NSPS Region 5 RESPTC | Corewell Health University of Minnesota Medical Center

Region 5 Newsletter Subscription

Region 5 Emerging Special Pathogen Treatment Center (RESPTC) Newsletter

[June 2026]

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.

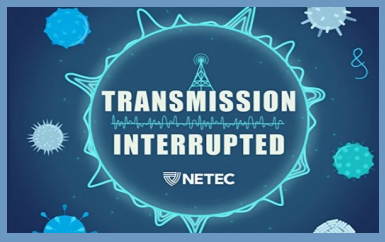
To learn more about the Corewell Health RESPTC, contact Tim Scholten, Program Manager, at

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.

Regional Outreach

I'm Jay Fiedler, and I currently serve as the director of the Bureau of Emergency Preparedness, EMS, and Systems of Care at the Michigan Department of Health and Human Services. I've been involved with Special Pathogens preparedness and response in Michigan since the Ebola outbreak of 2014. Working with partners across Preparedness, Epidemiology, Laboratory, Healthcare facilities, and EMS has been key to Special Pathogens preparedness and response since the early days of the Special Pathogens Response Network. As such, I have been excited about the opportunity for many of our preparedness regions to participate in the healthcare and EMS trainings provided by our Corewell Health RESPTC partners through NETEC. I took advantage of the opportunity to attend recent trainings in Michigan's Preparedness Region 7 (Gaylord and Frederic) and Region 8 (Newberry). The Corewell team provides a great combination of a morning educational session, followed by interactive PPE donning and doffing sessions, spill clean-up, and/or ambulance dressing. While not all facilities may be designated to care for or transport special pathogens patients, there is still so much to be learned from these experiences. Things to share with your frontline ED staff, information on infection prevention and control, considerations for travel screening, and how to protect yourself and your staff from known or unknown pathogens. Incorporating these concepts into day-to-day activities and specialized transport or care is crucial to protecting our pre-hospital and healthcare facility resources. If you haven't had an opportunity to attend, I would encourage you to do so. If you missed an opportunity, then ask your regional partners to share their experiences and take a look at the resources that are provided through Corewell Health RESPTC website and NETEC. Thanks to our trainers and to all of our Michigan healthcare providers who are continuing to learn and support special pathogens preparedness and response in Michigan.

Jay Fiedler, MS
Bureau Director
Bureau of Emergency Preparedness, EMS, and Systems of Care (BEPESoC)
Michigan Department of Health and Human Services

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Regional Outreach

RESPTC: Ready for the Rare – Strengthening Preparedness in Central Illinois Hospitals and EMS partners across central Illinois strengthened their readiness for high-consequence infectious diseases (HCID) through participation in the Ready for the Rare: HCID Preparedness Course in Peoria.
This hands-on training supports frontline healthcare and EMS professionals in how to "Identify, Isolate and Inform" rare but serious infectious disease threats. Participants were able to build confidence in early identification, proper use of personal protective equipment (PPE), safe patient transport, and coordinated communication between EMS and receiving facilities.

The RESPTC reinforces regional collaboration. Over this 3-day course, 60 attendees participated from 5 EMS agencies, 11 Hospitals and 2 Public Health Departments. Hospital participants will be reaching out to the RESPTC for individual PPE and case assistance in the future. By bringing together hospitals, EMS agencies, and public health partners, the course promotes a shared understanding of roles and expectations—helping ensure a coordinated, efficient response when it matters most.

Participation from several facilities reflects a strong commitment to preparedness, workforce safety, and high-quality patient care. As emerging infectious disease threats continue to evolve, trainings like Ready for the Rare help ensure Central Illinois remains ready to respond.

Kate MacIntyre
Public Health Emergency Preparedness Planner
Peoria City/County Health Department

Region 7 Healthcare Coalition staff, Hospital, and EMS partners had the privilege to learn from the Corewell Health team at a RESPTC training in late March. From being trained on how to properly wrap a HCID patient, don and doff, wrap an ambulance, and how to plan for waste disposal, Region 7 partners expressed their heartfelt gratitude for this experience. With limited capabilities in Northern Michigan, the education provided time to ask questions and evaluate policies and procedures within each organization. Furthermore, our solo special pathogen transport agency, Frederick EMS, was lucky to secure a Train the Trainer day from the Corewell team. When asked how it went, agency staff could not speak more highly of Kristin and the support that Corewell gave them.
They are now more prepared and ready to carry the torch with training their crew.

