CDC Press Releases

CDC Telebriefing: CDC update on first Ebola case diagnosed in the United States, 10-08-2014

Press Briefing Transcript

Wednesday, October 8, 2014, 4:00 p.m. ET

- Audio recording[MP3, 8.0 MB]

OPERATOR: Your lines have been place on a listen-only mode. During the question and answer session, you may press star 1 to ask a question. Today's conference is being recorded. If you have any objections, please disconnect the line. I'll turn the call over to Dr. Barbara Reynolds. You may now begin.

BARBARA REYNOLDS: Good afternoon. You're joining CDC's briefing on our Ebola response update. You'll be hearing from two speakers today and then we'll take questions. Could i please ask for those who are going to be asking questions in the room that you wait for the microphone so that we can hear that question. Our first speaker today is CDC director Tom Frieden.

TOM FRIEDEN: Thank you very much and good afternoon. Today we are deeply saddened by the death of the patient in Dallas. Despite maximal interventions, we learned today that he passed away and our thoughts go out to his family and friends. He is a face that we associate now with Ebola. Since the start of the epidemic, 3,742 patients in West Africa have been documented to have died from the disease. We don't have their faces as prominently in front of us, and we know that even more people have been affected. So we think about this and we remember what a deadly enemy Ebola is and how important it is that we take every step possible to both protect Americans and stop the outbreak at its source in Africa. One of the things we do to protect Americans here in the United States is to improve our preparedness in our health care system. The three key steps are first thinking of the possibility of Ebola and identifying who may have the disease so that, second, they can be rapidly tested and, third, effectively isolated. That's crucial for our response and identification; diagnosis and safe care of anyone who may have Ebola needs to be top of mind right now for health care providers throughout the country. We have provided by detailed national should be available to every front line health care worker about how to address a patient who may have Ebola. Anyone with fever should be asked if they have been in West Africa, specifically guinea, Sierra Leone

and Liberia in the past 21 days and, if so, rapidly isolated, fully assessed and, if appropriate, tested for Ebola. We provide something called health alert networks which reach hundreds of thousands of health care workers. We do webinars; we reach out to professional associations, hospitals, emergency department associations, medical associations, and many others, so that we can ensure that the available information is up to date and useful. Right now, the bottom line of what we're talking about today is that we're stepping up protection for people coming into this country and for Americans related to travel. We will continuously look at ways that we can increase the safety of Americans, and we do that at many different levels. We do that in Dallas where officials there are working intensively to monitor every person who might have had contact with the index patient to ensure if they do develop fever they're immediately isolated and the chain of transmission can be broken. We do that in our health care system with the kind of outreach i have described so that patients will be rapidly diagnosed and, if found to have Ebola, rapidly and effectively isolated. We do that at the source, understanding that until this outbreak is over in West Africa, whatever we do can't get the risk to zero here in the interconnected world that we live in today. And we do that through entry and travel programs, including the efforts that we undertake in West Africa and some that will be described in more detail later in this briefing. I think before turning it over to the deputy secretary Alejandro Mayorkas from the department of homeland security i would like to emphasize the basic principle we use while looking at intervention. Protecting Americans is our number one priority. Second we make sure that whatever we do is something that works, that we evaluate, and that we can think of ways that we can continuously improve. Third, we recognize that whatever we do until the outbreak is over in West Africa, we can't get the risk to zero in this country. That's why we continue to surge the CDC response in West Africa and the whole of government U.S. response in West Africa and, in fact, the international response where we're seeing hundreds of health care workers, hundreds of millions of dollars and intensive effort deployed in the three countries most heavily affected. And finally, as we say in health care, above all, do no harm. We have to be sure that whatever we do doesn't intentionally increase the risk that we will be at risk. Just to remind us of what happened a decade ago in the SARS outbreak. The SARS outbreak cost the world more than $40 billion but it wasn't to control the outbreak. Those were costs from unnecessary and ineffective travel restrictions and trade changes that could have been avoided. What we want to do is ensure that we don't undermine our ability to stop the outbreak at its source and unintentionally increase our risk here. So to outline some of the new measures being taken and review some of the measures that are already taken, I'll turn it over now to deputy secretary Mayorkas.

