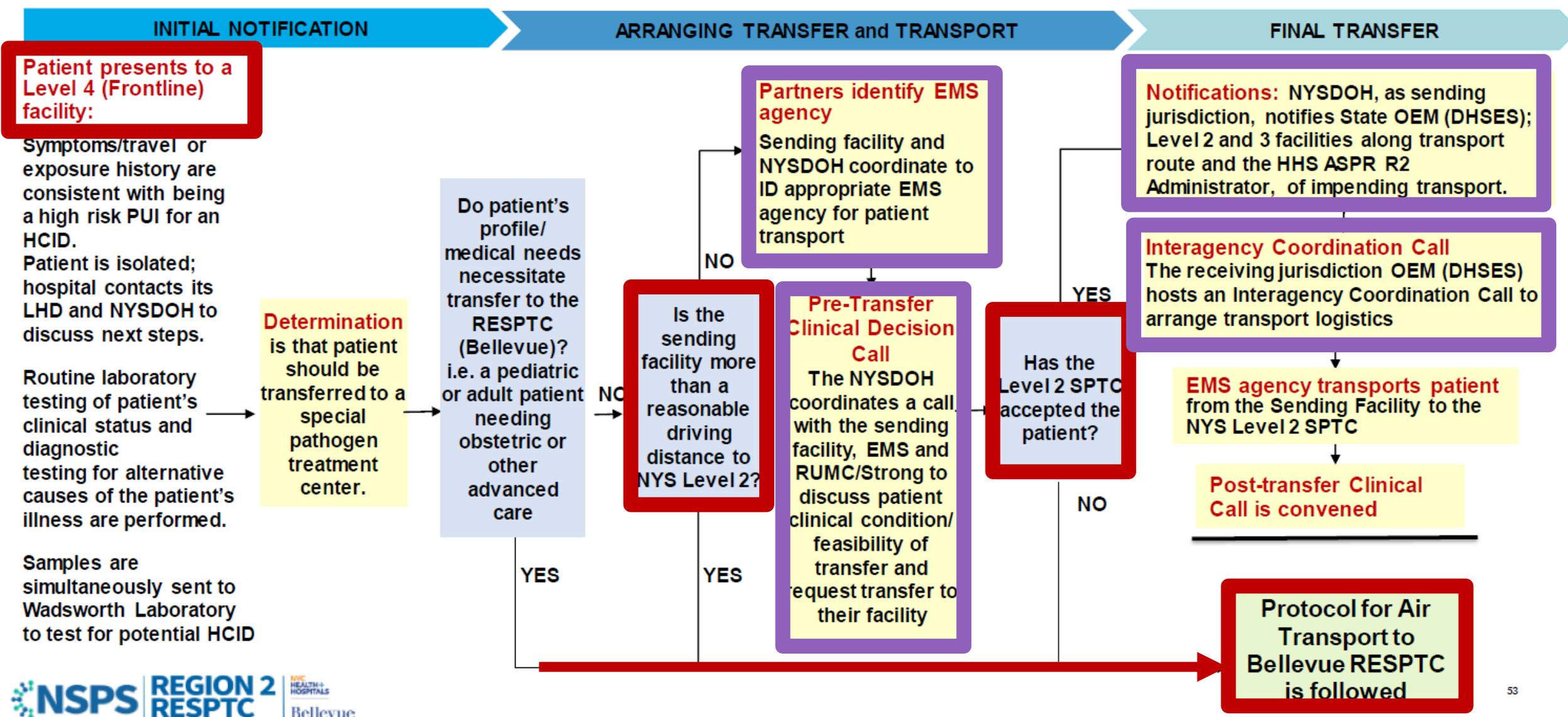


FACILITY LEVELS FOR SPECIAL PATHOGENS

NSPS designation	Facility Type	Definition	New York Facilities
Level 1	Regional Emerging Special Pathogen Treatment Centers (RESPTC)	Regional resource hubs which provide highly specialized care. <i>Level 1s care for patients for their duration of illness.</i>	1. Bellevue / NYC H+H (Region 2 RESPTC)
Level 2	Special Pathogen Treatment Centers (SPTC)	Facilities with capacity to deliver specialized care to clusters of patients and serve as primary patient care delivery centers. <i>Level 2s can care for patients for their duration of illness.</i>	1. University of Rochester Medical Center 2. <i>Northwell Health Glen Cove (Temporary reduction to 3)</i> 3. <i>Stony Brook University Hospital (Temporary reduction to 3)</i>
Level 3	Assessment Centers	Facilities which are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. <i>Level 3s can care for patients for 12-36 hours.</i>	Acute Care Hospitals (Erie County Medical and others)
Level 4	All Other Healthcare Facilities	Facilities which initially identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.	All other Hospitals, Urgent Cares, clinics, Local Health Departments, and other locations a patient may present.