Lyndsay Meisner
Regional Coordinator
Michigan Region 7 Healthcare Coalition

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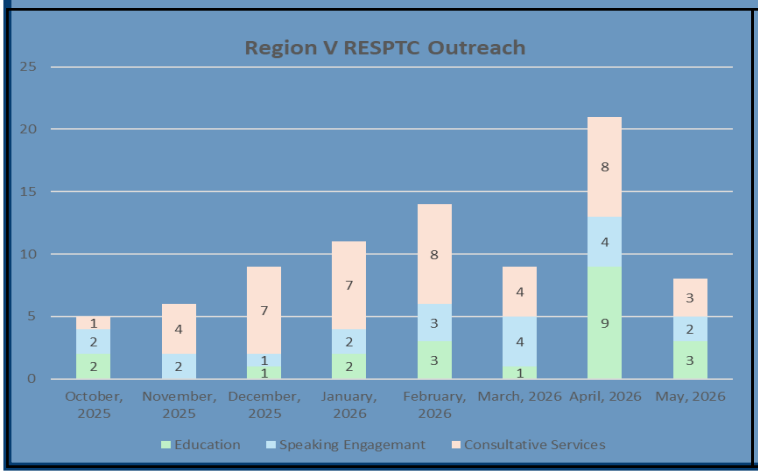
Our team had an outstanding experience partnering with Corewell Health for specialized training focused on our special pathogen response. Their experts took the time to conduct a comprehensive walk-through of our existing protocols, offering thoughtful, practical feedback and actionable recommendations that will significantly strengthen our operational readiness. The level of detail and professionalism they brought to the evaluation process was exceptional, helping us identify both strengths and opportunities for improvement in a collaborative and supportive environment.

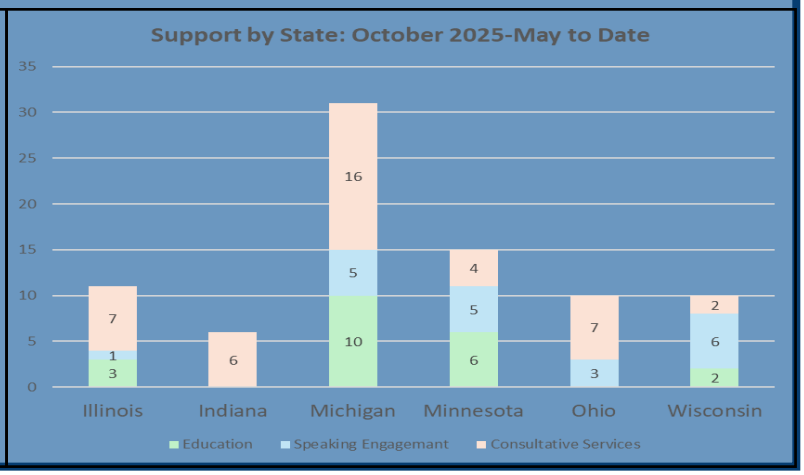
In addition to the program review, Corewell Health staff provided hands-on instruction with several of our team members, demonstrating best practices for donning and doffing personal protective equipment (PPE). This interactive component was especially valuable, reinforcing proper technique while building confidence among our personnel. Their ability to translate complex safety procedures into clear, applicable guidance made a lasting impact on our team. Overall, their training was an invaluable investment in our preparedness, and we are grateful for Corewell Health's expertise, partnership, and commitment to enhancing regional response capabilities.

Tyler Cassidy, BS, PEM, CHEC-II
Emergency Management Specialist II
University of Michigan Health-Sparrow Lansing

District 1 Regional Medical Response Coalition hosted The Rare is Real: An Infectious Disease Conference on April 15 at the Leona Training Center. Corewell Health's Regional Emerging Special Pathogen Treatment Center (RESPTC) provided valuable experience for everyone involved. With the subject matter expertise provided by Dr. Lampen, Mr. Thatcher, and Mrs. Wheeler, 47 partners from across the Region, from multiple medical disciplines, gained critical skills for managing high-consequence infectious diseases. The atmosphere was one of true collaboration. It left the group better prepared for how to protect our workforce and recognize special pathogen incidents.
It was refreshing and inspiring to see the Special Pathogen Response Network (SPRN) in action, fostering a genuine culture of readiness within our regional healthcare coalition. The insights shared have increased clinical competence and confidence in patient safety. We are grateful to the RESPTC team for their continued dedication toward high-quality training assisting our readiness.

