NSPS Region 3 RESPTC

Johns Hopkins Hospital
Medstar Washington Hospital Center
Children's National

# National Special Pathogen System Overview

Virginia Medical Reserve Corps

February 26, 2026

Presented by: Lydian Green MS, NRP & Alexandra Johnson MPH, MSN, RN

NSPS
Region 3 RESPTC

Johns Hopkins Hospital
Medstar Washington Hospital Center
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MedStar Health

Children's National®

SPECIAL PATHOGEN TEAM
MedStar Health
BIOCONTAINMENT UNIT

CHiRP
CHILDREN'S HIGH RISK PATHOGENS TEAM

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MEDICINE

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LIFELINE
Ground And Air Medical Transportation Services

# Objectives

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1. Define special pathogens and high consequence infectious diseases (HCID)
2. Describe the national strategy for HCID response, the National Special Pathogens System (NSPS)
3. Describe the HCID response framework of "Identify, Isolate, Inform"

# Acronyms & Abbreviations

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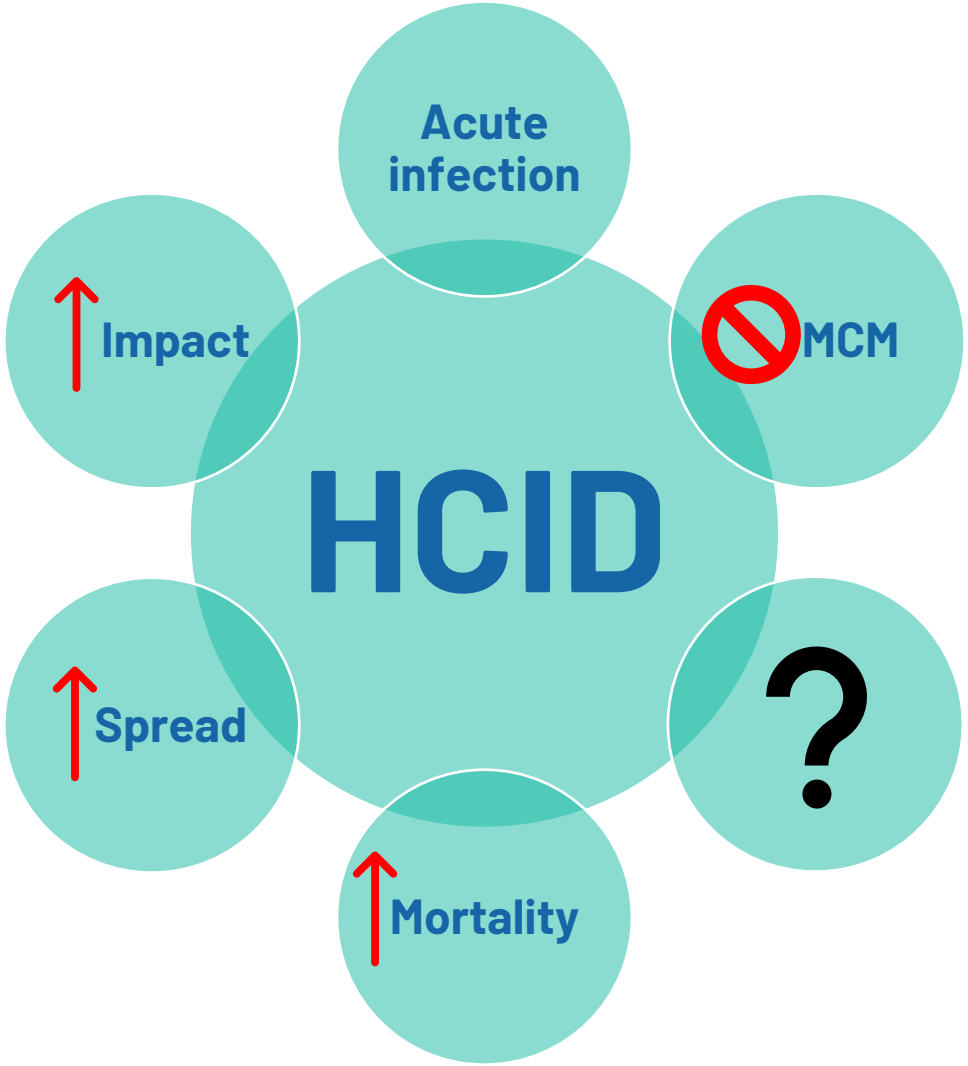
| | Definition |
|---|---|
| **AIIR** | Airborne infection isolation room |
| **ASPR** | Administration for Strategic Preparedness and Response, HHS |
| **BCU** | Biocontainment Unit |
| **BSL** | Biosafety Level |
| **CDC** | Centers for Disease Control and Prevention |
| **DON** | Disease Outbreak News, WHO |
| **DOT** | Department of Transportation |
| **HAN** | Health Alert Network, CDC |
| **HCID** | High Consequence Infectious Disease |
| **HCW** | Healthcare Worker |
| **HHS** | US Department of Health and Human Services |
| **HLIU** | High Level Isolation Unit |

| | Definition |
|---|---|
| **ICS** | Incident Command Structure |
| **LRN** | Laboratory Response Network |
| **MCM** | Medical Countermeasures |
| **NETEC** | National Emerging Special Pathogens Training and Education Center |
| **NSPS** | National Special Pathogen System |
| **PHMSA** | Pipeline Hazardous Materials Safety Administration, DOT |
| **PPE** | Personal Protective Equipment |
| **PUI** | Person Under Investigation |
| **RESPTC** | Regional Emerging Special Pathogen Treatment Center |
| **SLTT** | State Local Territorial Tribal |
| **USDA** | US Department of Agriculture |
| **VHF** | Viral Hemorrhagic Fever |
| **WHO** | World Health Organization |

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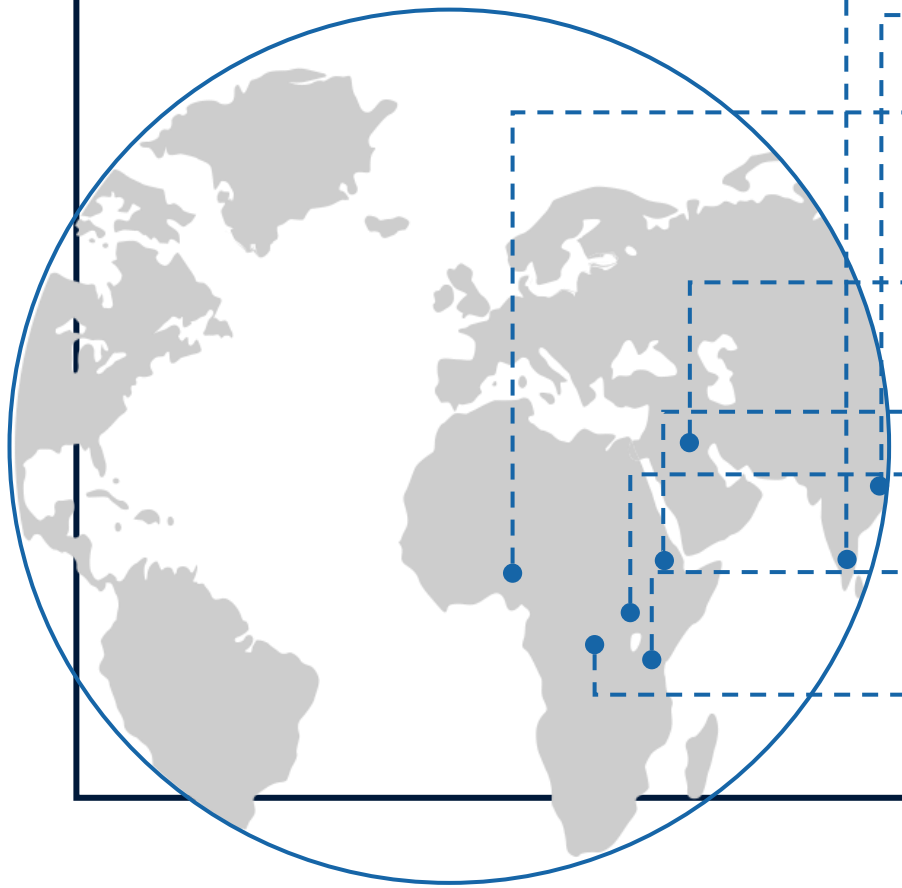
*"acute human infectious diseases with high illness and case-fatality rates, few or no available effective treatment or prevention options, and the ability to spread in the community within healthcare settings"*

- ❑ Acute infectious disease
- ❑ High case-fatality rate
- ❑ No effective prophylaxis or treatment
- ❑ Difficult to recognize and detect rapidly
- ❑ Ability to spread in community and within healthcare settings
- ❑ Requires enhanced individual, population, and system response to ensure effective, efficient, and safe management

(UK Health Security Agency, 2026; Chan et al. 2025)

# Recent Events



**Nipah Virus Disease**
*India*
*May 17 – Jul. 12, 2025*

**Nipah Virus Disease**
*Bangladesh*
*Jan. 1. – Nov. 11, 2025*

**Lassa Fever**
*Nigeria*
*Endemic*

**Crimean Congo Hemorrhagic Fever**
*Iraq*
*Endemic*

**Marburg Virus Disease**
*Ethiopia*
*Nov. 14, 2025 – Jan. 26, 2026*

**Ebola Virus Disease**
*Uganda*
*Jan. 30 – Apr. 26, 2025*

**Marburg Virus Disease**
*Tanzania*
*Jan. 20 – Mar. 13, 2025*

**Ebola Virus Disease**
*Democratic Republic of Congo*
*Sep. 4 – Nov. 30, 2025*

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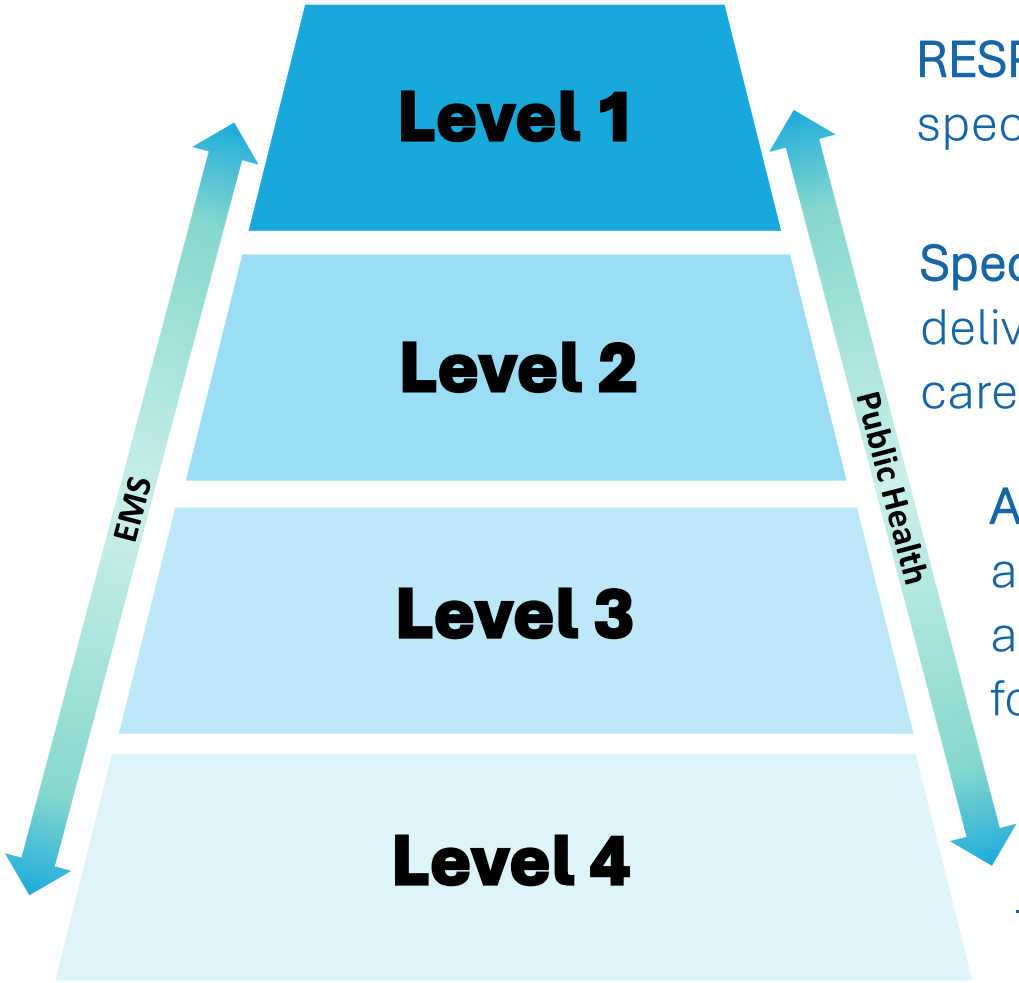



RESPTCs are regional resource hubs which provide patients highly specialized care for duration of illness.

Special Pathogen Treatment Centers (SPTCs) have the capacity to deliver specialized care to clusters of patients, serve as primary patient care delivery centers and can care for patients for duration of illness.

Assessment Centers are widely accessible care delivery facilities, able to conduct limited basic laboratory testing, stabilize patients, and coordinate rapid patient transfer. Level 3s can care for patients for 12-36 hours.

Level 4 facilities can identify, isolate, inform, & initiate stabilizing medical care; protect staff; and arrange timely patient transport to minimize impact to normal facility operations.

# Level 1 Facilities

## Regional Emerging Special Pathogen Treatment Centers (RESPTCS)

### Level 1 Role

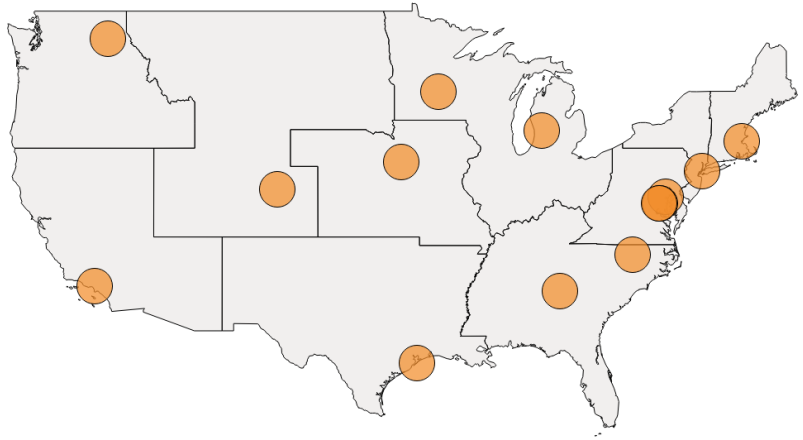
- Highly specialized care facilities
- Resource hubs for their Region
- Training & coordination leaders in their Region

### Minimum Care Capabilities

- Care for HCIDs for the duration of illness
- Conducts training quarterly
- Isolation space for 2+ VHF patients; 10+ patients with airborne illness
- Provide care for adult, pediatric, OB, and neonatal patients
- *Have capacity to use the fastest, most accurate diagnostic and clinical laboratory testing available to support patient care and clinical operations.*

