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Dr. Arjun Srinivasan on Navigating Through the Ebola Crisis at the CDC

Mark Masselli:
This is Conversations on Healthcare. I'm Mark Masselli.

Margaret Flinter:
And I'm Margaret Flinter.

Mark Masselli:
Well, Margaret as the Ebola story continues to dominate the headlines we have to remind our listeners of the imminent and annual threat of flu. Millions of Americans who don't get vaccinated are going to come down with flu this season and it's estimated that 200 thousand Americans will seek medical care in hospitals and emergency rooms due to flu complication.

Margaret Flinter:
While the threat of Ebola is the one that is primarily in the public consciousness right now and is causing some politicians to react with harsher guidelines than those recommended by the Center for Disease Control, we're still only looking at a very small number of cases in this country. But we know, Mark, as front line providers we will be kept quite busy with the flu this winter due to people still persistently not getting that flu vaccine as is suggested.

Mark Masselli:
And it bears repeating, Margaret, the flu is expected to kill close to 50 thousand Americans this year. We must encourage a vigilant approach to vaccinations that can prevent so much suffering. It's also important to remind folks that flu vaccines are completely covered under the affordable care act.

Margaret Flinter:
That's right, and that's another benefit of the expansion of coverage in America. And the other deadly pathogen that is killing tens of thousands of Americans is antibiotic resistant bacteria. An estimate 75 thousand Americans die each year from such infections. Medicare is starting to crack down on hospitals with the highest infection rates which often lead to costly rehospitalization for patients, as well of course as poor outcomes for these vulnerable patients.

Mark Masselli:
Medicare has cited some 700 hospitals across the country for poor infection control. It's part of an effort to improve outcomes for patients as well as bring down costs. Fining these facilities will provide more incentives to better protect their patients with more targeted preventions. It's only a solution in a case where there simply are no antibiotics strong enough to control these super bugs. It's a real problem, Margaret, and a deadly one.

Margaret Flinter:
Well, all of this is something that our guest today is very well versed in. Dr. Arjen Srinivasan is an internist and epidemiologist specializing in infectious disease as well as in hospital acquired infection at the Center for Disease Control and Prevention. He is also acting as a spokesperson for the CDC during this Ebola crisis.

Mark Masselli:
He has been studying evidence based practices on prevention of hospital infections and will have the latest information on the government's protocol for Ebola as well as other infection pathogens that may pose a threat to public health.

Margaret Flinter:
Well there's still so much information out there, Mark, that's being stoked by fear. So we look forward to hearing a voice of knowledge and expertise on the topic.

Mark Masselli:
And speaking of a voice of knowledge and reason, someone to calm the waters, Laurie Robinson looks into more false claims spoken about health policy in the public domain. But no matter what the topic, you can hear all of our shows by going to CHCradio.com.

Margaret Flinter:
And, as always, if you have comments please email us at chcradio@chc1.com or find us on Facebook or at CHC radio on Twitter because we love to hear from you. We will go to our interview with Dr. Arjen Srinivasan in just a moment.

Mark Masselli:
But first, here's our producer, Mary Ann O'Hare with this week's headline news.

Mary Ann O'Hare:
I'm Mary Ann O'Hare with these healthcare headlines. Forget Ebola. The flu is most likely to be a lethal agent in this country where an estimated thousands die each year due to flu. Public health officials are worried the Ebola message is interfering with the annual flu shot call. In the US tens of millions are expected to get influenza, more than 200 thousand of them will be hospitalized, 49 thousand will likely die from flu according to figures from the Centers for Disease Control.

Flu shots are recommended for just about everyone over six months of age but less than half of the people actually get vaccinated each year. Now there's even more reason to get the shot. The health law requires most health plans cover a range of preventive benefits at no cost to consumers including recommended vaccines, the flu shot is one of them.

With more definitive guidelines on the books for Ebola coming from the Centers for Disease Control and Prevention and outbreaks limited to a small handful, the attention is turning once again to ground zero. The need for aid workers far outstrips the actual number of boots on the ground in certain parts of hardest hit West Africa. Cases mounting daily in Liberia. A World Health Organization report warns that the virus could lead to economic collapse in certain parts of West Africa if continued unchecked.

A new coalition of physicians groups has launched a national push for more protection for their profession. Family medicine doctors are joining forces to win a bigger role in health care and to be paid for it. Eight family physician related groups including the American Academy of Family Physicians have formed Family Medicine for America's Health, a coalition to sweeten the public perception of what they do and advance interest through state and federal policies. A launch of the five year, 20 million dollar campaign comes at a critical time for primary care doctors.