Matthew Price
Regional Healthcare Coalition Coordinator
District 1 Regional Medical Response Coalition





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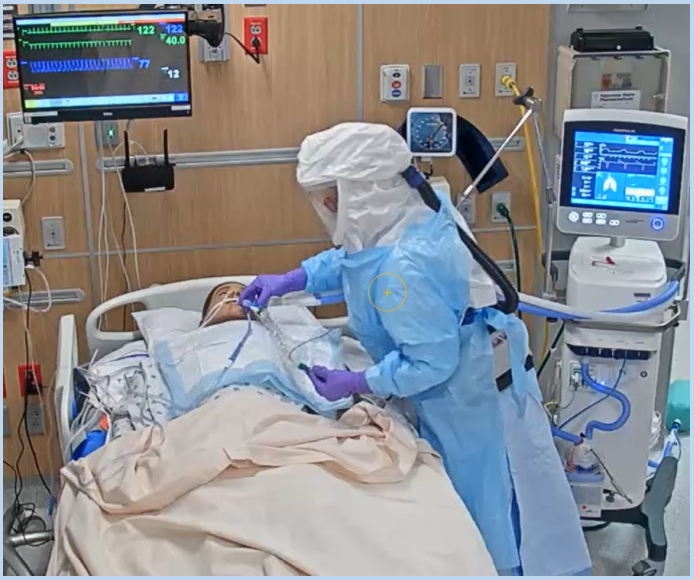
Frontline Focus: Region 5 Special Pathogens Response System

Mayo Clinic Special Pathogens Treatment Center– Level 2

In 2014, Mayo Clinic was preparing for the Ebola outbreak that originated in West Africa. As part of that preparation, Mayo Clinic spearheaded the creation of a team that could be quickly activated to care for patients with high-consequence infectious diseases (HCID) — a term that describes outbreaks that can generate substantial public health, security and economic consequences.

Mayo Clinic Rochester has created and sustained a HCID team since the Ebola outbreak with capability as a Level 2 Special Pathogen Treatment Center. This designation has helped manage patients suspected of HCIDs over the years including Middle East Respiratory Syndrome and Mpox rule-outs and the initial cases of SARS-CoV2 in 2020.

The isolation unit is housed in a fully-operational medical intensive care unit (ICU). When the unit is activated, it transforms from an eight bed ICU into a special pathogen unit, equipped with two, three-room HCID suites, a HCID lab, negative airflow, and telecommunication capabilities.



(Photo of HCID training session at Mayo Clinic Rochester campus)

The team is now made up of around 215 staff members from several disciplines, including Respiratory Therapy, Pediatric and Medical ICUs, the Emergency Department, the Autopsy Team, the Inpatient and Hospital Clinical Laboratory, Environmental Services, ambulance staff, and tele RN staff among others. The multi-disciplinary nature of the team makes it unique. "As a nurse, I don't normally rub shoulders with somebody from Hospital Clinical Lab and Environmental Services, but for HCID care, my life depends on them getting me into my gear," says Kristina Sokol, a nursing education specialist and member of the team. "Being able to trust each other in ways that I haven't had to trust different teammates — and knowing that they care about the process just as much as I do — has been so rewarding." The team trains regularly to provide patients with suspected or confirmed high consequence infectious diseases with the best patient care in the world, while also keeping staff safety a priority.

In 2024 a coordinated expansion effort got all 18 Emergency Departments in the Mayo Clinic Health System and Enterprise standardized PPE and standardized training to strengthen the ability to identify, isolate, and inform regarding HCIDs. Dr. Adi Shah, medical director for the HCID states, “Identify, Inform and Isolate strategy is the key infection prevention and control principal for managing infectious diseases, especially those with high consequence. At Mayo Clinic it is our aim to quickly identify situations of high consequence, inform the relevant public health authorities, partner with them while with the goal of protecting the community at large.”

(The Mayo Clinic Midwest practices use telehealth technology and workflows to deliver just in time resources to the bedside of the satellite EDs)

As the team reflects on the past and looks to the future, one thing is certain: We’re prepared for whatever comes our way. "While there are plans in place, we know each case is going to have its unique twists and challenges," says Dr. Bucks. "Our well-trained team is going to continue to keep everybody safe."

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Education Spotlight

Category A Waste Management

Written by Kristin Sternhagen, RN
Regional Outreach Coordinator, Corewell Health RESPTC

Effective management of Category A waste is a critical part of preparing for special pathogen events. For EMS and healthcare teams, having a clear, actionable plan in place helps ensure safety, compliance, and a coordinated response. Recent guidance highlights several foundational practices to ensure safety, compliance, and preparedness.

