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

Moderator: Molly Gaines-McCollom
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2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. There will be a question and answer session for today's call. If you would like to ask a question, you may press star one on your touchtone phone. Please remember to unmute your line and record your name. Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now, to start today's conference I would like to turn it over to Ms. Molly Gaines-McCollom. Thank you and you may begin.

Molly Gaines-McCollom: Great. Thank you so much. And thanks to everybody on this call for joining us, and for your continued engagement with us on these West Africa Diaspora calls. We really look forward to these calls as an opportunity to hear from you about what your questions and concerns are, to again just fully make sure that we are able to address them as CDC.

And as usual I'd like to remind you that you can always reach out to us at our email address, which is emergencypartners@cdc.gov, with your questions, comments, suggestions or concerns. So that email address I will spell, it is E-M-E-R-G-E-N-C-Y-P-A-R-T-N-E-R-S at C-D-C dot G-O-V. If you have any questions during today's presentation and are not available to ask them over

the telephone, feel free to email those to us as well, and we'll take those at the end.

Also at this email address we can add you to our distribution list for these calls, so that you get our call announcements. And we'll be sure to send out the links to the resources that we're mentioning after this call. And again you can use that email address, so let us know any ideas you might have for future topics.

So today for the bulk of our call we're going to be talking about some recommendations for folks with friends and family in Guinea, Liberia and Sierra Leone, the three countries most affected by Ebola. Before that, I wanted to provide some brief updates on the Ebola response. So as of February 22, 2015, there have been 24,220 suspected, probable or confirmed cases of Ebola virus disease that were reported to ministers of health. And that does include 839 cases among healthcare workers, and 9878 deaths.

These are staggering and tragic numbers. Although, we can say that the Ebola emergency response strategy has averted some of those really, truly worst-case scenarios that you might have seen or predicted by computer modeling at the very beginning of the response. In Liberia, teams continue intense contact follow up in Margibi and Montserrado. And all cases since early February are linked to the only known remaining cluster of cases, which we do continue to track closely.

In Sierra Leone, teams are currently stressing rapid response capacity and are aggressively tracking cases within chains of transmission. And then in Guinea, we now have nine prefectures that have reported cases with the past 21 days, which is down from 14 prefectures in the past. However, because of low testing rates and high positivity rates, and these episodes of violence against

the response teams, we do continue to need to work really strongly on response efforts.

Also, in Guinea the CDC Director, Dr. Frieden, visited last week, and he visited some of those areas of resistance where the transmission is still occurring and he was accompanied by the U.S. Ambassador to find out more about those regions and situation. And there he met with some key partners to discuss three things in particular.

The first was to review a CDC plan to get us as close as possible to zero cases of Ebola as soon as possible, to work with other U.S. government and international partners to improve our coordination during this response, and then to lay the groundwork for stronger public health systems in the coming months and years. So these are just a few recent highlights from the response.

And if you'd like to receive news about the Ebola response by email, again you can send a message to that email address I keep mentioning, emergencypartners@cdc.gov, and we'll help get you signed up for a newsletter, which does have these types of updates.

So we also know the information about safe schools in Guinea and Liberia and Sierra Leone is an important topic for many of you. I think we've heard about that on our two previous calls and also via email, so before we get to the main presentation, I'd like to invite Wendy Ruben to provide us with a little more information about that. Now, Wendy is a health communication specialist with CDC, who helped develop the Key Messages for Safe School Operations in Countries with Outbreaks of Ebola.

And we're going to ask that you hold any questions that you have for Wendy until the end of the call when we have our question and answer portion. Wendy, let me turn it over to you.

Wendy Ruben: Thank you Molly, and thank you to all of you for joining the call today. I hope I'm able to add a little more insight and background into these key messages for safe school operations, and would answer any question you have. A little background, as I'm sure you're all aware, schools in West Africa began closing in 2014 as the outbreak spread. Guinea closed schools last March, while schools in Liberia and Sierra Leone did not return from summer break.

As 2014 drew to a close, these countries began looking at ways to safely reopen schools. CDC was contacted for technical assistance on how to safely reopen schools. Overall, we really strongly support this decision to reopen schools. Out of school children are at much greater risk for violence, abuse and other social problems, in addition to just missing critical time in education.

