



# NEWSLETTER

Florida Chapter Division of the American Academy of Emergency Medicine

Spring 2015

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## FLAAEM Spring 2015 Quarterly Newsletter

Welcome to the spring 2015 edition of the Florida AAEM newsletter. This newsletter is intended to bring members periodic updates on the practice of emergency medicine in our state and to highlight the benefits of membership. We at FLAAEM are working hard to represent our members' interests! Let us know any issues you are experiencing so we can bring light to the situation. Email the board with any questions or concerns.

## Member Benefits

- **Free Annual Scientific Assembly April 25-26, 2015 – Register on site at Grand Beach Hotel-Surfside, Miami, FL [www.flaaem.org](http://www.flaaem.org)**
- Discounted ACLS/PALS recertification through Advanced Medical Certification
  - Visit <https://advancedmedicalcertification.com/flaaem> and enter code FLAAEM35 for 35% discount



- Discounted CME packages from American Seminar Institute



- American Seminar Institute (ASI) offers portable and accredited continuing education courses. You can take your individual course at home or anywhere in the world. Complete your continuing education when it fits into your schedule. Multiple specialty areas and topics are available.
- Visit <https://www.americanseminar.com> and enter code AAEM15 for a 15% discount
- FLAAEM Advocacy and Legislation reform
- Free Western Journal of Emergency Medicine (*WestJEM*) subscription

## Board of Directors Meeting – March 3, 2015 Update

The FLAAEM board of directors and executive committee had their quarterly meeting at the national AAEM Scientific Assembly in Austin, Texas. The newly elected officers and board members were recognized, including our new president, Dave Rosenthal, MD, vice president Vicki Norton, MD, secretary-treasurer Ramon Pabalan, MD, and at large Michael Dalley, DO and Mark Foppe, DO. The board voted to accept the new state chapter re-organization under national AAEM. We are now the Florida Chapter Division of AAEM (but still FLAAEM!). In discussion of advocacy issues, the board voted to forego sponsorship of EM Days this year. Instead FLAAEM will move forward with the development of an independent FLAAEM lobbying event. Membership expansion was also discussed, including outreach to residency programs throughout the state to get the next generation of emergency medicine physicians involved. FLAAEM remains the only organization in the state of Florida that truly puts the interests of the practicing emergency physician first. We count on our current members to spread the word!



## 2015 FLAAEM Membership Renewal

- Online at [www.aaem.org/renewaaem](http://www.aaem.org/renewaaem)
- By phone at (800) 884-2236

### Member Benefits

- Discounted ACLS/PALS recertification through Advanced Medical Certification
  - <http://www.advmed-cert.com> (enter code FLAAEM35 for 35% discount)
- Free *Western Journal of Emergency Medicine* (WestJEM)
  - Free to all Full Voting FLAAEM Members
- Free Annual Florida Chapter Division of AAEM (FLAAEM) Scientific Assembly
  - Grand Beach Surfside Hotel, Miami on April 25-26, 2015. Onsite registration available.

### FLAAEM

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## The Ebola Virus: What We Know, What We've Learned

Harrison Borno, PGY III  
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We emergency room care providers have the vital responsibility of identifying life threatening illness such as heart attacks, strokes, gun shots, and meningitis, just to name a few. These are routine, but lack of preparedness and clinical prowess can put patients' lives at risk, especially if the illness can be slowed or even reversed. Some of the more feared life threatening illnesses are communicable diseases spread by air, droplets or simple contact like tuberculosis, pertussis, measles, or MRSA, and let's not forget bioterrorism weapons such as anthrax and botulism. It's interesting though that despite our exceptional health care system, 54,000 people in 2010 died from common respiratory tract illnesses such as influenza and pneumonia; while the Ebola virus has only claimed 6,928 lives in the past year.

Most people know of Ebola because its outbreaks always gain large media attention and public worry due to the high mortality rates of up to 90%. Human to hu-

man transmission occurs via direct contact with bodily fluids (blood, saliva, urine, feces, semen, breast milk, tears) resulting in prompt exposure to the virus. Following a Two-21 day incubation period symptoms appear such as general malaise, fever, headache, sore throat, nausea, vomiting, diarrhea, abdominal pain, myalgias, arthralgias or rash. Hemorrhagic symptoms may later develop such as bleeding from the nose, mouth, eyes, and even internal bleeding can be manifested.

This deadly virus has an extensive history and will be briefed here. The virus dates back to Africa in 1976 with a simultaneous outbreak in Sudan and Zaire now known as the Democratic Republic of Congo. The Sudan outbreak had a mortality rate of 53% with 150 deaths of 280 victims while the Zaire outbreak had a mortality rate of 89% with 284 deaths among 318 victims. Since then multiple strains of Ebola have emerged including the aforementioned E. Sudan and E. Zaire, while others include E. Reston, E. Tai-Forest, and recently E. Bundibugyo. In most of the cases, the source of infection to humans was not identified; however, a few of the cases were linked to the handling or butchering of chimpanzee, gorilla, or duiker (antelope) carcasses found in forests by humans who eventually got sick with identical viral strains found in those

## REGISTRATION ONSITE!

### 4<sup>th</sup> Annual Florida Chapter of AAEM (FLAAEM) Scientific Assembly



April 25-26, 2015  
Grand Beach Hotel-Surfside  
Surfside (Miami), Florida

Join us in sunny Southern Florida!

[www.flaaem.org](http://www.flaaem.org)

## The Ebola Virus: What We Know, What We've Learned? continued from page 2

carcasses. This demonstrates the hypothesized example of how primary infection occurs from animals-to human. The reservoir (natural hosts) of the Ebola virus has long remained elusive, but as evidence trickles in slowly, fruit bats are suspected. Bats were noticed in the cotton factories of workers affected during the first few outbreaks of 1976 and 1979.

Now in the midst of the worst outbreak in the countries of Sierra Leone, Guinea, and Liberia, the U.S. health care system has already prepared in many ways to deal with the battle against Ebola; especially since there have been four confirmed cases including one death in the United States. Most recently we at Mount Sinai Medical Center in Miami Beach Florida treated a symptomatic child with suspected Ebola. Just the week before, the hospital had briefed my fellow residents and I on donning and doffing personal protective equipment (PPE). Fortunately for all involved, the child tested negative and the entire health care staff including registration, nurses, technicians, administrators and doctors were all protected due to the hospital's astute preparedness in this case. The goal of our medical team was not only treating the child but infection control. Infection control involves placing a permanent boundary that prevents human to human transmission. The major principles of infection control include identification, isolation, and personal protective gear. All principles of infection control need to be applied immediately to a patient once recognized. Early recognition and identification of the suspected Ebola case maintained a safe environment for the patient, patient's family, and health care workers of the hospital.

What did we learn from this case? First, PPE is cumbersome to take on and off, plus the equipment may have had some very minor faults; however, our hospital is looking towards improving the equipment gear that will both be further protective and efficient to use in the near future. Secondly, having our senior infection control nurse in house at the time of the suspected case was helpful, but the ED staff should be prepared to act in the same manner without her delegation. In that sense Mt. Sinai is collecting contact/resource info to consolidate important info into a reference material so that all ED and hospital staff may have easy access to an outline of steps and re-

sources needed to handle a suspected or true Ebola case, in the event that senior officials are unavailable. Our third lesson focuses on ways that we could improve contamination risks specifically when collecting bodily fluids (blood) from patients as the collected sample may pass three hands prior to arrival in the lab and even more hands while in the lab. Minimizing individuals in handling bodily fluids may improve infection control and contamination risk to other health care workers. Our last important lesson, taught us that handling Ebola requires a big team effort amongst nurses, senior nurses, physicians, head administrators, and state department officials. It certainly took an outstanding collaborative effort at all levels of expertise to properly treat, handle and provided for our patient with the suspected virus.

Although mortality rates have been high for the Ebola virus, earlier recognition and treatment equals decreased mortality not only for the patient, but also for others that may have been potentially exposed. Decreasing mortality involves intelligent infection control and hospital preparedness and alertness. Mt. Sinai medical center is dedicated to training all health-care employees in learning proper PPE technique usage, which is a vital example of how we'll be prepared for the next cases that occur here.

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