Region 2 HCID Patient Ground Transport Plan to New York State Level 2 Special Pathogen Treatment Center



TRANSPORTATION COORDINATION CALLS

- **Critical determinations through coordination calls and planning**

Key factors

- Patient stability
- Facility status and bed availability of possible receiving facilities (either within NYS or within the NSPS)
- Geographic distance between frontline and possible receiving facilities
- Available transport mechanisms

From Port of Entry

- CBP
- CDC - DGMH
- NYSDOH
- LHD
- EMS
- Receiving Facility
- NSPS & Bellevue RESPTC

TRANSPORTATION COORDINATION CALLS

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Key factors

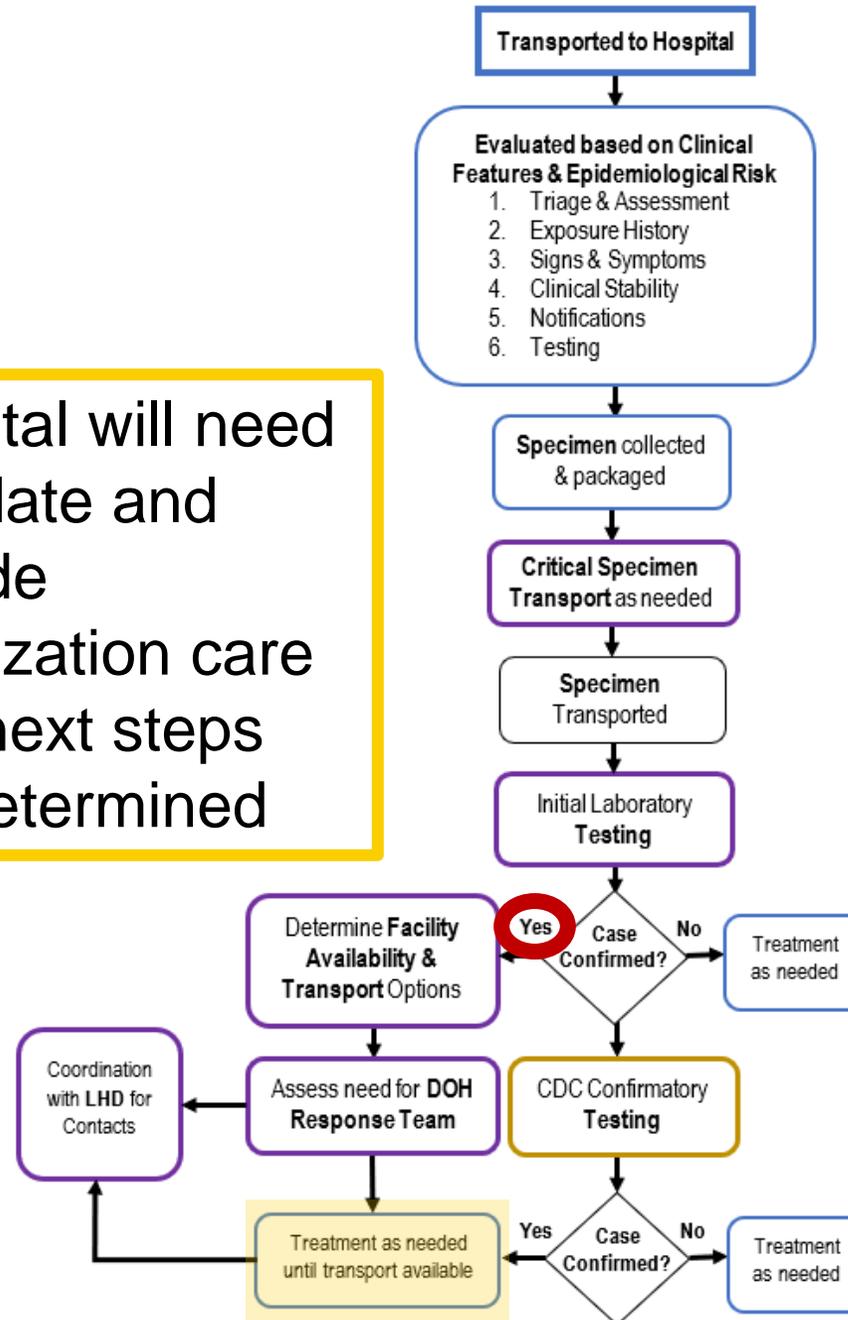
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From Front-line Facility (Level 4)

