CDC Press Releases

CDC update on Ebola Response, 10-14-2014

Press Briefing Transcript

Tuesday, October 14, 2014, 3:00 p.m. ET

- Audio recording[MP3, 6.2 MB]

BARBARA REYNOLDS: Good afternoon. You're joining CDC's update on the Ebola response. I'm Barbara Reynolds, the director of CDC's public affairs. You're going to be hearing today from two speakers and then we'll take questions. We'll be taking questions both from the room and on the phone. For those of you who are in the room, would you please take the microphone and offer your name and affiliation. Because of the volume of questions that we're having could you please limit it to one question and then we'll come back around if there's time later. My first speaker is CDC director Dr. Tom Frieden.

TOM FRIEDEN: Good afternoon, everyone. Today we're going to focus on two aspects of the response to Ebola. First, what we're doing to improve the safety in our health care settings, and second, what's going on with contact tracing in Dallas. I'm delighted to be joined by Dr. David Lakey. Dr. Lakey is in Texas along with the excellent team from Texas state and county health departments as well as more than 20 staff from CDC who are helping with all aspects of the response. In Dallas, what we've done over the past 48 hours to improve infection control there is send a team into the field and we've sent CDC's most experienced staff, people who have worked on Ebola outbreaks for decades, people who have stopped Ebola outbreaks in very difficult situations in Africa. People who are experts, leading the world in everything from laboratory science to infection control to hospital administration. And we're working hand in glove, side-by-side with the folks at the hospital and with the teams from the health departments in Texas as well as the county leadership and the state. Some of the things that the teams are doing to improve safety are looking at every step in the procedures. And those experts are making immediate enhancements in what's being done. I'll mention three in particular, although there are three of just a large series. The first and most important is ensuring that every hour of the day there is a site manager there who is overseeing aspects of infection control. That individual makes sure that personal protective equipment is put on correctly and taken off correctly. In fact, in our work stopping Ebola in Africa, this is the single most important position: to protect health workers, a single site manager whose expert and oversees every aspect of the process. Second, we're enhancing training. Ongoing, refresher, repeat training, including by two nurses from Emory

who cared for Ebola patients and are assisting and training nurses and other staff at the hospital in Dallas. And third, we're recommending that the number of staff who go in for care be limited. We want to limit the number of staff who is providing care so that they can become more familiar and more systematic in how they put on and take off protective equipment and they can become more comfortable in a healthy way with providing care in the isolation unit. Those three general steps are very important, and we're also doing many other things looking at everything from the type of personal protective equipment used to the procedure for putting it on and the procedure for taking it off. Now, I've been hearing loud and clear from health care workers from around the country that they are worried, that they don't feel prepared to take care of a patient with Ebola. That they are very distressed that one of our colleagues now has contracted Ebola and is fighting the infection in Dallas. A single infection in a health care worker is unacceptable. And what we're doing at this point is looking at everything we can do to minimize that risk so those who are caring for her do that safely and effectively. There are certain additional things that we'll be doing going forward. One thing that we want to make sure is that whatever is done with where care is provided, every hospital in the country needs to be ready to diagnose Ebola. That means that every doctor, every nurse, every staff person in an emergency department who cares for someone with fever or other signs of infection needs to ask, where have you been in the past month? Where have you been in the past 21 days? Have you been to Liberia, Sierra Leone or guinea? That's important that will reduce the risk that someone will come in to the hospital and not be diagnosed. The fact is that usually infections in health care settings spread from someone who is not yet diagnosed. We have to shore up the diagnosis of people who have symptoms and who have traveled. The second thing that we will be doing starting today is establishing a CDC Ebola response team. For any hospital, anywhere in the country that has a confirmed case of Ebola, we will put a team on the ground within hours with some of the world's leading experts in how to take care of and protect health care workers from Ebola infection. That will include experts in infection control, in laboratory science, in personal protective equipment, in management of Ebola units. Experts who will assist with experimental therapies, public education and environmental controls. We have at CDC some of the absolute best experts in the world. They have devoted their lives to stopping Ebola. Many of them like myself are physicians, trained in infectious diseases and public health others are specialists in laboratory science or outreach, experts in everything from contact tracing to epidemiology, to what it takes to stop an outbreak in different settings. They will look at everything from the physical layout of acre to the personal protective equipment used. They will bring supplies of personal protective equipment. They will assist with transport of patients, should that become necessary. They will assist with waste management and decontamination. In addition, for training of health care workers throughout the country we'll be ramping up webinars, conference calls, outreach support through hospitals, hospital associations, professional associations, state and local health departments and more. I would like to now turn to the situation in Dallas in terms of infection control. And I'm sorry in terms of contacts and just outline where we are. First, our understanding is that the nurse remains in stable condition and we're thinking of her, I am thinking of her constantly and hoping for her steady recovery. With the first patient, the index patient as we call him, there were 48 contacts. Those contacts have now passed more than two-thirds of their risk period. They have all passed more than 14 days. While it wouldn't be impossible that some of them would develop the disease, they have now passed through the highest risk period and it's decreasingly likely that any of them will develop Ebola. Second, for the nurse who is now hospitalized, there was

