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Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

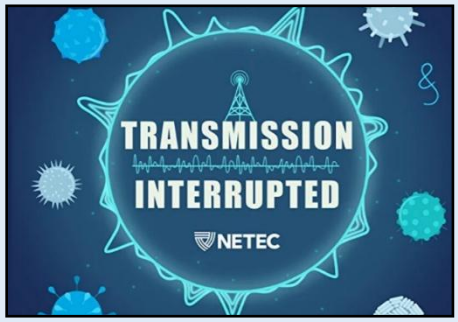
[October 2026]

Corewell Health is one of 13 federally funded Regional Emerging Special Pathogen Treatment Centers (RESPTCs). Our RESPTC Program works to enhance and support the National Special Pathogen System of Care (NSPS) to safely and effectively manage special pathogen response.



To learn more about the Corewell Health RESPTC, visit our internal SharePoint site.

If you want to learn more about Special Pathogens, check out NETEC's Podcast:



You can also take a look at NETEC's most recent News & Blog.

Frontline Focus:

UW Health Special Pathogens Program
Madison, WI

Since its establishment in 2014, the UW Health Special Pathogens Program has maintained readiness to safely care for patients with high-consequence infectious diseases through ongoing planning, training, and multidisciplinary collaboration. The program includes a dedicated Special Pathogens Team and the capability to rapidly convert a designated unit within the main University Hospital into a fully operational Special Pathogens Unit when needed.

In 2026, support from the STAND Award Grant provided an opportunity for Safety and Emergency Management and Infection Prevention to conduct a comprehensive review of the program's plans, workflows, and response capabilities. Areas of focus included Special Pathogens Unit staffing, personal protective equipment (PPE) practices, decedent management planning, and collaboration with key operational partners across the organization.

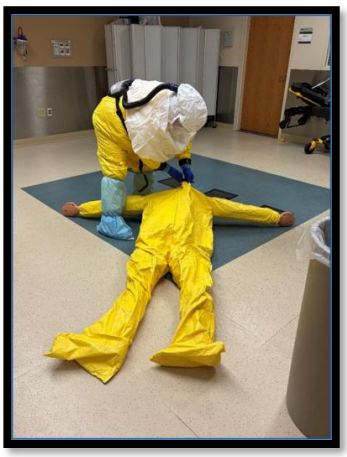
As part of these efforts, UW Health conducted a multidisciplinary Special Pathogens tabletop exercise involving a patient with suspected Ebola virus disease presenting to the University Hospital Emergency Department. The exercise included local, county, and state partners and identified strengths and opportunities for improvement that are being incorporated into updates of the organization's Emergency Operations Plan Special Pathogens Annex.

In early summer 2026, members of the UW Health Special Pathogens Team visited M Health Fairview's Regional Emerging Special Pathogen Treatment Center to participate in hands-on training and share best practices for the care of patients with high-consequence infectious diseases. The expertise, mentorship, and collaboration provided by the M Health Fairview team have been invaluable in strengthening UW Health's preparedness efforts.

UW Health has also expanded point-of-entry preparedness across its facilities by updating screening, assessment, and response workflows to support the rapid identification and management of patients with potential high-consequence infectious diseases.

Through continued collaboration, training, and process improvement, UW Health remains committed to maintaining a high level of preparedness to protect patients, staff, and the communities it serves.





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[October 2026]

Regional Outreach:
2026 Special Pathogen Transport Full-Scale Exercise

On June 9th the Corewell Health RESPTC program conducted a full-scale exercise to practice protocols for transporting, handling, and receiving a patient that has been infected with a high consequence infectious disease (HCID). The exercise began with a safety briefing with all participating organizations including, Corewell Health RESPTC, Henry Ford Hospital Special Pathogen Treatment Center (SPTC), Michigan Department of Health and Human Services (MDHHS), MI Region 1 Health Care Coalition (HCC), MI Region 2S HCC, MI Region 6 HCC, Huron Valley Ambulance (HVA), Life EMS, Mobile Medical Response (MMR), and U of M Health Sparrow.