ALEJANDRO MAYORKAS: Thank you very much, Dr. Frieden. The department of homeland security is focused on protecting the air traveling public and is taking steps to ensure that passengers with communicable diseases like Ebola are screened, isolated, and quickly and safely referred to medical personnel. We have implemented a range of measures to ensure a layered approach. To date, the existing measures in place include issuing "do not board" orders to airlines if CDC and the department of state determine a passenger is a risk to the traveling public. Two, providing information and guidance about Ebola to the airlines. Three, posting notices at airports to raise awareness about Ebola. And, four, providing a health notice commonly referred to as a care sheet to travelers entering the United States that have traveled from or transited through the affected countries with information and instructions should there be concern of possible infection. We are announcing, we have announced today

enhanced measures, specifically the enhanced screening will consist of targeted questions, temperature checks, and collection of contact information of travelers from the three affected countries entering the United States at five airports — JFK, Newark, Dallas, Chicago O'Hare, and Atlanta. Customs and border protection officers by way of background, the CBP officers observe all passengers for overt signs of illnesses through visual observation and questioning as appropriate. For those entering the United States at all ports of entry. In addition, moving forward all travelers arriving to the five airports i identified in the United States from Liberia, Sierra Leone, and Guinea will undergo the enhanced screening measures. They will answer targeted questions about whether they have had contact with Ebola patients. We will collect additional U.S.-based contact information should CDC need to contact them and finally we will take their temperature with a non-contact thermometer which can be a key indicator of potential infection. We are taking these additional measures in a dynamic environment to ensure a layered approach and that we take the security measures that we assess to be needed right now. With that, Dr. Frieden, I'll turn it back.

TOM FRIEDEN: Thank you. And before opening for questions I would just recap that starting at JFK on Saturday and at the four other airports that were mentioned in the following week — and that was Dallas, Newark, Chicago, and Atlanta — these five airports represent about 94 nearly 95 percent of all of the 150 travelers per day who arrive from these three countries. The department of homeland security, CBP, customs and border protection will be implementing a new detailed questionnaire as well as a temperature taking and providing information to each traveler. If any travelers are found to either have a fever or have history of contact with Ebola then the on-site Centers for Disease Control and Prevention public health officer will further interview that individual, assess the individual, and take additional action as appropriate. Now, I want to really emphasize that this is stepping up protection. It's going to find people with fever or contact who don't have Ebola. In fact, we know that over the past couple of months about one out of every 500 travelers boarding a plane in West Africa has had a fever. Most of those had malaria. None of those as far as we know have been diagnosed with Ebola. So we expect to see some patients with fever and that will cause some obvious and understandable concern at the airports. I would like to spend a minute just talking about malaria, because it is so important to understand how it's relevant here. Malaria is spread by mosquitos. You can't get it from somebody else and malaria is a disease which, in West Africa, is extremely common. It's also a disease which traditionally has been known in health care as a fever that comes and goes. So it may come for 48 hours and then go away in cycles of every two or three days. The species of malaria in this part of the world, it comes back every two or three days. So it would not be surprising if we saw individuals with malaria have a fever after coming back here. And that might be common presentation among those who have fever, if any such people are identified. This is why; incidentally, we strongly encourage Americans traveling to areas of the world that have malaria to take preventative medications which are highly effective at preventing malaria. What we would do in this situation is a clinical assessment and an exposure assessment. If appropriate, we would then hand that individual off to either the local health care system that might need to assess and isolate the individual and test them and we would facilitate that, or to the local public health system which would — if the person is actually a contact take appropriate action to at a minimum ensure that their temperature is taken every day for 21 days after the last exposure. So just before taking questions I would reiterate what we're doing is stepping up protection. We will evaluate the new measures and start them on Saturday at JFK and other the coming

week at the four other airports i mentioned. We will evaluate this experience. We're always looking for ways we can better protect Americans. Thank you and we'll start with questions in the room. Just wait for the mic, thank you.

