

## CDC Press Releases

# CDC update on Ebola Response : 10-22-2014

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### Press Briefing Transcript

Wednesday, October 22, 2014 at 11:30 a.m. ET

- [Audio recording\[MP3, 6.19 MB\]](#)

**OPERATOR:** Welcome and thank you for standing by. I'd like to inform all parties that your lines have been placed in the listen only mode. Until the question and answer segment of today's conference. Today's conference is also being recorded. If you have any objections you may disconnect at this time. I will now like to turn the meeting over to Mr. Tom Skinner. Sir, you may begin.

**TOM SKINNER:** Thank you, Calvin. Thank you all for joining us today for this update on U.S. efforts to address Ebola. With us today is the director of the CDC, Dr. Tom Frieden who will provide some opening remarks and then we'll get to your questions. Dr. Frieden?

**TOM FRIEDEN:** Good morning, everybody. Thank you for joining us. Today we're beginning a new — we're announcing a new system that will further protect Americans from Ebola. The bottom line here is that we have to keep up our guard against Ebola. These additional steps will protect families, communities and health care workers. CDC's mission is to protect Americans and in the case of Ebola we do that through multiple levels. First, helping to control it at the source in West Africa. Second, implementing screenings so that every person who leaves the country is screened for fevers, or symptoms of Ebola or contact for Ebola. Third, entry screening at five U.S. airports. This week we added funneling of passengers from Sierra Leone, Guinea and Liberia to the five airports that have enhanced Ebola screening. Today I'll be describing a new program that will begin on Monday for active monitoring of every person coming back to the country for the 21 days that they are at risk of developing Ebola. In addition, we have enhanced the ability of health care facilities around the country to think Ebola and rapidly diagnose patients and then safely assess and treat any who may have Ebola. As a reminder, the majority of travelers returning from these three countries are either U.S. citizens or long time legal residents of the U.S. This includes journalists and people helping in the response including our open staff here at CDC. CDC is adding to these safety measures, working with public health authorities at the state and local level. To begin active monitoring of all travelers entering the U.S. whose travel originates in Liberia, Sierra Leone or Guinea. Active monitoring will take place for 21 days. As a reminder, if someone is not sick

with fever or symptoms of Ebola, they are not contagious and can't spread it to others. However, someone infected with Ebola may not show symptoms of illness for up to 21 days. The strongest public health measure we can take to protect each of us is to quickly isolate someone with symptoms of Ebola. These new measures I am announcing today will give additional levels of safety so that people who develop symptoms of Ebola are isolated early in the course of their illness. That will reduce the chance that Ebola will spread from an ill person to close contact, and health care workers. CDC currently shares information gathered during airport entry screening with state and local officials so they can stay in contact for 21 days with anyone entering from the three countries. This information includes detailed locating information. Two e-mail address, two telephone numbers, a home address, an address for the next 21 days. The names, address, e-mail and phone number of a friend or relative in the U.S. this information is essential to health departments as they track individuals who have arrived in this country. Active post arrival monitoring will begin on Monday, October 27th, in the six states where approximately 70 percent of incoming travelers are located. These six states are working very closely with CDC and some have already begun parts of this process already. The six states are New York, Pennsylvania, Maryland, Virginia, New Jersey and Georgia. We'll also work with all other states where travelers reside. State and local officials will maintain daily contact with all travelers from the three affected countries for the entire 21 days following the last possible date of exposure to Ebola virus. Specifically, state and local authorities will require travelers to report their temperature and the presence or absence of Ebola symptoms aside from a fever. They'll also be required to coordinate with local public health officials if they intend to travel and to make arrangements to have their temperature monitored during travel in a manner that is acceptable to the state or local health department that has jurisdiction. If a traveler doesn't report in, or the state — if a traveler doesn't report in, the state or local official will take immediate steps to find the person and ensure that active monitoring continues on a daily basis. States will undertake a series of measures to implement this effectively. They will establish a 24/7 phone number for people potentially exposed to Ebola, returning from this country to call if they develop fever or symptoms consistent with Ebola virus infection. They'll establish a plan to follow up and locate people in case they don't check in on a daily basis and establish procedures to evaluate someone who reports a fever and symptoms consistent with infection including how to transport that person, where to transport that person, and how their assessment will be managed. We're also discussing with states the most effective ways to do this. This may include skype or face time. This may include in person monitoring. It may include monitoring through occupational or health employee programs. If states wish to do active daily monitoring in person, we'll provide assistance for them to do that. In addition, all travelers when they enter the five airports will receive a care kit, check and report Ebola. This contains a tracking log, a pictorial description of symptoms, a thermometer, guidance on how to monitor their temperature, a distinctively colored card they will present to health care providers if they are ill and information on where to call and what to say if they develop symptoms. We can't get to zero risk until we stop the outbreak in Sierra Leone, Liberia and Guinea. We are seeing some signs of progress but we have to keep our guard up. Importantly, health care workers must ask for a travel history when evaluating people with fever or other symptoms of infection. With both airport screening and post arrival monitoring we expect there to be a steady stream of people with some symptoms who are found not to have Ebola. That's an example of the system working and we have seen that in our airport screening and in returning travelers on a daily basis. Ebola is a scary disease. But it only

spreads from someone who's sick. It only spreads from contact with blood or body fluids. None of the community contacts of Mr. Duncan developed Ebola and now all of the contacts have completed their 21-day monitoring period. Together we can ensure we do not see community spread of Ebola in the U.S. Thank you.

**TOM SKINNER:** Okay, Calvin, I believe we're ready for questions.

**OPERATOR:** Thank you. At this time, if you would like to ask a question, please press star one on your telephone keypad. Star one to ask a question. One moment, please, for our first question. Our first question comes from Renee Marsh with CNN. Your line is open.

**RENEE MARSH:** Hi, thank you for taking my call. My question is twofold. The first one is with the new measure that was announced yesterday that all passengers coming from these three countries must be funneled through the five airports, I wonder in the event that someone let's just say buys a one way ticket and then separately buys another ticket in which their original destination, Liberia, or Sierra Leone, is not on their itinerary, if that person arrives in Denver or Minneapolis, would they be denied entry into the U.S. because they did spend time in Liberia? Again, on a separate ticket that may not have been tracked on this current itinerary? Hopefully that was a clear question.

**TOM FRIEDEN:** Already what the department of homeland security and customs and border protection are doing is identifying large numbers of people who they think might have what are called broken links or travel which isn't immediately identifiable as having come from one of the three countries. In reviewing that, virtually none of those people actually had been in the countries of concern. So if, however, someone were found to have entered into another airport, we would address that on a case by case basis.

**RENEE MARSH:** What does that mean? Would they be turned away? Would they be sent back to one of the five airports? I mean, how would that be handled?

**TOM FRIEDEN:** We would just — in the unlikely event that happens, we'd do the screening there and then with the individual. Assess their status and ensure they're actively monitored.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Next question is from John Roberts with Fox News. Your line is open.

**JOHN ROBERTS:** Hi, good morning, Dr. Frieden. I know that you want to start this program in six states. How long before you could ramp it up to every state in the nation and do you have the man power and what's the level of coordination you're going to have to with state public health agencies in order to do this effectively?

**TOM FRIEDEN:** We'll be working very closely with states in the U.S. in some ways it may be easier for states with fewer travelers because the numbers are smaller. CDC has staff in all 50 states, but fundamentally this issue is for the state health and local health departments. They have procedures to identify people, track them, and follow them up. We'll be providing both technical assistant and resources to help them do this.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Our next question comes from Janet St. James with WFAA TV Dallas.

**JANET ST. JAMES:** Good morning. I'm looking at a note that was sent out the day before Thomas Duncan the first Ebola patient in this country was admitted to the hospital and it said Dr. Frieden from you that you were alarmed by the outbreak and that you would be sending out the top ten things that local officials could do to prepare. Do you think your response is coming too late?

**TOM FRIEDEN:** We have been continuously looking at any way we can do more to protect Americans. We are aware that with the outbreak continuing in West Africa and with travel including American citizens returning, there is a possibility that other individuals with Ebola will come to this country. That's why we're undertaking a series of measures to increase the likelihood that if individuals arrive here and develop Ebola they'll be rapidly identified and isolated and will not spread Ebola to families, to communities and to health care workers. There are a series of levels of protection. These include tamping down the outbreak in Africa, exit screening, entry screening, at this point implementing post exposure monitoring which would have identified Mr. Duncan's symptoms earlier and would have in all likelihood resulted in first emergency department visit not resulting in him being sent back home. Also working with health care providers on rapid diagnosis. Ebola is new. This is the first time we have had Ebola in this country. And in the past month, we have been enhancing the ways that we prepare our health care system and our communities and our public health entities around the country to deal with it.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Our next question comes from Donald McNeil with the New York Times. Your line is open.

**DONALD MCNEIL:** Hi. I have two questions at once. This is a plan to take people's temperatures once a day. And to have them report it by telephone or skype or something like that. Or possibly face to face. The Nigerians did this; they successfully beat their outbreak, they took temperatures twice a day. They did 18,000 plus home visits in order to do that why are not having people report their temperatures twice a day and why are you not doing this with the system done with tuberculosis, rather than having them report it, you have somebody else to report it, to make sure they're telling the truth?

**TOM FRIEDEN:** Thank you. We are recommending that temperatures be taken twice a day and reported once a day, the same protocol that we recommended and was used in Nigeria and elsewhere. It's up to the state health department how to make sure that happens. Direct observe of treatment in tuberculosis is something that's used. There's a lot of feasibility and advisability, but by all means we'll support the states in how to do this effectively. Ensuring there's a rapid plan to follow up in case people don't report in is important. Also, the care kit that we will be providing to all of the individuals coming in provides detailed pictorial information on taking their temperature twice a day, morning and night. Providing a thermometer, giving a pictorial description of the actual symptoms, a log for the symptoms to be taken and conveying the fundamental message that if you become sick, get care quickly

because that could save your life and protect your family.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Our next question — our next question comes from Sam Stein with the Huffington Post. Your line is open.

**SAM STEIN:** Yeah, hey, thanks. A quick follow on the last question and then a follow-up to that. Are you worried at all that people — that self-reporting will have holes in it? That people will not give you the information on their temperature, that you need to make sure that the outbreak or that instances are kept in check? And secondly, can you discuss the legal authorities behind this? I know obviously we're talking about state by state here. But what kind of legal authorities do you have to make people report their temperatures?

**TOM FRIEDEN:** Thank you. First off, and in response to both this question and the previous question, there's a very important distinction between someone who has a known contact to a patient with Ebola, such as some of the health care workers who are being monitored in Texas, and someone who we can't rule out that they had contact. So they had potential contact, just by virtue of the fact they were in one of the three countries. We are doing exactly what was done in the Lagos outbreak with all known contacts and monitoring their fever directly, measuring it every day. For the 150 or so people a day or 3,000 people in a 21-day period who are just returning from the West African countries that are affected, it is up to the state health department how to ensure that that happens. It's very important that it's something that will be done and both acceptable to the travelers so that they'll participate and implementable by the health department and accountable to the health department. So many are considering a variety of methods to do that. The legal authority resides in the state and local health departments where they can require participation in a program that is to prevent the spread — the potential spread of a communicable disease.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Our next question comes from Dana Carullo with CBS news. Your line is open.

**DANA CARULLO:** Hi, Dr. Frieden, thank you for taking my call. If you could just clarify for us what travel restrictions if any will be placed on the people who are coming from the countries in West Africa and are going to be doing the self-monitoring.

**TOM FRIEDEN:** So there are a variety of different situations and it would be individualized. If someone has no known exposure to Ebola patients, then the only restriction on them is that they have to be monitored for temperature daily for the 21-day period in a manner that's acceptable to the health department of jurisdiction. If however, someone is ill, that's a very different story. They will be isolated and if need be required to be isolated and would only be able to transport by air medical transport or other ways. If they have high risk and they're not sick, then they would need to be quarantined and that would be for their individual circumstances and they would not be permitted to travel by commercial conveyance; by airplane or train or bus. They would have to travel by either charter or car, not a public conveyance. That's in the case of a high risk contact; someone who had an exposure to Ebola while they were there. Such as a needle stick, or blood or body fluids without wearing appropriate personal protective equipment. So the situation will depend on the individual and

their level of contact. And we will require quarantine for those in the highest risk group. For groups with some risk, it would be an intermediate level that would depend on the individualized circumstances and for those at low or zero risk, such as other individuals, then this act of monitoring process will be in place.

**TOM SKINNER:** Next question, please.

**OPERATOR:** Our next question comes from Ashley Halsey with the Washington Post. Your line is open.

**ASHLEY HALSEY:** Thank you. Yesterday, DHS said that of the 562 people who had been screened at airports that four were taken — sent by the CDC to hospitals. Why were they taken to the hospital? What symptoms did they show that made them so extraordinary? When and where were they taken? What's the outcome of their hospital trips? Do we know where these people are now?

**TOM FRIEDEN:** We can get you the details on each of the individuals subsequently and in a way that doesn't risk their confidentiality. But this is what we expect to see happen. People have fever or vomiting, and we'd rather cast a wider net and err on the side of safety. None of the individuals currently are considered to have Ebola. We're still assessing one individual. The others are not considered to have Ebola. But this is something that we expect to see on a regular basis. Both on entry and in that 21-day follow-up period. It's not rare for people to have symptoms that may be consistent, diarrhea, vomiting, fever, especially as we head into flu season. So we will provide information as the evaluations are completed.

**ASHLEY HALSEY:** What hospital were they taken?

**TOM FRIEDEN:** We'll provide all of the information to you subsequently.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Our next question comes from Bart Janson with the USA Today. Your line is open.

**BART JANSON:** Hello, thanks for having the call. I wanted to clarify what the difference is between the six states where you're concentrating the monitoring and all the other states. Is it that the CDC itself is handling the monitoring in those six states and then local departments in all the others or what is the difference between the six?

**TOM FRIEDEN:** It's just a natural break — those six account for 70 percent of all of the entering travelers from the experience that we have had recently and many of the remaining states have had only one or two or a handful of returning travelers since we began the program.

**TOM SKINNER:** next question, Calvin. Calvin, next question, please.

**OPERATOR:** Our next question comes from John Tozzi from Bloomberg Business Week.

**JOHN TOZZI:** Can you describe how long you expect this active monitoring program to last and what conditions on the ground in the countries affected in West Africa would have to look like before you deemed these new steps to be no longer necessary?

**TOM FRIEDEN:** Well, first, for any individual traveler it ends 21 days after their last exposure. The program overall will continue until the outbreak is controlled in the countries. If it's controlled in one country, it could be reduced by that one. But the three have been connected through travel within them. Until the outbreak is over, we expect this continuing.

**TOM SKINNER:** Next question, Calvin.

**OPERATOR:** Our next question comes from Dennis Thompson with Health Day.

**DENNIS THOMPSON:** Thank you for taking our questions. Can you provide an update on the health care workers that are being monitored in Dallas and the folks who were contacted through the flights that the second health care worker took?

**TOM FRIEDEN:** Thank you. All of the community contacts of Mr. Duncan have now completed their 21 day monitoring period. None developed Ebola. Of the healthcare workers for that initial period before Mr. Duncan's diagnosis was confirmed of the 28th of September through the 1st of October, today is day 21 from the high risk period, and no other health care workers have developed Ebola besides the two who are being treated and for whose recovery we continue to be focused on and to be encouraged. For the remainder of the health care workers who cared for Mr. Duncan, he passed away on the 8th of October. So they have now finished more than two-thirds of their 21-day period which accounts for more than 90 percent of the risk of developing Ebola, but they're not out of the woods yet. For any health care workers who cared for either of the two nurses who became ill, their exposure period will continue for some time still. As we have seen at the airports, as we have seen among returning travelers we continue to see every day some people coming in with symptoms. That's exactly what we want to see. All of them have ruled out for Ebola. And we'll continue to work closely with the authorities in Texas to monitor the situation closely.

**TOM SKINNER:** Okay. Last question, Calvin, please.

**OPERATOR:** Our last question comes from Mike Stobbe with the Associated Press. Your line is open.

**MIKE STOBBE:** Hi, thank you for taking the question. Could you update us on the reported situation at Newark Liberty Airport and the case that was taken off? Did that any impact or bearing on this decision today? Can you say more about why you deemed this particular measure necessary at this point in time?

**TOM FRIEDEN:** This measure has been in the works for some time. We began with the entry screening. We began collecting the information that detailed locating information. We have been turning that over to the state since that began. And this is the next step in that process. Just to sum up before we close, this is another step to protect families, communities and health care workers from Ebola. We are tightening the process by establishing active monitoring for every traveler who returns to this country after a visit to one of the three

affected countries. That includes CDC employees, that includes journalists, that includes all individuals who have been there within 21 days and what we're doing is putting in multiple areas of check. So we're checking at exit, we're checking at entry, we're checking for each of the 21 days. We're providing each of the travelers with information to help them — to empower them really to get help if they need it. And to encourage them to get help if they need it. Understanding that if they don't, not only could they have a much worse outcome or die as a result, but they could end up infecting their families. And working with health care providers to rapidly diagnose and care for patients with suspected or confirmed Ebola. Today's announcement establishes an active monitoring program that will begin in the most states Monday and over the following days in all of the states that will ensure daily contact with all travelers from the three affected countries for the entire 21 days. We'll continue to do whatever we can to reduce risk to Americans. The fact that three individuals in this country have developed Ebola in this country is obviously of great concern. And it reminds us that until we can stop the outbreak at the source, we can do lots of things to reduce the risk and at this point, the risk is getting lower through these measures. But until it's stopped at the source, we can't make that risk zero here.

**TOM SKINNER:** Thank you, Dr. Frieden. This concludes our telebriefing today. If you have additional questions, you can call 404-639-3286. Thank you.

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