CENTERS FOR DISEASE CONTROL & PREVENTION (U.S.)

Moderator: Stephanie Nguyen
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1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of the call.

To ask a question during that time please press Star then 1. Today's conference is being recorded. If you have any objections you may disconnect at this time.

And now I'd like to turn over the meeting to Stephanie Nguyen. You may begin.

Stephanie Nguyen: Good afternoon from Atlanta, Georgia. My name is Stephanie Nguyen and I work with the Outreach Team in CDC's Emergency Operations Center.

I am so pleased to welcome everyone to today's call, which will actually be the last call in this series. We hope that in covering topics like stigma, reopening schools, traveling and visiting friends and relatives, and the vaccine studies to prevent Ebola, that this series provided information that was both relevant and useful for you, our partners in the West African community of the United States.

Before we get too deep into today's call, I wanted to take a few moments to thank you all for engaging with CDC during this response to the largest Ebola outbreak in history.

Ebola, as we've all learned, is a tragic and frightening disease particularly for those of us with loved ones, friends, and family in affected countries in West Africa.

But one of the best ways that we can all help is by learning about Ebola and sharing this good information with family, friends, and colleagues.

From the beginning, CDC worked to respond to the Ebola outbreak both in West Africa and in the U.S.

We looked forward to these calls as an opportunity to hear your questions and concerns and make sure that we are able to address them at CDC.

Your comments are always most welcome and appreciated.

So today, for our last call, we focus on CDC's plans for getting to zero new Ebola cases in West Africa and more importantly efforts to stay at zero new cases and end the Ebola outbreak in West Africa.

With us to speak on the topic is Ms. Jana Telfer who is currently serving as the lead in CDC's Joint Information Center.

Today's agenda includes a few announcements, Ms. Telfer's presentation, and then we will conclude our call by opening lines for your questions and comments.

Remember that these calls are a forum for dialogue and feedback. So we hope you will take advantage of the opportunity and ask more of the great questions we've heard thus far in the series.

If you wish to email your questions about today's topic right now or at any point during today's call, you can send them to emergencypartners@cdc.gov . That's E-M-E-R-G-E-N-C-Y-P-A-R-T-N-E-R-S@cdc.gov.

You can also continue to reach us after today's call with any feedback and/or suggestions for future activities. We always love to hear from you.

So let's begin with our announcements. This past Saturday, May 9, the World Health Organization officially announced the end of the Ebola outbreak in Liberia.

This is a tremendous accomplishment and the White House congratulated the people of Liberia in this important achievement.

This milestone speaks to the incredible work of Liberians, thousands of CDC responders, as well as our U.S. and global health partners.

And we look for to the day when Sierra Leone and Guinea join Liberia in ending this Ebola outbreak.

As I'm sure you've heard, before the threat in West Africa won't be over until the region gets to zero cases and we are continuing to work towards this goal.

Because the outbreak has now ended in Liberia, CDC downgraded the travel notice for Ebola in Liberia to a Level 2 alert.

This means that CDC no longer recommends that U.S. residents avoid nonessential travel to Liberia.

Based on the current situation in Liberia the risk of exposure to Ebola is low, however there is still the possibility of reintroduction of Ebola in Liberia.

CDC recommends that people traveling to Liberia take steps to prevent Ebola by avoiding contact with blood and [body] fluid.

Travelers should be aware that the health infrastructure of Liberia has been severely strained so getting medical care in Liberia may be difficult.

Certain people such as senior citizens, people with underlying illnesses, and people with weakened immune systems should consider postponing travel to Liberia.

Please see CDC's Health Information for Travelers to Liberia Web page to learn more about ways to stay healthy and safe during travel and visit.

You can also visit the CDC's Travel Health Notices page for up-to-date information on international travel.

So let's move into the meat of today's call. I'd like to introduce to you today Ms. Jana Telfer. Jana Telfer is Associate Director for Communication Science for CDC's National Center for Immunization and Respiratory Disease.

With more than three decades in public relations and health and marketing communications she is an expert in applied crisis, emergency, and risk

communication and has been called on to respond to numerous national and international events.

Jana did two tours in Liberia at the height of the world's first Ebola epidemic where she advised the Ministries of Health and Information on strategic and risk communication.

During the 2011 Fukushima nuclear incident, the U.S. Departments of State and Health and Human Services tapped her to advise the U.S. ambassadors to Japan on health and risk communication.

