CDC Press Releases

Transcript for CDC Telebriefing: Update on the CDC Response to the Ebola Outbreak in West Africa - December 22, 2014

Press Briefing Transcript

Monday, December 22, 2014 at 12:00 E.T.

- Audio Recording[MP3, 10.4 MB](https://www.cdc.gov/media/releases/2014/t1222-ebola-response.mp3)

****This transcript is not edited and may contain errors****

OPERATOR: I would like to introduce your speaker, Mrs. Barbara Reynolds.

BARBARA REYNOLDS: Thank you Julie and welcome to an update on the CDC response to the Ebola outbreak in West Africa. Today's only speaker is CDC Director Dr. Tom Frieden. He will give remarks and then we'll open it up to questions. Doctor Frieden.

TOM FRIEDEN: Good afternoon everyone and thanks for joining us. I just returned less than 48 hours ago from a trip to all three countries in West Africa. The bottom line is that there's been real momentum and real progress. I'm hopeful about stopping the epidemic, but I remain realistic that this is going to be a long, hard fight. There's a world of difference between what it was like when I was there in August and September and what it's like now. The response is inspiring, but the challenges are sobering. I started off in Guinea and traveled to a remote, rural area by helicopter that had been one of the centers to resistance to Ebola response and which hadn't had a treatment unit. The French Red Cross had set up an excellent quality treatment center there. The number of cases has been plummeting. The quality of care is good, patients are surviving. It was encouraging to see that in a place that had so many difficulties with Ebola, we were able to walk into the rural areas, speak with survivors, talk with parents, a couple, both of whom survived Ebola, but their child died and discussed the challenges of living with and defeating Ebola. At the same time, in Guinea, I met with the head of MSF, Doctors without Borders who told me the scariest thing I had heard in travels to three countries. He said, for the first time since the outbreak started, which is now over a year ago in Guinea, they had not had enough isolation beds for Ebola patients in the capitol city of Conakry, for just one day in the previous week. That's so risky, because when there are more patients than there are isolation beds, the spread of disease

can become exponentially increasing. That's what Conakry is at risk of. I discussed that in detail with President Alpha Conde, who is very focused on expanding and increasing their response and protecting the whole country, including Conakry. They are working hard to open additional treatment units there. I moved on to Sierra Leone where clearly there are huge challenges. They still have many cases and I went to Connaught Hospital. This is the hospital where Dr. Salia worked. I walked through empty wards. These represent children not being cared for, adults not being cared for, people with malaria and pneumonia not being treated. I met with a survivor there, a young man who's trained as a social worker and whose father died of Ebola. He got Ebola from caring for his own fatter. He, himself, was very ill, but has now recovered fully and is taking care of orphans at a nearby social service center. That kind of transformation of illness and caring for others is something I saw throughout all three countries and it's inspiring. Also in Sierra Leone, I walked through an incredibly impressive command center put together by the British government, the government of Sierra Leone and the CDC staff.

They have over one-hundred people broken into segments tracing every call that comes in, every request for burial, every person that has symptoms and every laboratory test. They have a long way to go, but I was very impressed by the organization of the response ion the Freetown western area. The challenges in Sierra Leone, however, remain very extensive because they continue to identify each day at least ten people who have died in the community and who have confirmed Ebola. Each one of those individuals represent someone who didn't come in for care, who may have spread it to others and died and could have potentially been prevented. Sierra Leone has by far the largest number of cases at this point and is in the scale up phase. If Ebola behaves in Freetown, the capitol and the western area which surrounds Freetown, as it behaved in Monrovia and they are able to continue the high level of response they have begun, then within the next few weeks, we should see a significant decrease in cases in western district and Freetown. However, that really highlights the challenge of complacency that as cases come down, we have seen in parts of all three of the countries, health care workers relaxing their grip on the response, not using protective equipment, not thinking of Ebola at every opportunity. I went on to Liberia, which really I think had the most hopeful picture of the three. It is clear, as of today, Liberia has the upper hand against the virus; but that's as of today. Cases have decreased quickly. I visited a rural area that was very encouraging. Gabonga, around the area, we took a helicopter there and spoke with a doctor. Arthur Mutaawe, he is a physician from Uganda sent to Liberia as one of 500 responders from the African Union. Dr. Mutaawe along with several dozen others are individuals CDC trained in other countries around Africa in a two year field epidemiology disease protection program. Dr. Mutaawe worked on an Ebola outbreak with CDC staff and was able to discuss the people he worked with in CDC that we know and describe what he had done. What he was doing there is inspiring. Not only was he tracking down each chain of transmission to stop the outbreak from spreading, but he was training the local staff to do the same. Not only had he gone to the hospital with a terrible cluster of infections and making sure they do everything possible to stay safe. He was teaching staff at the hospital to teach others to do the same thing so when he's not there, they can be safe. We walked to an Ebola treatment unit that was well run and used to be overrun with patients and now is overrun with patients. Previously, they had trouble just keeping up with burying the dead. I walked through a cemetery they had constructed there. In a beautiful glen, a peaceful place, they had to bury 98 people in the worst days of the epidemic in the small community. Now, there were few deaths. The team they hired to be grave diggers, instead of collecting bodies,

