

The information below provides answers to common questions about high-consequence pathogens (HCPs) and offers guidance for practitioners on what to do if a person is suspected of having contact with, or being infected by, a high consequence pathogen (HCP).

### **What is a high consequence pathogen?**

A High Consequence Pathogen (HCP) is any infectious disease that is an ongoing public health concern in industrialized and developing countries, causes severe illness or death, is primarily untreatable/ unpreventable, and may have endemic or pandemic potential and spread rapidly through a population within a short time. The most commonly thought of viruses are: Ebola, Marburg, Lassa Fever, Crimean-Kongo Hemorrhagic Fever, Rift Valley Fever, and Nipah. There are also many others. These viruses can spread easily through secretions and blood and body fluids. Special care must be exercised when managing persons either exposed or infected by any of these viral hemorrhagic fever viruses.

### **How should clinicians proceed if an individual present to an emergency department or urgent care centre and there is suspicion of exposure to, or infection with, an HCP?**

**[\(Click here for more details\)](#)**

1. Maintaining physical distance - complete risk assessment and don appropriate PPE;
2. Move patient to an isolation space;
3. **Contact HCP ID Physician On-Call** through HSC Paging at (204) 787-2071; state call is HCP-related;
4. Contact IP&C representative.

**[See DRAFT - HCP ED / UC Clinical Process Algorithm](#)**

### **Who determines the need for diagnostic testing or admission in cases of suspected HCP?**

The HCP ID Physician On-Call in consultation with the facility MD or a Medical Officer of Health will determine if escalation for testing is required. If escalation is required, the HCP ID Physician On-Call contacts VECTRS. VECTRS will initiate a conference call with HCP experts to determine if the risk warrants High Consequence Pathogen Unit (HCPU) activation.

**[See DRAFT Suspect or Confirmed HCP Patient to HCPU Algorithm](#)**

### **What facility is designated to provide testing and ensure continuity of care for a suspected HCP patient?**

The Health Science Centre (HSC) is the designated site for testing and providing continuity of care for a suspected or confirmed HCP patient. The designated HCPU at HSC requires approximately four hours to set up and prepare to accept the transfer of a patient. HSC has identified a HCP patient staging area while the HCPU is being decanted / prepared (e.g. direct from NML or airport).

### **Where will the High Consequence Pathogen documents/ resources be available?**

HCP documents/ resources are accessible on the Shared Health Emergency and Continuity Management web page - <https://healthproviders.sharedhealthmb.ca/services/ers/ecm/>

### **What should I do if I have additional questions?**

The Provincial HCP Steering Committee (**[Click here for more details](#)**) is responsible for overseeing planning, preparedness, and response activities related to high-consequence pathogens. For any questions, please contact the Committee Co-Chairs.

- Jeff Martin 204-612-9378 / [jmartin@sharedhealthmb.ca](mailto:jmartin@sharedhealthmb.ca)  
HCP Provincial Steering Committee Co-Chair
- Wendy Ducharme 204-588-7367 / [wducharme2@sharedhealthmb.ca](mailto:wducharme2@sharedhealthmb.ca)  
HCP Provincial Steering Committee Co-Chair

## HCP ED / UC Clinical Process - Additional Details

*For any situation in which there is suspicion of a potential HCP exposure:*

1. *Instruct patient and anyone accompanying the patient to perform hand hygiene and put on a mask. Maintain 2 metre separation from patient until PPE donned.*
2. Ask about any signs and symptoms that began within **21 days** of travel or potential exposure (any of the following):
  - a. Fever
  - b. Malaise/intense weakness)
  - c. Diarrhea
  - d. Myalgia
  - e. Nausea/vomiting
  - f. Headache
  - g. Rash (chest, back stomach
  - h. Jaundice
  - i. Sore throat
  - j. Chest pain
3. Don ED/UC HCP PPE: gown, apron, hood, extended cuff gloves, eye/face protection, N95 respirator, and shoe/leg covers. **(Currently under review)**
4. Escort patient & anyone accompanying the patient to a designated isolation space (airborne isolation room ideally); maintain 2-meter separation from all persons not wearing appropriate ED/UC HCP PPE. Obtain a thorough history of travel, symptoms and potential exposures.
5. Contact HCP ID Physician On-Call through HSC Paging at (204) 787-2071; state call is HCP-related.
  - a. At the same time, the ED/UC shall contact IP&C

## Provincial High Consequence Pathogen (HCP) Preparedness Steering Committee

The Steering Committee is established to:

- Oversee health system planning, preparedness, and response activities for suspected or confirmed cases of high-consequence pathogen (HCP) infections;
  - Assess Shared Health – Health Sciences Centre (HSC) readiness as a designated national HCP care centre;
  - Identify and confirm the resources, clinical processes, and infrastructure improvements required to support an effective HCP response; and
  - Define and coordinate emergency response processes among key stakeholders — including Shared Health (HSC, ERS, Diagnostics, Communications, OESH, IP&C, and HR), Winnipeg Fire Paramedic Service (WFPS), Manitoba Health, and the Public Health Agency of Canada (PHAC) — in the event of suspected or confirmed HCP cases.
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## Goals (in Priority Order)

**Stream 1:** Review and update stakeholder protocols for providing timely medical care to a National Microbiology Laboratory (NML) worker with an HCP exposure requiring further investigation.

**Stream 2:** Review and update stakeholder protocols for providing timely medical care to individuals presenting to an urban Emergency Department, Urgent Care Centre, or Primary Care Clinic with an HCP exposure requiring further investigation.

**Stream 3:** Review and update stakeholder protocols for providing timely medical care to individuals presenting to a rural health care facility with an HCP exposure requiring further investigation.

**Stream 4:** Review and update stakeholder protocols for managing requests from other provinces or countries to provide timely medical care to individuals with an HCP exposure requiring further investigation.

## Membership:

<b>Shared Health:</b>	<b>Shared Health - HSC:</b>	<b>WFPS:</b>
<b>TBD - Associate CMO</b>	Dr. Bojan Paunovic – Site Adult Critical Care Medical Lead	Stephen Brglez
Dr. Paul Ratana – Provincial Specialty Lead for Emergency Medicine	Dr. Duane Funk - HCPU Medical Lead	Marc Savard (optional)
Dr. Amin Kabani - COO DSM	Dr. James Karlowsky – Clinical Micro	
Todd Stevens - DSM	Dr. Paul Van Caesele	
Eric Bouchard - DSM	Dr. John Embil - IPC	<b>WRHA:</b>
Dr. Rob Grierson - ERS	Andrea Meakin - Executive Director Health Services	Molly Blake IPC
Jeff Martin – Provincial Director ECM	Shye Klos – Director Care Coord.	Joanne Marцениuk - OESH
Wendy Ducharme – Provincial Director - CC, Emerg. & Trauma	Rosanne Labossiere-Gee – Director CC	Dr. Allen Kraut - OESH
Shauna Boitson - Director Health Services-Provincial IP&C	Tania Costantini – HSC ECM Specialist	
		<b>PHAC:</b>
	<b>Public Health</b>	Ann Smoley
Sara Chaput - Supply Chain (optional)	Dr. Santana Lee	Darcy Brierley
Chad Chapman – ERS (optional)	Dr. Carol Kurbis	
Craig Doerksen – FM/CAP (optional)	Kevin Tordiff	<b>NML:</b>
Tara Mangano – COMMS (optional)	Kayla Saarinen	Dr. Jim Strong
Dr. John Sokal – (optional)		Kaylie Doan
		Lauren Garnett
		Dr. David Safronetz (optional)