CDC Press Releases

CDC Telebriefing on the Update on Ebola outbreak in West Africa

Press Briefing Transcript

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Audio recording[MP3, 15.6 MB]
Telebriefing starts at the 39 minute mark.

BARBARA REYNOLDS: Thank you, Rebecca. This is Barbara Reynolds. I'm the director of Public Affairs at CDC. Welcome to the telebriefing on the ongoing outbreak of Ebola in West Africa. Our presenter is CDC director Dr. Tom Frieden. He'll have remarks and then we'll take questions from the media.

TOM FRIEDEN: Hi. This is Dr. Frieden. Let me start with the big picture. Then I will go through considerable detail about what's happening with the Ebola outbreak in West Africa. It is complex. I would be happy to take your questions and with some final remarks. The bottom line is that Ebola is worsening in West Africa. CDC along with others are surging to begin to turn the tide. It's not going to be quick. It's not going to be easy. But we know what to do. In addition, as we always do, we are taking steps to make sure that Americans are safe here. So we work with hospitals and other groups to make sure if there is a traveler with Ebola in the U.S., we would be able to contain that.

First, by way of background, Ebola virus disease is very frightening. It is frankly a dreadful and merciless virus. The current outbreak is bad. It's the biggest, most complex and the first time it's been present in this region of the world which means that response systems and community understanding of the disease is not what it is elsewhere. It's been deadly and far too many lives have already been lost. The outbreaks are occurring across many geographic areas of three countries which share a common border. That common border appears to be a, if not the, epicenter of the outbreaks.

There are two major challenges which the countries are facing in control of Ebola. The first is that many of the health systems in these countries are not highly functional. They may not reach into rural areas. Health care workers may not reliably be present at facilities and health care facilities may have limited capacities. Second, in some areas, as has been well covered by the media, there has been lack of understanding and hostility or violence against some of the groups that are trying to respond to the outbreaks.

The key priority and the key means of stopping Ebola fundamentally is by doing three things. First, finding patients. So that we rapidly identify patients, get them isolated, find out who their contacts are, keep them from spreading it to others, get them diagnosed accurately and promptly. Second, responding to cases, providing supportive care and treatment centers and preventing spread and protecting health care workers. Finding every single contact of each Ebola patient and following each of the contacts for 21 days, each day checking to see if they have fever. If they develop fever then they should go to an area where they can be kept apart from other people, tested for Ebola and, if positive, isolated and that whole cycle of identifying their contacts starts again. Third, after finding and responding, preventing future cases and that's through messages to the community and health centers, avoiding close contact with sick people or bodies, reporting suspected cases, isolating cases in treatment centers to prevent spread and for the prevention of initial spread from animals to humans, avoiding consumption of bush meat and contact with bats.

CDC is surging our response with the current challenges that we are facing. Over the next 30 days, we plan to send an additional 50 CDC disease control specialists into the three countries. These individuals will help countries establish emergency operations centers that can develop a structured and effective way of addressing the outbreak. This is being done in close collaboration with the world health organization. They will also help strengthen laboratory networks so testing for the disease can be done rapidly and patients determined whether or not they have Ebola. If they do, that whole chain of contact investigation continuing. And, third, building the capacity of individuals from within the area to do these functions for this outbreak and future threats as well.

Currently, we have staff in the region helping to track the epidemic using real-time data to improve real-time response. For example, identifying where the epicenter is, where secondary spread is occurring, understanding some of the spread events, improving case finding, contact tracing, infection control, health communication, and coordinating with WHO and ministries of health. We are also strengthening country capacity to reduce the travel of people who may have been exposed to Ebola out of the country. So this is something which each of the countries in the region has committed to doing. It's not easy to do but we will have experts from our division that does airport screening assist these countries to screen and try to ensure that people who shouldn't be traveling aren't traveling. We also provide information to travelers to the region and to health care providers in the U.S. who may be caring for people returning for the region. That includes medical consultation and testing for patients who may have suspected Ebola.

We also are today issuing a travel advisory recommending against nonessential travel to the West African nations of Guinea, Liberia and Sierra Leone because the ongoing Ebola outbreak in these countries poses a potential risk to travelers particularly if you are traveling and happen to fall ill or be injured in a car crash and needed to go to a medical facility which might have recognized or unrecognized spread of Ebola. It also supports these three countries in their abilities to preserve and improve their response to the outbreaks. It allows them to focus on control to protect the travelers who do go because we are continuing, as we are at CDC, to surge our response and send additional disease control experts to the region and humanitarian assistance continues to go in. We have had conversations with the air carriers and we understand they will continue to fly which is very important to continue to support the response and maintain essential functions in the country. The objectives of our

surge are really to improve the ability of the countries to manage the current outbreaks. And over the next 30 days we'll be deploying 50 epidemic intelligence service officers, other epidemiologists, health communication experts to the affected area.

In addition, we recognize that there will be concerns in the U.S. Ebola poses little risk to the U.S. general population. It's important to understand how it spreads. Two things that I hesitate to say are reassuring because there is little that's reassuring about Ebola, but frankly reassuring about the risk of Ebola here. First, it doesn't spread from people who aren't sick with it. If someone has been exposed but they are not sick and someone else has contact with that individual, they are not at risk of getting Ebola. Ebola is spread as people get sicker and sicker, they have fever and they may develop severe symptoms. Those symptoms and the body fluids that may be shed during that time, those are the infectious risk entities. In Africa, burial rites where people who have very large quantities of virus and have died from Ebola can be a major way of spread of a disease. But in this country, we are confident that we will not have significant spread of Ebola, even if we were to have a patient with Ebola here. We work actively to educate American health care workers on how to isolate patients and how to protect themselves against infection. In fact, any advanced hospital in the U.S., any hospital with an intensive care unit has the capacity to isolate patients. There is nothing particularly special about the isolation of an Ebola patient other than it's really important to do it right. So ensuring that there is meticulous care of patients with suspected or if we have confirmed Ebola is what's critically important.

On Monday of this week we sent out a health alert notice to remind U.S. health care workers of the importance of taking steps to prevent spread of the virus. In past outbreaks, we have been able to stop every outbreak. But it takes meticulous work. It's like fighting a forest fire. If you leave behind even one burning ember, one case undetected, it could reignite the epidemic. Difficult as it is, it can be done. I'm confident that as we make progress over the coming weeks and months, we will not only begin to tamp down these outbreaks, but leave behind stronger systems that will be able to find, stop before they spread and prevent more effectively Ebola and other health threats. This is because countries will have emergency management systems. They will have laboratory networks. They will have trained disease detectives and public health experts. We are working in this surge both to begin to get better control in these three countries and to strengthen the capacity of these countries to improve their ability to find, stop and prevent future outbreaks.

So bottom line, Ebola has been worsening in West Africa. CDC and others are surging our response to begin to turn the tide. It's not going to be quick or easy. Even in a best case scenario, it could take three to six months or more. Given the weak health care systems and the violence that some areas have seen, we are not in the best of circumstances. And we have strong measures in place to protect Americans if there is the possibility of somebody coming in with Ebola. So I will stop here. We'll turn it over for questions.

OPERATOR: Thank you. We'll begin the question and answer session. If you would like to ask a question now, press star-one. Unmute your phone and record your name clearly when prompted. I will introduce you by name. To withdraw your request, press star-two. I will take our first question. From Joel Achenbach with the Washington Post. You may ask your question.

JOEL ACHENBACH: Thank you so much. Can you tell us what you are instructing health care officials, hospitals and so on, airlines, here in the U.S. to do to be on the lookout oh potentially for patients who might be showing signs of having the sickness, of having symptoms of Ebola, if they were to show up with that?

TOM FRIEDEN: The key issue for health care providers is if someone comes in with fever or other serious illness and they have had travel within the past three weeks to any of the three countries, to think that it could be Ebola to get a detailed history, contact local health department, contact us, to isolate the patient. And then we will work with them to arrange rapid testing to see if the patient has Ebola and do a follow up. The number of travelers from these three countries to the U.S. is relatively small. Nevertheless, we want to ensure that health care providers are aware and on the alert. At the same time we are working on the other side of the equation in each of the three countries to strengthen exit screening so the likelihood of someone leaving who has been exposed is lower.

JOEL ACHENBACH: Okay. But how do you communicate this to people? Have you sent direct e-mails to different organizations? Are you tracking people who have traveled from these three countries to the U.S.?

TOM FRIEDEN: We have something called the health alert network. It goes out to a very wide range of physicians, other clinicians, health care organizations. We work with and through state and local health care organizations. We sent a health alert message Monday of this week. We'll continue to provide updated information. We do not track individual travelers. We think the most effective way to address this is, first, to work on control in the three countries. Second, to strengthen these three countries' ability to reduce the likelihood that exposed people will leave the country. And, third, by strengthening the overall systems by which health organizations in this country would think of the possibility in this case of someone coming from the region, do the appropriate isolation, testing and follow up. Next question?

OPERATOR: Thank you. Our next question comes from CNN.

CALEB HELLERMAN: Hi. Thank you for taking the question. Two quick ones. One is about the travel alert and generally that warning. You know, what kind of impact do you think that will make? I mean, how much do you think that will help? Also, there's been a lot of talk about the notion of evacuating some of the patients in West Africa. What might a patient get in a hospital in an advanced country like the United States that they may not be currently getting in West Africa given that the treatment is really very supportive?

TOM FRIEDEN: There are two different questions there. The travel alert, basically, is to avoid nonessential travel. This is a way of reducing the number of people potentially exposed from the U.S. to Ebola. Also improving the ability of the countries to focus on getting their outbreaks under control without dealing with a large number of people coming in who are nonessential. It does not relate to the multinational effort to assist the countries in controlling the outbreak. In fact, as I mentioned we are scaling up our response activities by sending more staff to the countries.

In terms of the care of patients who have Ebola, this is something that really has to be

individualized. There's a risk-benefit. As you note, we do not have effective treatment or vaccine for Ebola. There is known proven treatment. There is no proven vaccine. There is not likely to be one for at least a year, even in the best case scenario. We are not going to treat or vaccinate our way out of these outbreaks. We are going to use the traditional means that work of case identification, isolation, contact tracing, health communication, good meticulous management. That's what has stopped every Ebola outbreak that's ever happened before. That's what will stop this Ebola outbreak. But it's going to be challenging, given the factors that I mentioned. So when it comes to the question of whether someone with Ebola should leave the country, that's a very complicated question which the organization that has hired and placed the person there has to deal with. There is the potential that the actual movement of the patient could do more harm than the benefit from more advanced supportive care outside of the country. But as you know there are organizations with staff who are ill in country and we would certainly work with them to facilitate whatever option they wish to pursue.

OPERATION: Next question. From Maggie Fox with NBC News.

MAGGIE FOX: Thank you very much. Dr. Frieden, I think there are a lot of Americans who have this idea that there are teams of CDC experts at all the airports with their, you know, biocontrol suits to rush out to the airplane and grab anybody coming off with a fever from West Africa. Can you paint a better picture of what it's like and describe how voluntary the system really is?

TOM FRIEDEN: I missed the last phrase you said. How infectious it is?

MAGGIE FOX: How voluntary the system is. It requires, you know, a lot of cooperation on the part of the people traveling, correct?

TOM FRIEDEN: So, again, the key here is to stop Ebola at the source in the three countries to reduce the likelihood that patients with exposure, high risk exposure will travel outside of the country. We have at CDC quarantine stations in all of the major ports of entry. If a patient is ill on a plane, we are called to assess and if appropriate, we would undertake tracking or tracing of the people around that individual on the plane. In fact, for the individual who traveled to Nigeria, our staff is assisting authorities in several countries, tracing patients — passengers who shared a flight with that individual. But, remember, Ebola to spread generally requires close contact. It is not spread by the airborne route and it is not spread by someone who is not sick. We are talking about the risk of people who are quite ill, perhaps ill enough not to be able to hide the fact that they are ill. And to people with whom they have very close contact with body fluids.

MAGGIE FOX: Thanks. Can I ask also is this an opportunity for CDC to switch around some funding so that you can devote people, money, and other assets to Ebola in West Africa?

TOM FRIEDEN: We are looking at how we can meet the needs. It is challenging. There is not much flexibility in our budget. In fact, for the FY15 budget starting October 1, we had a substantial request in this area to fund global health security work such as response to Ebola. We work with partners throughout the U.S. government to try to identify additional resources. But it is challenging given the tight financial times that we are in.

BARBARA REYNOLDS: Okay. Thank you. Next question?

OPERATOR: Our next question comes from Rebecca with Voice of Nigeria.

REBECCA HAMMAN: My name is Rebecca with Voice of Nigeria. You just said the transmission of Ebola is through close contact. But it seems it's going beyond that. The name itself was derived from a river. Do you mean the not water-borne or airborne? My people are scared at the rate at which it is being transmitted and moving very fast. I would like to know how Ebola is contracted.