Thanks to the health care law, millions more people can seek care with newly gained insurance but there's a growing debate about whether nurse practitioners and physician assistants should provide a lot more basic care either on their own or as part of clinics sponsored by pharmacies and other businesses.

Of love and chocolate. A new study shows the flavonol riches found in dark chocolate, the darker the better, the better effect it has on your brain especially your aging, memory challenged brain. The study found those who were given a regular dose of dark chocolate over three months did better on standard memory tests. The study lead by Columbia University Scientist Dr. Scott Small showed that after three months on a liquid chocolate compound, brain function and memory improved 25 percent. But you would have to eat the equivalent of about seven bars a day. Chocolate manufacturers are hot on the dark coca trail to develop a product that would do the trick more efficiently.

I'm Mary Ann O'Hare with these healthcare headlines.

Mark Masselli:
We're speaking today with Dr. Arjen Srinivasan, a spokesman for the Center for Disease Control and Prevention and associate director for healthcare associated infection prevention programs in the division of healthcare quality at the National Center for Emerging and Zoonotic Infectious Disease at the CDC. Dr. Srinivasan is also a captain in the US Public Health Services, has served as a response team leader in medical epidemiologist at the National Center for Infectious Disease, a board certified internist and infectious disease specialist. He earned his medical degree from Vanderbilt University and conducted his residence at Johns Hopkins School of Medicine. Dr. Srinivasan welcome to Conversations on Healthcare.

Dr. Arjen Srinivasan:
Thank you so much for having me.

Mark Masselli:
Obviously we're at a terrible intersection, a terrible health crisis in West Africa with the spread of Ebola, this deadly virus that can be quite lethal if left unchecked. Thousands of residents in several West African countries have contracted Ebola and more than half of them have died. And the expectations are that thousands more will contract the virus before it's over. This is obviously, while there have not been many cases in the United States, there is a tremendous amount of fear percolating throughout the countryside.

Why is it proving to be such a deadly _____ (7:30) pathogen in West Africa and what are folks in this country, what should they be most concerned about?

Dr. Arjen Srinivasan:
Well Ebola has long been known to be a very deadly viral infection. We have experience with Ebola outbreaks over, literally, decades that CDC has participated in efforts to control those outbreaks along with a number of different organization. And if you look historically the experience has been largely consistent with what we're seeing now with very, very high infection rates. The infection spreads readily and it's very lethal. The difference of course is that this outbreak is without any precedent in terms of scope and its scale.

We continue to emphasize at CDC that all of us in the United States need to be concerned about the outbreak in Africa. We do really believe that the best way to protect the United State and all other countries from Ebola is to support the efforts in Africa to control Ebola. So it is important for us to be aware of what's going on in Africa and to support the efforts that are underway in Africa to control this outbreak.

Margaret Flinter:
Well Dr. Srinivasan, as frontline community health and primary care providers in a primary care organization, we are obviously keeping our eye very closely on the evolving information and Ebola protocols coming out of the CDC and let me say also how much we appreciate them and the quality of those key messages and directives that are coming forward. And it seems those regulations for identifying and isolating and treating suspected Ebola cases continue to evolve a bit and to be refined because as with all public health scenarios the situation is somewhat fluid as it runs its course.

Now the CDC recently amended the requirements for the health professionals who work directly with Ebola patients here in the US much more stringent guidelines for donning and discarding of personal protection equipment or PPEs which I think is now going to become one of those expressions that's well known in the American Public. A PPE was known before but people certainly know what it is now. Perhaps for our listeners you could outline these stricter guidelines and talk a little bit about the chain of command that's recommended should a patient present with Ebola like symptoms and risk factors to a health care facility in the United States.

Dr. Arjen Srinivasan:
Absolutely. So I can cover the issues with the personal protective equipment, that's within our group that worked on that guidance. The principles of what we outlined in the new guidance for personal protective equipment, they're kind of three overarching principles that are outlines in the new guidance. The first is that healthcare workers need to have training on the protective equipment that they're going to be using for caring for a patient with Ebola. It's, I think, clear that this is equipment that we don't use everyday in patient care and so we have to be trained on it so that we know how to put it on and take it off carefully.