As one of CDC's only multilingual senior communication professionals, in 2006 she deployed to Panama to advise the President and Ministry of Health when a fatal outbreak called for bilingual risk communication expertise.

And she represented CDC on an HHS team advising the Greek government on risk communication before the 2004 Olympics.

Jana served as CDC's Communication Officer in New York City during the first wave of response to the anthrax attacks of October in 2011.

In January 2003 she was asked to assume the post of CDC's Acting Director of Media Relations. In this capacity she oversaw the agency's public response to the National Smallpox Vaccination Program, the SARS, monkeypox, West Nile and influenza outbreaks, and a new HIV prevention initiative.

Under her leadership, CDC initiated broadcast news briefings that extended the reach of public health information to a broader audience and more than doubled the monthly volume of media calls to the agency.

A Phi Beta Kappa graduate of Indiana University with a BA in Spanish she earned the - excuse me, she earned the - she got her Masters in International Relations Magna Cum Laude from Syracuse University's top ranked Maxwell School of Citizenship and Public Affairs.

She serves on the advisory board of the Center for Health and Risk Communication of the University of Maryland.

So with that, and actually there is so much more that I could say about her, I'm going to turn things over to Ms. Jana Telfer. Ms. Telfer thank you so much for your time today.

Jana Telfer: Thanks for the opportunity to be here. It's always embarrassing when you hear your own introduction. And I promise you I sent them an 80-word bio so that could be much, much shorter.

I have been involved in emergency response ever since coming to CDC and in fact, before coming to the Centers for Disease Control prevention when I worked with the American Red Cross and we were sort of on the disease of the month plan.

However, it was a particular honor and privilege to be part of the Liberia response, which as you know is the largest response in CDC history.

We have sent more than 1000 people to West Africa as well as the thousands of people here in Atlanta who have supported those folks with desks that operate around the clock so that whenever we have a need when we are in West Africa we could be sure to reach the resources that we need here in Atlanta.

It's an extraordinary resource that we have is an agency and it's a privilege to be able to bring it to the service of the world and also to be part of that response.

This is actually the third discussion I've had about Ebola in the past couple of days. And I've been able, since Saturday, to reflect a little bit on what the experience was like.

Last week just days before the end of Ebola in Liberia was announced, the public broadcasting system aired a documentary on Frontline that traced the very beginning of the epidemic.

I had the opportunity of being in Liberia at the 1st of September just as the epidemic was beginning to climb to its highest point in that country.

And watching the Frontline video pulled me back to those days in September when there were literally bodies in the streets.

Liberia was not prepared for that event because the country had experienced 15 years, as you know, of consecutive civil wars followed by only ten years of peacetime to be able to try to rebuild all of the different infrastructure—transportation, power, health services—that had been destroyed during the civil war. So Liberia was not prepared for this kind of event.

But I share with you that neither was the world's public health community, because we were accustomed to dealing with Ebola in central Africa in remote locations where the previous largest outbreak was about 400 people and it could be easily contained.

No one was prepared that the disease vector had moved to a totally different part of an enormous continent.

And no one was prepared for the disease itself to move from remote rural areas where it can be, more or less, easily contained into heavily populated urban centers where it flared into something that no one had ever seen before.

In the early days of the epidemic we were running as hard as we possibly could. We felt like Olympic sprinters. And yet the virus was always ahead of us and we had no idea how we were going to be able to catch it.

It was a multi-factorial response. They have asked me if I do a bit of a retrospective.

So there's no particular point, I don't think, that we can point to and say this is what made the difference because so many things happened.

In early September, Mr. Minister Tolbert Nyenswah of the Liberia Ministry of Health who was in charge of the response sat in an IMS meeting and flung out his hands and said, "We need ambulances!"

We have six ambulances in all of Montserrado County, which was the county that housed Monrovia where 1/4 of the population of Liberia lives. 6 ambulances for 1.4 million people.

There was only one ambulance in Nimba County. And if the ambulance in Nimba County was carrying a sample to a laboratory in Montserrado County, which would take at least two days, there was no ambulance to convey people in Nimba to the nearest health care facility. That was how desperate we were in September.

In a way, and possibly because I worked in communication, words were all we had. Information was the only real source of intervention that we had at that time because we still didn't have enough Ebola treatment units, we didn't have enough ambulances, we didn't have rapid response teams yet in place and the international community was trying to organize itself to be able to work effectively with the government.

At the same time, we're trying to introduce a new system, the incident management system (IMS), into a government in the midst of a crisis.

And as one of our EIS officers said many years ago in returning from the World Trade Center, "The time to exchange business cards is not when the buildings are falling."

The time to introduce a new way of managing and responding to an event is probably not when the epidemic is escalating to its highest possible point, but that's exactly what we were trying to do.

And the Liberian government and the Liberian people responded with extraordinary valor and extraordinary demonstration of a country that is willing to listen, to learn, to apply new knowledge and to keep doing that.

So let me talk about a few things that came together, I believe, to help bring Liberia to zero. One was the government's response, the traditional and the political governments' response.

Everyone worked together as a unit to make this happen. And they were very willing to consider new ways of operating and different ways of operating.

The government also did an exceptional job of organizing the international partners who were having difficulty understanding how to work together because everyone had expertise to bring, everyone had skills, everyone had resources but trying to channel those resources in concert so that they could all be effective was a challenge.

So there was a great deal of work on the international front to do, and the government helped organize and align that portion of the response.

In October, at the point at which the epidemic peaked, we were in an IMS meeting in the new facility that was created for their emergency operating center one morning.

Every IMS meeting in Liberia opened with a prayer, and that morning the prayer was very simple. And the person delivering the prayer said, "We commend Liberia into your hands because we cannot do this ourselves."

And outside the emergency operations center where construction was going on, a hammer struck three blows against the metal bar. It was unplanned. But it was like attending a religious service of whatever denomination you may attend. It was a profound moment in the course of the IMS system.

At the same time that that was happening, in early October, the government made an effort to reach out formally to the National Chief's Council and scheduled a two-day meeting in Bong County where all of the chiefs, all of the paramount chiefs, and the key leaders in the traditional government came together and spent two days listening to every ministry representative in the Liberian government who had a connection with some portion of the response. And that included transportation, interior, health of course, information -- all of the ministries that have a part of the response.

As a result of that meeting, the National Council of Chiefs issued a proclamation that indicated that they would fully support and collaborate with the government.

And in October the epidemic began to subside because with the combined efforts of the government, the chiefs, the international partners and the awareness and engagement of the Liberian people, we began to see a change.

In December I came back to Liberia. And - or in November rather, I came back to Liberia, and President Sirleaf had issued a challenge to the country to be at zero cases by Christmas.

That struck terror into the hearts of most of us who do emergency response or disease response because we always like to be very cautious.

But what we needed to do was find a way to make that happen. And at that point we were able to because there were enough Ebola treatment unit beds in the country. There were enough ambulances. The chiefs were fully engaged. And rapid response teams had been developed in a way that adjusted itself to the needs and the structure in every county in every district.

So the rapid response teams included four people. They did not have to include the same four organizations in every district.

What happened was whatever groups were in the district, whether it was Médecins Sans Frontières, the CDC, the UNICEF, WHO, the county health officers, the district health officer, four of those people were would come together and constitute the core of the rapid response team. So it was variable according to what the resources were that were available in that county.

And it was an extraordinary example of international organizations and government agencies working together in collaboration.

We also instituted or initiated in Liberia a campaign called Ebola Must GO and had the sub-line 'Stopping Ebola is Everybody's Business.'

And one of the things that we looked at was what were the essential things that needed to happen in order for Ebola to be eradicated in Liberia.

And even though we had 16 pages of public health messaging, those essential things boiled down to five things.

One was to bury all bodies safely and with dignity, to keep sick people in their own area and get them to treatment as rapidly as possible, to tell someone, your village elder or call 4455 emergency number in Liberia if you were sick or knew someone who was sick.

Because we wanted to make Ebola like malaria so that people would say, "Oh I have Ebola," in just the way that they say, "Oh I have malaria," or that we in the U.S. say, "Oh I have a headache."

The fourth thing was to find other people who had been in contact with the sick person and finally to keep those contacts in place with food and water.

When those things came together we began to see the epidemic tail off dramatically. It didn't mean that the other things didn't need to continue.

Hand washing is still very important, not only for Ebola but for many other public health purposes, as were all the other messages.

But those five things were the things that helped us; that we knew, based on science, would help eradicate the epidemic.

The one thing that was not included in science in the literature to this point was the point about telling someone.

However what we were encountering in Liberia was that people were still ashamed. And they didn't want to share the fact that they were sick or a family member was sick because they knew that there would be difficulty and perhaps abandonment attached to that.

So we wanted to normalize Ebola so that it would become like any other illness that people reach out to and help.

