

## CDC Press Releases

# CDC update on Ebola Response, 10-15-2014

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### Press Briefing Transcript

Wednesday, October 15, 2014 at 12:45 p.m. ET

- [Audio recording\[MP3, 6.5 MB\]](#)

**OPERATOR:** Welcome and thank you for holding, I would like to inform participants your lines are on a listen only mode until the question and answer portion. To ask a question at that time, please press star 1, to withdraw your question, you may press star 2. Today's conference is being recorded, if you have any objections, please disconnect now. Now, I will turn the call over to Tom Skinner.

**TOM SKINNER:** Thank you, Holly, and thank you for joining us today for this update on the U.S. government Ebola response. With us today is the secretary of the department of health and human services Ms. Sylvia Matthews Burwell and as well as the director of the CDC Dr. Tom Frieden. Both will provide some opening remarks and then we will take your questions. Secretary Burwell.

**SYLVIA BURWELL:** Thank you, Tom. I want to open by recognizing the service of both patients in Dallas and all of the health care workers locally and nationally working on the Ebola issue. As you know yesterday we announced a number of steps to further strengthen our preparedness. This includes a call that the CDC hosted yesterday afternoon with more than 5600 clinicians to discussed the health care system preparedness and how Emory University hospital and Nebraska medical center preparing for Ebola and the lessons learned. We also said we would provide a "go" team for rapid on sight response to hospitals treating Ebola patients. As you're aware this morning the CDC confirmed that on the morning of October 14th the second health care worker reported to the hospital with a low grade fever and was isolated. This patient travelled by air on October 13th. Because of the proximity of time of that evening flight and the first report of illness the following morning, the CDC is working carefully with the airline to identify and notify all passengers that could have been on the flight and individuals who are determine to be at potential risk will be monitored . Today, as part of an ongoing clinical decision about patient care, one of the patients at Texas Presbyterian Hospital will be transported to Emory later today, we also are talking to all the specialized hospitals about their ability to accept patients if needed. I want to conclude by saying homeland security and preparedness remained our top priority. We know how to stop

this. We have seen the disease since it was first discovered in the 1970s and we have seen it stopped. We do know what protocols to use and how they work. We have done a lot, we know there are opportunities to do more and better and we are doing that. Wherever possible we're learning from our experiences and doubling on our efforts to continue to improve processes and procedures. We're continuing to communicate and supporting implementation efforts on the ground. It's also important to focus on the fact we need to stop the epidemic at its source. Domestic preparedness is a priority, but the best way to fully stop this is at the source in West Africa. And with that, I will turn to Director Dr. Frieden.

**TOM FRIEDEN:** Thank you very much secretary Burwell. Ebola virus spreads person to person and can create another generational spread in about 8 to 10 days. Every day we assess where we are and every day we work to make sure that we're responding as effectively as possible. We're always open about what we know, when we know it, and we will always share more rather than less information as we work to protect Americans and provide extra margins of safety where ever possible. This is the second health care worker case that arises from exposure to the index patient, Mr. Duncan that was admitted to the hospital on September 28th. We're taking a series of steps to stop the spread of Ebola and it is going to require many partners to do their part. The second patient is ill but clinically stable. When she developed and reported symptoms, she was rapidly isolated, tested, and at about 12:00 or 1:00 in the morning last night, the presumptive test from the Texas state lab is positive. We believe it will be confirmed shortly at the CDC lab. As secretary Burwell indicated, she will be transferred to Emory. We're working very closely to the hospital in Dallas to promote a safe environment for the care of everyone at that hospital for the patients and for the health care workers. We have continued with our intensive investigation and interventions to understand what may have happened and to increase safety. Our investigations increasingly suggest that the first several days before the patient was diagnosed, appear to be the highest risk period. That was the 28th, 29th, and 30th. These two health care workers both worked on those days and both had extensive contact with the patient when the patient had extensive production of body fluids because of vomiting and diarrhea. Today we are continuing to intensively assess the exposures of all other health care workers at that facility to identify how many others may have had that level of intensive contact. I will note that those days are days prior to diagnosis and prior to when the CDC team was on the ground. In terms of contacts, there were 48 contacts to Mr. Duncan before he was isolated. None of them have developed symptoms so far. There was one contact of the first health care worker before she was isolated. That individual has not developed symptoms at this point. For the second health care worker, the individual diagnosed today, we have identified three contacts at this point before isolation. Going back to the care of Mr. Duncan, there is proximately 50 other health care workers who entered the patients room during his time of isolation. We're reviewing those and ensuring intensive follow up of all those individuals. We're also planning for other possibilities in the coming days. And with I will turn it over to Tom Skinner for questions.

