PREFACE

The threat posed by high-consequence infections has become increas-
ingly complex, dangerous, and imminent in our 21st-century environ-
ment. Naturally occurring outbreaks such as Ebola, SARS, MERS, and
avian influenza have challenged local and regional health care delivery
capabilities and impacted economic, social, and political systems. We
dodged a bullet when the 2009 H1N1 influenza pandemic turned out to
be milder than historic novel flu pandemics, but persisting outbreaks of
H7N9 and other avian influenza viruses remind us that the specter of an
emerging severe pandemic is ever-present. In addition, rapid advances
in biotechnology continue to lower the bar for malevolent use of lethal
biological agents. More than ever, our hospitals and health care work-
ers must possess the necessary knowledge and skills to provide effective
care for patients infected with highly communicable and highly virulent
pathogens while protecting themselves and their families, their health
care colleagues, and the public from the spread of infection. This is why
I am privileged to introduce the publication of this inaugural edition of
the Nebraska Isolation & Quarantine Manual.

As the Assistant Secretary for Preparedness and Response (ASPR), I
lead an organization that is charged with a singular and critical mission:
saving lives and protecting Americans from 21st-century health secu-
rity threats. On behalf of the Secretary of Health and Human Services
(HHS), ASPR leads public health and medical preparedness, response,
and recovery for disasters and public health emergencies. Among its
many functions, ASPR promotes readiness at the state and local levels
by coordinating federal grants and cooperative agreements and carrying
out drills and operational exercises. To strengthen domestic response
capabilities for high-consequence infectious diseases, HHS/ASPR and the Centers for Disease Control and Prevention (CDC) work with state health departments and the private sector to establish and maintain a nationwide, regional treatment network for Ebola and other highly infectious diseases. In conjunction, HHS awarded funding to establish the National Ebola Training and Education Center (NETEC) to educate and train clinicians to provide safe and supportive care for patients with these diseases. NETEC is a consortium of Emory University, University of Nebraska Medical Center/Nebraska Medicine (UNMC/NM), and New York City Health and Hospitals Corporation/HHC Bellevue Hospital, three US hospitals that treated Ebola patients successfully during the 2014–16 emergency.

As a core member of NETEC and with more than 15 years of history in training, research, and clinical operations for high-consequence infection patient care, I am grateful to our partners at UNMC/NM who continue the tradition of sharing their expertise and helping colleagues around the country meet the challenges of known and emerging infectious disease threats. With the establishment of the Global Center for Health Security at Nebraska, I look forward to their increasing role as both a national and international leader for health system preparedness and response. This manual fills an important gap in civilian biopreparedness, and I hope readers can incorporate its lessons into building more prepared and resilient health care systems and communities.

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