**13 Facilities**

No current plan to expand

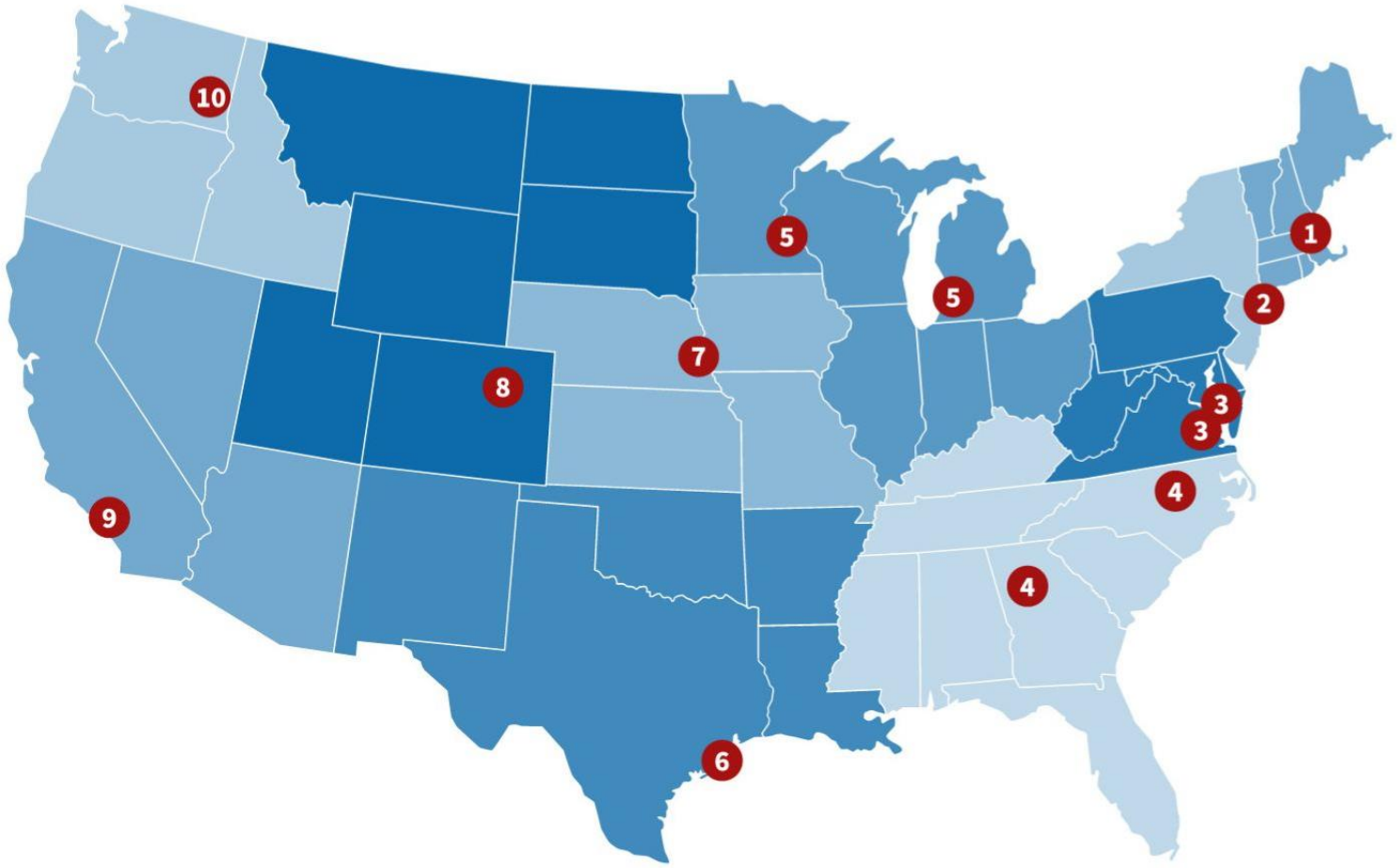


### Funding & Status

***Funded Annually***

All 13 RESPTCs maintain capabilities and are currently federally funded through ASPR.

# Level 1 Facilities: Regional Emerging Special Pathogen Treatment Centers (RESPTCs)




1. **CT, ME, MA, NH, RI, VT**
   Massachusetts General Hospital
2. **NJ, NY, PR, VI**
   NYC Health + Hospitals / Bellevue
3. **DC, DE, MD, PA, VA, WV**
   Johns Hopkins Hospital
   MedStar Washington Hospital Center / Children's National
4. **AL, FL, GA, KY, MS, NC, SC, TN**
   Emory University Hospital /Children's Healthcare of Atlanta
   UNC Health
5. **IL, IN, MI, MN, OH, WI**
   University of Minnesota Medical Center
   CoreWell Health
6. **AR, LA, NM, OK, TX**
   University of Texas Medical Branch
7. **IA, KS, MO, NE**
   University of Nebraska Medical Center/Nebraska Medicine
8. **CO, MT, ND, SD, UT, WY**
   Denver Health & Hospital Authority
9. **AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW**
   Cedars-Sinai Medical Center
10. **AK, ID, OR, WA**
    Providence Sacred Heart Medical Center & Children's Hospital

# Level 2 Facilities
## Special Pathogen Treatment Centers (SPTCs)

### Level 2 Role

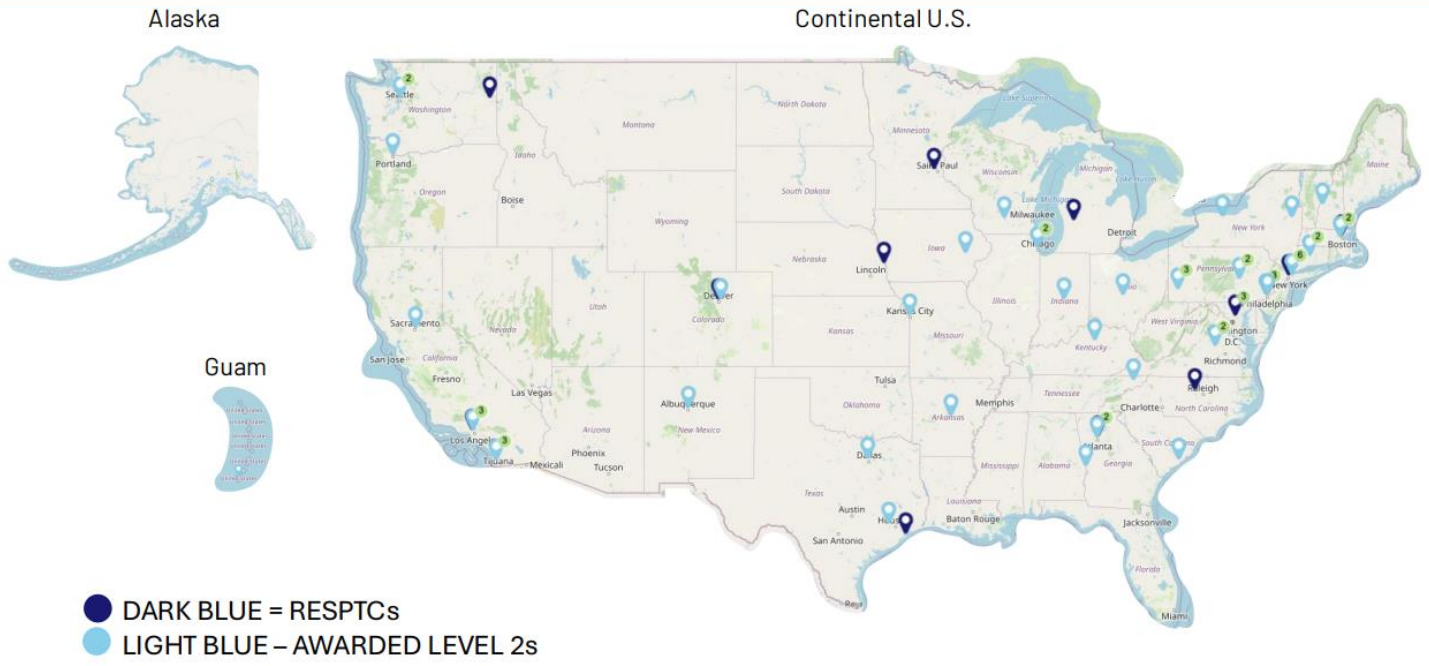
- Specialized care facilities
- Primary patient care delivery centers
- Essential for building the care capacity of the NSPS

### Minimum Care Capabilities

- Care for HCIDs for the duration of illness
- Conducts training twice annual on donning/doffing; annually on skills
- Isolation space for 1-2 VHF patients; 4+ patients with airborne illness
- Provide care for either adult, pediatric, or both

*For more details on the specific capabilities, please see the appendix*

54 Facilities




### Funding & Status

***Mixed-Method Funding***

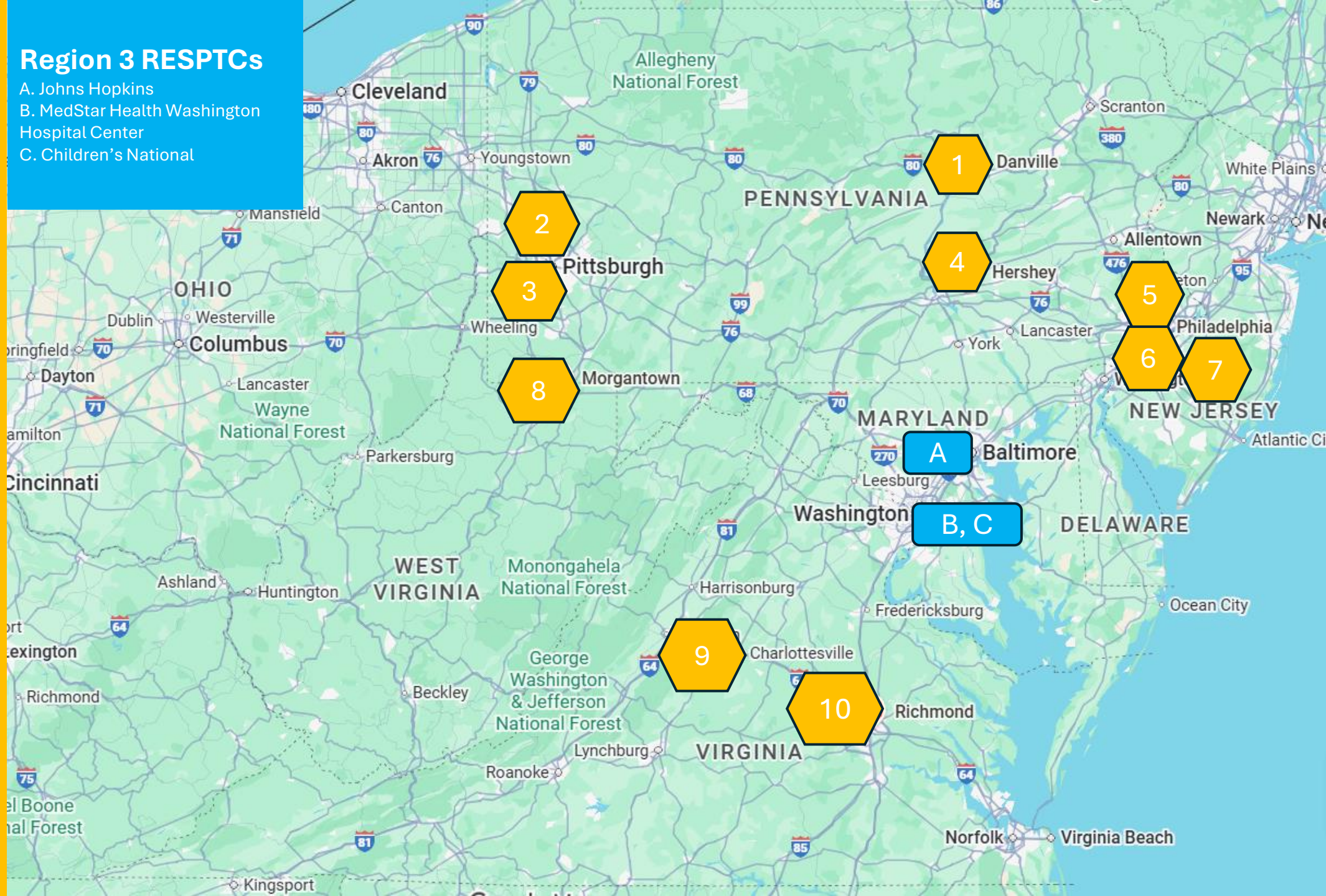
Of the 54 SPTCs who maintain capabilities, they are funded in a variety of ways, including federal grants (STAND award), state funding, HPP partial funding, and self-funding, among others.

## Region 3 SPTCs

1. Geisinger Clinic Medical Center (Danville, Pennsylvania)
2. Allegheny General Hospital (Pittsburgh, Pennsylvania)
3. UPMC Presbyterian Shadyside (Pittsburgh, Pennsylvania)
4. Penn State Hershey Medical Center (Hershey, Pennsylvania)
5. Children's Hospital of Philadelphia (Philadelphia, PA)
6. Hospital of the University of Pennsylvania (Philadelphia, Pennsylvania)
7. Thomas Jefferson University Hospital (Philadelphia, Pennsylvania)
8. West Virginia University Hospitals (Morgantown, West Virginia)
9. UVA Health Medical Center (Charlottesville, Virginia)
10. Virginia Commonwealth University Health Systems (Richmond, Virginia)

## Region 3 RESPTCs

A. Johns Hopkins
B. MedStar Health Washington Hospital Center
C. Children's National



# Level 3 Facilities
## Assessment Centers

### Level 3 Role

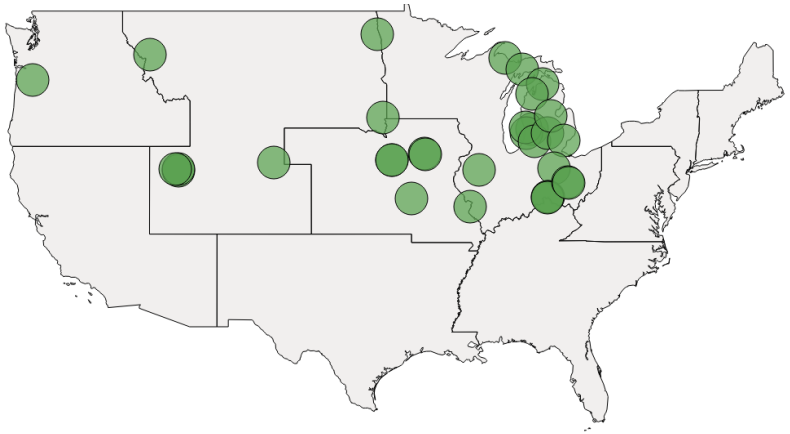
- Widely accessible care delivery centers
- Conducts limited basic laboratory testing and clinical stabilization
- Coordinates rapid patient transfer

### Minimum Care Capabilities*

- Care for HCIDs for 12-36 hours
- Conducts training annual on donning/doffing; just-in-time training at time of activation
- Has appropriate isolation space in ED or other accessible space (at least a single isolation space/neg pressure room)
- Can safely identify, isolate, initiate stabilizing medical care

*For more details on the specific capabilities, please see the appendix*
**Please note that facility mapping is ongoing and not all regions are fully visualized*

~30 Facilities
Goal for 200+



### Funding & Status

***Mixed-Method Funding***

Of the ~35 Assessment Centers who maintain capabilities, they may be funded in a variety of ways, though funding is generally limited.

## Virginia SPTCs (Level 2s)

**9. UVA Health Medical Center (Charlottesville, VA)**

**10. Virginia Commonwealth University Health Systems (Richmond, VA)**

## Virginia Assessment Centers (Level 3s)

1. **Winchester Medical Center (Winchester, VA)**
2. **Mary Washington Hospital (Fredericksburg, VA)**
3. **Centra Lynchburg General Hospital (Lynchburg, VA)**
4. **Sentara Princess Anne Hospital (Virginia Beach, VA)**

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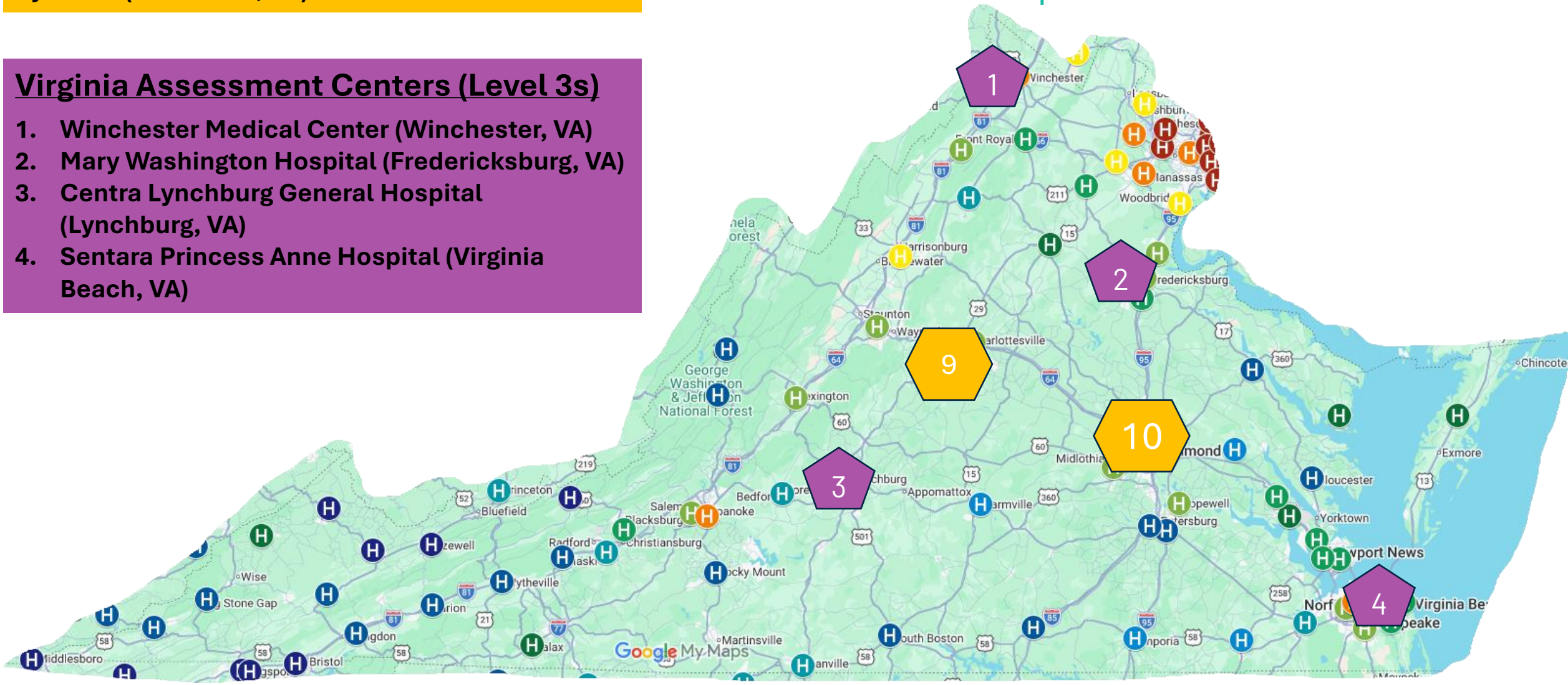


# Level 4 Facilities
## All other healthcare facilities

### Level 4 Role

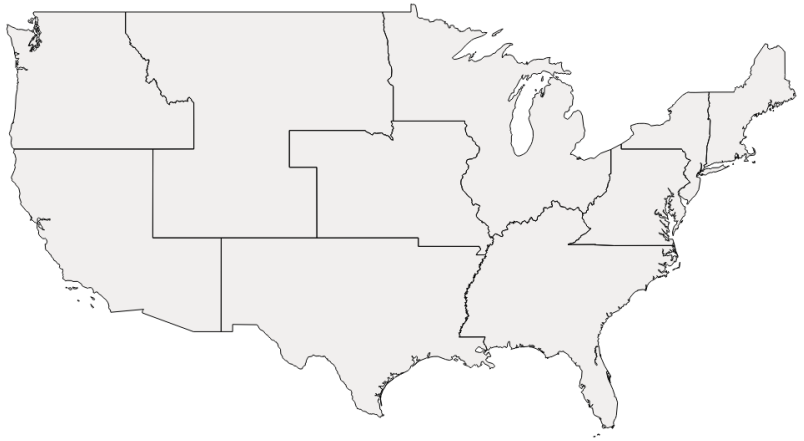
- Likely point of entry
- Arranges timely patient transfer

### Minimum Care Capabilities*

- Can safely identify, isolate, initiate stabilizing medical care
- Protects facility staff
- Arranges timely patient transfer

*For more details on the specific capabilities, please see the appendix*

All Other U.S. Healthcare Facilities



### Funding & Status

***Not Applicable***

Level 4 facilities encompass all other healthcare facilities across the U.S. and have the minimum new Joint Commission IPC required capabilities as appropriate.

# High-Level Minimum Capabilities Comparison

The table is intended to provide a high-level sample of quantifiable difference across levels and does not include all minimum capabilities.

| Capabilities | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| **Care Duration** | Duration of illness | Duration of illness | 12-36 Hours |
| **Capacity for VHF, airborne** | 2 VHFs<br>10 airborne | 1-2 VHFs<br>4 airborne | 1+ isolation space |
| **PPE Supply** | 2 VHF cases for at least 7<br>days onsite (with plans to support 21 days of care) | 1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care) | 3 VHF cases for 12-36 hours (before resupply) |
| **Exercises** | Quarterly | At least twice annually | At least once annually for mystery patient exercise |
| **PPE Training** | Quarterly | At least 2x annually | At least 1x annually |
| **Skills Training** | Quarterly | At least annually | -- |
| **Lab Testing Ability** | Clinical lab testing | Clinical lab testing | Point-of-care onsite clinical lab testing |

NETEC | Resource Library | Online Courses | NSPS | Search

NETEC

News & Blog | Webinars on YouTube | Podcast

Education & Training | Consulting Services | Readiness Assessments | Research | International | About NETEC

TRENDING: Ebola | Marburg Virus Disease | H5N1 Avian Influenza | Lassa Fever | The Joint Commission Standards

# National Emerging Special Pathogens Training and Education Center

Working together to increase the capability of the U.S. public health and health care systems to safely and effectively manage special pathogens.

→ About NETEC

## What We Offer

### Educational Materials, Courses & Training

We offer courses and training for nurses, physicians, emergency responders, and other health care professionals. Our resources provide facilities and individuals with preparedness best practices.

### Consultations & Support Services

We can help health care facilities and EMS agencies prepare for special pathogen events with free virtual and onsite readiness consulting and assessments.

### Research Policies & Procedures

Our network provides researchers with training, tools, and resources to quickly understand clinical syndromes and study effective treatments and clinical management strategies.

### Ask Our Experts

Your organization can submit any question related to special pathogen response. Inquiries range from questions about PPE, to requests to review written protocols, to onsite visits for observing exercises and drills.

# The Joint Commission

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Johns Hopkins Hospital
Medstar Washington Hospital Center
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*Effective July 1, 2024*

## Infection Control Standard IC.07.01.01

The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens

❑ Protocols are readily available for use at the point of care and address the following:

- ✓ Identify: procedures for screening at the points of entry to the hospital for respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation for HCID or special pathogens
- ✓ Isolate: procedures for transmission-based precautions
- ✓ Inform: procedures for informing public health authorities and key hospital staff
- ✓ Required PPE and proper donning and doffing techniques
- ✓ Infection control procedures to support continued and safe provision of care while patient is in isolation and to reduce exposure among staff, patients, and visitors using the hierarchy of controls
- ✓ Procedures for waste management and cleaning and disinfecting patient care spaces, surfaces, and equipment

❑ The hospital develops and implements education and training and assess competencies for the staff who will implement protocols for HCID and special pathogens

(The Joint Commission, 2026 )

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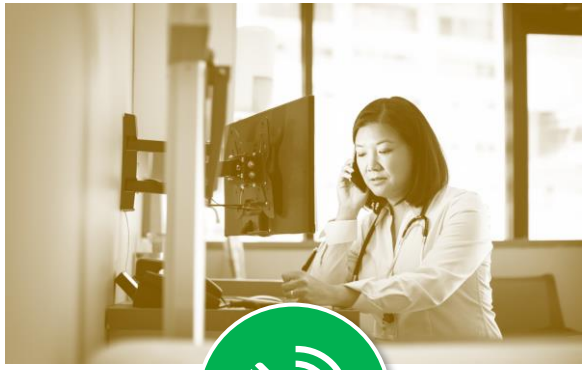
## Identify

Identify a patient with a special pathogen infection by recognizing clinical and epidemiologic risk factors.

## Isolate

Isolate the patient and implement infection control measures to prevent transmission.



## Inform

Notify the appropriate internal and external parties to activate the broader response system.

## Initiate Recovery

Initiate recovery procedures to return the facility to a safe and operational state following a special pathogen event.

(Koenig . 2015 )

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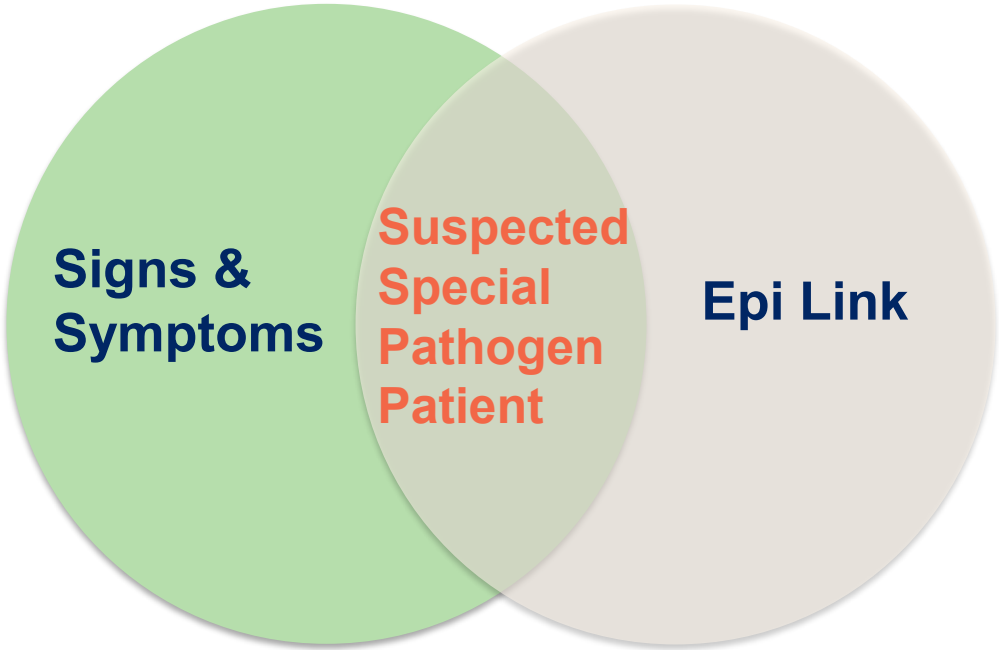
# Identify




**Dry Symptoms**
- fever • myalgia
- fatigue • headache

**Wet Symptoms**
- vomiting • diarrhea
- bleeding (late)

- S&S consistent with many illness
- Large portion of ED patients present with 1 or more of these symptoms

Travel in area of risk
or
contact with known sick person
(Travel screen)

- Identifying areas of concern/potential outbreaks

# Identify

WHO Disease Outbreak News
ProMED
(DONs)
Beacon
CDC
Hospital Travel Screen

EMS Clinician Update - December 2025

## Marburg Virus EMS Health Alert

MedStar Washington Hospital Center | Children's National Hospital | Regional Emerging Special Pathogen Treatment Center

In December 2025, the CDC issued a health alert about an ongoing outbreak of Marburg, a rare but highly fatal viral hemorrhage fever, in Ethiopia. EMS clinicians should be mindful of the potential for Marburg in patients who have recently traveled to Ethiopia or have had contact with someone known to have Marburg.

### 1. Identify: When to Suspect

Travel to Ethiopia, or contact with a known Marburg patient, within the last 21 days

and

Symptoms:
- Fever
- Chills
- Headache
- Muscle aches
- Chest pain
- Rash with both flat and raised bumps, often on the torso
- Sore throat
- Nausea, vomiting, and diarrhea

### 2. Isolate: Protecting Personnel and the Public

**Patient Isolation**
- Place face mask on patient
- Wrap the patient using impervious suit/sheet

**PPE for Suspected, DRY*, Stable Cases**
- Impermeable gown / coverall
- Face shield + face mask
- Two pairs of gloves

**PPE for Confirmed, WET**, and/or Unstable Patients**
- Impermeable gown / coverall
- PAPR or N95 + hood + face shield
- Two pairs of gloves
- Boot covers
- Apron

* DRY = Not exhibiting obvious bleeding, vomiting, or diarrhea ** WET = Exhibiting obvious bleeding, vomiting, or diarrhea

### 3. Inform: Notify Receiving Facility

Prehospital clinicians should call or radio ahead to receiving facilities of their concerns for Marburg. They should also follow their agency's operational guidelines for reporting within their EMS agency.

### 4. Post-Transport Issues

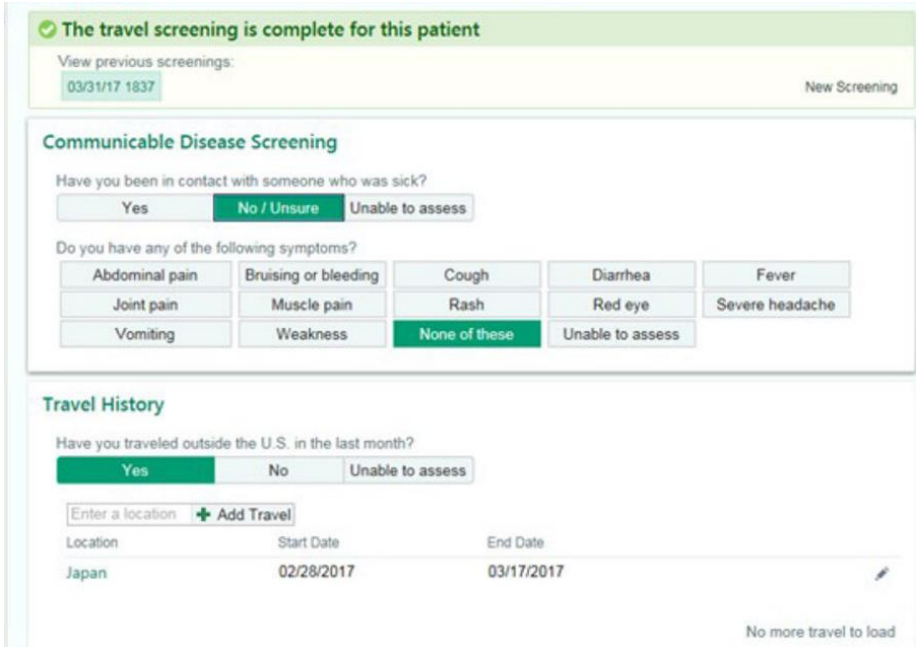
Transport units and equipment should be cleaned and disinfected using an EPA-registered hospital-grade disinfectant while wearing PPE. Soiled laundry and trash should be handled following the agency's guidelines for special pathogens.



**Contact:** Lydian Green, MS, NRP; Region 3 Outreach Coordinator at Lydian.Green@medstar.net

**Additional References:** CDC Health Notice NETEC

MedStar Health



The travel screening is complete for this patient

View previous screenings: 03/31/17 1837 New Screening

**Communicable Disease Screening**

Have you been in contact with someone who was sick?

Yes | No / Unsure | Unable to assess

Do you have any of the following symptoms?

| | | | | |
|---|---|---|---|---|
| Abdominal pain | Bruising or bleeding | Cough | Diarrhea | Fever |
| Joint pain | Muscle pain | Rash | Red eye | Severe headache |
| Vomiting | Weakness | None of these | Unable to assess | |

**Travel History**

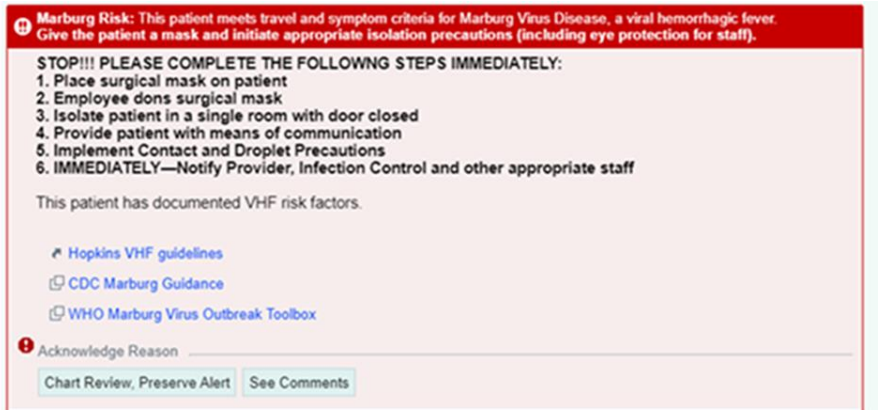
Have you traveled outside the U.S. in the last month?

Yes | No | Unable to assess

Enter a location + Add Travel

| Location | Start Date | End Date |
|---|---|---|
| Japan | 02/28/2017 | 03/17/2017 |

No more travel to load



**Marburg Risk:** This patient meets travel and symptom criteria for Marburg Virus Disease, a viral hemorrhagic fever. Give the patient a mask and initiate appropriate isolation precautions (including eye protection for staff).

STOP!!! PLEASE COMPLETE THE FOLLOWNG STEPS IMMEDIATELY:
1. Place surgical mask on patient
2. Employee dons surgical mask
3. Isolate patient in a single room with door closed
4. Provide patient with means of communication
5. Implement Contact and Droplet Precautions
6. IMMEDIATELY—Notify Provider, Infection Control and other appropriate staff

This patient has documented VHF risk factors.

Hopkins VHF guidelines
CDC Marburg Guidance
WHO Marburg Virus Outbreak Toolbox

Acknowledge Reason

Chart Review, Preserve Alert | See Comments

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# Isolate

**Mask patient**

- Patient should be masked, as soon as identified and always when out of the room

**Private Room**

- Negative Pressure
- Adjacent space for doffing
- Adequate space for waste

**Signage & Barriers**

- Ensure appropriate signage: isolation, do not enter
- Create barriers to separate from main space

**Avoid entering patient care space**

- Utilize existing capabilities to avoid entering the room when able: phones, telehealth

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# PPE

## Suspected VHF – Dry Patient


Face mask


Face shield


Fluid resistant mid-calf gown


Fluid Resistant Coveralls


Exam gloves


Extended cuff gloves

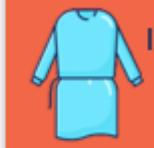
## Confirmed VHF + Wet or Unstable Patient


N95


Face shield


Surgical Hood


PAPR


Impermeable mid-calf gown


Impermeable Coveralls


Mid-calf boot covers


Exam gloves


Extended cuff gloves


apron

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# Inform

**Initial Notification Process**
e.g. RN → MD → ID
Internal system for contacting SMEs

**Internal Notification**
Who else in your facility needs to be made aware (Administration, Public Relations, etc.)

**Contact** Local and State Public Health/Healthcare Coalition

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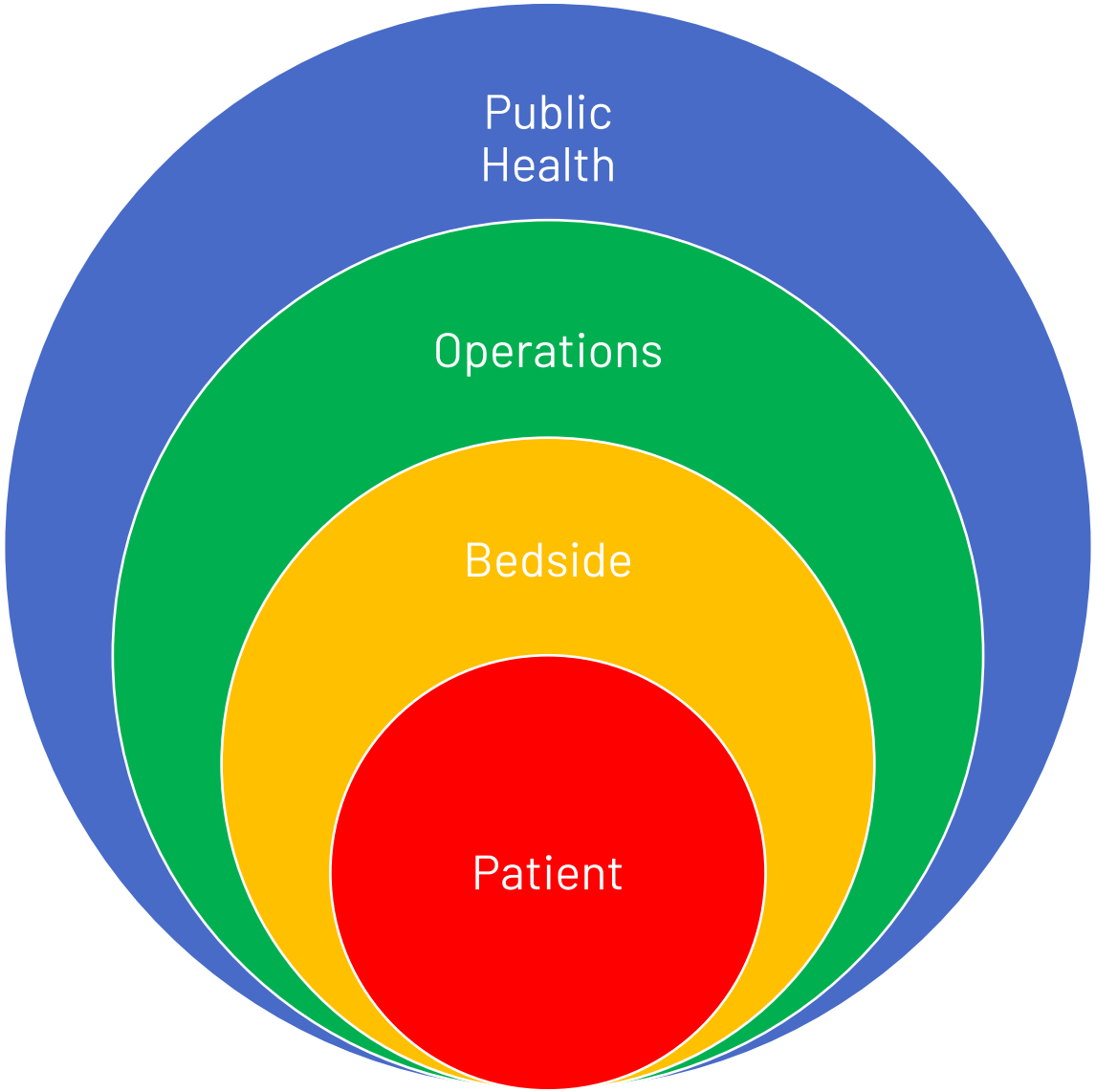


- Clinical leadership
  - Medical
  - Nursing
  - Infection control
- ICS & emergency management
  - Executive
  - Facilities
  - Environmental services
- Public health and laboratory
  - Epidemiologist
  - State/LRN

# Unique Risks of Region 3

2026 FIFA WORLD CUP
UNITED STATES - CANADA - MEXICO


EMS Clinician Update - December 2025

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MedStar Washington Hospital Center | Children's National Hospital | Regional Emerging Special Pathogen Treatment Center

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and

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### 4. Post-Transport Issues

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**Contact:** Lydian Green, MS, NRP; Region 3 Outreach Coordinator at Lydian.Green@medstar.net

**Additional References:** CDC Health Notice  NETEC

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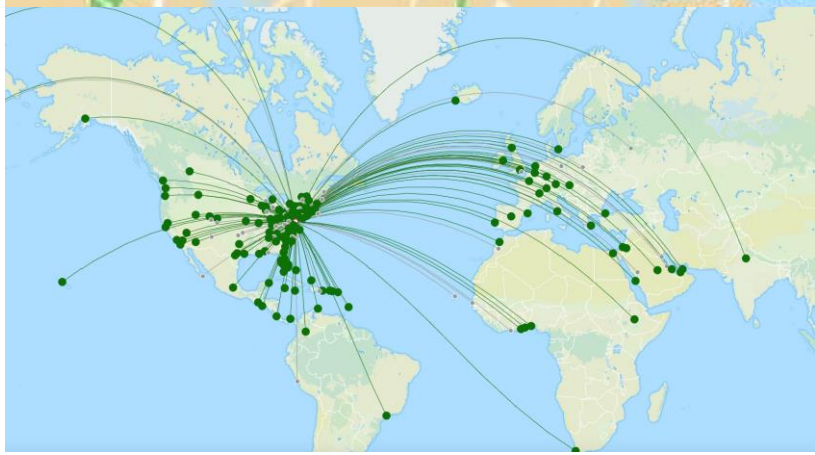

America CELEBRATES 250 1776 - 2026

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# Keep Calm & PPE
# Prepare Protect Educate



# Questions?

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Alix Johnson (ajohn298@jhmi.edu)

# References

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# If questions arise

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1 **Specimen Collection**

Blood or other bodily fluids obtained in correct containers

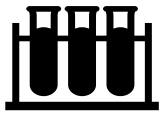
3 **Specimen Transport**

A public health partner coordinates pickup and transport of the specimen to the designated laboratory(s) for testing.

## LABORATORY TESTING PATHWAY

2 **Specimen Packaging**

Specimen is packaged according to category A waste regulations.



4 **Specimen Testing**

Specimens may be tested by a laboratory in the Laboratory Response Network (LRN) and the CDC, or just the CDC, depending on transport logistics and testing needs.

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| Laboratory | LRN | CDC |
|---|---|---|
| Location | Various locations throughout the U.S. | Atlanta, GA |
| Biosafety Level (BSL) | BSL-3 or BSL-4* | BSL-4 |
| Test Performed | Polymerase Chain Reaction (PCR) | Culture |
| Time | Hours | Several days |
| Results | Presumptive | Confirmatory |

**LRN laboratories range from BSL-1 to BSL-4; however, PCR testing for special pathogens must be conducted in at least a BSL-3 laboratory.*

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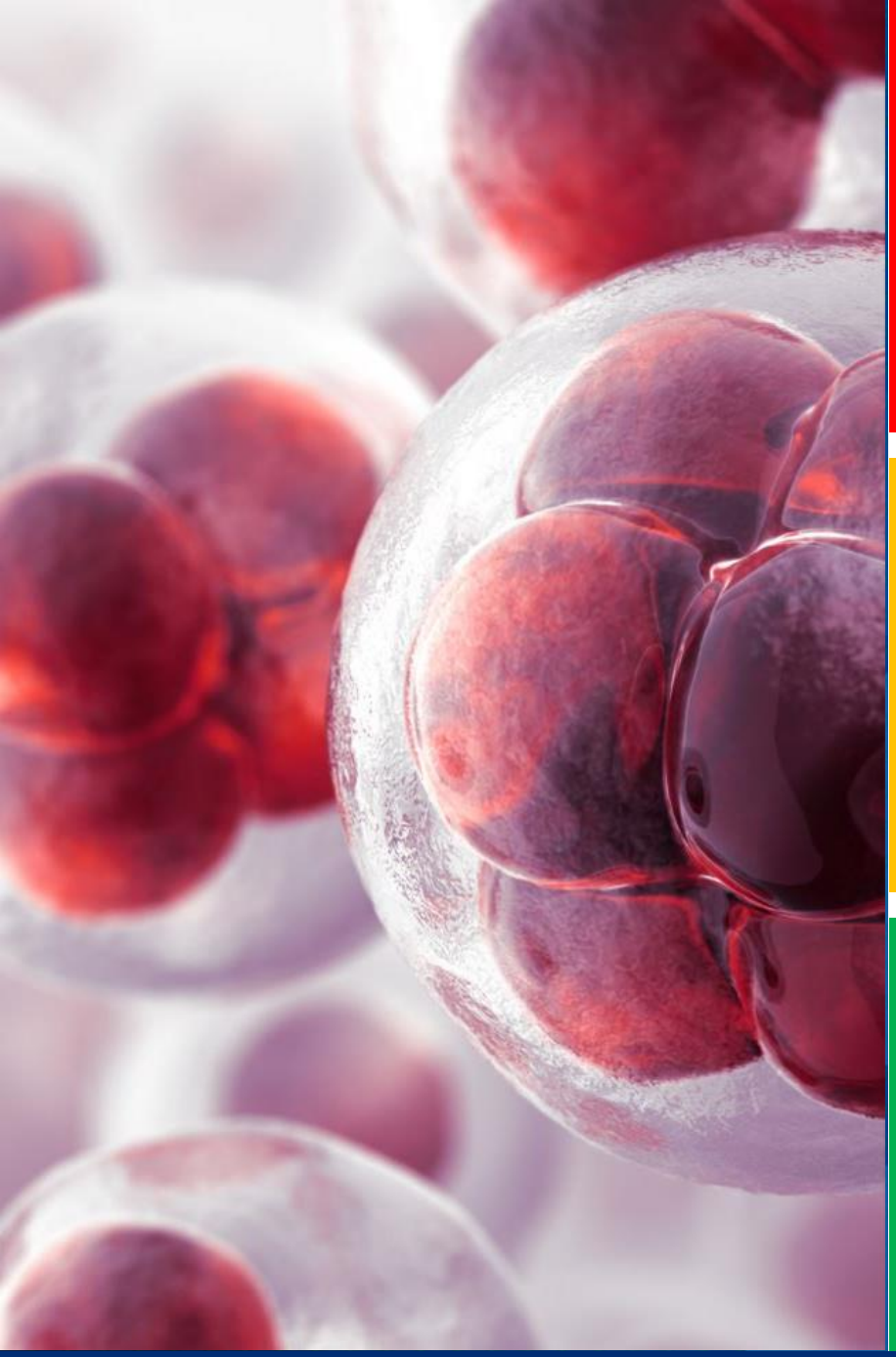

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*Not Detected*

# Negative

Once results are ***confirmed*** negative:

- Stand down isolation precautions
- Return space and resources to normal use using standard decommissioning procedures
- Communicate results to all involved staff and vested parties

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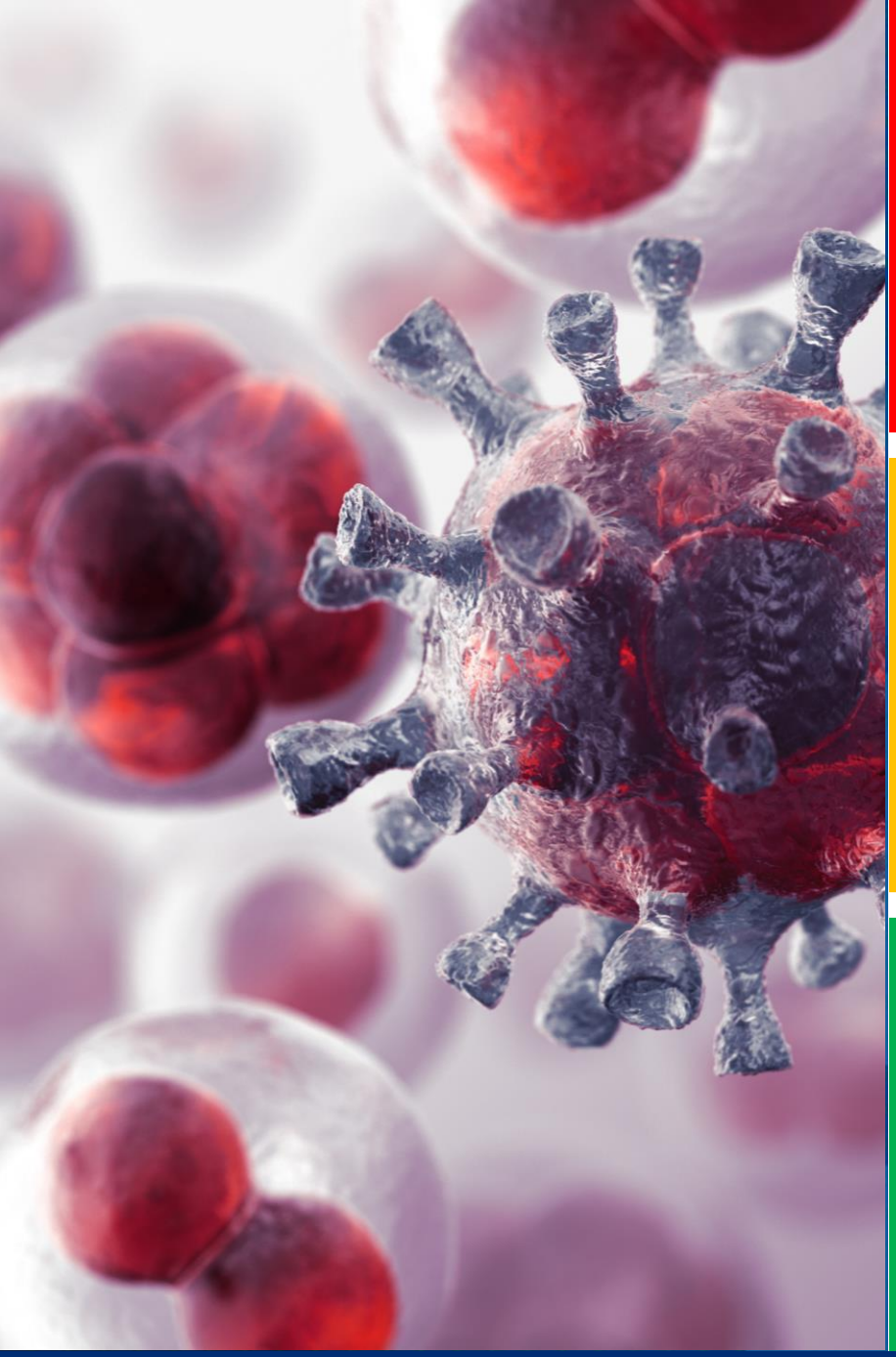

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*Detected*

# Positive

Once results are ***confirmed*** positive:

- Coordinate with public health partners or contracted company to perform decontamination of the space and equipment
- Coordinate with public health partners or contracted company to remove and dispose of waste per Category A regulations
- Coordinate with public health partners to conduct contact tracing of all exposed individuals
- Communicate results to all involved staff and vested parties

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