one and only one contact. That is a representation of what happens when you do active monitoring, when you do contact tracing, and when you encourage people to come in for care promptly. In the first patient who had Ebola in the U.S., 48 potential contacts, in the second one potential contact and that individual had contact before the nurse was severely ill, the nurse is not severely ill now, and generally people are not highly infectious at that point. So we will hope he does not develop infection. Third, since the nurse did develop infection we can't rule out that other people who cared for the individual, the first patient, the index case, had exposure. Our teams have been working very hard to cast a wide net and identify everyone who might have been exposed in that circumstance. That includes anyone who went into the room. And that includes people who might have handled specimens of blood that were taken from him. At this point the team has identified 76 individuals who might have had exposure to the index patient. Of those 76 individuals, all will be monitored for fever or symptoms on a daily basis actively. I know it's in the media, and there are several of those individuals who have been concerned about their health and have come in for care and been evaluated. Dr. Laky will outline the results of those evaluations. I will share with you that it's very anxiety provoking to have been, had a potential exposure to Ebola. When I got back from West Africa I had gone into Ebola treatment units and let me tell you, every time I had the slightest sore throat or headache I was concerned and that's what we want health care workers to do. Be concerned about their health if they are in this group of 76 individuals and if so come in for care rapidly so that you can be assessed. We would much rather see a false alarm than someone who lets their illness go on for a day and potentially get sicker and potentially exposes others. So that's the system as it should work. We want people to come in if they have any symptoms. Given that there was one patient, the second patient, the nurse did get infected. It's possible we will see other people become ill. We hope that won't be the case, and I don't want anyone to take out of this that there were 76 exposed people. There were 76 people who had some level of contact, and, therefore, are being actively monitored. So, I'll stop there and turn it over to Dr. Lakey for details of those individuals and anything else you would like to say. David?

DAVID LAKEY: Thank you, Dr. Frieden. Good afternoon everyone. It's been 14 days since our first case of Ebola was diagnosed in the United States. We've had a very busy time here. Since the passing of Mr. Duncan we have unfortunately had one additional case, and we know that's one too many and we knew that was a possibility, and if she's listening, again, we're thinking about you and doing everything we can to make sure you get the treatment that you need. We are a force here on the ground here in Texas to make sure this is contained. We have state leadership here on the ground in Dallas, teams from the CDC, the hospital and local partners all working together to confront this. Health care workers are understandably worried and our top priority is their safety and the health of everyone in Texas. I had opportunity yesterday to go to the hospital and talk in detail with the team that is there on the ground at Presbyterian Hospital. Our team consists of, the CDC, individuals from the state, and state epidemiologists from the local health department. We're fortunate to have two nurses from Emory here on the ground and working in concert with the hospital. They are looking at every detail of infection control, and truly they have the best national and international experts here on the ground at the Presbyterian. The group of people originally identified as contacts, the 48 individuals have passed the critical period as Dr. Frieden outlined and they are doing else. Obviously we need to continue to monitor them, but the good news is that they continue to do well. The one close contact of the health care worker

