



Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[December 2025]

Corewell Health and the University of Minnesota Medical Center (UMMC) are two of the 13 federally funded Regional Emerging Special Pathogen Treatment Centers (RESPTCs).

Our RESPTC Programs work to enhance and support the National Special Pathogen System of Care (NSPS) to safely and effectively manage special pathogen response.



Corewell Health and UMMC are a part of HHS Region 5.

To learn more about the Corewell Health RESPTC, contact Tim Scholten, Program Manager, at

Timothy.Scholten@corewellhealth.org

To learn more about the UMMC RESPTC, contact Sarah Haroth, Patient Care Supervisor, at

Sarah.Haroth@Fairview.org

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](#).

Region 5 Special Pathogen Outreach

Four UMMC RESPTC team members facilitated two different full-day HCID trainings in North-Central Wisconsin in early October. The trainings were attended by 31 health care professionals representing several Hospital, EMS, and Public Health agencies. Key takeaways from the training include improved PPE proficiency, hands-on practice of skills like body fluid spills and ambulance wrapping, and improved knowledge of available resources for creating HCID programs within their respective organizations.

Ty Zastava, MPH, CHES, NC Wisconsin HERC Coordinator said this of the training: "The Ready for the Rare training in our region was excellent! Cutting-edge information was shared, and hands-on activities really gave participants comfort in that they were using proper techniques for responding to special pathogen incidents. The educators were clearly experts in the field and offered useful real-life examples."

If you are interested in setting up a training in your region, please reach out to: Dept-UMMC-SPU@Fairview.org or SPU@Corewellhealth.org.



Corewell Health's Ryan Thatcher Shares Expertise at APIC Chicago Conference

At this fall's APIC Chicago Conference: Prepared for Impact, Ryan Thatcher, RESPTC Clinical Educator at Corewell Health, joined leading voices in infection prevention and emergency preparedness.

Sessions contributed to critical discussions on emerging respiratory viruses, zoonotic spillover, and strategies for managing household coinfections.

Attendees walked away with practical tools for surveillance, communication, and frontline training—reinforcing the vital role infection preventionists play in today's rapidly evolving healthcare landscape.



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Education Spotlight

The PPE Ensemble – Gloves

It's hard to believe that in many of the older nurses and nurses assistant careers that gloves were optional in all or almost all care. They really didn't start to become "popular" in healthcare until the AIDS crisis of the 1980s. Even after the 1980s many care givers didn't use them while cleaning patient's stool and urine. It's still not uncommon to see a nurse rip the finger off their glove to insert an IV. We encourage everyone to wear gloves when there is potential for the contact of blood and body fluids. Skin is a great barrier but often has small cuts, cracks, and openings for germs to get into. Team members should be performing hand hygiene prior to donning and after doffing gloves. Some facilities that are wearing multiple pairs of gloves might be completing glove hygiene (sanitizing gloves). This should only be completed when doffing the gloves unless the wear time, post sanitizing is known for the specific sanitizer. Sanitizers and other chemicals can decrease the integrity of gloves. This degradation can decrease wear time to as little as 4 minutes! Besides wearing gloves, one of the most valuable lessons to teach clinical team members is how to safely doff gloves without touching skin or other PPE. There are several methods including the glove in glove and the beak methods of removal. Choose a method that's best for your team and train them to doffing appropriately.

Ryan A. Thatcher, MSN, Clinical Educator

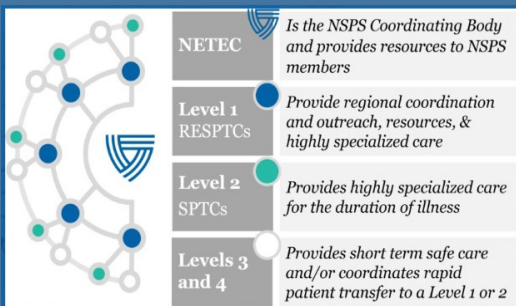
NETEC PPE Workgroup SME

NETEC PPE Resource Library <https://repository.netecweb.org/exhibits/show/ppe101/ppe>

The National Special Pathogen System (NSPS) helps the country **prepare** the health care system, **protect** the health care workforce, and **respond** to special pathogen events by coordinating special pathogen care across the United States.