**TOM SKINNER:** Holly, I believe we're ready for questions, please.

**OPERATOR:** Thank you, if you would like to ask a question at this time, please press star 1 on your touchdown phone. To withdraw your request press star 2. Again star 1 to ask a question. Kate Snow with NBC News, your line is open.

**KATE SNOW:** Good afternoon. I'm wondering if you could clarify anything about what these two women were doing, exactly, what kind of roles they had in the hospital. And is there any indication as to how they may have become infected? Thank you.

**SYLVIA BURWELL:** Director Frieden, I'll turn that to you.

**TOM FRIEDEN:** Thank you, it has been stated publicly that the first patient is a nurse. I will just say that the second patient, as well as the first, had extensive contact with the patient when they were having substantial amounts of vomiting and diarrhea. The assessment of the team is that in those first several days in the hospital, a variety of forms of personal protective equipment were used. There are several ways to do — to use personal protective equipment safely. It is critical that be done consistently and correctly, and that's one of the areas of active investigation.

**OPERATOR:** Our next question is from David Lewkewict with FOX News.

**DAVID LEWKEWICT:** Thank you for taking my call. I'm curious if you can go into more detail how this nurse was able to get on an aircraft and not be monitored or quarantined if she had been in contact with the index patient, Thomas Duncan in Texas?

**SYLVIA BURWELL:** Dr. Frieden, do you want to speak to that?

**TOM FRIEDEN:** The patient travelled to Ohio before it was known that the first health care worker was ill. At that point, that patient, as well as the rest of the health care team were undergoing self-monitoring. As the first health care worker did resulting in her rapid isolation. The second health care worker reported no symptoms and no fever. However, because at that point she was in a group of individuals known to have exposure to Ebola, she should not have travelled on a commercial airline. The CDC guidance in this setting outlines the need for what is called controlled movement. That can include a charter plane, a car, but it does not include public transport. We will from this moment forward ensure that no other individual who is being monitored for exposure undergoes travel in any way other than controlled movement.

**TOM SKINNER:** Next question, Holly?

**OPERATOR:** Thank you, comes from Arthur Delaney with Huffington Post, your line is open.

**ARTHUR DELANEY:** Thank you for doing the call, National Nurses United talked to nurses at the hospital and they don't think any protocols are in place or being followed there or anywhere. I wonder if the CDC would respond to that more directly than it has?

**TOM FRIEDEN:** We are working closely with the hospital. We have staff there around the clock. There are intensive efforts under way to train, retrain, and supervise staff. The single most important way to get consistency is a site manager. And we have now ensured that 24/7 there will be a site manager who will monitor how personal protective equipment is put on, taken off, and what's done when people are in it.

**SYLVIA BURWELL:** I would just add two things. One is that we have two nurses from Emory

who have gone to Dallas who are experts in the treatment and they're doing peer to peer training to help that issue with regard to the nurses. The second thing is we hear and understand what the nurses there — their concerns, and we're doing a lot of communication. The call that I mentioned is that clinicians will be doing another call from HHS for our assistant secretary for preparedness, and Dr. Mary Wakefield who is a nurse herself, a senior leadership member will do a call. In addition one of the things so important is frontline health care workers, where those in the emergency room or those doing intake. What is so important at this first line is for everyone to know at the point at which they see a fever, ask a travel history. I'm mentioning it here, in this call, and in this conversation. We want to use every means we can by which we communicate to help address some of the educational issues that have been raised.

**TOM SKINNER:** Next question, Holly?

**OPERATOR:** Thank you, that comes from Julie Steenhuyzen with Reuters

**JULIE STEENHUYSEN:** Thank you for this call. I'm trying to understand what kinds of, it sounds like the PPE worn by the health care workers were not necessarily the same kind, but what were they actually wearing. There have been some reports that their necks were exposed, for example. Were they wearing full body suits? Just gowns and gloves? Single gloves, double gloves. These questions are being looked at by a lot of other hospitals who are trying to decide how to protect their own staff. It is very important to know exactly what they were wearing and what people can do.