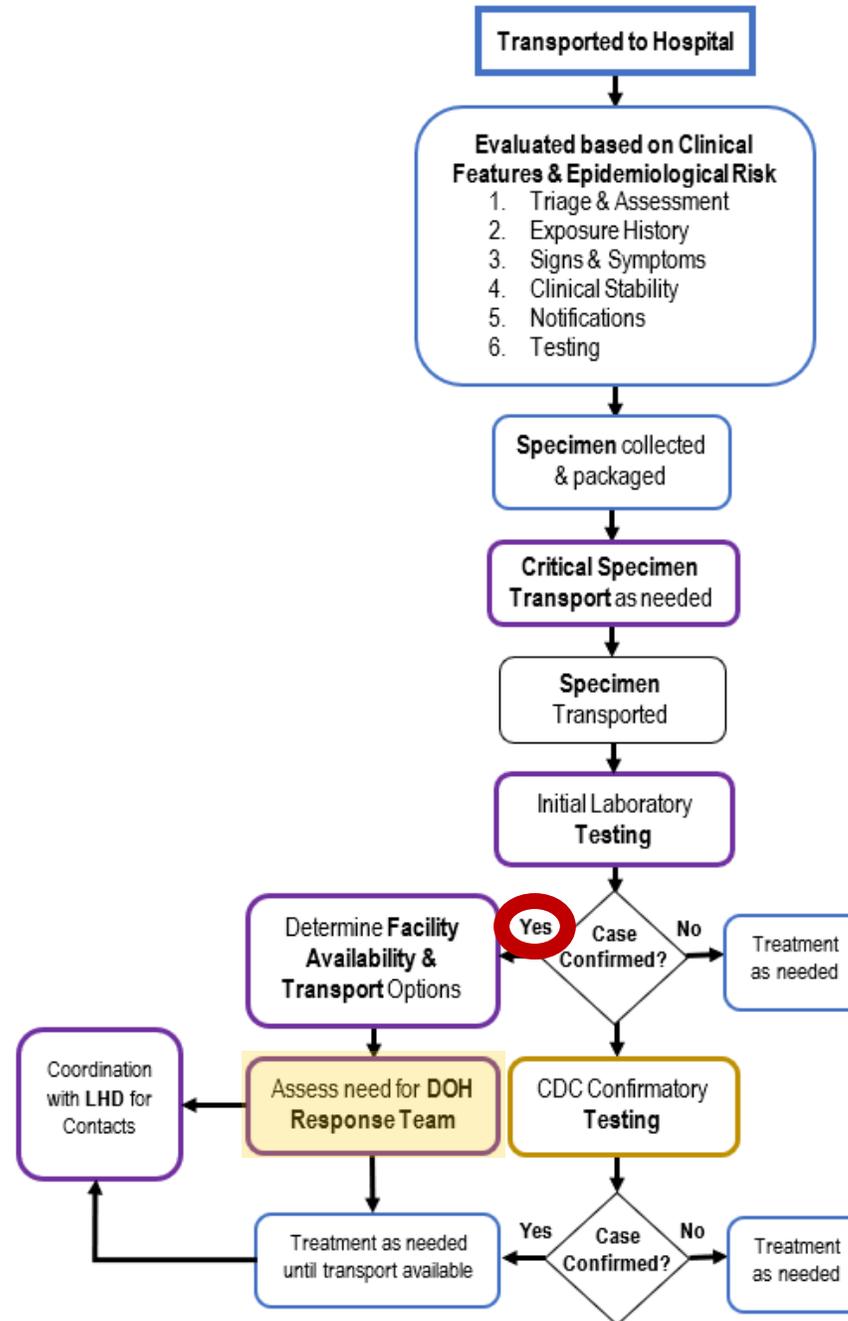
- NYSDOH
- NYS Office of Emergency Management (OEM)
- EMS
- Sending Facility
- Receiving Facility
- NSPS & Bellevue RESPTC
- LHD
- Local OEM
- Health and Human Services Region 2 Officials