The second overarching principle is that we shouldn't have exposed skin that's present while we're providing care for hospitalized patients and I should emphasize that these are guidelines for personal protective equipment for caring for patients who are hospitalized with Ebola virus disease in the United States. So this is guidance for caring for hospitalized patients.

And the third principle is that there needs to be an observer, someone who watches every step of putting on and taking off the protective equipment to insure that it's been done properly. A couple of other important changes that we made is to be more descriptive about exactly the types of protective equipment, to provide fewer options for what people could use and to be a little more specific about what those options are. And to provide a suggested protocol, a methodology for putting on the equipment and taking off the equipment. Not to say that hospitals won't choose to modify the methods for putting it on and taking it off in accordance to what works well for their health care providers, but we wanted to provide some suggestions and guidance on how that could be done.

The other big change is the recommendation that healthcare workers who are entering the room to provide hospital care for a patient with Ebola virus disease wear respiratory protection. So not a surgical mask but an actual respirator so either an N95 respirator or a powered air purifying respirator. And I want to clarify that we changed that guidance not because we think that Ebola is spread via an airborne route but we changed it because discussions with folks who have firsthand experience with caring for patients with Ebola virus disease in this country, and that's new experience obviously we had never a person cared for in a US hospital with Ebola virus. So we're learning about how to safely care for these patients and one of the things that they have told us is that the level of care might change very suddenly.

There might be a need to folks to do an aerosol generating procedure that could create aerosols that might pose some risk. So what they said is that it's safest for healthcare workers who are entering the room to be ready for whatever might need to be done because we don't want people to have to leave the room suddenly and put on something else or to rush in putting on the equipment. And so that's why that recommendation is made.

Mark Masselli:
You know Americans have obviously become quite concerned about the outbreak once it hit our shores with a patient from Liberia who presented with the illness after landing in Dallas and infecting several health care workers there before he passed away from the illness. And there's really been a firestorm of criticism about the quarantine protocols even for healthcare workers who test negatively and asymptomatically. The American public may not be listening to reason. They certainly are aware that there's an executive order signed in 2003 that allows the president, has a list of quarantineable, communicable diseases. Ebola is on that where he could take action. I think the public really needs to understand how the CDC arrived at its guidelines for handling healthcare workers.

Dr. Arjen Srinivasan:
Unfortunately the guidance on movement and monitoring of persons with potential Ebola virus is not an area where I've been actively involved. But CDC is actively engaged with a number of different professional organizations. We're working with emergency department groups in order to work with them on the protocols and guidance for emergency departments. We're connecting with groups of ambulatory physicians about guidance for ambulatory physicians which we're working on. I do want to emphasize one of the things we touched on a little bit earlier, the idea of chain of command of patients who might be identified in an emergency department or a clinician's office. There is guidance for emergency departments and we're working on guidance for ambulatory care settings.

The key for those centers really is something that we call the three Is. It's identify, isolate and inform. We have those questions that are out there for folks to ask about travel history and symptoms. Not that many people have travel histories or symptoms and so in the overwhelming majority of cases you proceed as you would to deliver high quality patient care. But if patients do answer yes to those questions where they have a travel or exposure history and have symptoms, then we do have a recommendation that the patient would be isolated and you inform Public Health.

We know that Public Health jurisdictions around the country are working very hard on developing plans for what to do with someone who might need to be evaluated for possible Ebola infection. And this is again, this is a collaboration between health care and public health. So the health departments are your point of contact to help you talk through that process of whether the patient needs to be more thoroughly evaluated for Ebola, are they are at risk and then how can that be done?

Margaret Flinter:
So, Dr. Srinivasan I also wanted to just ask you to comment on your incredible responsibility of trying to teach the entire country how to come into compliance or be trained on these latest recommendations, and certainly all across the country people are following your advice to practice, practice, practice the procedures so that our nurses and physicians and other frontline healthcare workers will be safe. Maybe you can talk a little bit about how is the CDC facilitating this effort across the country on something that's really new?

And while it probably sounds incredibly simple to our listeners we know that it's not that simple in terms of getting it right around whether it's the personal protective equipment or changing your algorithms for how you screen patients when they arrive at the primary care office, the community health center, or the emergency room. What are sort of the tools and maybe technologies helping us get this message out by video, by social media, talk to us about how that effort is proceeding at CDC.