We believe that education and the stability of a school environment offers children, their communities and their country a brighter, safer future. Reopening schools also plays a crucial role in getting things back to normal. It will also help fight the current outbreak by giving children a safe, healthy place to go, and letting them share what they've learned about staying safe with their family and friends.

We know reopening schools can be very different depending on the country, the county, the local community or even within a school. Rather than offer universal guidance that may not work in all situations, we thought it was more important to offer some basic fundamental messages that each country's ministry could use to inform their own approach.

We also wanted to make sure countries were getting consistent recommendations from all of the international health partners working as part of the response, so we partnered with UNICEF and the World Health Organization. As part of our internal development, we consulted with [CDC] the teams that were deployed in-country, as well as used the draft guidance countries were developing to ensure that we were really addressing what their highest priority areas were.

From these key messages we understand that each country is going to develop their own approach to reopening schools and that it's going to vary between countries, what they do. But we continue to be available for technical assistance and scientific guidance as they request it. There are a few basic principles that we at CDC, UNICEF and WHO feel are important to keep people safe and help stop the spread of Ebola.

First, people should not go to school if they're sick. Students, teachers, faculty, support staff, if you feel sick, stay home, which is a good principle in general, in any country, if you're sick don't go to school. Second, schools should encourage everyone to wash their hands frequently. Hand-washing stations with soap should be available, and we want schools to make daily disinfection of surfaces a priority. Third, schools should discourage close contact -- touching or sharing items like food or utensils. And fourth, schools should follow a national and local guidance if someone starts to feel sick with symptoms that could look like Ebola. We've provided some examples and suggestions in the key messages, but anticipate each country will develop their own more specific guidance, and each community and school will then further adapt it to fit the reality of their situation.

For example, we know the age of students will play a major factor in developing individual school plans. We know there will be many challenges. Returning students and staff may have experienced severe trauma. There may be fewer teachers because some have died, relocated or changed employment. School buildings were used for patient care during the outbreak, and communities and parents may be particularly concerned about their children returning to a school that was formerly a treatment center.

So we know the challenges will be large and they are going to be very different across the country, across communities and even within schools. So the key messages, once they were developed were shared with the CDC, UNICEF and WHO teams who are working in-country. Each country is undertaking a slightly different planning process and involving partners in different ways, so our support for each country has varied.

In addition to working directly with ministries, we have posted the key messages on CDCs Web site. The easiest way is just to Google "CDC Ebola schools key messages", but you can also click through the resources for children, which is on the Web site.

So in conclusion, we know it's not going to be easy for these schools, and local educators are heroes for what they do. This is why we feel it is important to release some key messages for schools to help empower local communities and ministries to get children back in school. UNICEF and WHO feel the same way, and we really feel it's an important step.

Addressing these topics and giving clear statements on how to respond can help empower schools to start teaching children again, and to become a place where the community sees healing and finds hope for the future. So in conclusion, I hope this has been helpful. I'll be here during the Q&A session

to answer any additional questions that have come up. And thank you again for joining and for your interest and passion.

Molly Gaines-McCollom: Great. Thank you so much Wendy. And that document that Wendy mentioned, we will include an email with a link to that document to our distribution list. And again if you'd like to be part of that it's emergencypartners@cdc.gov. We'll also provide a link to that when we post our transcript and the call recording on our CDC Web site. So if you can't find it by Google, then you can look in those two places, surely one will have those links.

Now, I'd like to turn the call over to our featured speaker, Miss Stefanie Erskine. Stefanie Erskine is a health behavior scientist for CDCs Division of Global Migration and Quarantine, Travelers' Health Branch. For the Ebola response she's been designing travel health education materials, recommendations and guidance documents.

She recently returned from Free Town, Sierra Leone where she served as a health communication lead for the Ebola prevention vaccine study. Most recently Stefanie's work has focused on understanding and responding to the health communication needs of travelers who visit friends and relatives in high-risk destinations.

So, Stefanie thank you so much for joining us, and I'll turn the call over to you.

Stefanie Erskine: Thank you Molly. It is my pleasure to speak with you all today, and I appreciate your time and energy while I share some information about what our division within CDC is doing to help educate communities who have an interest in travel to West Africa and especially who have family and loved

ones in the West African countries affected by Ebola. Because of the serious nature of this disease, we have been working hard since the outbreak started to contain Ebola abroad and in the United States.