Early Actions at the Hospital

Hospital will need to isolate and provide stabilization care until next steps are determined



Special Pathogen Response Teams



TRIGGERS FOR ACTIVATION

The NYSDOH Special Pathogen Response Team may be activated when **all** of the following three (3) conditions are met:

1. A **laboratory-confirmed positive HCID** case is identified
2. Case is in a **Level 3 or Level 4 Hospital**
3. Transportation Planning indicate patient will not be able to **transferred for 36 hours or longer**

OR

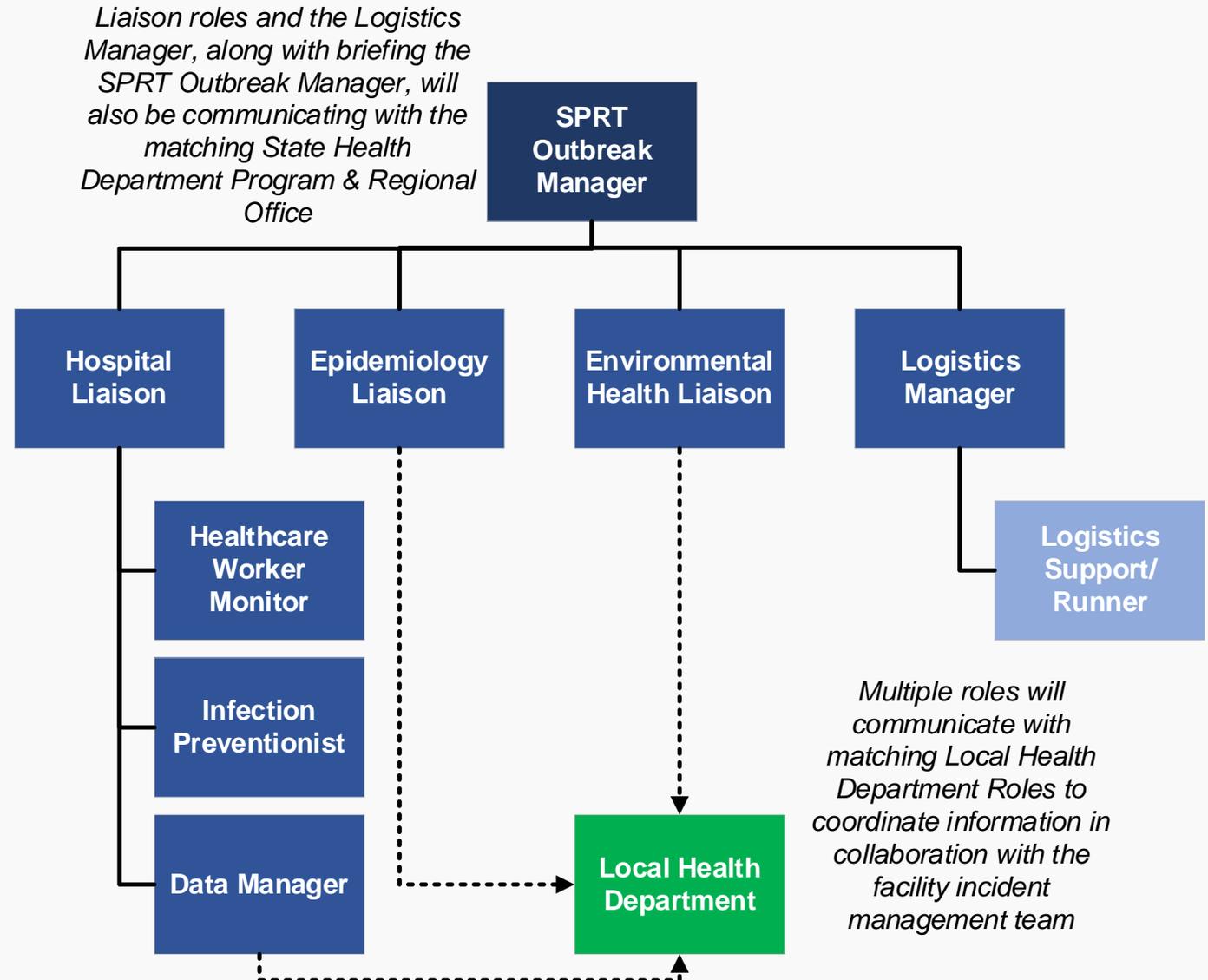
Request by **Level 1 or Level 2** hospital for additional support