TOM FRIEDEN: Thank you. We understand how frightening Ebola is. It's a dreadful disease. It seems mysterious to people when it's spreading. It is very clear that it is not a food-borne illness. It is not a water-borne illness. Though there may be circumstances that it might have been spread through the air in situations like intubation of a patient, putting a breathing tube in them, that's never been proven. The overwhelming risk, the overwhelming way it spreads is by close contact with infected and very sick people. So if we look at the cases that are occurring in the three countries, a large portion of them are in people who are exposed in health care facilities. So that includes health care workers who account for a substantial proportion of the cases and, sadly, a substantial proportion of the deaths as well. That includes burial traditions where there may be handling of the remains of someone who died from Ebola. It's very, very clear that that is an extremely risky thing to do. So the communication is so important to get out into the communities that burial needs to be done in a way that is safe so that other people don't become ill and die from Ebola. For every facility caring for people in that area there needs to be meticulous infection control to protect not just the health care workers but also patient's families, other patients. Hospitals become amplification points if there isn't meticulous infection control. We know how Ebola spreads. We know how to stop the spread of Ebola. But we need to make progress informing communities and implementing good control measures.

I will give you a positive example. In Uganda where we worked for many years with the government, Ebola is more familiar. We have worked with traditional healers so they will recognize a potential Ebola patient and refer them to a diagnostic and treatment center. We have worked with the hospitals to isolate patients. We have ensured where there are Ebola or possible cases the burial practices are safe. As a result, where there used to be large outbreaks, now there have been sometimes just single cases where the spread stops or much smaller outbreaks. We know that not only is it possible biologically to control Ebola with our current tools, but it's also possible in Africa working with community strengths and community leaders to do that as well.

OPERATOR: Next question comes from Michael Shear from New York Times.

MICHAEL SHEAR: Hi. Thanks for doing the call. Starting this weekend and into the early part of next week, something like 50 airplanes from Africa, including some of these countries will be landing in Washington for this summit. I'm wondering whether the CDC is taking special precautions to protect the president and the president's team and everybody else here in Washington given the fact that some of the planes might be coming outside of the normal, you know, travel network and travel procedures that commercial flights might come on.

TOM FRIEDEN: We are certainly looking at all options for ensuring that travelers from this region in particular are accorded all possible health care if they become sick and don't expose others to illness if they do become sick. Remember, this is limited to three countries. The key is to identify people as soon as they develop fever, if they have contact with Ebola cases. We have also strongly encouraged anyone who's had contact not to travel. We are looking in a multi-agency way on various options to ensure that if there is someone who becomes ill both they are appropriately cared for and their risk of exposing others is minimized.

MICHAEL SHEAR: Are you guys recommending to any of the three countries that they not attend the summit?

TOM FRIEDEN: No. But we do understand that some of the heads of state are so focused on controlling these outbreaks that they may or may not come.

MICHAEL SHEAR: Do you know in those cases whether they are still sending teams or people or are the heads of state chosen not to come where none of the people from their country are coming at all?

TOM FRIEDEN: I don't know the answer to that.

OPERATOR: Our next question comes from Mike Stobbe with Associated Press.

MIKE STOBBE: Thank you for taking the question. Dr. Frieden, earlier you said speaking about the three countries that the number of travelers from these countries is relatively small. How small? Can you tell us what the average is in a week or month or year? Also, I want to know the decision to change the travel advisory to a level three warning. Was there a particular occurrence or piece of information that made you decide to elevate that since Monday when you said the level two was staying in place?

TOM FRIEDEN: The thing that makes us go to level three is some unstable infrastructure and a risk to travelers which would either be increasing or unable to be determined. What has concerned us is the possibility that health care facilities in the region in particular may be places where if you had an emergency, totally unrelated to Ebola, needed your appendix out or you had a fall, broken arm or leg, had a car crash, if you went to one of the facilities we would be concerned that first off that facility might be deeply stressed because of the Ebola challenge, and second, there might be risk of you being exposed to Ebola. For that reason, we have recommended that travelers avoid nonessential travel.

In terms of the numbers from the data that we can get it's a very, very tiny proportion of world travelers entering the U.S., on the order of perhaps 10,000 in a normal three or four-month period. So the numbers are small. They go not directly from these three countries because there are few direct flights. There is indirect travel and they go to some places in the U.S. This is the reason why some of the most effective, practical way is, again, first work to control the outbreak in the three countries. Second, strengthen exit screening in the three countries. Third, improve our ability or ensure we have the ability in our country if someone comes in to rapidly isolate, test them and take appropriate action. I have no doubt that we have ample capacity in this country if we did have patients coming in. We have lots of isolation rooms.

Every major hospital in the country, we have health departments able to do fever checks for 21 days on people who may have been exposed. So for our own situation where we are able to get good information out, explain how Ebola spreads, we have isolation capacity, health departments. It's not a potential of Ebola spreading widely in the U.S. That is not in the cards.

OPERATOR: Our next question comes from Betsy McKay from Wall Street Journal.

BETSY MCKAY: I have a couple of questions. Earlier we were talking about funding. I wondered, you know, of all the efforts that you're undertaking now and will be undertaking, you know, how much is this all costing? How much — how big a piece of the $100 million WHO response plan is this? And who funds this? Is this all U.S. government money or the countries themselves contribute any part or are they not in a position? And I wanted to ask you separately, given the state of emergency there, do you envision CDC staff themselves providing direct medical care if needed?

TOM FRIEDEN: So that was about three questions as far as I could follow.

BETSY MCKAY: I'm sorry.

TOM FRIEDEN: In terms of the countries themselves, they are absolutely committed. We do expect them to step up, and they are stepping up. Tragically, they have been — they have experienced a loss of many of their health leaders and doctors who have worked in this outbreak. So they are key for providing everything from care to management to security. And one of the main things we are doing is trying to strengthen their system so they can respond to these outbreaks and future outbreaks.

In terms of funding, you mentioned the World Health Organization which has just today released a new joint $100 million response plan for intensified outbreak control. CDC has some money from its own resources and some from other parts of the U.S. government. We basically are doing what it takes to get people there. The situation is fairly fluid in the field in terms of the ability to work safely. We have already had one team that confronted — was confronted by an angry group of people and had to retreat across borders to a different country. So we can only work with where we can work safely and securely.

In terms of the direct health care — although we have done this in the past, we think this is best done by groups like MSF which has an excellent record of providing very high quality care. Our role might be to help and support and coordinate with them.

OPERATOR: Next question comes from Elizabeth Cohen with Associated Press.

ELIZABETH COHEN: Hi, Dr. Frieden. Thank you for having the press conference. I wonder if you could tell us what you know about the two Samaritans First volunteers coming back to the U.S., if that's going to happen. And also the experimental serum one of them has received.

TOM FRIEDEN: So, as I said earlier, it's really up to the organization what they do. There are a lot of complexities and we stand willing to help them in their decision and to support them

in that. In terms of experimental treatment, I don't know any details of what may have been given. I will say that we have reviewed the evidence of the treatments out there and don't find any treatment that's had proven effectiveness against Ebola disease.

ELIZABETH COHEN: One of the volunteers received serum from a 14-year-old boy who had recovered. Is that useless? Is it perhaps even dangerous? What do you think?

TOM FRIEDEN: Without seeing the information, I can't comment. This was something that was done in the past for infectious diseases. But there are so many things we don't know about why someone may recover and which antibodies may be protective and which may be harmful. Very difficult to know how to comment on that.

OPERATOR: Our next question comes from Denise Grady with New York Times.

DENISE GRADY: Thank you very much. The travel advisory, does this have any particular meaning for Americans who are working in the affected countries? I'm thinking of embassy staff or other people who may be work. Will this have some effect of closing embassies or having those people go home? And then I would like to add one other thing. You mentioned some capacity at airports here for passengers coming in, if people are sick. Have you stepped up that airport capacity at all because of the outbreak, or is it just what it's always been? Thanks.

TOM FRIEDEN: Thank you. It's really a Department of State decision in terms of each embassy. One of the factors to take into consideration are the travel advisories. They have various levels that they can refer to both their own staff and the Americans in country. We are emphasizing that we are not telling people who are essential to leave because we do want to support the countries in their ability to control the disease. In terms of quarantine stations, we are staffed around the clock and have the ability to surge as needed in the U.S. Thanks very much.

TOM FRIEDEN: Before we close, I'd like to reiterate three key points. The first is that Ebola is worsening in West Africa. This is a tragic, painful, dreadful, merciless virus. It's the largest, most complex outbreak that we know of in history. Second, we at CDC are surging our response along with others and though it will not be quick and it will not be easy, we do know how to stop Ebola. Meticulous work with case findings, isolation, contact tracing will stop the chains of transmission from continuing. But that the kind of meticulous work to avoid the forest fire ember-type problem is important. This is a marathon, not a sprint. This is going to take at least three to six months, even if everything goes well. We have challenges with security and health care systems that make it not the best of conditions. Third, we have strong systems to find people if there is anyone with Ebola in the U.S. Ample systems to isolate them and provide the follow up if that were to occur. I want to thank you all for your interest. We'll be happy to provide additional information as we learn more and as more occur.

BARBARA REYNOLDS: Thank you, Dr. Frieden. This concludes our telebriefing. If media have questions, we are able to address those through the CDC press office at 404-639-3286. The transcript of this telebriefing will be available online. Thank you, Rebecca.

OPERATOR: Thank you all for attending today's conference. You may now disconnect.

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