begun making furniture for the family of survivors. It was a hopeful note of how we can get to the next phase of reconstruction of recovery. I think the next phase, really has three broad components. First, to make sure that we break the cycle of exponential growth that's happened in individual communities and the widespread transmission that's still happening particularly in Freetown and western district around Freetown of Sierra Leone. Second is to trace every strain of transmission to stop the disease at the source and prevent it from spreading. The CDC team in Liberia worked with the Liberian government and other partners to establish what they call the rite strategy, R-I-T-E, rapid isolation and treatment of Ebola. They have gone to 15 hot spots across the country, many in very remote areas. The quicker they get there, the quicker they can stop the outbreak and the fewer cases. If they get there quickly, there may be five or ten cases instead of 50, 100 or 1,000. That kind of approach of intensive follow up of every patient with Ebola to identify their contacts, Isolate their contacts, and If they become ill, make sure they are monitored every day. The third aspect is strengthening the areas that are now Ebola free. If there is another person who comes there, they don't spread Ebola in the hospital, they don't spread it in the community. They are cared for and isolated promptly. Breaking exponential growth, following every strain of transmission and strengthening the surrounding area so they don't experience an outbreak is critically important. We described this in the past as a forest fire. The team said it's not really so much as a forest fire as it is a country with many, many brush fires. Each of those brush fires needs to be put out by rapid and sensitive outreach. I think, going forward, the challenge is to get to zero because until we get to zero in these countries, they won't be able to fully move on rebuilding their health care system and making sure as a society, they can get back to work and back to making progress. Until they get to zero, we in the U.S., will not be safe from other potential imported cases. Until they get to zero, we can't be sure that the disease won't spread to other countries and potentially develop more challenging patterns. We have already seen how difficult it is, especially in urban areas to stop Ebola and until we get to zero, we won't know that we have been able to do that. In the process of getting to zero, we are putting into place systems to find and stop disease from spreading before it spreads widely. Those systems are going to be not only essential to stopping Ebola and not only essential to preventing the next outbreak of Ebola, but preventing outbreaks of other infectious disease conditions. I really want to mention that this is an effort that has many, many people involved. We have had now 600 staff from CDC in the region. Many have been there for many months. Many were there over thanksgiving and will be there over the December holidays. Many have young children at home and one of them was there because he wanted his kids to know how important it is to serve others. That mission of protecting Americans by working 24/7 around the world does infuse our organization. We also recognize most importantly, the efforts of the individuals within each country who told me three months ago, we will do everything ourselves. Show us how to do it and bring us what we don't have if we need material that we don't have to stop it. They continue to have that spirit of doing whatever they can on their own to stop this. I'm very encouraged by the African Union, the British government, governments from all over the world sending people, staff and money and helping to stop the outbreak and the support from Congress or the emergency funding request proposed by the administration allows us to move faster, allows us to do more and allows us to really see the possibility of an end to this epidemic more clearly in the future. So I'll stop there and I will open for questions.

BARBARA REYNOLDS: Hi Julie, could we please take questions now?

OPERATOR: If you would like to ask a question from the phones, press star one. Please unmute your phone and record your name. To withdraw your question, press star 2. Once again, star one to ask a question and you do need to record your name. Please stand by for the first question. The first question is from John Roberts from the Fox News Channel.

JOHN ROBERTS: Dr. Frieden, good afternoon to you. It's been awhile since we all gathered like this. Question for you, Centers for Disease Control made a lot of news earlier this fall with a worst case scenario projection that by the end of January, 1.4 million people may be infected with Ebola if the situation left unchecked. Obviously, it's still a grave situation with 19,000 people now having been infected with Ebola and more than 7,000 dying, according to the W.H.O., but how do you account the difference between where we are and where CDC said we might be at the end of January?