Dr. Arjen Srinivasan:
Absolutely and it's an all of the above approach. There's certainly not one way that this is done. What's been key and is always key for CDC when it comes to working to provide information to the health care community in this instance but to the public as well, is partnerships. CDC is actively engaged with a number of different professional organizations. We've connected with the American Hospital Association So we rely on these partnerships with these groups who can reach their members. And we really consider it to be a two way street. We want to provide them the information that we have and we want to hear from them what types of information do you need? What questions are you hearing? What format do your members like to get this information in? Absolutely technology is key.

The internet is such a gift for being able to provide this information to folks. Social media is certainly something that CDC has gotten very good at using and also trying to work with partners to make videos. Because I think when you're talking about something that is so very visual, like putting on and taking off personal protective equipment, I think people really find training videos to be very, very helpful. So CDC recently partnered with the Armstrong Institute at Johns Hopkins Hospital to try and produce some good training videos that show people suggested ways to put on and take off protective equipment. And so we continue to be open to ideas about how to reach folks. And we're always receptive to your input if people have ideas for better ways to reach out and connect with people.

Mark Masselli:
We're speaking today with Dr. Arjen Srinivasan, spokesman for the Center for Disease Control and Prevention and Associate Director for Healthcare Associated Infection Prevention Programs in the Division of Healthcare Quality at the National Center for Emerging and Zoonotic Infectious Disease at CDC. He is also Captain with the US Public Health Services under the Surgeon General and I think many of our listeners know about the great work the US Public Health Service does so thank you for your service.

It's campaign season and certainly Ebola has entered into the political arena all across the country and we are without a surgeon general although one has been, since February, with the appointment of Dr. Vivek Murthy. Could you describe, just as a physician who works for Public Health Services, what the impact has had in the week of the Ebola crisis? I know we have had Surgeon Generals on our show over the years and their ability to communicate to the nation in terms of health crisis is very important. Just take a few minutes and talk to us a little bit about the work and the valuable role that the US Public Health Service plays.

Dr. Arjen Srinivasan:
I would point out that there is certainly an acting surgeon general, Boris Lushniak has a lot of experience in public health. The Public Health Service has, of course, a long history of working to serve and promote the health of Americans. We are thousands of health care professionals working in a number of different professional organizations, government agencies on a variety of issues both providing frontline healthcare and, of course, working like I do at CDC on working on guidance and issues to improve the delivery of healthcare.

Margaret Flinter:
So, Dr. Srinivasan, I am intrigued by the name of the division that you head and just listening to Mark read that long title gives us some sense of what your 48 hour days are like as the Associate Director of the Division of Healthcare Quality at the National Center for Emerging and Zoonotic, a word that's probably not so familiar to most of our listeners, Infectious Diseases at the CDC. And Ebola, although it certainly has commanded the world's attention right now, is just one example of the many infectious diseases and deadly pathogens that your division is tasked with monitoring.

Tell us about the scope of infectious diseases that you and your team are concerned with beyond the Ebola virus. What other risks and pathogens are you most concerned with on a global basis as well as domestically?

Dr. Arjen Srinivasan:
You know one of the major issues that we are confronting on a daily basis is the threat of antibiotic resistant organisms. And this is, as you have just mentioned, not just an issue in the United States, it is a global problem. And it is a huge threat to public health. The CDC estimates that every year in this country, more than two million patients will suffer an infection for which the first line antibiotic is ineffective. So more than two million of these resistant infections every year. And thousands of patients actually die from these infections. This is a problem that has been a long while in the making but it's certainly reached a crisis situation in the United States.

One particular type that's really in some ways the poster child of this problem is a bacteria called carbopentin enterobacteria ach, really a family of bacteria. And this is a group of organisms that has now, in some instances, become resistant to every single antibiotic that we have available to us. So there are patients in hospitals in the United States who are getting infections that we can't treat with antibiotics. That is really certainly a very stunning development and something that requires a great deal of urgent action.

Mark Masselli:
You know we've been fortunate to have the heads of Save the Children and Doctors without Borders on the show recently and I've listened to the work that they're doing on Ebola and also have been following the World Health Organizations estimate that the rate of infection could jump to ten thousand new cases per week. What more needs to be done to tackle this epidemic ground zero? And what's it going to take to contain the epidemic?

Dr. Arjen Srinivasan:
You know I think it's going to take nothing short of a global response of the type that I think we're beginning to see developing. It's going to take the global community coming together to support those countries in West Africa in their efforts to control this epidemic.