**TOM FRIEDEN:** So when we reviewed the records for the first several days of the patient's stay, before he was diagnosed, we see a lot of variability in the use of personal protective equipment and when our people arrived the same day that the patient was diagnosed, we noted, for example, that some health care workers were putting on three or four players of protective equipment in the belief that this would be more protective. But other things were done such as taping parts of the protective gear in the belief that this would be more protective. We certainly understand the fear and the anxiety that is normal and understand it, and understandable. These are good, dedicated people who worried about themselves and their families. They were trying to protect themselves better. But by putting on more layers of gloves or other protective clothing, it becomes harder to put them on and take them off. The risk of contamination in the process of taking these gloves off gets much higher. That is true for several areas of the body. I think more broadly, if I could comment, I know the issue of PPE has gotten a lot of focus. There are several right ways to do it. What we have always emphasized is that health care worker who is using familiar PPE and familiar ways, they're more likely to do it right. So we're looking at this, we're working with the hospital, and what are the ways to provide the maximum possible support to health care workers and allow them to do their jobs by minimizing their risk of contamination. I don't know if Secretary Burwell would like to add anything?

**SYLVIA BURWELL:** No, thank you, Tom.

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

**OPERATOR:** That coming from Kelly Gilblom with the Bloomberg News, your lines is open

**KELLY GILBLOM:** Thank you for taking my question. First of all I was wondering which patient would be transferred from Emory, and whether it was just one, and also, are there any other people who are health care worker who is among these that are currently being tested or currently being isolated or at the hospital with Ebola symptoms?

**TOM FRIEDEN:** So, the second health care worker is the individual who is being transferred from Dallas to Emory. And we continue to assess anyone who has symptoms. We encourage people to come forward at the slightest concern. We are not — we have not currently identified anyone who we feel merits a blood test to see if they have Ebola. We are continuing to monitor closely. As with many parts of this investigation and this response, this can change from minute to minute and hour to hour.

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

**OPERATOR:** Thank you, that comes from Betsy McKay with the Wall Street Journal. Your line is open.

**BETSY MCKAY:** Thank you, did you say that the first patient will be transferred elsewhere? And if so could you give us more detail on that? Secondly, I wanted to go back to the movement of the health care workers. Dr. Frieden, you said you ensured that none of the others who are being monitored will be able to travel. What powers are in place for that to happen? What exactly are the rules and the legal authority right now to prevent them from going anywhere or leaving home or whatever the level of quarantine is?

**TOM FRIEDEN:** With regard to the first patient, the report from the hospital is that she is in improved condition today. We will assess each hour, each day, whether that is the best place for her or somewhere else might be. In terms of controlled movement, that is something that we work out with the state and local public health authority.

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

**OPERATOR:** It comes from Janet St. James with WFAA TV Dallas, your line is open. Janet, please check your mute button, your line is open.

**TOM SKINNER:** Holly let's go to the next question, please.

**OPERATOR:** Thank you, one moment.

**TOM SKINNER:** Holly, next question.

**OPERATOR:** Yes, thank you, I apologize. One moment.

**TOM SKINNER:** Holly, do we have questions coming?

**OPERATOR:** Yes, we do, sir. Just one moment, I apologize. Ed Lavendera with CNN news, your line is open.

**ED LAVENDERA:** Dr. Frieden, two question real quickly. The protective gear that these health

care workers were using, was there any skin exposed? Some of the video I've seen of healthcare workers, their parts are fully covered. Were these workers fully covered or was there parts exposed? My second question is, did the hospital not tell any of these health care workers to limit their travel and exposure with the public before today?

**TOM FRIEDEN:** So, first, some of the forms of PPE used did allow exposure of some parts of the skin. We have discussed in detail, and there are right ways to do it, several different ways, including with exposure of some parts of the skin. The key is the adherence of protocol, and the problem that we have had to identify had to do with using PPE in unfamiliar ways. In terms of the travel, as I mentioned earlier, when the individual, the second health care worker left for Ohio, the first health care worker had not been diagnosed. So all were under active monitoring, but they were not — I'm sorry, all were under self-monitoring, and were not being actively monitored because at that point it was not known there had been exposures in the care of the first patient. I do want to mention one thing because I may not have said this earlier regarding the planes. The fact that the patient number two did not have a fever until after, until the next day, did not have nausea or vomits on the plane suggests to us that the risk to any around that individual on the plane would have been extremely low. But we are going and will always put in extra margins of safety, and therefore as Secretary Burwell said we'll reach out to all of the passengers and crew of that flight.

**TOM SKINNER:** Next question, please, Holly?

**OPERATOR:** Yes, that comes from Britney Hughes with CNS News. Your line is open.

**BRITNEY HUGHES:** Thank you, in a video message to countries in West Africa that are experiencing Ebola outbreaks, President Obama told residents that they cannot get the disease by sitting next to someone on a bus, but CDC recommendations state that travelers in West Africa who begin to show possible symptoms, or people whose experience a high risk of exposure should avoid public transportation including busses and we have also seen large amounts of concern regarding potentially infected people traveling on airplanes. My first question is did the CDC vet this video message before it was released and posted on U.S. Embassy websites, and is it true a person runs absolutely no risk of contracting Ebola on public transportation such as a bus.

**TOM FRIEDEN:** Yes, CDC vetted the message and yes, we believe it is accurate. I think there are two different parts of that equation. The first is if you're a member of the traveling public and are healthy, should you be worried that you might have gotten it by sitting next to someone. The answer is no. Second if you're sick, and you may have Ebola should you get on a bus, the answer to that is also no. You might become ill; you might have a problem that exposes someone around you. Because the risk is so low, we think there is an extremely low likelihood that anyone who travelled on this plane would have been exposed, but we're putting into place extra margins of safety and that's why we're contacting everyone who was on that flight.

**TOM SKINNER:** Next question, holly. Holly, next question, please.

**OPERATOR:** Yes, thank you. One moment.

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

**OPERATOR:** Chris Perez with the New York Post, your line is open.

**CHRIS PEREZ:** Good afternoon Dr. Frieden. What sort of treatments will (name redacted) be receiving, and how is it possible for someone, how going forward, will it be possible to stop people that treated Mr. Duncan from getting on public transportation?

**TOM FRIEDEN:** So the treatment of both of the patients there is as per their treating physicians. That information has to be from the hospital there. In terms of controlled movement, that is something that we work out with the state and local public health authorities. At this time, we require anyone who may have been exposed to travel by controlled movement only. The health care worker number two, who traveled from Ohio on the 13th of October, Monday, should not have traveled, should not have been allowed to travel by plane or any public transport by virtue because of the fact that she was in an exposed group. And although she did not report any symptoms, and she did not meet the fever threshold of 100.4, she did report at that time that she took her temperature and found it to be 99.5. So by both of those criteria, she should not have been on that plane. I don't think that changes the level of risk of people around here. She did not vomit, she was not bleeding. The level of risk of people around her would be extremely low. Because of that extra margin of safety, we will be contacting them all.

**TOM SKINNER:** Holly, we'll take two more questions, please.

**OPERATOR:** Monica Cordova, your line is open, please state your affiliation. Monica, your line is open.

**TOM SKINNER:** Holly, we'll go to the next question and make that the last question, please.

**OPERATOR:** Thank you, one moment for the next question. Alex Altman with Time Magazine, your line is open.

**ALEX ALTMAN:** Thanks for doing this call. You noted that a site manager, installing a site manager is a very important element of containing this virus. If that is the case, why was one not immediately installed in Dallas when Mr. Duncan was diagnosed?

**TOM SKINNER:** That is certainly something we will make sure happens for any future case of Ebola in this country. I'll just, maybe, perhaps Secretary Burwell would like to say one or two words and then if you want to make any concluding remarks?

**SYLVIA BURWELL:** Please, Tom.

**TOM FRIEDEN:** Just to recap, Ebola is hard to fight, but we know how to fight it and how to beat it. The situation changes every day. We're always going to be open with what we know, share more rather than less. We're going to put in extra measures of safety to protect Americans. The second health care worker case is very concerning. Our thoughts are with the individual and the individual's family. The investigation is identifying additional health care workers, who will be very closely monitored and we're planning for the possibility of

additional cases in the coming days. Secretary Burwell?

**SYLVIA BURWELL:** Thank you, Director Frieden, I would just close by saying that this is an effort that is focused both on the priority of our homeland, protection and making sure that people are prepared and safe here in the homeland and that is a cross government effort whether that is HHS working across all of the parts of HHS. The question of drugs or therapeutics or anything came up, the FAA is working deeply on that. Our system secretary for preparedness is assisting in those efforts. It's also across the government. We're working with the Department of Homeland Security closely and there is the part of fighting this in West Africa and the across government full efforts. Whether that is the engagement of the president to other leaders, to the state department, to USAID, to the great work the D.O.D. is doing on the ground as well. So I would just close by saying this is something that we prioritize our homeland preparedness, and at the same time we want to get to the root of the cause of the Ebola epidemic in West Africa.

**TOM SKINNER:** Thank you Secretary Burwell. That concludes our call. Anyone with additional questions can call the CDC press office at 404-639-3286. Thank you.

**OPERATOR:** Thank you, this does conclude the conference, you may disconnect at this time.

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