TOM FRIEDEN: The projections we released a few months ago showed what would happen if nothing more were done and the trends at that time continued. In fact, an enormous amount has been done and if you look at the number of cases over time in the areas where we have implemented the Ebola control strategy that we recommend, they follow the exact pattern predicted by the model we released. Not only was there an exponential increase in cases, but when we got to a tipping point of isolation, care and safe burial, there was an exponentially fast decrease in cases and we have seen that in many parts of all three countries. So, the difference between what would have happened and what has happened is a difference – is a world of difference from a reaction, a response of the world to not let that happen. It's resulted in a dramatic reduction in the – compared to what the trends would have been.

JOHN ROBERTS: If I could ask a follow up, if you don't mind. A lot of newsers made by the white house a couple months ago, when they appointed an Ebola czar, we haven't heard much about that. We certainly didn't hear anything from Ron Klain himself. Could you give us an idea of what his role was and was he of any assistance here in – in applying more assets both here domestically and overseas trying to get this under control?

TOM FRIEDEN: Ron Klain plays a critically important Ebola policy coordination role with CDC due to the technical aspect of it, but it requires a whole of government response. Having someone full time at the white house to get people on the same page, to move things along faster, to answer the questions that congress had about the emergency funding request, to interact with the British government has been quite helpful. I do want to finish answering your first question about the change in patterns because the fact that we have seen an exponential decrease in many areas doesn't mean we are going to get to zero without redoubling the efforts. The fewer cases there are the greater intensity our effort has to be for each case to find every single chain of transmission. If you look at what the Nigerian staff or CDC support did to stop one patient from causing more than 19 other cases in Lagos and Port Harcourt in Nigeria, it required a big effort.

BARBARA REYNOLDS: Thank you. Next question, please.

OPERATOR: The next question is from Tony Pugh from McClatchy Newspapers.

TONY PUGH: Thank you. I was hoping you could tell us a little bit about the situation in

America in terms of how many travelers from West Africa are being monitored for possible Ebola nationwide? Do you have any numbers on that?

TOM FRIEDEN: We see somewhere between 70 and 100 people come in each day. They are followed for 21 days. I am now one of them. I and around 1700 other people. The number changes on any given day. There have been more than 5,000 people monitored since we began the process and have been through that system. Every one of them receives a care kit, check and report Ebola, that includes a thermometer and is contacted, as I was contacted by my local health department Sunday afternoon, asking what my temperature was, telling me what to do if I have fever or other symptoms and making sure that I was linked up with medical care. That's done all over the country. We have monitored each of those people as they have come into the country and identified 11 people who were referred for medical evaluation. None of them had Ebola. More importantly, for the whole 21 days, each of those people knows who to call, what to do if they get sick. We have seen quite a few people as we expect, with illnesses. A lot of Malaria. A lot of Influenza. In those cases, they use the information they are given to call the health department to be safely transported to and cared for in a hospital that is prepared to care for them. We worked with hospitals throughout the country to strengthen their ability to assess and if necessary, treat a patient with Ebola. We have established laboratory response networks all over the country to do rapid testing for Ebola and we have trained tens of thousands of health care workers in how to do that safely.

BARBARA REYNOLDS: Thank you. Next question, please.

OPERATOR: The next question is from Lena Sun with The Washington Post.

LENA SUN: Hi, Dr. Frieden, welcome back. I was wondering if you could give a sort of time line for this next phase for CDC personnel to get those cases to zero. Are you mostly going to be working in Liberia or are you going to shift more resources to Sierra Leone and given how labor intensive this effort is, do you have an estimate of how many more people you have to deploy or is it going to mostly be working with the other health care professionals? Do we see this going into the end of next year? What is the time frame?