Key elements include:

Develop a clear plan outlining identification, handling, packaging, storage, transport, and disposal of Category A waste.

Partner with licensed vendors for approved Category A waste transport and disposal. Maintain accurate contact information for supplies and notification procedures during an HCID event.

Package safely starting in the patient care area using double-bagging techniques and sanitizing practices to move the waste safely through all zones and sealing them in DOT approved leak-proof containers for storage.

Identify a secure storage area to sequester waste until diagnosis is confirmed through CDC testing, then follow all required labeling and transport regulations outlined in your waste vendor policies.

Minimize waste volume by limiting unnecessary supplies and excess packaging in the patient care area.

Validate waste treatment methods (e.g., autoclave or incineration) if used onsite and maintain documentation.

Train staff regularly on PPE, waste handling procedures, and infection prevention. Understanding and practicing vendor/DOT policies and procedures for waste packaging prior to an HCID event is vital to mitigate risks in your specific patient care space.

Strong planning and coordination ensure safe, compliant handling of Category A waste. For more resources in developing your waste plan visit:

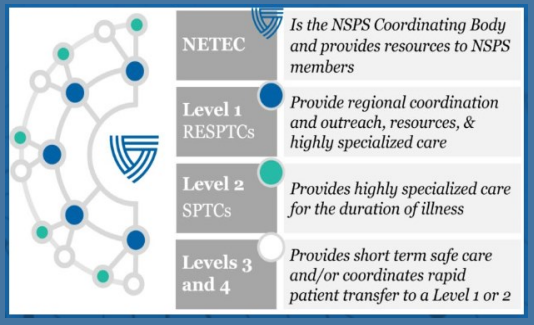
How to Package Category A Waste: A Visual Guide for Healthcare Facilities | NETEC

Category A Waste Disposal Guidelines & Strategies | Stericycle

Ebola & Other Category A Infectious Waste

The National Special Pathogen System (NSPS) helps the country **prepare** the heath 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)

NSPS PREPARE. PROTECT. RESPOND.



Current Countries of Concern for 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
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

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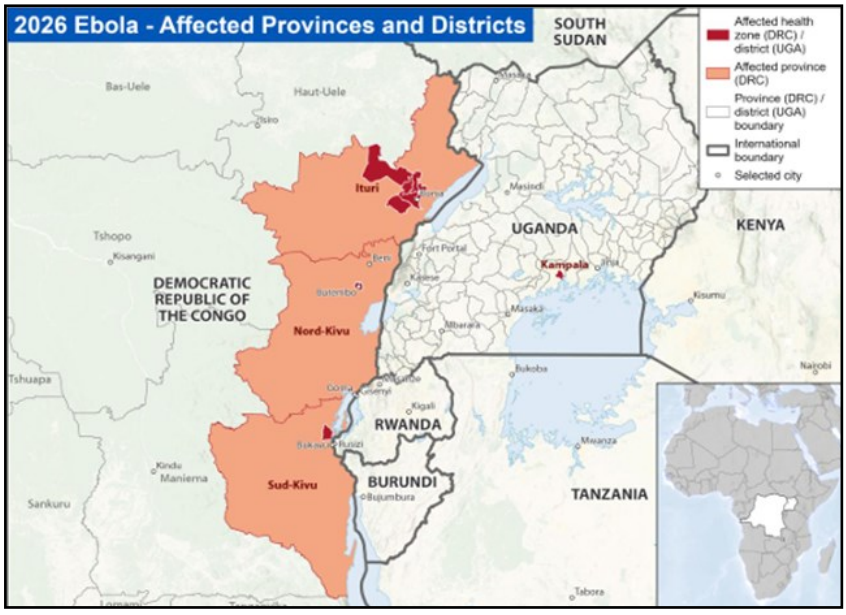
This month's featured Funky Bug— Bundibugyo Ebolavirus (BVBD)