Our comprehensive and layered public health protection strategy includes educating travelers and partners about ways to prevent the spread of Ebola; providing exit screening in countries with Ebola outbreaks, identify travelers who are sick, or have been exposed to Ebola and prevent them from leaving until it is confirmed that they are not sick or at risk for spreading Ebola during travel; identifying ill travelers at U.S. ports of entry such as airports, seaports, and land borders; conducting entry screening at five U.S. airports of travelers arriving from Guinea, Liberia and Sierra Leone for symptoms and exposure; connecting travelers arriving from these countries with health departments for monitoring and reporting of symptoms, as well as issuing travel restrictions when necessary to protect public health; and finally providing infection control and PPE guidance for organizations like humanitarian aid groups that have people working in higher-risk occupational settings. Today, however, I am primarily going to talk about Ebola recommendations we recently posted at cdc.gov/travel related to people with friends or relatives in West Africa who may want to help with the outbreak.

I will also briefly cover our current travel notices and what can be expected if you or anyone you know plans to travel to Guinea, Liberia or Sierra Leone. One of the many things we do in our group is post travel notices on the CDC Traveler's Health Web site to inform travelers and clinicians about current health issues related to specific international destinations.

Last year CDC issued a Level 3 Travel Warning for Guinea, Liberia and Sierra Leone that strongly discouraged non-essential travel to these three countries. Traveling to these countries during the outbreak may put you at risk

or may even hurt ongoing Ebola relief efforts. For instance, if you're injured by a car accident it may be difficult to get timely healthcare and care for you while in-country may take away from the health system's ability to care for Ebola patients.

Therefore, we recognize that many, especially those from communities directly affected by the Ebola outbreak may want to know how they can help their family or friends in Guinea, Liberia and Sierra Leone. If you want to help overseas it is very important that you join a humanitarian aid organization so that you have support.

Humanitarian organizations can provide training and proper equipment so that you can help safely during the response. CDC has developed recommendations for humanitarian aid workers and humanitarian aid organizations to protect the health and safety of employees and volunteers working in countries with Ebola outbreaks.

These recommendations are also posted at cdc.gov/travel. Traveling to West Africa is not the only way to make a difference. You can also help your family and friends in West Africa in many meaningful ways while you're still in the United States. Some of those ways include joining local U.S.-based organizations to raise funds and to help send educational materials, equipment, supplies and food; educating people in the U.S. about efforts to stop Ebola overseas; and staying in touch (by phone, text, email, social media) to reinforce important health messages and dispel myths or rumors.

One of the most important ways to help is to share accurate information with your families and loved ones about how to avoid getting sick and what to do if they become sick. Key messages include: do not eat bushmeat. Do not touch

blood or body fluids like urine, saliva, sweat, feces, vomit, breast milk or semen. Do not touch someone who may be or is sick with Ebola.

Do not touch, wash, dress or lay with dead bodies during burial procedures. Get medical care right away at the first sign of illness. You can also help prevent stigma when faced by travelers from countries like West Africa with Ebola outbreaks by teaching others. Our last call was about preventing stigma, and I would encourage you to check out the resources discussed on that call, which should now be available on the CDC Emergency Partners Web page.

We have also heard that others have had success with preventing stigma by teaching others about your native countries and cultures, educating schools, civic and social organizations and businesses in the U.S. about Ebola to prevent stigmatization. Please also share with us any successes that you know about or any ways that you've heard that work to prevent stigma.

If you must travel to one of the affected countries please check our Web site for the most current travel notices and recommendations, and be prepared for special screening requirements when leaving one of the three countries affected by Ebola. Travelers should be prepared to go through comprehensive exit screenings. Airport screeners check traveler's temperature and look for signs or symptoms of illness.

Travelers are also asked to answer questions about possible exposures to someone with Ebola. After the screening, authorities will decide if and when travelers can continue their trip. These travelers are also routed through one of five designated airports conducting enhanced entry screening when entering the United States. These airports are New York's JFK International, Washington Dulles, Newark, Chicago O'Hare and Atlanta.

Travelers provide their contact information and receive information about Ebola and tools for symptom monitoring. Travelers without symptoms or possible exposures are allowed to continue travel to their destination. However, CDC will connect them with the health department to be actively monitored for Ebola symptoms for 21 days.