Purpose of Response Team

- Technical Assistance
- Operational Support
- Liaison

ROLES IN THE RESPONSE TEAM

Final team roster will be determined based on **assessment** by NYSDOH, impacted facility, and LHD



Other Special Pathogen Response Plan Considerations



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OTHER PLANNING CONSIDERATIONS

The Special Pathogen Response Plan also provides considerations for:

1. Coordination with **LHD** for:
 - Isolation & Quarantine
 - Wrap-around Services Coordination
 - Critical to notify the LHD

Viral Hemorrhagic Fever

ABOUT THE DISEASE

POTENTIAL AGENT OF BIOTERRORISM
(CATEGORY A AGENT)

Etiologic Agent

Viral hemorrhagic fever agents (VHFs) include numerous zoonotic diseases, from four families including

New York State Department of Health

Bureau of Communicable Disease Control

Reportable Disease Manual

OTHER PLANNING CONSIDERATIONS

February 10, 2025

NYS Department of Health Ebola-Associated Waste Management Guidance

On February 6, 2025, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory about a recently confirmed outbreak of Ebola disease in Uganda. See <https://www.cdc.gov/han/2025/han00521.html>.

The New York State Department of Health (the Department) is providing this guidance to update hospitals and clinical laboratories located in New York State (NYS) on the handling of regulated medical waste (RMW) generated from the care of suspected or confirmed Ebola disease patients.

Oversight of Regulated Medical Waste

Facilities need to be aware that Ebola-associated RMW treatment, disposal and transport is subject to both state and federal regulations.

- The Department regulates the handling and treatment of RMW at hospitals and



Viral Hemorrhagic Fevers (VHFs)

EXPLORE TOPICS

SEARCH

MAY 7, 2024

Safe Handling of Human Remains of VHF Patients in U.S. Hospitals and Mortuaries



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The Special Pathogen Response Plan also provides considerations for:

2. Concerns of classification and disposal of hazardous waste
3. Handling of human remains with confirmed HCID
4. Management of **animal exposures**

CURRENT GUIDANCE

Health Advisory provides summary of current guidance *(March 2025)*

- Evaluating a person for possible VHF
- Testing for VHF at a public health laboratory
- Readiness requirements and recommendations for NYS healthcare facilities:
 - Signage
 - Patient registration & triage screening
 - Training
 - Exercises
 - Infection prevention and control
 - Patient placement
 - Reporting
 - Managing regulated waste
 - Environmental infection control & surface disinfection
 - Ongoing patient care
 - Shipping of clinical specimens