REPORTER: Dr. Frieden, there are critics out there saying even with these enhanced efforts that people will fall through the seams, that it won't be enough. Will these efforts be enough to protect the country, to protect other people from Ebola?

TOM FRIEDEN: What we're doing is putting in additional protections. We've been very clear that as long as Ebola continues to spread in Africa, we can't make the risk zero here. We wish we could. We wish there were some way that we could make it zero here. And i understand there have been calls to ban all travel to West Africa. The problem with that approach is that it makes it extremely difficult to respond to the outbreak. It makes it hard to get health workers in because they can't get out. If we make it harder to respond to the outbreak in West Africa, it will spread not only in those three countries but to other parts of Africa and will ultimately increase the risk here. That's why the concept of above all doing no harm is so important. Next question in the room.

REPORTER: Hi. I'm wondering what other times that such screening might have been conducted at airports and, if so, how effective is this actually at finding sick people?

TOM FRIEDEN: We have looked at different screening methods at different times. The thermometers that are used are highly effective. They're FDA approved; they're approved for use in U.S. hospitals, they don't require touching the patient and they give a reliable result. Deputy Secretary Mayorkas, is there anything you'd like to say about prior events?

ALEJANDRO MAYORKAS: I do not believe so, Dr. Frieden, thank you.

TOM FRIEDEN: Next question in the room.

REPORTER: What's the legal authority that the federal government has to hold American citizen if they need to be quarantined. And there have been some public health experts that have said it's looking like a needle in the haystack and the effect of what's happening is to calm the public panic about people that — that the risk, that the actual usefulness of catching somebody with it is pretty low but that the real effect is to calm people down, basically.

TOM FRIEDEN: I'll make a couple points and turn it over to deputy secretary Mayorkas. The first point is that the number of travelers is relatively small. We're talking about 150 per day. So it's not an effort that would be particularly disruptive to large numbers of people. We think it's manageable. And in terms of the legal authorities, both within the public health and within the border efforts, there are legal authorities. In public health most fundamentally there's a right to protect the public and we can do that by isolating individuals who may be infectious and may be a risk to the public. Mr. Mayorkas?

ALEJANDRO MAYORKAS: Thank you, Dr. Frieden. I would just amplify that response. Indeed in our screening we have the authority to take measures with respect to U.S. citizens as well as non-citizens to ensure that the public safety or security is not threatened. That is in

the public health arena just as it is in the national security arena. Thank you.

TOM FRIEDEN: We'll go to the phone for the next question. I'll take a few from the phone and come back to the room.

OPERATOR: Our first question today is from Jon LaPook with CBS News.

JON LAPOOK: Hey, Tom. How are you? Here's my question. The CDC has said that really all we need are face masks, gowns and gloves in order to be adequately protected but then you see these big hazmat suits and I'm wondering if, ironically, any consideration is being give on the possibility that these clunky suits are actually increasing the risk of inadvertent contamination because in taking them off somebody can actually get contaminated.

TOM FRIEDEN: Thank you, Dr. Lapook. There is definitely a balance here. The more cumbersome personal protective equipment is, the greater the possibility that there will be a problem. For example, in West Africa, we have seen needle sticks with clean needles but through infected or — not infected but potentially contaminated gloves. It's difficult to work in more cumbersome personal protective equipment, and that's why we're looking at many practical approaches that will still be safe. We recognize that there's understandable concern with the infection in Spain, with the infections in West Africa to make sure that our health care workers are safe, and that's why CDC has infection control experts who work intensively with any facility that is concerned about or has a patient with Ebola. Next question on the phone.

OPERATOR: Our next question is from Sean Robb from FOX News.

SEAN ROBB: Thank you for taking my call. My question, doctor, you may have explained this in a previous conference call. Explain to us whether Thomas Duncan was eligible to receive blood plasma from Dr. Brantley.

TOM FRIEDEN: Specific questions about the care of the patient who died in Dallas would have to be referred to the hospital there. I would just remind us that Ebola, even with the best of treatment, is a terrible disease and is fatal in a high proportion of cases and we encourage rapid and early diagnosis because the earlier someone is diagnosed, the more likely they will be to survive. In the room.

JOSH SHIREK: What information can you tell us about a possible second Ebola patient in Texas? Do you know whether this person was in contact with Mr. Duncan? Was he one of the people you've been watching? Was he also, perhaps, recently in West Africa?

TOM FRIEDEN: My understanding, and this is kind of recent information, but we will get definitive information in the next few hours, is that there is someone who does not have either definite contact with Ebola or definite symptoms of Ebola who is being assessed. And you know what we expect is that as people are more concerned, has there's a higher index of suspicion people will be assessed, there will be rumors and concerns and potential cases. And that's as it should be. We should just keep in the perspective. Right now, there's only one patient who's ever been diagnosed with Ebola in the U.S. and that individual tragically died today. We are tracing the other — the 48 people, ten with definite and 38 with possible contact. None of them as of today has had fever or symptoms suggestive of Ebola. But we

recognize we're not out of that 21-day waiting period and we're actually at the peak incidence period of eight to 10 days so it's certainly time when we're anxious and carefully assessing.

[inaudible]

TOM FRIEDEN: We'd have to get back to you on that. My understanding is that he had neither definite contact nor definite symptoms suggestive of Ebola. Next in the room.

NOAM LEVEY: I'm with the "Los Angeles Times, given the demand for manpower and supplies in West Africa, are there critical resources that are being diverted for the screening process that could perhaps be better utilized on the ground in West Africa or elsewhere?

TOM FRIEDEN: The screening program here is not diverting from or in any way undermining our efforts in West Africa. Temperatures will be taken under the supervision of customs and border protection. CDC already does staff quarantine stations. We'll need to add a small number of additional staff to provide 24/7 coverage at these five airport and it's in no way going to make it more difficult for us to stop the outbreak in Africa. In the room.

REPORTER: Earlier you talked about the added level of screening includes checking temperatures. But if the symptoms don't show up for potentially 21 days, how does that help?

TOM FRIEDEN: We're looking at every layer that can be put in and we're assessing different possibilities for what can be done. One of the issues that's quite important is the information that's provided to travelers who arrive in this country. And that's provided in West Africa, it's provided by here through the CBP entry station, through information to individuals entering here. And that's one of the areas that we'll be looking at closely in the coming days. Next question in the room.

REPORTER: Could you describe where the decision to do this additional screening at airports came from? Did it originate in homeland security or with the CDC or in the white house first? I ask because i know you were critical of taking this step a week ago. And second, can you tell us a little bit more about the quarantine facilities? Will they be at each of these airports? Will the staffers testing temperatures and asking these questions, will they be wearing protective gear?

TOM FRIEDEN: I'll start and ask Deputy Secretary Mayorkas to continue. I have said consistently that we will do whatever is effective to protect Americans. This is a whole of government response. It's a whole of government response in Africa and it's a whole of government response here. And we look carefully to see what we can do and what we can do most effectively to protect Americans. Deputy secretary?

ALEJANDRO MAYORKAS: I would echo — thank you, doctor. I would echo Dr. Frieden's remark. This has been a collective effort across the administration to respond to this outbreak of Ebola in West Africa. The individual customs and border protection officers will not be wearing masks. That has been the medical assessment of the need right now. Thank you.

[inaudible]

TOM FRIEDEN: Yes, there are quarantine stations in each of these airports.

JONATHAN COHN: Hi Jonathan Cohn from the New Republic. You said that we can't eliminate the threat to the United States until we take care of the outbreak overseas. Can you speak to a second for the state of the international response? What is the resource situation there? What needs to happen to stop the outbreak that isn't happening already?

TOM FRIEDEN: We're seeing surging in of resources into the country, into each of the three countries. And what CDC is doing is now surging out to each of the counties and districts within the countries. These are three countries that have three different epidemics. Liberia has had the most extensive epidemic so far. There have been in some areas of Liberia some decreases in recent weeks, but we don't know whether those will hold. In Sierra Leone we're continuing to see increases in cases that are very concerning. Guinea has seen increases and decreases and we're monitoring that very closely. We've seen a greatly strengthened response from the World Health Organization and the United Nations. We've seen many other countries stepping up, including the United Kingdom. If you look in Sierra Leone and if you look at our efforts just as an example through laboratory work, CDC operates several of the essential laboratories in these countries, but in addition the United Kingdom, South Africa, Russia, China, Canada, the European Union, and I'm probably leaving out a few, they also do laboratory work. So there has been really a strong international response. The challenge is how rapidly the disease is spreading. But we are seeing in West Africa some signs of progress. For example, we're seeing more safe burials in Liberia. USAID has contracted with an organization that's expanding throughout the country to provide safe burial services. We're working closely with communities to do that and to increase isolation and treatment capacity. So I think we're beginning to see that kind of surged response have an impact on the front lines, but it's going to be a long, hard fight and in West Africa we're far from being out of the woods.

[inaudible]

TOM FRIEDEN: There has been a major effort from the U.S. and other partners. We hope and expect to see more resources coming in from countries around the world matching the kind of leadership that the U.S. is showing. Right now, the biggest challenge is getting the resources needed to the front lines where they're most needed. We'll go to the phones for a few questions.

OPERATOR: Our next question is from Marilynn Marchione with the Associated Press.

MARILYNN MARCHIONE: Hi, thanks very much. I wanted to ask about the situation in suburban Dallas. Dr. Frieden, you said the person does not have definite contact with Ebola or definite symptoms. Did he or she have possible contact and was this person among those you were tracking already? Is CDC involved in this case?

TOM FRIEDEN: You know, since it's an emerging situation I really would have to refer you to Dallas. Often in situations like this, information may change from minute to minute. But I would just reiterate what I said earlier. We don't have a concern for symptoms consistent with

Ebola or for definite contact as far as everything that I have learned up to a few minutes ago. Next question on the phone.

OPERATOR: Our next question is from Leonor Ayala with Telemundo Network.

LEONOR AYALA: My question is more regarding air travel and the new procedures for the five different airports. Is there a special procedure that — or any guidance giving to the airlines when thinking about cleaning an aircraft that has just arrived from West Africa? Is that a necessary precaution to take? And if so, can you explain what the airline should be doing in that regard?

TOM FRIEDEN: CDC has detailed guidelines and works very closely the airline industry. There are guidelines, if there were to be a patient potentially with Ebola for enhanced cleaning of the airplane. Deputy Secretary Mayorkas, is there anything more that you would like to add?

ALEJANDRO MAYORKAS: I do not, thank you, Dr. Frieden

TOM FRIEDEN: In the room then? Let's go to people who haven't asked questions.

SARAH WHEATON: Sarah Wheaton with Politico. You noted that earlier diagnosis increases the chances of survival. So given the delay in the diagnosis of the Dallas patient, did that lead — did that contribute to his death? And also, it's still ambiguous what the communication failure was at that hospital and so how can Americans be confident that other hospitals are not going to make the same mistake?

TOM FRIEDEN: I can't comment on what might have happened with an individual patient, but one of the things that we're working hard to promote now is ensuring that doctors and nurses, pharmacists, health care workers throughout the health care system think Ebola in anyone who has fever and ask whether they have been in West Africa in the past 21 days. That's really important because that will help us ensure that if there is another patient who arrives; they're rapidly identified for their own sake, for their care and the community's sake to isolate them promptly.

CALEB HELLERMAN: Caleb Hellerman, CNN. Just following up on Marilynn's question a bit. We've heard a little bit about who this person is in Frisco, Texas. Just to clarify the 48 people who contacted, either high or low risk, are all 48 of those, are they being monitored with a personal in-person temperature check so if this person was not one of them they would not be getting those checks? Is that fair to say?

TOM FRIEDEN: In Texas, very intensive work has gone on to identify everyone who had — appears to have had definite contact with the index patient and everyone who might have had contact with the indexed patient. That identified ten people with definite contact and 38 in whom contact could not be ruled out. For those 48 people, every one of them has been identified, monitored everyday with someone from the public health system measuring their temperature with an accurate device. None of them have had symptoms. None of them have had fever. There have been rumors and concerns of other contact or other cases, none of those have panned out. I understand there's a situation now that's being assessed. Again,

the latest information we have is no definite contact, no definite symptoms.

KELLY MURRAY: Kelly Murray, CNN Money. Two questions. One is that Duncan didn't have a fever when he was questioned and he lied about his contacts so would our screening process now be effective in catching him today? And second of all, can you talk a little bit more about what cost the $40 billion in the SARS epidemic and what we're doing to prevent that type of needless problem today?

TOM FRIEDEN: So it is true that the index patient when he left Africa didn't have a fever and we think he didn't have a fever when he arrived here. He became sick four days after arrival. These additional questions may have identified him as a contact interviewed by CBP, Customs and Border Protection, after arrival in the U.S. We're looking at every step that can be taken to increase the likelihood that if somebody arrives and develops Ebola they will be rapidly diagnosed and isolated. In terms of the costs of SARS, many of those costs were related to people cancelling travel, to trade restrictions or to trade that didn't occur and I have to say, I've spoken with business leaders who've emphasized to me that there's so many misconceptions about Ebola that they're already seeing things like a reduction in investment in parts of Africa that are not in any way, shape, or form involved in the Ebola outbreak. So we're concerned that if we don't ensure that we focus on what works and do that well, we may have that same kind of unnecessary and counterproductive cost here. On the phone, please.

OPERATOR: Our next question is from Anna Almendrala from Huffington Post.

ANNA ALMENDRALA: Hi. I wanted to ask a question about the difference in care between Thomas Eric Duncan and Kent Brantley but I think you've already addressed that you're referring those questions to hospitals, is that correct?

TOM FRIEDEN: Yes, I would just comment that each patient's situation is different. Unfortunately ZMapp, which is a promising, but unproven experimental treatment for Ebola, is not available. There is, as far as we understand, no more of it in the world. And while people are working hard to manufacture more, it takes a long time to develop. Other medications, it's really up to the treating physicians and the family whether or not to use. So that's all I would have to say at this point. Next question on the phone.

OPERATOR: Our next question is Jack Nicas from Wall Street Journal

JACK NICAS: Hello. Are these announced measures the extent of the new screening protocols or is there more to come? I.e., screening for outbound travelers in West Africa or further screening for those travelers or for other ports of entry here in the U.S.?

TOM FRIEDEN: First off, screening of outbound travelers is already under way, has been for some time. Every person leaving that has their temperature taken with an FDA-approved device. Every person leaving is monitored for fever and over the last two months we have identified 74 with fever and three others with symptoms that resulted in them not boarding the planes. So outbound travel is being monitored now. We're always looking at all of the programs that were implemented to see how they can be better or more effective. One of the things that we'll be looking at in the coming days is how this pilot goes or how this program

goes starting in JFK and rolling out to the other four airports and thinking about what else can be done as we continuously work to increase safety of the American people.

JACK NICAS: Okay, thank you. One follow-up. You mentioned yesterday, I know you've done screenings of outbound travelers but you mentioned maybe strengthening those outbound screenings. And one other quick follow-up. How will passengers to be screened be identified? Particularly if a traveler's original flight out of West Africa is a separate booking from their U.S.-bound flight? That means the original flight won't show up on itinerary data provided to CBP.

TOM FRIEDEN: Deputy Secretary Mayorkas, would you like to respond?

ALEJANDRO MAYORKAS: Yes, thank you very much, Dr. Frieden. And if I can just add something in response to the immediately preceding question that we are working very closely together across the administration and we will continue to assess the risk of the spread of Ebola into the United States and take additional measures as necessary to protect the American people. I think it's very important to emphasize a — the point that Dr. Frieden made which is we are continuously assessing the situation and taking the measures that we deem necessary. We have in our screening capabilities the ability to identify individuals' travel not only with respect to the last point of departure, but the point of origin. And so that we can, in fact, identify the full journey of the individual arriving in the United States. Thank you, doctor.

TOM FRIEDEN: In the room?

WENDY CORONA: Yes, hello, Wendy Corona with WSB-TV. My question to you is the goal has always been to stop the outbreak at the source. We're seeing that that is not the case anymore. Ebola was identified originally decades ago. What can you tell us then? Is this a new day for the U.S.? Is Ebola here in essence as one of our viruses and diseases that we need to keep an eye on?

TOM FRIEDEN: We have stopped every Ebola outbreak until this one. This is an unprecedented outbreak in West Africa. We're surging the response with a whole of government approach from the U.S. and the global community. It's going to be a long, hard fight, but we remain convinced that we can contain the outbreak in West Africa. If we fail to do that, then it would be a very different situation because it could spread to other parts of Africa and could be a longer term risk to us here now. But as of today, the only patients with Ebola in the U.S. are in hospitals. The only risk is among people who have returned in the last 21 days. And it is important to put in perspective what the risks are. Ebola is scary. It's a deadly disease. But we know how to stop it and we're stopping in West Africa community by community. Dallas is doing an excellent job of tracing contacts to stop it there. And health care workers throughout the U.S. need to think Ebola in people who have fever and have returned from any of these three countries in the past 21 days. Two more questions then we're going to stop. I think, sir, you haven't had a chance.

DOUG STODDARD: Doug Stoddard with NBC news. Earlier today CDC sent out strict guidelines with handing the human remains of Ebola patients. Can you expand on the guidelines and if the CDC will be playing a role with the Dallas victims?

TOM FRIEDEN: Yes. As in Africa, we're concerned of that handling of individuals who have passed away from Ebola is a very high-risk procedure. The way Ebola works is, if you're exposed but not sick, you have no ability to pass it on to others. As you begin to get sick and off fever you may be able to pass to others and the sicker you get the higher the amount of virus in your body. When someone dies from it, there are large quantities of virus. So we have worked very closely with the authorities in Texas to ensure that respectfully and with the ability of the family to view the body, the patient, who died earlier today, his human remains will be safely removed and safely handled so that they will not present a risk to anyone in the family, to anyone in the health care system, or to anyone who's participating in the process of burial. We have one last question and that will be back to the beginning.

CHRISTOPHER KING: Christopher King with CBS 46 in Atlanta. Again, we already know about Nancy Writebol and Kent Brantley, but there was a patient who was brought here to Atlanta about a month ago. What happened to that patient and can you tell us who that patient is?

TOM FRIEDEN: We don't reveal information about individual patients. We certainly provide detailed consultation from CDC on every single patient who we find; every single patient who might have Ebola so that we can provide that expert consultation and ensure that they get the care that's available here. So just in wrapping up, I'd like to thank all of you for your interest. I'd like to remind us of the tragedy or Ebola for the patients' family in Dallas and for the thousands of families throughout West Africa that have been dealing with this terrible disease for the past six months. I'd like also to thank the Department of Homeland Security and Deputy Secretary Mayorkas for their partnership in this and for Customs and Border Protection and the commissioner there, Gil Kerlikowske, with whom we work very closely and have a very productive relationship. And remind us that the bottom line here is that we're stepping up our efforts to protect Americans, that we will always look at what works, we'll continuously evaluate it and consider what more we can do to keep Americans safe, understanding that as long as Ebola is spreading in Africa it will remain a risk here. We will do everything we can both to stop it at the source and to protect Americans here. Thank you very much.

###
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES