CENTERS FOR DISEASE CONTROL & PREVENTION (U.S.)
West Africa Ebola Outbreak:
Transportation Sector Partners Call
December 8, 2014
2:00 pm CT
Call Summary

Thank you to all of our partners who joined the Centers for Disease Control and Prevention (CDC) West Africa Ebola Outbreak: Transportation Sector Partners Call on December 8, 2014. Below is a summary of the call. A complete transcript and recording of this call are available online. If you have additional questions, please visit www.cdc.gov or contact CDC INFO by email (CDCInfo@cdc.gov) or phone (1-800-CDC-INFO).

Updates on CDC's Response
Dr. Phyllis Kozarsky, medical consultant with CDC's Division of Global Migration and Quarantine's (DGMQ) Travelers Health Branch

- The Ebola outbreak in West Africa began in March 2014 and is the largest Ebola outbreak in history. As of Friday, December 5, there have been over 17,000 cases with almost 6,500 deaths reported. The outbreak mainly affects Guinea, Sierra Leone, and Liberia, and it has become a humanitarian crisis.
    - Mali recently reported eight probable and confirmed cases and six deaths from Ebola; however, transmission in Mali is not widespread.
    - Other countries have had cases of Ebola related to the outbreak—including Nigeria, Senegal, Spain, and the United States -- but no further spread occurred after the early cases were identified and isolated.
        - The World Health Organization (WHO) has declared Nigeria, Senegal, and Spain to be Ebola-free.
- Currently, there are no active cases in the United States and the risk of Ebola in this country is low. Some key points about the risk in the United States include:
    - Ebola virus is spread through direct contact with the blood or body fluids of a person who was sick with Ebola, including feces, saliva, sweat, urine, vomit, and semen.
    - Ebola does not spread easily like the flu, measles, or the common cold.
    - People who have returned recently from West Africa and have no Ebola symptoms do not pose a risk for anyone else.
    - Currently, people in the United States are NOT likely to encounter Ebola or people infected with Ebola, including those traveling on domestic flights.
- What is CDC doing?
    - Deployed hundreds of staff to West Africa to assist with response efforts, surveillance, contract tracing, data management, laboratory testing, and health education.
    - Communicates with and educates travelers and partners about how to prevent Ebola transmission.
    - Trains workers and advises on exit screening in countries with widespread Ebola.
    - Works with partners to identify ill travelers at U.S. ports of entry.

- Established enhanced entry screening at five of our international airports.
- Connects travelers with state and local health departments for monitoring and reporting of symptoms.
- Provides infection control and personal protection equipment guidance.

Identifying sick and exposed travelers at U.S. ports of entry
Dr. Susan Lippold, medical officer for CDC/DGMQ's Quarantine and Border Health Services Branch

- Over 350 million international travelers arrive in the United States every year
- CDC prevents the introduction and spread of infectious diseases in the U.S. through twenty quarantine stations, also known as border health field offices. These are located at international airports and land border crossings and cover 85% of all arriving international travelers.
    - CDC is particularly concerned about "quarantinable communicable diseases". These include viral hemorrhagic fevers (e.g. Ebola) as well as cholera diphtheria, novel flu viruses that could cause a pandemic, plague, severe acute respiratory syndromes, smallpox, infectious TB, and yellow fever.
    - Partners—such as Customs and Border Protection (CBP), U.S. Department of Agriculture, U.S. Coast Guard, U.S. Fish and Wildlife Services, state and local health departments, and local emergency medical service staff—notify CDC's quarantine stations to respond as needed.
    - CDC also works closely with the airline, cruise ship, and cargo industries to ensure that suspected cases of communicable disease are reported to CDC quarantine stations and that appropriate measures are taken to prevent the spread of disease.

Air contact investigations and entry screening
LCDR Tina Objio, deputy team lead for CDC/DGMQ Quarantine and Border Health Services Branch Air Activity Deputy Team Lead

- Because of the Ebola outbreak, we've enhanced efforts with the Department of Homeland Security and other port of entry partners to remind them about the importance of these routine procedures.
    - We began conducting enhanced entry screening for Ebola at five U.S. airports New York's JFK International, Washington Dulles, Newark, Chicago O'Hare, and Atlanta Hartsfield.
        - Each day an average of 125 travelers arrive at one of these five airports from the West African countries.
    - Travelers without symptoms or possible exposures are allowed to continue traveling to their destinations. Their local health agency will actively monitor them for Ebola symptoms for twenty-one days.
    - Travelers who have no symptoms, but did have a possible Ebola exposure, will be connected with a health department for follow-up.
    - Travelers with fever or other symptoms, or possible exposure to Ebola, will be transferred to a hospital prepared to assess or care for Ebola patients for medical evaluation, isolation, and care.

        - This is especially important if the traveler is sick with Ebola, because people with Ebola who get early supportive treatment have a better chance of recovering.
    - Since entry screening began, only seven people have been referred to medical evaluation. None of them tested positive for Ebola.
- An air contact investigation is one of the ways CDC routinely works with partners to protect the health of people exposed to a confirmed case of a communicable illnesses such as Ebola.
    - The objectives of an air contact investigation are to identify contacts of travelers with a confirmed communicable disease; provide timely notification, education, evaluation, and monitoring of travelers and crew who were identified as contacts; provide post-exposure prophylaxis, testing, or other treatment as appropriate; notify foreign public health authorities of contacts and flights to other countries; and evaluate protocol effectiveness and the overall response.
    - CDC recommends direct active monitoring of persons who came within one meter of a person with Ebola and active monitoring for others on the plane until twenty-one days after the flight.
        - CDC does not recommend movement restrictions for any of these people unless a high risk exposure occurs, such as getting splashed in the eyes, nose, or mouth with infectious body fluids.
    - So far, CDC has conducted two airplane contact investigations for one confirmed Ebola case related to the outbreak. No one was infected as a result of these flights.
    - More information about air contact investigations is available at www.cdc.gov/quarantine/contact-investigation.html.

Partnering with airlines and airports to prevent Ebola transmission
Dr. Susan Lippold)

- CDC has been working closely with the WHO, International Air Transport Association, and International Civil Aviation Organization to develop interim guidance (http://www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html) to address crew and airline staff concerns related to the Ebola epidemic.
    - CDC posted a video in English and French for airline crew and staff and also developed guidance for operators of air medical transport services to transport Ebola patients safely (http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html).
    - Airline and maritime partnership is important for identifying and appropriately handling instances of illness (including possible Ebola cases) during travel. The captain of an aircraft or ship bound for the United States is required by law to report to CDC before arrival if there are any deaths on board or sick travelers who meet specified criteria.
    - CDC provides training and guidance to its airline and maritime partners to make sure they are aware of how and what to report, and if situations exist, such as outbreaks, that might require a specific response. More information and support tools may be found at http://www.cdc.gov/quarantine/air/reporting-deaths-illness/index.html

Preventing the spread of Ebola on cruise and cargo ships
LTJG Scott Vega, quarantine public health advisor, assigned to the DGMQ/Maritime Activity Section

- Because the risk of Ebola infection to tourists, ship personnel, and business people continues to be low, the WHO does not recommend restrictions for cruise and cargo ships.
- An average of about 800 cargo ships come to the United States from countries with widespread transmission and countries with cases in urban settings with uncertain control.
- Most of the ships arriving in the United States from West Africa take three or more weeks to make the trip. If the ship arrives during the incubation period, most people who are going to develop Ebola would have begun exhibiting symptoms before arriving in U.S. ports.
- Port authorities in countries with widespread transmission limit the number of people embarking and disembarking ships docked at their ports. People embarking are screened for Ebola risk factors and symptoms before boarding. They are not allowed to board if ill.
- CDC works very closely with the U.S. Coast Guard and CBP to monitor the health of travelers arriving at U.S. sea ports and with the Cruise Line International Association to promotes cruise safety measures throughout the cruise industry.

Recommendations for protecting employees from potential environmental and occupational exposures to Ebola
CDR Lisa Delaney, associate director for Emergency Preparedness and Response, CDC's National Institute for Occupational Safety and Health

- CDC guidance and recommendations for airports includes five new fact sheets that cover various airport workers. (http://www.cdc.gov/vhf/ebola/airports/index.html)
- Important recommendations include the need to develop and start an Ebola communication plan to provide accurate, reliable information about Ebola to employees, educate employees that the risk of contracting Ebola is very low in the United States, and communicate public health monitoring procedures.
- Encourage employees to continue practicing good hand hygiene and other routine infection control precautions—particularly treating any body fluid as though it is infectious—and follow principles of OSHA's bloodborne pathogens standard.
- Cabin crews should notify airline ground and cleaning crews about any ill traveler on board so that proper cleaning precautions can be taken.
    - Routine cleaning is recommended if passengers are not experiencing "wet" symptoms like vomiting, diarrhea, or bleeding.
    - If passengers had "wet" symptoms, additional personal protective equipment is recommended while cleaning the passenger cabin and lavatories, including waterproof gloves; surgical mask; eye protection such as goggles or face shield; long-sleeved, waterproof gown; and closed-toe shoes and shoe covers.

Guidance related to environmental infection control, disinfection, and sterilization
Dr. Matt Arduino, chief of the Clinical and Environmental Microbiology Branch, CDC/Division of Healthcare Quality Promotion

- Ebola virus particles on dry surfaces such as doorknobs, countertops, and hard surfaces can survive for several hours. However, Ebola on a surface that is wet with blood or other body fluid may persist and survive up to several days at room temperature.
    - Ebola virus can be killed with disinfectants. The EPA has compiled a list of such products that can be used in healthcare settings, institutional settings, and residential settings. It is important for aircrafts to use a product that will not damage the aircraft. (http://www.epa.gov/oppad001/list-l-ebola-virus.html)
    - Additional information can also be found about cleaning and decontamination of Ebola in different settings. (http://www.cdc.gov/vhf/ebola/prevention/cleaning-and-decontamination.html)
    - Daily cleaning and disinfection of hard, nonporous surfaces should be done using a U.S. EPA-approved registered hospital disinfectant or similar product that has similar label claims against microbial pathogens in addition to label claims against a non-enveloped virus. (www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html).
    - There is separate guidance that is being developed for routine cleaning of aircraft. It is currently in clearance.
    - Ebola virus is considered a category A infectious substance, which is regulated by the U.S. Department of Transportation (DOT) as a DOT hazardous materials regulation HMR,49 C.F.R., Parts 171 - 180. It is important to work with your local waste management companies, and with local and state health authorities when removing contaminated material.
        - See more information about that on the Department of Transportation page (http://phmsa.dot.gov/hazmat/phmsa-provides-guidance-for-transporting-ebola-contaminated-items).

Summary and review
Dr. Phyllis Kozarsky

- Ebola virus is spread only through direct contact with blood or body fluids from a person who was sick with Ebola.
- Ebola does not spread easily like flu, measles, or the common cold,
- People with Ebola are only contagious when they have symptoms. Those persons who have serious symptoms are likely to be too sick to travel or hide their symptoms. Of the small number of confirmed Ebola cases in the United States, none has been linked to exposure aboard an aircraft.
- People who have recently returned from West Africa and have no symptoms of Ebola do not put others at risk.
- People who have traveled to help in areas with an Ebola outbreak have performed a valuable service to the world by helping to keep the disease from spreading further. Helping fight an outbreak can be mentally and emotionally challenging. These people need our support upon their return.
- CDC posts travel notices on the CDC Traveler's Health Web site, www.cdc.gov/travel,

- We have a variety of materials on our Web site that may be useful to you, your organizations, and colleagues.

Questions & Answers

Q: Which response organization has responsibility for responding at one of the five designated airports in the U.S. if flight decontamination is required in the screening area?

> **A**: If a traveler from one of the countries with widespread Ebola transmission is ill with signs and symptoms consistent with Ebola Virus Disease upon arrival, he or she will be evaluated by CDC officials on-site at one of the five airports. The traveler will be isolated rapidly and state and local health authorities will be notified immediately to determine the hospital for the required medical evaluation. Items brought into the isolation/evaluation room at the airport that have been potentially contaminated with secretions will be disinfected or discarded, and potentially contaminated surfaces in the isolation room will be disinfected after the ill traveler has been transported to the hospital. If further decontamination is needed after the traveler leaves the screening area, CDC staff on site will coordinate with local authorities.

Q: One of the presenters noted that most crew on vessels inbound to U.S. ports do not have visas and thus do not disembark the U.S. I just wanted to make a slight correction to that if they do not have visas, they are not permitted to disembark to the U.S., even for purposes of an hour or two ashore. However, most mariners carry what is called a D1 visa issued by the State Department and unless there is any other security reasons to otherwise restrict them to the vessel while they're in the United States, they have full gangway to be able to disembark a ship, do shopping, and things such as that.

Q: What measures are being used to address the illegal migrants coming into the U.S. via a southern border who might have the Ebola virus?

> **A:** Customs and Border Protection agents are trained to identify and report any person with a travel history to affected countries and consult CDC for advice. Usually, Ebola is not a concern with illegal migrants from West Africa because the journey into the U.S. lasts, on average, three weeks.

Q: We're a 121 747 air carrier that's done some relief flights into Liberia in cargo only. We wrote a protocol that's been viewed by some of the officials in CDC was well as Customs and Border Protection. In our basic protocol, we have a no human contact with our air crews. We offload the cargo and we leave. So we don't have any interactions with people on the ground or indigenous folks there. Based on your algorithm metrics, and because we have no contact, we actually fall under no identifiable risk. But at some of the major ports, say JFK for example, Customs and Border Protection are putting the crews into active monitoring. That's somewhat cumbersome with the type of schedules we fly. Our typical flight crews operate on a seventeen day schedule. My understanding is that CDC was working on a draft recommendation to Customs and Border Protection and we're curious if that will be addressed.

A: This category is the last category in the monitoring and movement document, which is no identifiable risk. We have drafted a document with the National Air Carrier Association, that has gone up through our leadership. We look forward to having that reconciled shortly. It has been moving, and we are very aware that this is important to assist with the humanitarian relief in this affected area.

Q: My question is we're in Puerto Rico, and are the closest U.S. port to Africa. I know in the past we had some cargo vessels coming from West Africa and for these vessels the normal transit time is about eighteen or nineteen days, so not long enough for the twenty-one day incubation period to pass. Is there any additional information, any marching orders, anything else that we should be taking care of, for example, PPE that we should be wearing when we do the boarding of those vessels.

A: We have been working with CBP and the U.S. Coast Guard on these issues, if not daily certainly weekly. We continue to emphasize that if a person is ill, we use our tried and true reporting mechanisms that the captain of any vessel is obligated to report infectious diseases aboard any conveyance that's coming in, including symptoms that are consistent with Ebola. Then travel history would be paramount, and your questions about appropriate PPE are well understood. It's important to remember that in the countries with widespread Ebola transmission, crew members who disembark from a vessel are screened before reboarding. If they have risk factors or fever, they are not permitted to re-embark.

Q: U.S. Maritime Administration. I just wanted to tag onto the caller who had talked about cargo deliveries by air and some of their folks being tagged or required to actively monitor. We've been encountering some of the same things by CBP and state officials. We had a ship pull into Jacksonville over the weekend and were advised by either the state or CBP that they needed to monitor until the twenty-one days had expired. I know that they're working on it. I've seen the draft guidance for cargo vessels, and my request would be that it be clarified in that guidance when it's issued.

A: I can reach out to you. It would be nice to follow up on this conversation. We certainly hope that the last iteration of the movement and monitoring document addresses this as clearly stated. These are living documents so, for example, one month ago it did not have this category. We are working on the cargo and cruise guidance as you alluded to, and your points are well taken.

Q: I'm with a company called Erickson Aviation. We at present have several aircraft within central Africa. To whom do I make those air assets available for potential tasking and what's the mechanism?

A: We don't facilitate the business operations end of the response; it might be the Department of State. We will have someone follow up with a specific point of contact.

Q: We had a similar situation in Oregon with crew members on airlines, and we were able to work with the CDC. Because the person and the crew did not have any contact with anyone in a country with widespread Ebola transmission, they did not have to undergo monitoring. So that worked very well, at least from a flight crew perspective. My question is about people who are not screened out when they leave an Ebola-affected country, but on arrival at one of the five airports if they're found to have had a high-risk contact—how are those people managed for the continuation of their travel?

> A: At U.S. ports of entry, we query travelers again about risk factors on their health declaration forms, because there is a theoretical possibility that someone could go through exit screening and then upon entering the United States declare or acknowledge a new risk factor. At our ports of entry, there is a process in place for primary and secondary screening, which is conducted with CBP officer assistance. If CBP identifies a concerning risk factor, CDC is consulted and that traveler would be evaluated further. If the person is considered to have a high risk exposure, then that is where travel restrictions come into play. If the traveler is less than high risk, then it would depend on the setting and discussions with the state. The most important point to make here is that public health actions would be applied based on discussions with the state health authority.

Q: We represent the major carriers in the U.S. My question is more about the general status of the spread of Ebola in West Africa. Can you give us a general summary of the work you might be doing to monitor the status of new cases, the spread of things there? Second, Mali was added as one of the West African countries with a level two travel alert and it seems that the rest of the three countries where we're doing enhanced screening are level three alert countries -- why the difference for Mali?

> A: There are only a handful of cases in Mali thus far. It's being watched very closely to see if it spreads beyond those first few cases or if it spreads anywhere else outside of the capital city. We are holding Mali at a level two alert, which means enhanced precautions. This is still quite significant and we are waiting to see if we need to raise it to level three…hopefully not. Regarding the first part of your question, CDC is really involved in these regions. We have laboratory teams, clinical teams, contact investigation teams, and port of entry teams, all working together there. What we've heard lately is that Liberia is getting better and slowing down in terms of the numbers reported. However, Sierra Leone and Guinea are still quite of concern. Right now, we have almost 200 people from CDC in country. The total reported at this time is over 17,000 cases with Guinea having over 2000; Sierra Leone having over 7000; and Liberia having almost 8000 cases.

If there are any remaining questions, please feel free to email us at CDCinfo@cdc.gov or call 1-800-CDC-INFO and your question will be routed to the appropriate subject matter expert.

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