We'll fast forward to the present moment and look at the fact that, as was mentioned, that vaccine studies are ongoing; that vaccine investigations stepped up dramatically because there was a clear need for development to occur because we suspect that Ebola will occur again because the vector has moved. It's still there. It's probably not going away.

But we know also that the countries that are affected are much more vigilant than was the case in the past when the threat did not exist.

CDC has a global health security agenda, and I will not try to be expert on that. You can read about it on our Web site.

However, the fundamental premise of that health security agenda is that we protect all countries and the health of everyone in the world by addressing the disease at its source, not by fencing in our borders.

Although screening on departure and on arrival in countries is helpful, the best thing that we can do is to help countries that are experiencing outbreaks put the systems and the resources in place to be able to address those outbreaks in the future.

So I'm going to wrap up and allow questions to this group that perhaps I can answer or others here at the table with a very few points.

And one is that CDC, as a follow-on to this epidemic, is establishing country offices in each of the West African countries.

We have not had country offices in West Africa previously. And we will now be in the countries just as WHO, UNICEF, and some of the other international agencies are with a continuing presence to be of support to the health ministries in each of those countries.

In Liberia, we through the auspices of the CDC Foundation—which has been an incredible support in channeling donations from the American public and American businesses to support CDC's response activities during this outbreak, we are making sure that those country offices are up and running.

And we are also putting some communications in place so that support can continue.

Here in Atlanta we are continuing a strong focus on our global health security agenda and engaging other government agencies in this. It's not CDC alone but it's an entire response from a broad range of agencies.

The most important thing though, and that we know from risk communication research, is that people listen to those whom they trust.

That's why getting the traditional leaders involved in Liberia was so important, because the traditional leaders were highly trusted by the people who knew them.

And this is where you come in because you also have a trust relationship with groups in West Africa, with individuals, with family members, with friends.

And you have the opportunity, I believe, if the epidemic does recur or in those countries where it's continuing, to help carry those five science-based messages and keep those in the forefront so that every individual, every family, and every community in Liberia, in Sierra Leone, and in Guinea is able to take steps to begin to get control of a disease that is controllable, even if it is not yet curable.

If you've watch social media at all, you'll have noticed that together with the messages about the end of Ebola in Liberia is the hash tag #StayVigilant.

As President Ellen Johnson Sirleaf said when reflecting on the achievement of this country, "Let's celebrate, but let's remain ever mindful and vigilant to make sure the joy we have will not be interrupted."

All of us here in Atlanta who worked on the epidemic in any capacity felt joy on the day that Liberia reached zero. And we will feel equal joy when Sierra Leone and Guinea also reach that number. And we look forward to working with you to make sure that that happens.

Thanks very much for the opportunity to share a little bit with you about our experiences there.

Any of us who have worked in Liberia or the other West African countries can talk for at least three days without stopping. So I had better stop now otherwise we will be on the phone longer than is allotted for this meeting.

Stephanie Nguyen: Thank you so much for sharing that information with us Ms. Telfer. And for all of the work you and everyone else has done to help end this Ebola outbreak.

Now I'd like to open the phone lines and hear any questions and comments about today's topics from our audience.

I do want to remind everyone that today's conference call is recorded and a transcript of the call will be posted online at CDC's Partnering with West African Communities Call Series Web page.

Operator would you tell the audience how to ask a question please?

Coordinator: Thank you. We will now begin the question and answer session. If you'd like to ask a question please press Star 1 and record your name clearly.

Once again to ask a question please press Star then 1.

Stephanie Nguyen: So while we're waiting for the questions to queue up, I'd like to take this time to again thank everyone for joining these calls, providing wonderful feedback through email, and most importantly sharing this information with your friends and family back home.

Even though this call series is coming to an end there are still ways for you to stay involved with CDC.

Sign up for our Emergency Partners External Newsletter.

This newsletter is sent out every two weeks on Thursday morning to CDC partners with the latest information about the Ebola outbreak.

The next Emergency Partners Newsletter will be distributed on May 21. A link to sign up for the newsletter will be sent out via email to those on our current distribution list.

If you'd like to be added to that list, just email us at emergencypartners@cdc.gov.

Also in the coming weeks CDC will reach out to members of the West African community to gather input for our CARE kit.

With us today we also have Sarah Ray from RTI International who's working with CDC to tell you a little bit more about this project. Sarah are you on the line still?

Sarah Ray: I sure am.

Stephanie Nguyen: Fantastic. If you would like to go ahead and share with the audience a little bit about the CARE kit and your work?

Sarah Ray: Absolutely. As mentioned my name is Sarah Ray and for RTI International. And RTI International, or RTI, is working with CDC to evaluate several aspects of the CARE program including an assessment of the cultural

appropriateness and relevance of some of the materials given to travelers from Ebola-affected countries when they arrive in the United States.

So we'd like to invite you or a member of your organization to participate in this assessment by giving your feedback on these materials.

In order to do that we would ask you to review the materials and then we would follow-up by telephone to conduct a short interview and to hear your thoughts on how they could be improved for future use. Our goal is 30 interviews.

More information and an invitation to assess your eligibility will follow in the next few weeks. We hope you will participate.

If you have any questions or have a specific organization member to nominate for inclusion in the study you can contact me Sarah Ray at RTI International. And you can reach me by email at sray@rti.org so that's S-R-A-Y@rti.org.

Stephanie Nguyen: If you'd like to participate you can also email us at emergencypartners@cdc.gov. We can also help route those emails as well.

Operator do we have any questions in the queue?

Coordinator: Yes. Our first question comes from Dr. Abassi. Your line is open.

Dr. Rasheed Abassi: Yes. Thank you so much. This is Rasheed Abassi. I'm a physician with Sisimi Medical Foundation.

I recently came back Sierra Leone and before I proceed let me first of all say thank you to CDC and the global partners.

And having the opportunity to have gone back to Sierra Leone three times since the epidemic, I can see the difference and I just cannot say thank you enough.

The question I have is do we have any program in place or any particular action for survivors? And the reason why I say that is Sisimi currently has operations in the Western area as well as in Cambia.

But increasingly, I left Sierra Leone on the 28th of last month. And we've been seeing a lot of survivors come in with visual problems, mainly uveitis, some with residual kidney abnormalities.

And in order to get zero and particularly to stay at zero as we all know currently the virus has been identified in some body fluids like in semen.

And so I was just wondering if there is anything in the plan for survivor monitoring and clinical data collection? Thank you.

Craig Manning: Good afternoon Rasheed. Thank you for that question. This is Craig Manning. I'm working as part of the Health Promotion Team.

I know that we have been doing, and are planning to continue to do, more work with survivors. And there's a study that is getting underway very soon.

One of the investigators, I believe, is leaving Atlanta today to travel to Sierra Leone. And this will involve an effort to understand slightly more rigorously the nature of the behavior of virus in semen in terms of longevity.

As you know the initial guidance on this from some time ago was that men should refrain from having sex for a period of 90 days or if they weren't going to refrain from sex, would at least use a condom.

And that guidance on that is changing at this point to recommending that until we have more knowledge about the nature of the virus in the testes of males, that the sexual behavior, that men refrain from sexual behavior for an indefinite period until we have more guidance on that particular topic.

I know - and so that study will be getting underway and running for several months. I don't know what the sample size is of the population of men that they intend to test. But I know it will be of sufficient size to guarantee meaningfulness of the data.

With respect to the uveitis that was reported I know anecdotally that there is concern about the possibility of eye fluids.

And I recall anecdotally that there is PCR information regarding some survivors with respect to being able to detect virus through PCR.

I haven't seen any indication that there's virus isolation of - that there has been successful isolation of virus from fluid in the eye. And I do not know if there if anyone is attempting that at this moment.

That's as much as I can give you on where we stand at the moment but thank you Rasheed for your question. And I too share your observation that the changes over the last several months in Sierra Leone have been dramatic.

Rasheed Abassi: Thank you.

Coordinator: As a reminder if you'd like to ask a question please press Star then 1.

Stephanie Nguyen: Operator if there are no additional questions in the queue we may just wrap up our call a few minutes early.

Coordinator: Okay. No, we have no further questions.

Stephanie Nguyen: Okay. So for the recording, transcripts, and resources in this call series please visit CDC's Partnering with West African Communities Call Series Web page.

Information from today's call will be posted to the page in the next few weeks. And if you'd like to receive an email when these materials become available just email us at emergencypartners@cdc.gov.

If you have any additional questions for today's speaker or have any other comments you'd like to share with CDC, please also send them to emergencypartners@cdc.gov.

Once again thank you everyone so much for joining us today and for your previous participation in all of our calls.

Your partnership throughout the 2014 Ebola outbreak in West Africa has been absolutely critical. And please feel free to reach out to us if you have any additional feedbacks or comments following today's call.

Now operator that concludes our call for today. We can disconnect.

Coordinator: Thank you for your participation in today's conference. Please disconnect at this time.

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