

## Annex M: Emerging Infectious Disease or High Consequence Infection Disease

### Reporting requirements and contact information

Notification should immediately include local infection control personnel and the facility's/agency's administration, and prompt communication with the local and state health departments. Each facility/agency should include a list containing the following telephone notification numbers in its readiness plan:

#### Internal contacts:

- Infection Control:
- Administration/Public Affairs:

#### External contacts (see Appendix N for additional contacts):

- Local Health Department:
  - [Find a local health department or community health board - Minnesota Dept. of Health](https://www.health.state.mn.us/communities/practice/connect/findlph.html)
- Local Emergency Manager:
  - [HSEM Regional Program Coordinators | Minnesota Department of Public Safety](https://dps.mn.gov/divisions/hsem/contact-hsem/hsem-rpc)
- Minnesota Department of Health: 651-201-5735
  - MDH Emerging Infections Unit: 651-201-5414
    - [About the Infectious Disease Epidemiology, Prevention and Control \(IDEPC\) Division - MN Dept. of Health](https://www.health.state.mn.us/about/org/idepc/index.html)
  - [Health Alert Network - MN Dept. of Health](https://www.health.state.mn.us/communities/ep/han/index.html)

\*See Appendix C.2 for all internal/external contacts\*

### Detection of outbreaks caused by emerging infectious disease or high consequence infectious disease

A recent example of an Emerging Infectious Disease (EID) is COVID-19. Requirements for infection control, staffing, testing of both staff and residents, and vaccination of both staff and residents changed as more was learned about COVID-19. It is important to have a good infection control plan that can be adapted as needed. Guidance will come from federal and state government.

Pandemics are a unique challenge to long-term care because it can be a drawn-out incident, taking several weeks, months, or even years to conclude. An effective response to a pandemic requires: collaborating with local health care coalitions and response partners, planning for increased admits or surge at the facility, and gathering crucial information on an ongoing basis to share with authorities.

Awareness of the facility's capacities and the staff's capabilities will allow a dynamic response to a fast-paced situation such as infectious or vector-borne diseases.

A High Consequence Infectious Disease (HCID) is defined by the Minnesota HCID Collaborative (MDH, Mayo Clinic, UMMC, Minnesota Hospital Association, Minnesota Health Care Coalitions, Minnesota HCID-Ready EMS services) as a disease that include any confirmed or suspected infection with a pathogen that meets either of the following criteria:

- Pathogens for which all forms of medical waste (including patient excreta, secreta, blood, tissue, tissue swabs, and specimens in transport media) are classified as category A infectious substances (UN2814) by the U.S. Department of transportation.

Or

- A pathogen with the potential to cause a high mortality rate among otherwise healthy people and
  - At least some types of direct clinical specimens pose generalized risks to laboratory personnel
  - Known risk of secondary airborne spread within health care settings or unknown mode of transmission
  - No routine vaccine exists

## High Consequence Infectious Disease Syndromes

High Consequence Infectious Disease Syndromes					
Syndrome	Pathogen examples	Category A waste	Laboratory risk from direct clinical specimens	Risk of respiratory spread in healthcare settings or unknown mode of transmission	Available vaccine
Hemorrhagic Fever	Ebola virus, Marburg virus, Lassa virus, Crimean-Congo virus	Yes	Yes	Possible (none known to be transmitted via respiratory spread, but all potential modes of transmission may be unknown for some rare pathogens)	Ebola Zaire only (ERVEBO)
Fever and rash	Variola (smallpox) virus	Yes	Yes	Yes	Smallpox (JYNNEOS, ACAM-2000)
Fever and respiratory illness	MERS, SARS-CoV-1	No	Yes	Yes	No
Fever and neurologic and/or respiratory illness	Nipah virus, Hendra virus	Yes	Unknown	Yes (Nipah virus only)	No
Novel highly fatal disease with evidence of person-to-person spread.  (Disease X)	Unknown	Yes	Yes	Yes	Unknown

## Screening, quarantine, and isolation

This screening guide can be used to assess patients for cough, respiratory symptoms, fever, rash, and travel. [High Consequence Infectious Disease \(HCID\) Screening Guide](https://www.health.state.mn.us/diseases/hcid/hcidscreen.pdf) (<https://www.health.state.mn.us/diseases/hcid/hcidscreen.pdf>)

It is important to remember quarantine and isolation guidelines when dealing with a HCID. [Infection Prevention and Control - MN Dept. of Health](https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/index.html) (<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/index.html>)

## Antibiotic resistance

Antibiotics are powerful tools for fighting and preventing infections. Antibiotics kill bacteria and have made many medical advancements possible, such as surgery, cancer treatments, and intensive care medicine.

Antibiotic resistance occurs when bacteria change in a way that reduces or eliminates the effectiveness of antibiotics. This means the antibiotic is not able to kill the bacteria.

[Health care-Acquired Infections and Antibiotic Resistance in Minnesota Frequently Asked Questions - MN Dept. of Health](https://www.health.state.mn.us/diseases/hai/haiarfaq.html) (<https://www.health.state.mn.us/diseases/hai/haiarfaq.html>)

### Initial Actions

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	If either the volume or severity of an infectious disease significantly threatens or impacts day-to-day operations, activate facility's emergency operations plan (EOP) and appoint a Facility Incident Commander (IC).
<input type="checkbox"/>	Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC).
<input type="checkbox"/>	Implement appropriate infection control policies and procedures based on current guidance.
<input type="checkbox"/>	Clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks if practical.
<input type="checkbox"/>	Consider advising visitors to delay visits if needed to reduce exposure risk to residents.
<input type="checkbox"/>	Advise staff to screen themselves for signs and symptoms of illness and to not work if sick. Activate emergency staffing strategies as needed.
<input type="checkbox"/>	Limit exposure between infected and non-infected persons; consider isolation of ill persons.
<input type="checkbox"/>	Conduct recommended cleaning/decontamination in response to the infectious disease.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the facility EOP.</i>

**\*See also MDH – High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities - [High Consequence Infectious Disease \(HCID\) Toolbox for Frontline Health Care Facilities - MN Dept. of Health \(https://www.health.state.mn.us/diseases/hcid/index.html\)](https://www.health.state.mn.us/diseases/hcid/index.html)**

Purpose of toolbox (Updated 12/4/2025):

- Provides ready-to-use editable tools for frontline facilities to prepare and respond to patients who may have a high consequence infectious disease (HCID).
- Helps facilities meet CMS emergency preparedness regulatory requirements for training and testing programs.
- Helps facilities develop a multi-year plan for HCID education and exercises.
- Incorporates standard infection prevention concepts into training and exercises.

**\*See also Base plan section on Ethical Considerations which contains information on Crisis Standards of Care, Staffing and Volunteers, and PPE.**