If the traveler has fever or other symptoms or the health questionnaire shows a possible exposure, CDC conducts a more in-depth evaluation. We think it's very important for everyone to know that people who have recently returned from Guinea, Liberia or Sierra Leone and have no symptoms of Ebola, do not put others at risk.

Currently, people in the U.S. are not likely to encounter Ebola or people infected with Ebola, including those traveling on domestic flights, international flights and even from the West African countries with active Ebola outbreaks. Ebola virus is spread through direct contact with blood or body fluids, including but not limited to feces, saliva, sweat, urine, vomit and semen of a person who is sick with Ebola.

The virus is in the blood and body fluids and can enter another person's body through broken skin or unprotected mucus membranes, for example the eyes, mouth or nose. Because people with Ebola are only contagious when they start having symptoms, and it is only spread through direct contact with body fluids, Ebola is not spread easily like the flu, measles or the common cold.

Ebola is not spread by breathing the same air as someone with Ebola. Most people who have been infected with Ebola have cared for a very ill Ebola patient. We have no evidence of the disease spreading to people with limited contact, such as those who have shared a flight with or other public space with someone infected with Ebola.

People with Ebola symptoms become more infectious as their symptoms worsen, and are less infectious early in their illness. A key message we want to get out is that people who have recently returned from Liberia, Guinea and Sierra Leone and who have no symptoms of Ebola do not put others at risk. We want to remind others that people who have traveled to help in areas with an Ebola outbreak have performed a valuable service to the world in helping make sure this disease does not spread further.

We recognize that people living in those countries as well as those who have gone there to fight the outbreak have experienced extreme mental and emotional strain. We want to encourage others around them to offer social support, not stigma, when they arrive in the United States. During my talk I mentioned a couple of resources and I want to make sure that you have access to those resources. They are on our Web site, and they may be useful for you and your organization. We will be sending out a list of these resources after your call and will post it on the emergency partners response resources Web page.

They are Ebola communication resources, the emergency partners response resources, current travel notices and recommendations that are also found on the cdc.gov/travel Web site, Recommendations for Helping Family or Friends in Countries with Cases of Ebola and CDCs Humanitarian Aid Worker Guidance, as well as the USAID Medical Volunteers Web site. Thank you for your time and I'll turn it back over to Molly.

Molly Gaines-McCollom: Great. Thank you so much for that information Stefanie. And I hope everybody on this call found that interesting and hopefully useful when thinking about potentially traveling back home or having friends and family coming to visit you. So with that, we're going to move into the question and

answer portion of today's call. So Operator if you would, could you give us the explanation of how to ask questions?

Coordinator: Well, certainly. If you would like to ask a question, you may press star one on your touchtone phone, please remember to unmute your line and record your name. If you need to withdraw your question, you may press star two, so one moment please while we wait for participants to queue up.

Molly Gaines-McCollom: Great. And while we're waiting, I'll just say again that, you know, we really wanted to have this conference calls series with the West African Diaspora to really get to hear from you about what you want to learn about, what questions do you have? What more information could CDC be providing to you? So if you'd like to comment on that, we'd love to hear it.

We're also, as I keep telling you, always accessible by that email address, emergencypartners@cdc.gov, but certainly we're happy to help find speakers on topics that are of interest, and make sure that all of your questions get answered.

Coordinator: I am not showing any participants queue up at this time.

Molly Gaines-McCollom: All right. Okay. Well then I guess with that we'll go ahead and close this session for the day.

Coordinator: We have two. They are coming in, so the first one is from Earl Burrowes. Sir, if you want to ask your question.

Earl Burrowes: Hi. This is Earl. I'm with the Liberian Human Rights Network based out of Humble, Texas. The reason I'm calling is a concern that on the post-Ebola structurings that are coming up, trying to deal with the healthcare issue. Prior

to Ebola, we had started looking at using shipping containers that are building up in the free port of Monrovia and taking up valuable space.

Using that for coming up with models for rural clinics, classrooms, inventory storage, agriculture, and we hadn't gotten it off the ground when Ebola hit. With the arrival of Ebola, was kind of trying to catch up with something that was way ahead of us. We now see that Baylor Medical College have come up with the idea of using shipping containers for clinics.