Margaret Flinter:
While we're responding on the ground, we're also trying to really control and support really the public's need for knowledge and education. We always say knowledge is power in public health as in everything else and especially where there's been so much new information coming at people. We're still looking at CDC as providing the gold standard for up to date information. That's certainly what we're using to communicate with folks but where do you recommend that interested clinicians and providers as well as consumers go for the most up to date information?

Dr. Arjen Srinivasan:
So there is a wealth of information on the CDC website. There is a separate section of that website now that's dedicated to Ebola. You

get there from our home page CDC.Gov or you can get there directly at CDC.Gov/Ebola. And there are separate sections that pertain to healthcare providers, to the public, and there's lots of information, all of our guidance documents but also a host of scientific information, of frequently asked questions, so information that's relevant both to the healthcare community and to the public is found on CDC.Gov/Ebola.

Margaret Flinter:
We've been speaking today with Dr. Arjen Srinivasan, Spokesperson for the Center of Disease Control and Prevention and Associate Director for Healthcare Associated Infection Prevention Programs in the Division of Healthcare Quality. You can get the latest updates and learn more about their work by going to CDC.Gov. Dr. Srinivasan thank you so much for taking the time to join us on Conversations on Healthcare today and thank you for your service to the country during this very challenging time.

Dr. Arjen Srinivasan:
Thank you so much.

Mark Masselli:
At Conversations on Healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Laurie Robertson is an award winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Laurie, what have you got for us this week?

Laurie Robertson:
We've seen instances of republicans mischaracterizing the impact of the Affordable Care Act on student loans and democrats, in terms, stretching republicans' positions on the subject. For instance, in the Arkansas senate race, republican representative Tom Cotton claimed that the ACA nationalized the student loan industry and implied students can't get private loans from their local banks anymore. Not exactly. Plenty of banks offer private education loans and the federal student loan program always has been a government program.

Cotton was also attacked in an add from the National Education Association Advocacy Fund, which said that he "voted to end low interest student loans." He didn't. The vote in question was on a republican budget that called for ending federal subsidies for need based Stafford loans. The subsidies cover the costs of interest payments while students re in school. The republican budget didn't call for ending the loan program which includes unsubsidized Stafford loans at the same interest rate.

The federal government got into the student loan business in 1965 with the passage of the Higher Education Act. First the loans originated with private banks but were backed by the government and offered at low interest rates. By 2010, 55 percent of the federal loans originated with banks and the rest with the government. The ACA, or more specifically, the reconciliation bill, included student aid provisions to cut out the middle man, the private lenders. Now the government is both the lender and the guarantor for all federal loans. The move saved 61 billion dollars over ten years according to the congressional budget office.

What does this change mean in practical terms for students? Basically nothing. Students still consult their college financial aid offices for borrowing opportunities and the government does still contract with private banks to service the loans meaning some students may still send their government loan payments to private banks. And that's my fact check for this week.

I'm Laurie Robertson, managing editor of Factcheck.org.

Margaret Flinter:
Factcheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com. We'll have Factcheck.org's Laurie Robertson check it out for you on Conversations on Healthcare.

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

The flu doesn't just exact a toll on public health. It packs a meaningful punch on the economy every year as well. Comprehensive vaccination programs have had an impact on curtailing flu outbreaks but there's still a lot of room for improvement. In 2011 an estimated 100 million workdays and close to seven billion dollars in lost wages were attributed to the flu, largely because many employees without paid sick leave are more inclined to work while sick.

An estimated 80 percent of those who come down with flu like symptoms ignore doctors' orders and go to work, leading to more widespread coinfections. In a first of its kind study, researchers at the University of Pittsburgh School of Public Health decided to analyze the impact on flu outbreaks in the workplace and to ask what would the difference be if there were universal access to paid sick leave. Lead researchers Dr. Suprea Kumar says their study showed a pretty dramatic link between access to paid sick leave and a reduction in flu outbreak in the workplace. They also created another option.

What if there were a new sick leave category focusing just on flu days? Their model showed that if their workers specifically diagnosed with flu were guaranteed just one paid day off to recuperate there would be a 25 percent reduction in the spread of flu. And when workers were guaranteed two paid days off the numbers went up to a 40 percent reduction in coinfection. A universal paid leave program for all workers that has the potential to greatly reduce flu coinfection in the workplace, positively impacting both public health while saving billions of dollars in the overall economy, now that's a bright idea.

This is Conversations on Healthcare, I'm Margaret Flinter.

Mark Masselli:
And I'm Mark Masselli, peace and health.

Female Speaker:
Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at WESUfm.org and brought to you by the community health center.