Written by Tim Scholten, Program Manager, Corewell Health RESPTC

We often use the term Ebola as an overarching disease, but it actually has 4 different viruses within the genus Orthoebolavirus: Ebola virus Zaire, Sudan virus, Bundibugyo virus, and Tai Forest virus. Most of our data on Ebola disease in humans comes from the Zaire virus but are applicable to all human-disease-causing Orthoebolaviruses. All Ebola infections are serious, highly transmissible and rapidly fatal. Without treatment they have mortality rates as high as 90%. Ebola was first discovered in 1976 during an outbreak near the Ebola River in the Democratic Republic of the Congo (previously known as Zaire). The natural reservoir host for Ebola is the bat. The infectious dose of Ebola is 1-10 viral particles. Acutely infected people have virus in all body fluids, even sweat and tears. Virus is transmitted through direct contact with body fluids of an infected person, contact with contaminated clothes, bedding, needles or sexual activity with someone who has recovered from Ebola, although there is no evidence that the virus spreads through vaginal fluids. Ebola is not spread through airborne transmission. The incubation period is 8-10 days with a range of 2-21 days. Death occurs on average 7-10 days after onset of symptoms and the viral load of a person is highest at the time of death. An infected person is not considered contagious until they exhibit symptoms. Signs and symptoms of Ebola are headache, fatigue, muscle pain, abdominal pain, rash, diarrhea, vomiting, and unexplained bleeding and bruising.

Testing for BVBD is done by RT-PCR testing and is available at 41 state laboratories. Symptom onset is critical for testing as collection less than 72 hours after symptom onset may lead to a false negative. There is no FDA licensed treatment for BVBD. Inmazeb and Ebanga are available to treat Zaire Ebolavirus but these are not approved for the other 3 forms of Ebola. MBP-134 is an experimental two-antibody cocktail therapy that has demonstrated efficacy in preventing mortality in non-human primates with Sudan, Zaire, and Bundibugyo virus. Aggressive supportive care is essential in treating all Ebola patients. There is no vaccine for Bundibugyo virus. ERVEBO is a FDA licensed vaccine for Zaire Ebolavirus but does not show cross protection against BVBD.



<u>References:</u>

Clinician Outreach and Communication Activity (COCA) Call May 28,2026

NETEC.ORG – Ebola Virus Disease

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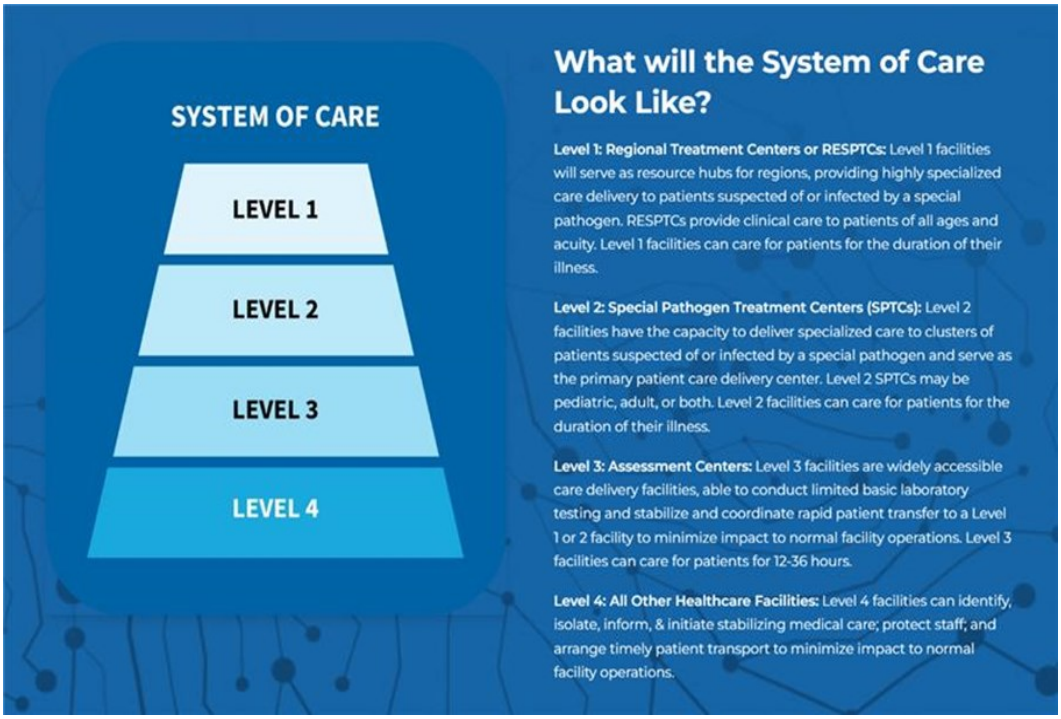
National Special Pathogens System of Care



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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

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