And the concern we had is that we may be developing stuff overseas that can be developed on the ground. And I just wanted to find out if that was a concern of the post-Ebola restructuring?

Molly Gaines-McCollom: Can I just ask about that last question? You're concerned about whether or not we are developing things here in the States that could be developed better overseas? Is that your question?

Earl Burrowes: Not necessarily better, but it's using facilities and people on the ground to work and post-Ebola because the concern is that while we appreciate everything that's being done, if there, God forbid, that there is a next one we need to have people on the ground that will be prepared for handling it rather than having to fall back again on relying on external support.

Molly Gaines-McCollom: Sure. Great. Thank you. And thank you for giving me more information on that. I think that's some really great feedback. And, you know, we'll go ahead and take notes and make sure that that gets heard. And I think also that, you know, CDC is very, very committed to working with our partners including with those on the ground so that we do have a mixture between sort of expertise from a scientific and technical standpoint, and really that on the ground knowledge to be able to do things quickly and effectively.

And I'm going to turn it over to Craig Manning who is also with CDC, who is the lead for our health promotion team to see if he has any thoughts.

Craig Manning: Hi. This is Craig speaking. Sorry I was on mute. Can you hear me okay?

Earl Burrowes: Yep. I can Craig.

Craig Manning: Yeah. I liked your question. I liked your thoughts here. I think what you are discussing is really what happens after Ebola is, after this epidemic begins to wind down and we start to think about the next phase of this response, and just a couple of points to share with you, I don't know if I can speak specifically about the container units.

Although I'm aware that those are in use in other countries. I've seen them in Uganda. But the point I wanted to share with you is in the aftermath of all of this is that the whole health system for Liberia is going to have to be, for all of the countries, is going to have to be strengthened around a couple of important ideas.

One of which is out into the rural areas is that there has to be supplies brought out there to enable the clinicians who are working there to protect themselves from possible suspect cases in the future, and also to be more alerted to the fact that when people come and indicate that they have some kind of fever, some other symptoms, that maybe it's malaria but they also should be thinking about the possibility of Ebola, so that's part one.

Part two is they need to be able, in these clinics, to take the blood samples -- and we've seen this in Uganda, and it's working in Uganda, so it's relevant to West Africa as well -- to take the samples, to transport them to some place

where the laboratory that is going to be stood up can test those samples and then determine whether they are Ebola positive or malaria positive or whatever they are, and then share that information quickly back out to the community, back out to the ministries, and in so speaking you have a strengthened system for what we call surveillance, detecting and reporting and testing and then responding.

And I think even though you didn't use those terms specifically in your question, I think the future that you're trying to describe, and the future that we're trying to build are kind of one in the same if you follow me.

Earl Burrowes: Yes. I do. It's in line with what I'm saying about what we're looking at. So there is a Liberian parable that says something has to be in the leopard's mouth for the ear to grow. While we're preparing or while we're looking at long-term building up of the healthcare system, there are some things that need to be done right now, not necessarily because of Ebola because that's waning , but there are still healthcare issues that needs to be addressed in a time and time is of the essence, and that was why we were thinking of continuing the effort of using what's on the ground that helps with the environment because these are containers that is just sitting there it will deteriorate over time, but they are occupying valuable space within the port. It can be used more environment- be environmentally sound by transporting, taking them and transporting them up to tier to be used as clinic, even if you have the majority of staff coming in people who know where the clinics are and getting more clinics down there. It's a pipe dream probably but you think it's something that could be looked at more with usage as opposed to CDC. CDC probably could be involved in it.

Craig Manning: Yeah. We thank you for that thought, because I do think we do have to do some fairly, some really good, careful thinking and some real creative

thinking about how to adapt to this new reality. So I think we can leave it there but thanks, yeah.

Coordinator: Okay. Our next question comes from Ronke Luke. Your line is open. You may ask a question.

Ronke Luke: Yes. Thank you. Thank you very much for this call and, you know, the opportunity to talk about the school situation in Sierra Leone and it's something that's of great interest to me, and the operational end of these key messages that gets sent out. I want to thank you for the document that you sent.

I had sent in some general comments, and I think one of the things that would be quite helpful would be to kind of indicate on those documents that this is not a one-size-fits-all, because what is happening right now, as I indicated in my, I think comments back to CDC email, I for example am involved in a primary school.