After the safety briefing, a simulated pregnant patient diagnosed with Crimean Congo Hemorrhagic Fever (CCHF) was transferred from Henry Ford Hospital SPTC to Huron Valley Ambulance. HVA transported the patient via isopod to the patient transfer site at U of M Health Sparrow in Lansing, where they met Life EMS, MMR, and members of the Corewell Health Special Pathogen Response Team (SPRT) waiting to receive the patient. Patient report was given and the patient was transferred from HVA to Life EMS ambulance.

The patient was transported from the patient transfer site to Corewell Health and was received by the SPRT in the designated patient receiving area for the RESPTC. Within the patient receiving area team members practiced extracting the patient from the isopod, patient containment wrap, deconning an EMS rig, waste handling, and PPE doffing while following proper infection control standards.





Current Countries of Concern for Epic Travel Screening

Disease	Location
Lassa Fever	Guinea, Sierra Leone, Liberia, Mali, Cote d'Ivoire, Burkina Faso, Ghana, Togo, Benin, Nigeria
Ebola	DRC, Congo, Uganda, South Sudan, Kenya
CCHF	Iraq, Pakistan
MERS	Bahrain, Iraq, Iran, Israel, Palestine, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen
Mpox	DRC, Burundi, Central African Republic, Congo, Rwanda, Uganda, Zambia, Angola, Tanzania, South Sudan

Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[October 2026]

Education Spotlight

Specimen Collection and Processing on HCID Patients or Patients Under Investigation

Written By:
Tori Nemitz, MLS
Fairview University Medical Center

Specimen collection for patients with a suspected high-consequence infectious disease (HCID) is one of the most important steps in the National Special Pathogens System (NSPS), alongside identify, isolate, and inform. Without an EDTA (purple top) specimen we will not be able to test for confirmation or presumptive results of Ebola, Lassa Fever, Dengue, Crimean-Congo or Marburgvirus. Furthermore, before any HCID workup can be performed, the patient may have other rule-out testing or supportive care testing that needs to be performed. Whether this testing is point of care or run in the main lab, there are a few universal truths to help make your collection and transportation successful.

Before Collection:
One very important note is to contact and inform your laboratory as soon as HCID testing is being considered. HCID testing may not follow the specimen collection processes you are used to, and your laboratory or public health department may have specific requirements for collection, packaging, transport, and testing. Early communication helps ensure you collect the right specimens before entering the room and provides a way to identify specimens that may contain a highly pathogenic organism if opened.

Before entering the patient's room, confirm:
- What specimens are needed
- Which testing can be performed on-site
- Whether point-of-care testing is available
- How specimens should be packaged and transported
- How HCID specimens will be identified and communicated to laboratory staff

If you are at a larger institution, point-of-care testing may be an option. Not all facilities bring testing devices into the patient room, so alternative workflows may be needed for HCID patients. Work with your laboratory and infection prevention teams to determine the safest approach for your facility. Most importantly, make sure you have all required supplies before entering the room to collect specimens or perform testing.

During Collection:
One of the most frustrating things you can be told during an HCID event is to "do your own risk assessment." When you're making real-time decisions under pressure, that can be a tall ask. This is why it is important to think through specimen collection before you have an HCID patient and have procedures ready to go when the pressure is high. When assessing collection risks, remember that any aspiration of blood into a syringe, including filling a closed testing cartridge, can create limited aerosolization of infectious material.

Consider ways to reduce that risk, such as:
- Using appropriate PPE
- Placing a disinfectant-soaked cloth or absorbent pad beneath the sampling area
- Using transfer devices that rely on gravity rather than syringe aspiration when possible
- Following established collection and transfer procedures

For specimen collection, direct collection from a straight stick, vascular access device, or butterfly set can eliminate the need to transfer blood from a syringe into specimen tubes. However, staff competency should also be considered. If your team is comfortable and proficient with a specific collection process, the risk of changing procedures for HCID patients may outweigh the benefits of an alternate collection method.

Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[October 2026]

Education Spotlight continued…

After Collection:
After collection, whether specimens are going to your laboratory or directly to public health, they should be disinfected with an EPA-approved disinfectant before labeling. Allow the tubes to dry completely before applying labels.

Once labeled:
- Place specimens in a clearly marked biohazard bag or use another method to identify them as potentially highly infectious.
- Follow site-specific requirements for additional bagging and disinfection.
- Coordinate transport with the laboratory before moving specimens.

Specimen destinations will vary by facility. Some sites may test specimens in a satellite laboratory, some may ship directly to public health, and others may package specimens in the main laboratory. Follow your laboratory's instructions for transport and handling. Never transport HCID specimens through a pneumatic tube system.

Testing Considerations:
As discussed throughout this chapter, there is no one-size-fits-all approach to HCID testing. Depending on your facility's capabilities, testing may be performed:
- At the point of care (POCT)
- In the patient care unit
- In a satellite laboratory
- In the central laboratory
- Through a reference or public health laboratory

Facilities performing testing on-site should follow their system-specific protocols. When open-sample testing is required, performing the work in a HEPA-filtered biosafety cabinet with appropriate PPE can help reduce risk. While negative airflow is ideal, it is not always required.

Many laboratory analyzers can also perform closed-tube sampling, where blood is aspirated by the instrument without removing the cap. This reduces specimen manipulation and helps lower the risk of exposure during testing.
This version cuts out some repetition, keeps the practical tone, and makes the transport and testing considerations easier to scan.

Take away:
- You are not alone. Hospitals, public health laboratories, and NSPS Level 1-3 hospitals across the country have developed plans for HCID specimen collection and testing.
- There is more than one way to prepare. It is important to find the system that will work best for your facility.
- The goal is to safely say "yes" to testing whenever possible. Risks can often be mitigated through planning, PPE, engineering controls, and alternative workflows.
- You have resources, NETEC, CDC and State Public health all have tools and resources for you to help with your own plan.
  *Specimen Collection · NETEC Resource Library
  *Laboratory Testing for Patients with a Suspected VHF or High-Consequence Disease | Viral Hemorrhagic Fevers (VHFs) | CDC
  *HCP Specimen Handling Checklist

Future Tools:
NETEC Lab workgroup is working hard on a risk assessment tool for laboratory staff across the nation to be able to do real-time assessment of test specific PPE, Waste and safety protocols.

Resource: Specimen Collection · NETEC Resource Library

Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[October 2026]

This month's featured Funky Bug— Lassa Fever

Written by Daliya Khuon, MD, Pediatric Infectious Disease, Corewell Health RESPTC

This month's featured Funky Bug—Lassa Fever

Since the beginning of 2026, Nigeria has experienced an outbreak in Lassa Fever. While Lassa Fever is endemic to this area, there has been an increase in cases, with 23% increase in confirmed cases compared with this same time period last year. Additionally, the case fatality rate is higher at 24%. Nearly every state in Nigeria has reported a case. The U.S. has not had any returning travelers diagnosed with Lassa Fever since October 2024. Lassa Fever is caused by a viral infection and is considered one of the Viral Hemorrhagic Fevers (VHF). It is endemic in West Africa with as many as 300,000 cases and 5,000 deaths per year. The majority (80%) of infections are mild and may not require medical attention. Less than 1% of Lassa infections will result in death, but for those who develop severe illness requiring hospitalization, case fatality rates can approach 30%. For those individuals who are infected, early treatment with Ribavirin has been shown to improve survival rates.

How Lassa fever spreads:

Lassa Fever is caused by infection with the Lassa virus, which is spread by the urine and droppings of infected rodents in West Africa. People mostly get Lassa Fever by eating or breathing in the virus, for example: touching contaminated objects, eating food that has the virus, getting the virus in open cuts or sores, eating rodents, breathing in air that has infected urine or droppings (this may occur when cleaning or sweeping).

Infection can also occur after coming in contact with the body fluids of an infected person. People with Lassa Fever are not contagious until after their symptoms begin. Lassa Fever is not spread through casual contact such as hugging, shaking hands, or sitting near someone.

Symptoms:

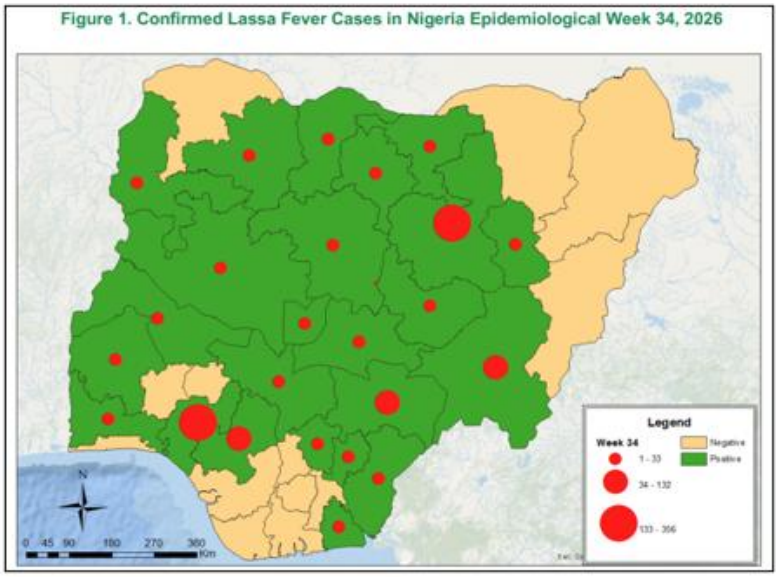
Patients will typically develop symptoms 1-3 weeks after exposure. About 8 in 10 people who are infected have mild symptoms and are not diagnosed. Mild symptoms include: slight fever, feeling tired and weak, headache.

In some people, the disease may cause more serious symptoms like: bleeding difficulty breathing, vomiting, facial swelling, pain in the chest, back, and abdomen.

Prevention:

Lassa fever patients ideally are managed within a special pathogen biocontainment unit (BCU). Transmission to healthcare workers can be prevented with the use of Ultimate Precautions which is defined by NETEC as VHF Dry PPE or VFH Wet PPE. VHF Dry PPE is recommended for Emergency Department staff and includes face shield, N95, level 3 or 4 impermeable gowns, and 2-3 pairs of gloves. The CDC feels the risk of transmission to individuals in the community remains extremely low.





Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[October 2026]

Fairview

Ready for the Rare: HCID Skills for Hospital Response

Participation & Contact Info

Date & Time:
Tuesday, November 3, 2026 9am-4pm

Location:
Fairview Riverside University Hospital, 2450 Riverside Ave, Minneapolis, MN 55455

Who should Attend?
This content is tailored for healthcare providers and infection preventionists working in hospital setting who want to enhance their knowledge of HCID identification, containment, and response strategies. This session is designed for a "train-the-trainer" model and class size is limited.

How is the Education Offered?
Delivered as a full day on-site session including a blend of interactive lecture and hand's-on practice to reinforce key concepts and procedures. Lunch will be on your own. There is no cost to register.

Are there any CEUs offered?
Yes, participants will be eligible to receive ANCC & CIC CEUs for the session.

How do I Register?
Registration is limited. Please register using the QR code or link below. Registration closes October 20th. Confirmation of enrollment will be emailed. If course is full, you will receive an email with upcoming course opportunities.es.
Ready for the Rare: Practical Skills for HCID Hospital Response – Fill out form
Question

Questions?
Email Sara Thul, Outreach Specialist at: Sara.Thul@fairview.org

Agenda:

- NSPS & RESPTC Overview
- Identify, Isolate & Inform
- PPE Considerations PPE Donning & Doffing
- PPE Breach Management
- Special Pathogens Overview & Case Study
- Wrapping a Patient for Transport
- Waste Management
- SPU Tour

NSPS Region 5 RESPTC

Prepare. Protect. Respond