TOM FRIEDEN: I don't have a crystal ball. I do know that the quicker we do this, the sooner it will be over. CDC staff already deployed to all of the three countries quite substantially. We have and have had more staff in Sierra Leone than in Liberia because that's where the greater need has been. I'm very encouraged, in particular, by the African Union. They have sent dozens of trained field epidemiologists in and we are now working with the African Union and the host governments in each of the three countries to integrate them into the response. Improving contact tracing is going to be critically important and in the next phase, the quicker we can do things like the RITE strategy, the more success we will have. We also are struggling, really, with the issue of urban Ebola control. How do you deal with Ebola when you have a highly marginalized population or populations that are highly mobile? One of the things I say that was very concerning in Liberia was a family that believed the treatment centers outside of Monrovia were safer than the treatment centers inside of Monrovia. So, when they got sick, they got into a taxi and they took a six-hour car ride to an Ebola treatment unit a long way away. That meant the taxi driver, the people who dealt with them in transit, were all potentially exposed and made contact tracing complicated. I spoke with one of the CDC staff who had been working out the chain of transmission between Monrovia and

this remote, rural area, who stayed, who left, who was going to where and unfortunately, the day I was there, individuals who got sick in Monrovia traveled up to this site because they believed they'd get better treatment there and potentially risking others. So it's is going to be a long, hard fight. I am hopeful that we are going to see continued progress. They have good momentum now. And the challenge is not to let up, not to be complacent and to really double down on the effort and the intensity of outreach for each and every case. One of the areas that we'll be working on is collection of information on contacts. That's something that needs to be done every time someone touches, figuratively, not literally, a patient and their family, including their admission into a treatment unit and every day in a treatment unit or if someone who has passed away, the family. So doing that really – disease detectives of who are the contacts, where are they, how do I gain their trust. How do I make sure that if they have a fever, they are they going to promptly come forward? That's the key to stopping Ebola.

LENA SUN: I have a follow up. So, I understand all that, but does that mean that you are going to put more CDC resources into that effort or not?

TOM FRIEDEN: There will be lots more CDC resources because we have significant funding from the congressional approval of the administration request of the emergency funding request. In terms of the number of staff, we'll do that with many different mechanisms. We'll establish country offices in all three countries. We'll hire not just folks from Atlanta, but from around the world and locally employed staff in each of the three countries. We will also contract with partner organizations and we'll work very closely with the World Health Organization and the African Union to establish effective emergency operation centers and response. Not just at the national level, but in the provinces, prefectures, districts and counties. Already, we have CDC staff in around 20 of the most heavily affected local areas.

BARBARA REYNOLDS: Okay. Thank you. Next question, please.

OPERATOR: The next question is from Dan Childs from ABC News.

DAN CHILDS: Thank you so much for taking my question. You know, we heard back in September from the W.H.O. that they predicted this epidemic would take six to nine months to control. Based on what you are seeing and based on the progress that's been made, is that a number that is still in effect and I have one more follow up question after this.

TOM FRIEDEN: We have never made a projection for what the time frame may be. I would reiterate that the quicker we scale up the services, the quicker it will be over. It has not acted in a predictable way. We know that if Ebola gets into a city you can see exponential growth and huge numbers of cases. I'm concerned about Conakry, the capitol of Guinea. I won't make any prediction about the future, except to say that we know that the more rapidly and effectively we respond, the quicker we can stop it.

DAN CHILDS: Thank you. The follow up question that I have is we have heard projections in the past that if 7 out of 10, if 70 percent of cases could be isolated and treated that that would represent kind of the tipping point for being able to essentially get this under control and keep this from spreading further. How confident are you, based on what you have seen that we are hitting that 70 percent number and that also, we are not missing other cases that might be in areas that might not be surveilled or don't necessarily have treatment centers

nearby.

TOM FRIEDEN: The CDC model predicted that if we got to a tipping point of around 70 percent, we could not just break exponential growth, but drive an exponential decline in cases and we have seen that in community after community. That's the first phase. The next phase is in many ways harder. It's tracing every single case to break every single chain of transmission, including in highly mobile urban areas. That's going to be challenging. We do think there are missed cases. We know if there's a case that arises and we didn't know where it came from, there's another case somewhere that we didn't know about. There's an issue in the city of Monrovia that we hope will be resolved immediately if it hasn't been resolved in the two days since I left, which is the opening of a new cemetery for people who died from Ebola so they can be buried, and not cremated. There's a lot of societal resistance and simply unacceptability of cremation in many communities. I met, just on Friday, I believe, with a doctor whose a wonderful physician, Liberian by birth, had lived in the U.S. and went back to help fight Ebola. He talked about the importance of having a sense of urgency. He talked about how cremation, for many people in Liberia, was about losing the spirit of their forefathers and how clandestine burials began between 2:00 a.m. and 6:00 a.m. in the morning so people wouldn't have their loved ones, who might die from Ebola, go through cremation. That's got to stop. You have to do the things people want. You have got to respond to the needs of the community and when they open a new burial center or cemetery in Liberia, they should be able to make headway there. I was to give a contract to that, I was very encouraged to see what the burial teams were doing. CDC staff went along with them to see and I witnessed a burial as well from a distance. The burial teams go to the families and Sierra Leone is about evenly split between Muslim and Christian. They have a minister who will say prayers. They ask the family if they have particular clothing they want the person who died dressed in. They dress the person in the clothing and allow the family to watch what they are doing. They allow the family to come with them to the cemetery where they respectfully pray and bury the body. That's a very sensitive approach that deals with the reality that someone has died terribly. The urgency of making the process of burial respectful so people won't hide bodies then result in more clusters of disease.