Those guidelines are absolutely, you know, some of them, I don't see how we implement them in a primary school. Telling children not to touch each other and to sit down, it's going to be a challenge. Now, we're going to have to figure out how we do that. But somehow they need to be made age-appropriate.

We have three-year-olds to ten/eleven-year-olds. The older children, it might be easier. The younger children, now, think about what you deal with if you're in a classroom full of four-year-olds or five-year-olds and they haven't seen each other for the last eight months, try telling them to sit down and not touch each other.

And the guidelines say, you know, prohibit touching. It's like the UNICEF guidelines say, you know, instead of having recess where they play, read stories and sing songs. In that process I can assure you those children will touch each other. Now, I understand, you know, if they're not sick. Ebola is not transmitted. But the very guidelines also say if somebody gets sick in school, right?

So, in terms of a university or a secondary school, it's probably easier to get them to follow the guidelines. In terms of the primary school, it becomes much more of a bigger challenge, and we are educators. We're not public health people. We're learning on the fly and we're learning how to implement it. You know, I would really urge you to figure out – to help us figure out what all of this means right?

Because each primary school is now trying to figure out how do they make this work and make it work safely? The way it has been translated, it's being translated down from government level to us that we're one-size-fits-all. There is no tailoring. And so we're left trying to figure that out, as in, you know, no touching, trying telling six-year-olds not to touch. It's not simple.

The other bit was, you know, the amount -- the things we need to have to open schools safely, the PPEs and all of the rest of it right. So the CDC document, I think it may be the same but talking about getting face shields. I don't where you buy a face shield in Sierra Leone, right? As an ordinary operating organization like a school, we can get gloves, I don't know if we can get rubber boots, but face shields? Now all of that stuff when it was brought into the country in response to be the epidemic is being sent to clinics and healthcare people. So now we're going to start looking, can we buy these things locally?

The primary school I'm involved with, you know, they're lucky I'm sitting here in America. I can try to see what I can do for them. But it's not simple. The government is not exactly going to finance face shields for hundreds of schools. I mean I think they told us they'll give us two thermometers. So, you know, I don't know how this gets translated into the discussions you guys are having, but those of us who are on the operational end who have to make this work. You know, some way somehow you need to understand what we are facing when these guidelines are sent out and are not tailored to the situation. Anyway.

Wendy Ruben: Ronke, it's Wendy Ruben and I so hear what you're saying. I think that was one of our biggest challenges as we worked to start writing these is knowing there is such a diverse experience. And, you know, you have everything from counties who haven't seen a case in months to counties who are still encountering many cases. You know, a 16-year-old is different than a six-year-old.

And our hope in writing these for the ministries and why we deliberately said they were key messages and not guidance for them was the hope that it would allow people to use their own judgment with what works within that country and that community, and that is somewhat discouraging that it's then being translated directly to schools as mandatory one-size-fits-all.

I think you have a great point and I think it's one of the things we struggled a lot with. One of the best practices is you do try and space out children. And some of the original guidelines or that we've seen people say is, you know, you must have all children one meter apart. We said you've never been in a classroom in Africa if you think you're going to have all of these children that far apart. That's not realistic.

So we've tried to add in areas where it says, you know, "when possible" or "discourage" with really the most important things being that don't come to school if you are sick, have opportunities for hand washing and disinfection, and, follow your national guidelines when it comes to you have people showing symptoms.

So, no, I think that's a great point that they're not one-size-fits-all and there needs to be opportunity to customize for what's realistic for that situation. It's discouraging to hear it's not being shared that way in-country and that is something I'll absolutely take back to our teams who are working in-country to make sure that they know that these are key messages they are some foundational principals, but there is a lot of ways you can make this safely work. And a lot of that's a judgment call based on those who are most familiar with that classroom, that school.

In terms of PPE I did see your questions in advance, and I reached out to a few people to see if there were any additional details I could provide on PPE.

It does not look like CDC is providing equipment or training because it's focused on other aspects of the response. But I have reached out to colleagues at UNICEF and WHO who are more involved in the education aspect, particularly UNICEF. So if I do find out some details in the training in PPE that they're offering to schools, I will follow up with Emergency Partners who can follow up with you. I'm assuming they have your contact information. Yeah. I think, you know, PPE is an issue. That being said, we do realize that schools are different than an ETU and the level of PPE that's going to be needed in schools where there are body fluid spills all of the time and it doesn't mean they're Ebola related, particular in our younger primary school levels.

You know, there needs to be some judgment and some realistic approach to what's really needed. We included a list of what supplies schools should have to be ready to go. Partly with the purpose of, you know, this is going to ministries and we want to encourage them to know that these are supplies schools should have and we want them to think about are there ways to get schools the supplies they need?

So that was sort of one of the goals was to embed that and hopefully build a case for getting these to schools. Does that help answer your question?

Ronke Luke: No. It absolutely does help, you know, the idea that certainly the feedback you get from people like me on this call, the other gentleman who was asking about how we go forward in rural health and things like that. We're the people on the frontlines, right, that some way somehow is getting, you know, taken back and hopefully the decisions being made are being tempered or modified based on our experiences.

But I think, you know, definitely with the school reopening, I mean Sierra Leone says schools reopen in March. It is March. There is still no training. We're waiting for the training program to be permitted. Yet still everything we hear is that the pressure is still on. Schools will reopen in March, and we're like how?

Wendy Ruben: Yeah, do you have a three-month long March? How is this going to happen?

Ronke Luke: Yeah. So we are not, you know, we believe that the children have to get back to learning. We're not opposed to children learning and figuring out how make safe schools – how to open schools. We need to figure out how to do it safe and how to do it reasonably. If it has to be staggered, the universities

open first and then secondary schools and finally primary schools, so be it, right?

This one-size-fits-all and now the next thing we've heard is that the children need to take their exams, school reopens in March and the children need to take their exams this summer. It's like who is advocating this? These children have been stressed.

Wendy Ruben: Absolutely. Some have undergone incredible trauma, even the children who perhaps haven't been impacted directly by Ebola have seen their country go through something pretty stressful and...

Ronke Luke: I have no idea what discussions folks are having. It's a health issue but it's a socio-economic issue, it's an education issue, and so it's some way somehow, I mean I appreciate this opportunity and your feedback is definitely very encouraging.

So whatever you can, you know, if we can figure out a way to make this work for all age groups, you know, we are definitely on board in supporting the efforts. But it can't be this one-size-fits-all, you know, on March 27 everybody opens with a bang. Where in the heck would happen in Liberia?

Wendy Ruben: Just chaos.

Ronke Luke: Yeah.

Wendy Ruben: I will share with our teams in-country who have been consulting with the different ministries, you know, each country has taken a different approach. I'm not familiar with the details behind Sierra Leone's planning, but in

general it typically has involved a combination of their ministries of health and their ministries of education in developing what those plans are.

I will share with our team who are working or consulting or offering technical assistance to those groups to just reinforce that idea that, you know, these are some key messages. These are some things people need to know. But really there are just a few basic things that are essential to figure out how you do this. You know, the staying home if you're sick, washing your hands, following national guidance and disinfecting, you know, and when possible trying to keep a clean environment.

Ronke Luke: Absolutely. And we're all for that and we're going to do that and, you know, just thank you very much.

Wendy Ruben: Well I appreciate it and thank you for your work getting those schools reopened. It is a monumental task, and I am so grateful there are people like you who are helping make it happen and bring it to reality, so thank you.

Coordinator: Our next question comes from Aminata Bangura.

Aminata Bangura: Yes I am Aminata Bangura. I want to thank you for what you do around this country. I believe that USAID and WHO has done tremendous service in eradicating Ebola in West Africa. Thank you so much. Now in order for USAID and WHO to sustain the momentum, we need to have CDC representatives to spot check hospitals and clinics, hold them accountable for infection prevention and continue education across the country. Lack of post-op screenings and in-services (?) contributed to the spread of Ebola in various countries in West Africa, I believe.

And also, I might add, if we are thinking about developing the affected Ebola countries, we need to be there in person to make sure that we reach the most needy, and make sure that the resources are utilized in a proper way. Thank you.

Molly Gaines-McCollom: No. Thank you. And thank you so much for those thoughts. You know, I think you've made some really good points. And this is Molly Gaines-McCollom. I'm sorry. I didn't identify myself. I don't know that I really have enough information myself to really directly address what you said. But I'd really love to take your comments back and share them with my colleagues. I think you've made some very good points.

Sorry, I'm hearing a little bit of feedback. I'm wondering if our colleague from USAID, Jonta Williams, do you have anything to add?

Jonta Williams: Sorry. My phone was on mute. No I don't. I think, you know, thank you for the comments Aminata. You know, we are going to continue to work closely with our partners both on the ground and our U.S. government partners as we go into the recovery portion, you know, working to strengthen health systems and rebuild a lot of the health infrastructure within each of the countries Sierra Leone, Liberia and Guinea. That's all.

Molly Gaines-McCollom: Thank you.

Coordinator: Our next question comes from Emile Luke. Your line is open. You may ask your question.

Emile Luke: Hi. My question is around, I read in a news report that cases in Liberia are down to zero, and the last patient left the hospital. And I was wondering what did Liberia do in terms of getting the cases down to zero that say Guinea and

Sierra Leone have been struggling with? And does CDC have any insight to that?

Craig Manning: Hi. This is Craig. I was on earlier. I think it's a combination of factors, but I also think it's too early to say exactly which factors contribute to what extent. There are different challenges in different countries and I'm sure you know this, so it would be a little dangerous to say, you know, which country had done what and which worked most successfully?

The same principals apply when you go to an Ebola outbreak. You're trying to identify cases as fast as you can, and you're trying to identify the contacts of those cases, and you're trying to get people into isolation and you're trying to interrupt the chains of transmission. And I wouldn't want to say that, you know, the teams in Liberia were doing it better than the teams in Sierra Leone. I don't think that's a fair statement because the principals involved in any case are the same.

And then from the CDC side and also for the other organizations, I know we actively exchange information across the country, so if something is working in Sierra Leone, if something is working in Liberia, or if something is working in Guinea, we move that information across the borders around to our colleagues and we make sure that, you know, if there is something that has been successful then we implement that.

But I think the encouraging news for Liberia is that the number of cases is as you say, I think that's an extraordinary welcome and amazing news and I know a lot of people around here are breathing a sigh of relief. At the same time, and I really want to put this in capital letters to anybody who is listening; we are not there yet.

And we made the mistake I think in Guinea of thinking that we were done and now we're going back. So yes it's a great cause for encouragement I suppose what we see in Liberia, but we also know the history of unknown chains of transmission getting started where we end up being quite surprised. We want to reserve the applause for a little bit longer so, you know, when you think about this it's a notable achievement, don't get me wrong.

But when you share it out and you hear others say oh, it's over or, you know, now we can go back to life as normal, you stand in front of them and you say wait a second CDC is thinking that we need to take a more conservative approach and we really have to wait and see and really be certain that there are no more instances where there is transmission going on that we didn't yet know about.

So you can understand I suppose from the public health perspective how cautious we want to be because a lot of things when we turn all of the lights green and we say it's gone people will be doing, you know, potentially going back to some behaviors that might put them at risk in the future. And the thing we most want to achieve and the thing we most want to leave behind in-country is the capacity to make sure that this doesn't happen again. I'll leave it at that. But thanks for your question.

Emile Luke: Thank you.

Coordinator: Okay. And there are no further questions at this time.

Molly Gaines-McCollom: Okay. Great. Well thanks to everyone who did ask a question. We really, really, truly appreciate hearing all of your feedback. And as I said if there are any particular topics that you'd like to know more about, we'd really like to hear about that so that we can better meet your needs.

I want to give a special thank you to all of our speakers for sharing all of their valuable information, and also to everyone who helped answer these questions over the phone. And thank you especially to you, our participants, for taking time out of your day to join us today.

And, you know, as I've said before I think that one of the most important ways that we can all help to combat Ebola is just by getting the right, correct information out there. So I do encourage all of you, if you've heard something interesting today, to share that with your friends and family and particularly those back in those affected countries.

If you do have any further questions that you weren't able to ask, again feel free to shoot us an email at emergencypartners@cdc.gov and we will route those to the appropriate subject matter experts here at CDC to give you a response.

So again thank you for your interest and engagement. And we hope you are going to join us again for our next call that's going to be on March 24, Tuesday at 2:00 Eastern Time. And that's going to be on the updates on the Ebola prevention vaccine study in Sierra Leone, which I know I am personally looking forward to. So with that, Operator this concludes our call for today. Thank you so much.

Coordinator: Thank you. And you may disconnect at this time.

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