(NSPS: National Special Pathogen System [NETEC])



Current Countries of Concern for Travel Screening

Current Outbreaks per [CDC - Travel Health Notices](#)

Location	Disease Outbreak
Region of the Indian Ocean, China, Cuba	Chikungunya
Columbia	Yellow Fever
Global	Polio, Dengue, Measles
Liberia, Sierra Leone	Mpox Clade II
Guinea, Nigeria	Diphtheria
Democratic Republic of Congo	Ebola
Americas	Oropouche
Mauritania, Senegal	Rift Valley Fever
Ethiopia	Marburg



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Region 5 Special Pathogen PPE Survey Summary

In June 2025, we conducted a survey of PPE inventory and usage across Level 2 facilities within our region and want to share the results with you. This initiative was designed to evaluate current supply levels, identify potential gaps, and promote transparency to ensure readiness for surge situations. The results will also inform training and resource-sharing efforts throughout Region 5. In February we would like to invite all facilities in Region 5 to participate in an effort to maintain visibility and strengthen collaboration. We will include a survey link for all facilities in the February newsletter and continue this process annually. Your participation is essential as we work together to prioritize safety and preparedness across our region.

Respirator Information

Primary respirator for special pathogen response

Most common: CAPR (majority of responses), followed by PAPR.

Trend: CAPR is the most common choice for frontline pathogen care.

PAPR brand & model

Most common: TR 600 and 3M Versa Flo TR 600.

Trend: Limited diversity in PAPR models.

CAPR brand & model

Most common: MaxAir and MAXAIR® CAPR® Helmet.

Trend: CAPR usage is standardized around MaxAir products.

Inventory Levels

PAPR Inventory

Range: 20 to 900 units.

Trend: Large disparity; one facility planning expansion to 1000 units.

CAPR Inventory

Range: 20 to 82 units.

Trend: CAPR inventory is significantly smaller than PAPR despite being primary choice.

Hood Inventory

PAPR hoods: 50 to 200 (with note to increase to 1000).

CAPR hoods: 30 to "Currently 1000+, decreasing to 600".

Trend: Some facilities maintain very high hood stock, others minimal.

PPE Ensemble

Coverall Suit Usage

Majority: Yes (6 out of 7 responses).

Trend: Coveralls are widely adopted for pathogen response.

Coverall Inventory

Highly variable: 100-1000+

Trend: Lack of standardized reporting and large inventory differences.

Impermeable Gown Usage

Mixed: Yes (4), No (3).

Trend: Gown usage is not universal.

Gown Inventory

Highly Variable: 50-1000s, with descriptive notes about old vs. new supply.

RESOURCE: [Hospital Personal Protective Equipment \(PPE\) Planning Tool / Calculator](#) · [NETEC Resource Library](#)

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This month's featured Funky Bug—Influenza

Written by Dr. Daliya Khuon, MD, Infectious Disease



Meet Kaden. When he was 7, he developed Flu A infection complicated by Group A Strep septic and toxic shock and severe soft tissue infection of his lower extremities. Ultimately, he survived his life-threatening infection but needed bilateral lower extremity amputation. Kaden did not have a flu vaccine the year that he developed the infection. He and his mom have teamed up with Families Fighting Flu to spread the word regarding the importance of flu vaccine. Read more about his story here:

<https://familiesfightingflu.org/family-story/the-stevenson-family/>

Influenza is a RNA virus that causes cough, runny nose, headaches, fever, and myalgias. In addition, flu can cause ear infections, croup, pertussis-like illness, and lower respiratory tract infection (bronchiolitis and pneumonia). Severe manifestations include encephalitis and sepsis-like illness. Bacterial co-infection, including pneumonia and sepsis, with *Staphylococcus aureus*, *Streptococcus pneumoniae*, and *Streptococcus pyogenes* are known complications of flu in a minority of cases. These cases can be severe and rapid in onset. Post infectious complications include Guillain-Barre and Kawasaki disease. Each year, roughly 30 million people have flu infection resulting in millions of clinic visits, hundreds of thousands of hospitalizations, and tens of thousands of deaths.

Flu viruses are of 3 different types: A, B, and C. Annual epidemics are caused by virus types A and B. Flu A is further characterized by their surface antigens resulting in names such as H1N1 or H3N2. Due to minor variations in the surface antigens, called antigenic drift, we get seasonal epidemics. Major variations can occur resulting in a novel flu virus that will cause a more significant epidemic, such as what occurred in the 2009 pandemic influenza A H1N1, because there is very little pre-existing immunity in the community. Flu viruses from swine and avian origins can cause infections in humans. They can also develop the ability to cause person-to-person transmission. For this reason, flu in birds and pigs is closely monitored. If identified, this has led to culling of flocks and herds.