diagnosed this weekend is also doing well and has no symptoms. That person is being actively monitored. We're also caring for and monitoring the health care worker's dog and that's going well. We're actively monitoring a group of health care workers as Dr. Frieden noticed who were previously self-monitoring and had contact with Mr. Duncan, but they are doing well. If symptoms are detected those individuals will be isolated and very likely will be tested for Ebola. We really do want to air on the side of caution. When people exhibit symptoms they are identified extremely quickly due to the vigilante monitoring and I want to assure individuals no additional cases of Ebola have been detected. We understand that there's a lot of anxiety among workers and we want to calm their fears and to attack a case as quickly as possible and we will quickly announce any positive results. We're committed to giving you that information. So we have a large number of individuals now under active surveillance, but that seems to be going well due to the partnership between the federal government, the state government and the local government working with hospital. We're all very committed to fighting Ebola here in Dallas and it's our singular focus with experts across the state and country. So with that, Dr. Frieden, I would like to hand it back over to you.

TOM FRIEDEN: Thank you and we'll now take questions starting with in the room.

SABRINA TAVERNISE: Sabrina Tavernise, New York Times. How many of the 76 were healthcare workers? Do we know?

TOM FRIEDEN: Those are all health care workers. All of the people exposed to the second patient were health care workers except the one close contact I mentioned.

SABRINA TAVERNISE: So —

TOM FRIEDEN: I said that wrong. The 76 were all exposed to — let me say it again so we get it all right because there are a lot of numbers and let's get them straight. First off, the first patient, the index patient, before he was hospitalized had exposures or potential exposures to 48 people. Second, once he was hospitalized there were at least 76 people who might have come in to contact with him or his blood and who are being monitored now. We may identify a few more people as we go through records and identify other information, but that's the number who may have participated in some way in the care of the index patient. There's also one individual who was exposed to the second patient before she was isolated.

JANICE MCDONALD: Janice McDonald, ABC. We understand that each hospital has to be able to diagnose an Ebola patient, but once they are diagnosed why not then transfer them to one of the high level containment centers.

TOM FRIEDEN: We're absolutely looking at all of the options, looking at the possibility of transferring patients when necessary and that's one of the things that the Ebola response team would consider.

DOUG STODDART: Doug Stoddart with NBC news. It's my understanding that the nurse that was infected had received her certification about critical care about two months ago. Are you comfortable with that level of experience treating Ebola patient?

TOM FRIEDEN: I think what we, what we are dealing with is a disease that's unfamiliar in the

U.S., and caring for Ebola can to be done safely, but it's hard. And we want to make sure that the protocols that we have and the support we have for health care workers are there on the ground so we can assist. And, you know, I've thought often about it. I wish we put a team like this on the ground the day the patient, the first patient was diagnosed. That might have prevented this infection. But we will do that from today onward with any case anywhere in the U.S. On the phone?

OPERATOR: Thank you on the phones. If you would like to ask a question press star one and record your name clearly. To remove yourself from the queue press star two. One moment, please. Our first question comes from Meg Tirrell with CNBC. You may ask your question.

MEG TIRRELL: I'm wondering, are you concerned about health care workers feeling safe and well prepared on the job, concerned at all that folks will be afraid to come to work

TOM FRIEDEN: We are concerned if health care workers are afraid to come to work or patients afraid to go to hospitals or healthcare settings, we could see wider healthcare impacts. That's why it's so important we focus on what will work here. We know how to stop Ebola. We know that care has been provided in hospitals throughout Africa without infections. But we know it's hard. We know that a single breach can cause an infection. We know a single slip can cause an infection. That's why we're looking at every aspect of the procedures so we can make them safer and we're empowering health care workers with information because when you're concerned about something, when you're worried about it, I find it's always helpful to get more information about it so you can understand it more fully. When we understand that Ebola doesn't spread from someone who doesn't have symptoms that helps us understand where the risk is. If health care workers get the fact that they have to take a travel history from anyone with fever, signs of infection that gives them the tools to protect themselves. And for the health care workers caring for the nursing Dallas, concrete information on what they can do to keep their risk to the absolute minimum can address that fear and keep us able to respond to the needs of the community. Next question on the phone.

OPERATOR: Thank you. Our next question comes from Miriam Falco with CNN Medical News. You may ask your question.

MIRIAM FALCO: Hi. I want clarification and a question. Did you say the 48, of the 48 people who were in contact with the index patient because of they are past the two-thirds, past 14 days that they are unlikely to get Ebola?

TOM FRIEDEN: Yes. Two-thirds of the incubation period is far more than two-thirds of the risk. Most cases happen within eight to ten day window. We put it up to 21 days to be on the safe side. Doesn't rule out there could be cases among those individuals, but it would be unusual. Your question?

OPERATOR: Thank you. Our next question comes from Jackie Bischof with News Week. You may ask your question.

JACKIE BISCHOF: I would just like to find out what, if anything, the CDC has learned from the response to the outbreak in West Africa by organizations like Doctors Without Borders?

TOM FRIEDEN: We work very closely with MSF, Doctors Without Borders. In fact we have undergone and participated in and replicated their training course here. We worked side-by-side with them in Africa. We have a very close partnership and relationship with them. One of the challenges is that the African environment and the U.S. environment are different in terms of health care. So things that are done routinely in Africa in Ebola wards aren't necessarily transferrable to the environment in the U.S., but, we think that they do a terrific job and we work very closely with them. Next question on the phone.

OPERATOR: One moment, please. Next question comes from Jack Fink with CBS 11 Dallas. You may ask your question.

JACK FINK: Thank you, everyone. Appreciate it. I wanted to find out have you been able to identify the breach in protocol that led to the nurse getting infected? How crucial is that and exactly how are you going about figuring that out?

TOM FRIEDEN: We have not yet identified a specific interaction that resulted in the exposure and infection of the nurse. The way we do that is to review in great detail everything that occurred. She's been terrific at assisting our investigators in going through the steps so we can all try to learn together how to keep health care workers safer against the virus. It's something that we don't always come to a conclusion, but we always identify things that we can do to improve the process and improve the safety of health care workers there. Dr. Lakey, anything you would like to add to this?

DAVID LAKEY: I don't think so, Dr. Frieden. Again, the patient has been working with the team, looking at the procedure. There's no specific error that has been identified. We're looking very closely at the protocols and how we can maximize the ability to contain the virus. There's been no identified item at this time. Thank you.

TOM FRIEDEN: Thank you. Next question on the phone.

OPERATOR: Our next question comes from Alice Park with Time. You may ask your question.

ALICE PARK: Hi, thank you. Dr. Frieden, you mentioned that you have now since wondered whether you should have sent a team immediately when Mr. Duncan was diagnosed. Can you talk a little bit about why that wasn't done then?

TOM FRIEDEN: We did send a team. We sent superb epidemiologists. We assisted Texas with the contact tracing, with the investigation, with monitoring of all aspects of the response. We did not — we did send some expertise in infection control, but I think we could in retrospect with 20/20 hindsight we could have sent a more bust inspection control team and been more hands on with the hospital from day one about exactly how this should be managed. Ebola is unfamiliar. It's scary. Getting it right is really, really important because the stakes are so high. So, some of the things that a hospital might do that they might think would make things more safe might end up making them less safe such as using additional layers of protective equipment. I think when we look back, yes, we definitely should have put an even larger team on the ground immediately and we will do that from now on any time there's a confirmed case. Next question on the phone.