BARBARA REYNOLDS: Thank you. Next question, please.

OPERATOR: The next question from Matthew Stucker from CNN.

MATTHEW STUCKER: Thanks for taking my question. I have two questions. I know you said you don't have a crystal ball, but when do you foresee seeing an Ebola free West Africa or do you think you will constantly be putting out small fires. You said you were worried about Conakry. I also wonder if you have information about Dr. Martin's care in West Africa. We haven't heard, I don't think any of us heard of the type of care he received while there.

TOM FRIEDEN: I can only say that I remain hopeful that we will get to zero, but I remain realistic that the road is going to be long and hard. It is encouraging to see that when we get to a place where Ebola is spreading quickly, we can end that cluster within a month or two. But, the problem is, there are clusters all over and new ones popping up all the time. So, until each of the three countries has gotten to the last cluster, the last case, we are at risk. I can't predict and frankly I don't think anyone can predict when that will be. But, we do know that the tools that stop Ebola are increasingly in place and organizing the tools and getting out to

every place, whether it's urban, slum or remote rural community in the forest area is going to be essential to stopping the outbreak.

BARBARA REYNOLDS: Thank you, next question, please.

OPERATOR: The next question is from Robert Lowes with Medscape Medical News.

ROBERT LOWES: Thank you for taking my call Dr. Frieden. I wonder if you agree with those who say that the response from the private sector of health care outside of the CDC has been weak or muted in a sense that travel restrictions as well as hospital policies have discouraged volunteers, nurses and physicians from going to West Africa to treat patients. Would you agree that with them, that their response from the private health care sector is weak due to basically discouraging policies, travel restrictions put in place by some states as well as hospital systems that discouraged their employees from going there?

TOM FRIEDEN: Well, I met with many health workers from the U.S. who are doing very inspiring work. In fact, I met with a young physician assistant, who is the spouse of a CDC employee based in South Africa and is working in an Ebola holding center in Sierra Leone in Freetown. She is doing such terrific work. She has been blogging about her work in a very moving description. I think we have seen a real outpouring of support from American health care workers. I think most states around the U.S. are following CDC guidance and welcoming people back and ensuring if they get sick, they are promptly and safely cared for. That's what we intended when we established our guidelines for movement and monitoring and that's what's happening. All around the country, we have health care workers, public health workers reaching out to travelers who returned and providing support and information to them and monitoring them so if they get sick, they will be properly cared for. Clearly, it's a challenge to work in a country in an Ebola epidemic. I understand why many individuals, for their own personal health or their own commitment at work and home can't do so. But, I'm also inspired by the number of people, not just CDC staff, but folks throughout the public health service, who are staffing the Monrovia medical unit, folks from organizations like partners in health, many, many others. I shouldn't name any because many others are there doing work, are there on the ground, making a huge difference.

ROBERT LOWES: What about the hospital systems, though, that have– and academic medical centers that discouraged their people from going over?

TOM FRIEDEN: I have not seen anything about health centers discouraging people from going over. One of the things that sometimes come up is if someone has been working with Ebola patients and they come back for that 21-day period, the hospital may prefer for them to be teleworking or working in an area without direct patient care in case they were to become ill. I have not been aware of a health care facility in this country discouraging from going over.

BARBARA REYNOLDS: Thank you, next question, please.

OPERATOR: The next is from Alexandra Zavis from L.A. times.

ALEXANDRA ZAVIS: Thank you. This outbreak has shown the challenges of scaling up a

strategy that worked quite well in the past. I was wondering if you now feel you have the people, the resources, the systems in place you need to get this done or do you see a need for new tools, a vaccine for example to really get it down to zero patients?

TOM FRIEDEN: So, in terms of what is in place, a lot has been done but it's still a work in progress. We need more French speakers in Guinea, as an example. We will be hiring people to stay there long term. Not just to end this epidemic, but to make sure we don't have another one in these countries. In terms of new tools, I would divide the three areas we are working on along with NIH and other parts of HHS, the department of defense and others and most importantly, the host governments and countries. For new diagnostics, there are some tools that we think might become available in the next few months that could be very helpful and I'm thinking in particular, a point of care diagnostics. Currently, we have staff who have made eight-hour treks into hike, first, take a jeep through a road, then hike for many hours, then take a canoe trip over a crocodile infested area to get into a community, not knowing if they will meet resistance and hostility when they get there, get blood samples, and have to reverse the entire chain to get things back to the laboratory. We have been moving laboratory samples around in Sierra Leone by helicopter into our CDC lab. We are getting by in terms of the diagnostics, but a point of care diagnostic would be extremely helpful. It would be helpful for obstetric, if a woman comes in bleeding. It's a very, very big challenge in each of these countries. Maybe it's a complication of pregnancy, maybe it's Ebola. Many women have died because of that. A point of care diagnostic test is something we are hopeful for. Second is assessing the different treatments that have been tried for Ebola as they become available. Doing rigorous scientific studies to know do they work, do they save lives? That's got to happen very quickly. On the vaccine trial, CDC is leading what's called an adaptive design in Sierra Leone to allow us to vaccinate several thousand health care workers if and when we have a vaccine that is promising, safe and appears to be affective from the phase one trial. We hope to start that within the next month or so in Sierra Leone, if possible, so we can find out if the vaccine works. I think the bottom line, with new tools, particularly with the vaccine is we have to ardently hope they work. We have to urgently work to determine if they work, but we can't count on them working. We can stop Ebola with our current tools. We have to do everything in our power to do it.

BARBARA REYNOLDS: Thank you, next question, please.

OPERATOR: The next question is from Lisa Schnirring with CIDRAP News.

LISA SCHNIRRING: Hi, Dr. Frieden. Thanks for the really interesting impressions from your recent trip. I'm wondering if, since you visited all three countries, the situations and health systems are different in each country, if you have been able to say what has made the difference in Liberia in helping turn things around and if there are any lessons that can be learned from that from the other countries. Thanks, much.

TOM FRIEDEN: Thank you. I think each of the countries has important lessons for the others. There are important areas of collaboration and learning among the three. The RITE strategy, Rapid Isolation and Treatment of Ebola, to find hotspots, intervene quickly and stop them, has been very effectively implemented in Liberia and needs to be implemented in the other two countries. The sensitivity of the burial teams, which I mentioned earlier in Sierra Leone, needs to be shored up in all three countries. Guinea had the challenges of infection control

and has begun hiring full time infection prevention specialists for all heavily utilized health care facilities and begun to provide them with materials, training, and supervision equipment. It's still a work in progress, but very much needed in all three countries in all the areas. The other issue is coordination. The U.S. government, USAID, along with W.H.O., ourselves, in Liberia have been able to be a really effective coordinating mechanism. I would say that's something that is still a work in progress in the other two countries.

BARBARA REYNOLDS: Thank you, next question, please.

OPERATOR: The next question is from Marilyn Marchione from the Associated Press.

MARILYN MARCHIONE: Hi, Dr. Frieden. You mentioned early on about complacency and challenges of complacency and healthcare worker relaxing their grip. You mentioned some things that sounded disturbing like not using protective equipment at times. Did you witness this? Do you think there is a large scale sort of sense that we have gotten the best of it and we have it on the run now?

TOM FRIEDEN: I spoke with a nurse in guinea who worked at the largest hospital, the hospital I was at last time I was there. She was caring for a patient who was asked, have you been in an Ebola affected country, have you been in another country. He had come from Sierra Leone and said no. The nurse then started an intravenous line on that patient without gloves, ended up getting Ebola and surviving and is now dealing with stigma at home and at work. But, the fact that six months into an epidemic, she was still starting an intravenous line without gloves was partly a reflection of the fact that the health workers don't think they are going to have gloves if they use the current set. There are shortages still. Partly, it's the challenge that we face in this country as well with things like getting doctors and nurses to wash their hands regularly in the health care system. Getting good quality infection control practices up and running is not easy. It's going to be important so that we don't continue to have clusters in health care facilities.