Antiviral therapy with medications like Oseltamivir (Tamiflu) is available for treatment of flu. It is most effective when given within the first 48 hours of illness. More importantly, prevention is available with a seasonal flu vaccine. Due to the antigenic drifts and shifts, flu vaccine is modified each year to account for the circulating strains. The overall efficacy of the flu vaccine ranges from 30-60%, and is effective at reducing hospitalizations, severe illness, and complications even when the vaccine is not a perfect match. With a virus as contagious and common as the flu, even modest efficacy can have a big impact.



Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Regional Outreach Program

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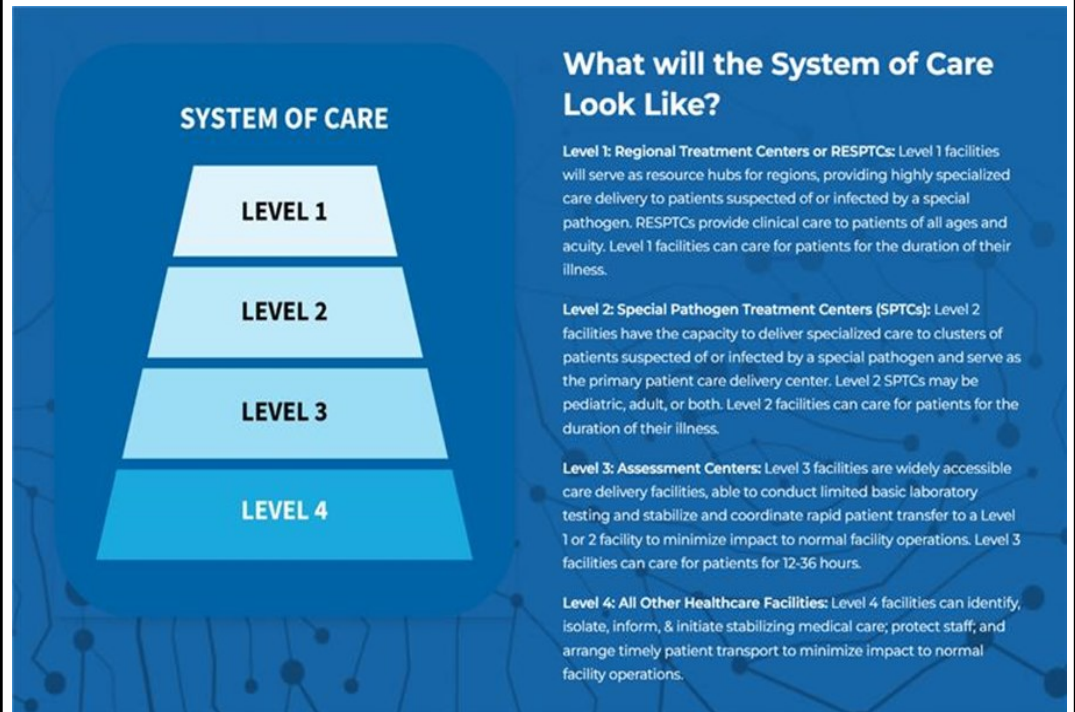


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National Special Pathogens System of Care



The National Special Pathogen System (NSPS) helps the country **prepare** the health care system, **protect** the health care workforce, and **respond** to special pathogen events by coordinating special pathogen care across the United States.
[NSPS Minimum Capabilities Resource](#)

Effective July 1, 2024 The Joint Commission Requirement Standard IC.07.01.01
The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

Are you prepared? WE CAN HELP!

How Do I Request Support?
[Regional Outreach Intake Form](#)



QUESTIONS?

Contact our Regional Outreach Coordinators, directly:

Kristin Sternhagen (MI, OH, IN, IL)
Kristin.Sternhagen@corewellhealth.org

Sara Thul (MN, WI)
Sara.Thul@fairview.org

Hospital - EMS - Public Health

Consultation:

Inclusive Program Review · Standard Work Feedback
Category A Waste Planning In-Person Site Consultation · PPE Ensemble Considerations
Training Development

Education and Training:

NSPS & RESPTC Overview · Special Pathogens Overview · Identify Isolate Inform
Waste Management · PPE Considerations PPE Donning & Doffing · Ambulance Wrap Techniques
Wrapping a Patient for Transport · Lab Considerations · Tabletop Exercises

Miscellaneous:

Speaker requests · NETEC SPORSA Guidance · TJC Accreditation Strategies

To subscribe to our newsletter send your request to: SPU@corewellhealth.org