OPERATOR: Thank you, our next question comes from Chris Perez with the New York Post. You may ask your question. Please check your mute feature. We'll go on with the next question. This question is from Leonor Ayala with Telemundo network. You may ask your question.

LEONOR AYALA: My question has to do with the four hospitals in the U.S. that specialize in treating the highly contagious diseases. Why are there only four of these bio containment units? And as a follow-up, you said if necessary you would transport a patient to one of these specialized hospitals. Can you explain the procedure or protocol for that transport?

TOM FRIEDEN: So the hospitals that have specialized rooms or specialized facilities were created because of the risk that there might be a new pathogen not Ebola, but something that is unknown and we don't know how it spreads. That's why at CDC and other parts of the federal government we supported the creation of units that would be particularly suitable to unknown diseases. Ebola can be cared for in hospitals as long as there is a core set of training facilities and oversight in place. In terms of transport, we've transported patients from Africa. It's a lot easier to transport patients around the U.S. In the room are there other questions? Okay, well back to the phone now with two last questions.

OPERATOR: Thank you. Our next question comes from Kyle Mazza with UNF News. You may ask your question.

KYLE MAZZA: Thank you for taking my call. Dr. Frieden, some are confused on the way some have recovered from Ebola and how some have died from the disease. Even though there's no vaccine do you know, Dr. Frieden, according to your knowledge why some people survive the disease and others do not?

TOM FRIEDEN: We're not sure of all the reasons why some people do better than others, but we know people who are healthy going into the infection are more likely to come out of it. We know health care, standard medical care can make a really big difference and at least double the likelihood that a patient will survive. Helping a patient's fluid balance, replacing electrolytes that are lost is excellent medical care. It can be given. It is being given in the hospital at Dallas as needed and this something that can make a really big difference. There are also experimental treatments that may or may not help and will be considered for that individual up to the patient and the treating physicians to make that decision. Last question on the phone.

OPERATOR: Thank you, the last one from Craig Schneider with Atlanta Journal Constitution. You may ask your question.

CRAIG SCHNEIDER: Hi, Dr. Frieden thanks for taking my call. I wanted to get a sense as to what degree the team, you've been talking about, has been sent over to Emory in Atlanta, or if there already is one at Emory, if that has become the model of what you're going to be putting together for elsewhere?

TOM FRIEDEN: Both Emory and the hospital in Nebraska have very sound protocols and now have experience treating Ebola patients. We're reaching out to them and as you heard earlier two nurses from Emory are on site in Dallas helping them. These are two facilities and

we all are working together to learn what works best, what's most practical to stop Ebola in the hospital. Before I make any concluding remarks Dr. Lakey, would you like to say anything?

DAVID LAKEY: Thank you, Dr. Frieden. Again, I really do appreciate the teamwork, the support from the federal government and the response right now, and in Dallas. The epidemiologists are working really hard to map out who needs to be monitored, monitoring those individuals and the hospital is working really hard to make sure a patient gets the best care possible. We're doing everything we can do to ensure that this does not spread further from the individual that is currently infected and anybody that's already been exposed and doing everything we can do to assure no other individuals are exposed here in the state of Texas. Thank you very much.

TOM FRIEDEN: Thank you and just to wrap up. First, we're focusing on Dallas, supporting the patient, supporting the hospital, and minimizing the risk that there would be any further exposures with a very robust expert team on the ground working around the clock with the hospital and the public health team there. Second, we're increasing our education and information to health care workers throughout the U.S. We are also initiating an immediate response team from CDC to any future case of confirmed Ebola in the U.S., so we will be there hands on within hours helping the hospital deal with the situation if there is another case. And third, we're continuing to follow up with Dallas on contact tracing identifying everyone who may be at risk so that the same kind of decrease from 48 to one in the number of contacts can be continued if there are any further cases. Thank you all very much for your interests.

OPERATOR: Thank you this concludes our update on the Ebola response for any media who have additional questions they are welcomed to call us at 404-639-3286. Thank you.

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