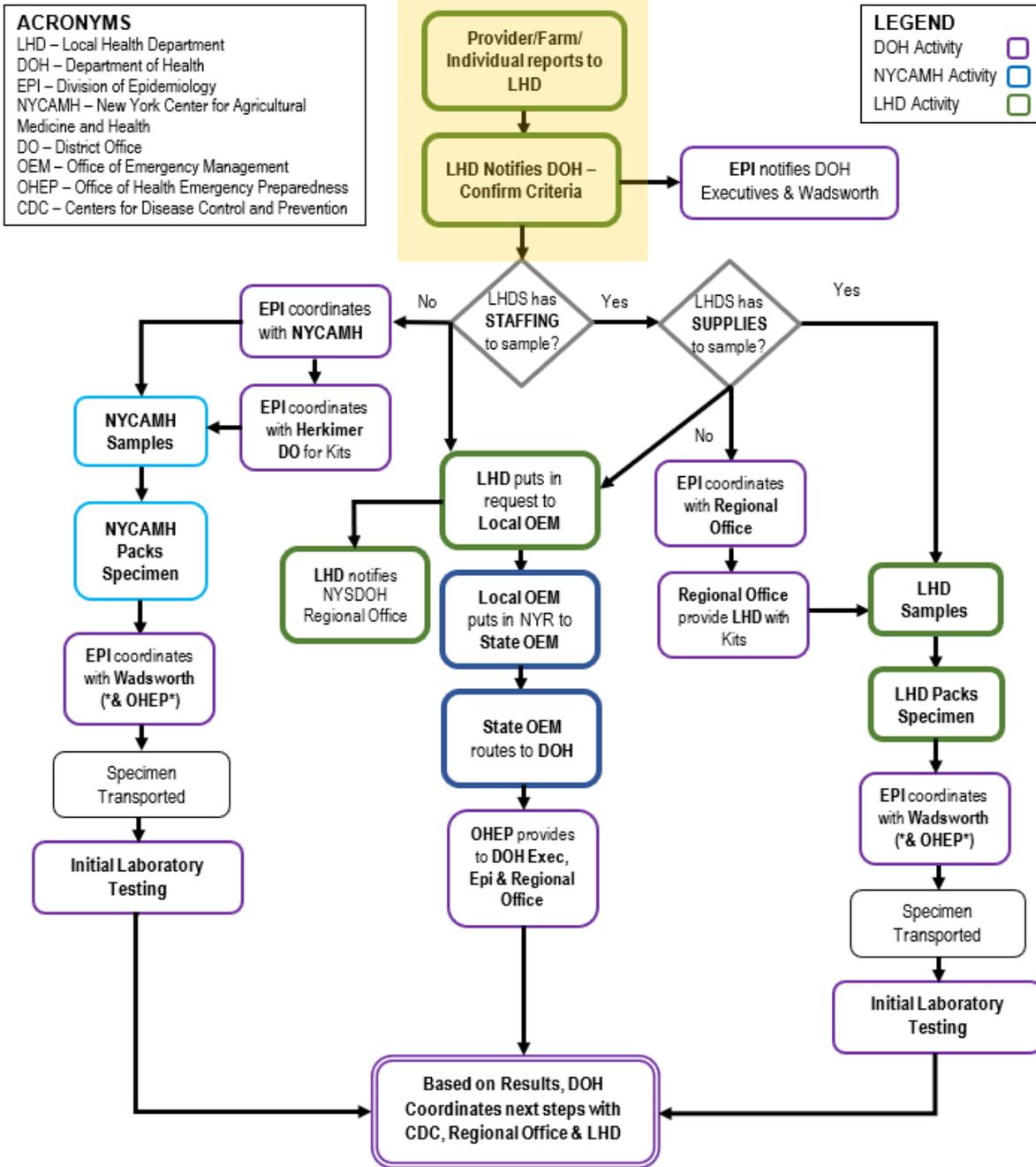
H5N1 Highly Pathogenic Avian Influenza (HPAI) as a **HCID**

HCIDs, also known as “special pathogens”, include the following characteristics:

- *Acute infection*
- *Pathogen with high morbidity and/or mortality*
- *May be difficult to recognize and detect rapidly*
- *Pathogen with high likelihood of secondary cases (person-to-person spread)*
- *No effective vaccine, prophylaxis or treatment*
- *Requires enhanced individual, population, and systems response*



NYSDOH H5N1 Response Plan Initial Sampling



SPECIMEN COLLECTION & TESTING

Indicators

- Symptomatic Herd/Flock
- Animals with laboratory confirmed H5N1
- Symptomatic person exposed to possible H5N1
- Human with positive laboratory test of H5N1

Specimen Collection

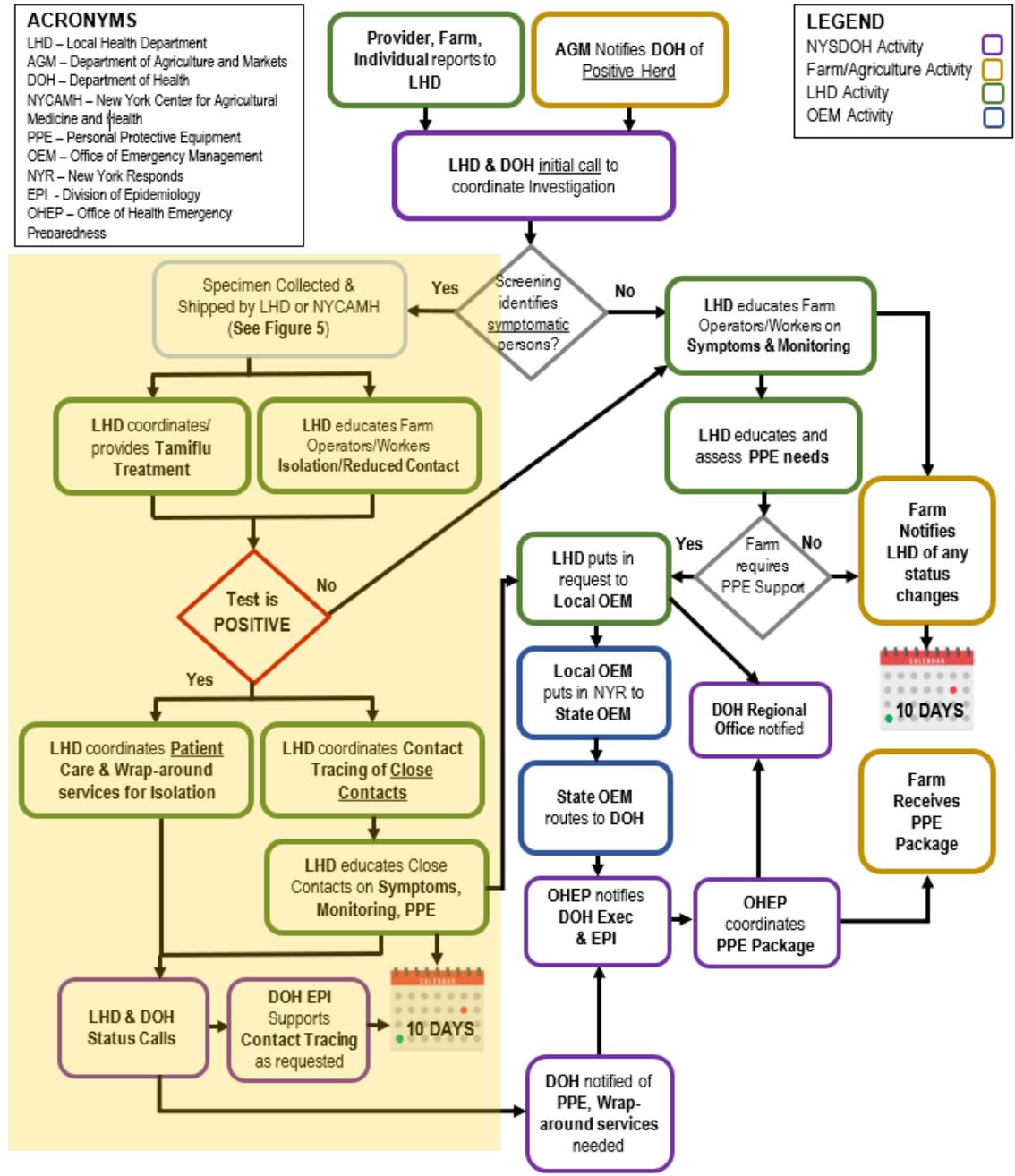
- Specimen collection kits staged at Regional Offices
- NY Center for Agricultural Medicine & Health (NYCAMH) partnership
- Packaging for shipping
- Critical Specimen Transport

NYSDOH H5N1 Response Plan Initial Care



ACRONYMS
 LHD – Local Health Department
 AGM – Department of Agriculture and Markets
 DOH – Department of Health
 NYCAMH – New York Center for Agricultural Medicine and Health
 PPE – Personal Protective Equipment
 OEM – Office of Emergency Management
 NYR – New York Responds
 EPI - Division of Epidemiology
 OHEP – Office of Health Emergency Preparedness

LEGEND
 NYSDOH Activity [Purple Box]
 Farm/Agriculture Activity [Yellow Box]
 LHD Activity [Green Box]
 OEM Activity [Blue Box]



SURVEILLANCE & EPIDEMIOLOGY

General Actions

- Notifications
- Personal Protective Equipment
- Monitoring
- Testing
- Medical Countermeasures

Positive result Actions

- Tamiflu treatment
- Reducing Contacts
- Isolation
- Support in isolation
- Contact tracing & 10-day monitoring

Resources

Public webpage

Avian Influenza (Avian Flu, Bird Flu, H5N1)



Translations

 This page is available in other languages ↓

What to Know

Dairy Producers and Workers

People who Handle Poultry

Clinicians and Veterinarians

New York State's Response

Health Commerce System (HCS)



Health
Commerce
System

Important Health Events



Avian Flu

H5N1 GUIDANCE FOR HOSPITALS

Groups ▶ LHD ▶ Diseases and Conditions ▶ Avian Flu ▶ Healthcare Providers ▶ Guidance

- Health Advisories
- Testing Advisory
- Guidance for Clinicians

H5N1 AS A HCID

- Planning considerations if H5N1 increases in pandemic potential in:
 - Other parts of the **world**
 - Other parts of the **United States**
- **Port of Entry screening** could be enacted for H5N1 criteria
- Currently **NSPS planning** for H5N1 as a HCID

QUESTIONS

THANK YOU!



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