BARBARA REYNOLDS: Thank you. Next question, please.

OPERATOR: The next question from Denise Grady from The New York Times.

DENISE GRADY: Thank you very much. Dr. Frieden, you mentioned that you saw some disturbing things in the hospital in Connaught. Could you explain that again and say what was going on there?

TOM FRIEDEN: Connaught hospital lost many health care workers to this disease. They have placed now kind of a tent outside their main entrance. As I entered, there was a man in great pain in that tent just being moved into the holding center there for Ebola patients. They have a holding center with 16 beds. That's the center where the American physician assistant, who I mentioned earlier were working. That holding center has been full continuously since July. Many of the patients in the holding center die from Ebola. When they die, then they are replaced by someone from the holding center. I think that over the course of this week, for the first time that holding center should not be full because of the surge in beds there. But the hospital, itself, is still really dealing with a horrible epidemic. They are still largely closed. Patients aren't coming in, the wards are empty. Many of their doctors are afraid to work there.

The wards are empty. Our country lead, Dr. Oliver Morgan, who is there, commented to me as we went in that every single time we have gone to a hospital in Sierra Leone, he's been there now six weeks and will be for another two months. Every single time there's been an Ebola patient either in extremis as he walks in or just died at the entrance of the hospital. The situation in Freetown has been horrific. It is strongly reminiscent of what happened in Monrovia eight weeks earlier. One difference is that in Freetown, they had burial teams up and running. The horror of many, many bodies on the streets in Monrovia is not so much the reality in Freetown, but the horror of having an epidemic in an urban area very much is. There's been an incredibly intensive effort to open new isolation treatment beds. I met with several of the groups that have done that. MSF Switzerland opened an intelligently designed Ebola treatment that allows more contact without risk between workers and patients through Plexiglas corridors. They opened that in less than three weeks from start to finish. People have really surged in to provide a better care and support. It's clear that the hospitals, the general health care systems are still struggling.

BARBARA REYNOLDS: Thank you. Julie, we have time for one more question.

OPERATOR: Donna Young from Scripp News, your line is open.

DONNA YOUNG: Thank you so much. Welcome back to the U.S., Dr. Frieden. My question, you mentioned the trial that the CDC is leading in Sierra Leone and you said a month or so is when you are planning to start. Could you clarify, will that start January or February? Has the time line changed and will that trial include both the GSK and NAAID vaccine and the new link Merck vaccine. The two vaccines or just one vaccine. If it's just one, which vaccine. Thank you so much.

TOM FRIEDEN: Thank you, we are finalizing what the design will be and waiting for the results of the stage one trials. We hope to start in January. That's the goal. But, there are a lot of challenges to get that done. The team is working around the clock to make it happen and we hope that it will happen in January, but some of that also depends on what the phase one trials show. Before we close, I just want to clarify one thing and then make one bottom line comment. Some people had been confused by the position of empty beds on the one hand and no beds on the other. And it’s two different systems. There have been in Freetown until the past week, an insufficient number of isolation and treatment beds. We think it's been addressed over the past few days and should be in an okay situation. However, in the general health care system, not Ebola, but general hospitals, there's still a great deal of fear on the part of health care workers and patients, so the number of patients coming in for care is less. That doesn't mean people aren't sick. Many people in the community have everything from surgical conditions to Malaria are not getting the care they need because of Ebola. So, the collateral damage of Ebola in the health field is very substantial. To wrap up, between my trip this past week and my trip in August and September, there's a world of difference. I saw things that were inspiring and sobering. Inspiring because of the momentum and real progress that we have made that leads me hopeful that we will get to zero. And sobering because I remain realistic about how long and hard the road is going to be. How many patients are getting Ebola and the teams on the ground haven't traced where it came from. The many chains of transmission that are currently unbroken. Until we break every chain of transmission, we won't get to zero. There's not just a world of difference, but a world working together to make a difference there with CDC, the U.S. government, the national

governments of each of the countries and literally hundreds of partners from within and around the world, surging in to walk that long, hard road together and stop Ebola. Thank you all very much. All the best to all of you for the holiday season and the New Year.

BARBARA REYNOLDS: Thank you. This concludes today's telebriefing. There will be a transcript posted on our website. If the media have follow up questions, they can reach us at 404-639-3286. Thank you.

OPERATOR: That concludes today's conference. Please disconnect at this time.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES