

CDC Press Releases

CDC Press Conference: CDC Confirms First Ebola Case Diagnosed in the United States

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Press Briefing Transcript

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- [Audio recording\[MP3, 6.17 MB\]](#)

BARBARA REYNOLDS: Good afternoon. This is the CDC Ebola media briefing. I'm Barbara Reynolds from public affairs at CDC. We'll hear briefly from four speakers and take questions from the media. Our first speaker is CDC director Dr. Tom Frieden.

TOM FRIEDEN: Good afternoon, everybody. Thanks for joining us. As you have been hearing us, Ebola is a serious disease. It's only spread by direct contact with someone who's sick with the virus. It's only spread through body fluids. The incubation period is 8 to 10 days after exposure. Can be as short as two days or as long as 21 days. It's a severe disease which has a high case fatality rate, even with the best of care. But there are core tried and true public health interventions that stop it. Today, we are providing the information that an individual traveling from Liberia has been diagnosed with Ebola in the United States. This individual left Liberia on the 19th of September, arrived in the U.S. on the 20th of September, had no symptoms when departing Liberia or entering this country, but four or five days later around the 24th of September began to develop symptoms. On the 26th of September initially sought care and Sunday the 28th of September was admitted to a hospital in Texas and placed on isolation. We received in our laboratory today specimens from the individual, tested them and they tested positive for Ebola. The state of Texas also operates a laboratory that found the same results. Testing for Ebola is highly accurate. It's a PCR test of blood. So what does this mean? The next steps are basically threefold. First, to care for the patient. We'll be hearing from the hospital shortly, to provide the most effective care possible as safely as possible to keep to an absolute minimum the likelihood, the possibility that anyone would become infected. Second, to maximize the chances that the patient might recover. Second, we identify all people who may have had contact with the patient while he could have been infectious. Remember, Ebola does not spread from someone who is not infectious. It does not spread from someone who doesn't have fever and other symptoms. It's only someone who is sick with Ebola who can spread the disease. Once those contacts are all identified, they are all monitored for 21 days after exposure to see if they develop fever. If they develop fever then those same criteria are used to isolate them and make sure they are cared for as well as possible so they maximized their chances and to minimize or eliminate

the chance that they would infect other people. The bottom line here is that I have no doubt that we will control this importation or case of Ebola so it does not spread widely in this the country. It is certainly possible that someone who had contact with this individual, a family member or other individual could develop Ebola in the coming weeks. But there is no doubt in my mind that we will stop it here. It does reflect the ongoing spread of Ebola in Liberia and West Africa where there are large numbers of cases. While we do not currently know how this individual became infected, they undoubtedly had close contact with someone who was sick with Ebola or who had died from it. In West Africa, we are surging the response not only of CDC where we have more than 130 people in the field, but also throughout the U.S. government. The president has leaned forward to make sure we are acting proactively there and the defense department is on the ground, already strengthening the response. We are working with us aid and other parts of the government as well as with a broad global coalition to confront the epidemic there. Ultimately, we are all connected by the air we breathe. And we are invested in ensuring that the disease is controlled in Africa, but also in ensuring that where there are patients in this country who become ill, they are isolated. We do the tried and true core public health interventions that stop the spread of Ebola.

BARBARA REYNOLDS: Thank you, Dr. Frieden. I would like to next introduce our second speaker, Dr. David Lakey, commissioner of the Texas department of state health services. Dr. Lakey.

DAVID LAKEY: Good afternoon, everyone. Thank you, Dr. Frieden, for your support, the support of the CDC as we work through this current situation. As i start off, I first want to say our thoughts and prayers are with the family, with the patient and the treatment team for this individual. Our laboratory, the Texas public health laboratory in Austin has a specially trained team to handle high risk specimens like this. We were certified on the 22nd of August to do Ebola testing. At 9:00 this morning we received a blood sample. All controls were within expected ranges and the PCR was definitely positive for Ebola. We got that result at 1:22 this afternoon. I want to reiterate we have no other suspected cases in the state of Texas at this time. We are closely monitoring the situation and we are ready to assist in any way needed. We have been in contact with the hospital, with the local health department and the CDC. They have our full support as we work through this situation. We are committed to keeping Texas safe. So again, I want to thank the CDC and local state health department and Dallas County and the hospital for the notes we are getting. We are working through the situation together. Thank you.

BARBARA REYNOLDS: Thank you, Dr. Lakey. Our third speaker is Dr. Edward Goodman, hospital epidemiologist with the Texas health Presbyterian hospital Dallas. Dr. Goodman?

EDWARD GOODMAN: Thank you to Dr. Frieden, Dr. Lakey, the CDC. I want to correct one statement that might have been misinterpreted by Dr. Frieden when he commented on the air we breathe. Ebola is not transmitted by the air. It is not an airborne infection. Texas health Dallas is a large community hospital with a robust infection control system that works in close cooperation with the Dallas county health department, centers for disease control and epidemiologists within the system and community. We have had a plan in place for some time now in the event of a patient presenting with possible Ebola. Ironically enough in the week before this patient presented we had a meeting of all the stake holders that might be involved in the care of such a patient. Because of that we were well prepared to deal with this crisis.

Thank you.

BARBARA REYNOLDS: Thank you, Dr. Goodman. Our final speaker is the Dallas County health and human services director, Zachary Thompson. Director Thompson?

ZACHARY THOMPSON: Good afternoon. Our hearts and prayers go out to the family as well. I want to thank Dr. Frieden, CDC, Dr. Lakey, Department of state health services, Texas health Presbyterian for our response to the case in Dallas County. I also want to commend our medical director health authority and the epi team for the work that they have been doing in conducting public health follow up on the patient which includes contact investigation to gather information based on the patient's travel history, activities and close contact. Dallas county health and human services will proceed with the public health follow up per CDC guidelines. Dallas county health and human services wants Dallas county residents to be reassured that your public health is our number one priority. Dallas county health and human services staff will continue to work hard to protect the health and welfare of the citizens of Dallas County. Thank you.

BARBARA REYNOLDS: Thank you director Thompson. We'll now take questions. Dr. Frieden?

TOM FRIEDEN: Thank you very much. For questions, we will start in the room and then go to the phones. Thank you very much also Dr. Goodman. As empathizes, Ebola only spreads through direct contact. It doesn't spread by any other route in any outbreak we have seen. I also want to thank Texas and Dallas County health departments for their collaboration. CDC has a team of epidemiologists on route to Texas now at the request of the Texas department of health. We work hand in hand collaboratively to do what public health does best which is protect people. We protect people in this case by making sure we find the contacts, identify them and make sure they are traced every day for 21 days. If they develop a fever they are immediately isolated and their contacts would be identified as well. First question in the room.

DENISE DILLON: Denise Dillon with Fox 5, so you were saying that he started showing symptoms, went to a hospital and was released, sent home and wasn't admitted until a day or two later?

TOM FRIEDEN: The initial symptoms of Ebola are often nonspecific. That means they are symptoms that may be associated with other conditions and may not be identified immediately as Ebola. We encourage all emergency department physicians to take a history of travel within the last 21 days. That's something to reiterate and to do rapid testing. Dr. Goodman, is there anything else you would like to say?

EDWARD GOODMAN: No. You summarized it well.

TOM FRIEDEN: Next question in the room.

RACHEL STOCKMAN: Dr. Frieden, I know you are limited a little bit with patient privacy. Can you tell us a little bit — was this person involved in fighting the Ebola epidemic and also did they travel on a commercial aircraft? Rachel from WSB-TV.

TOM FRIEDEN: From the information that we have now it does not appear the individual was involved in the response to Ebola, but that is something we will investigate more. In terms, of the airline flight, I really do want to emphasize, the focused here over the period should be the patient, and we are trying to get any assistance we can to the patient who we understand is critically ill at this point. Identifying contact in the community, family members or others. Then any possible contacts through the health care setting. And then tracing those contacts. In terms of the flight, I understand that people are curious about that and wonder about it. Remember, Ebola doesn't spread before someone gets sick. And he didn't get sick until four days after he got off the airplane. We do not believe there is any risk to anyone who was on the flight at that time. He left on the 19th and arrived on the 20th. Next question in the room.

MICHELLE ELOY: Michelle Eloy from WABE, how likely is this to continue to be a concern with people coming back from the region who aren't showing symptoms then but may later and what's being done at airports and the first lines of people coming into the country to ensure that something like this doesn't continue to be an issue.

TOM FRIEDEN: As long as there continue to be cases in West Africa, the reality is patients travel. Individuals travel. As appears to have happened in this case, individuals may travel before they have symptoms. One of the things that CDC has done in Liberia, Sierra Leone, Guinea and Lagos is to work with the airport authorities. 100% percent of the individuals getting on planes are screened for fever before they get on a plane. If they have a fever they are pulled out of the line, assessed for Ebola and don't fly unless Ebola is ruled out. This is one way to make sure the airplanes themselves are safe during transit and the airlines are willing to keep flying. But that doesn't rule out a situation like this where someone was exposed and came in while they were incubating the disease but not infectious with it.

JESS MCDONALD: Jess McDonald with ABC. Can you tell us where he was and do you know why he was in those countries?

TOM FRIEDEN: The details of the individual are things that we will investigate. Some of that has to do with patient confidentiality. We'll defer to the hospital and to the family for any further information on those details. We have a question here. Shall we go to the phone for the first question after this one?

DOUG STODDART: Doug Stoddart with NBC News. Do you expect the patient to remain in Texas and be treated there or transferred to Emory or another special facility that's been treating them in the past?

TOM FRIEDEN: One of thing we want to emphasize is virtually any hospital in the country that can do isolation can do isolation for Ebola. Over the past decade, this is the first Ebola patient in this country. We have had five patients with other forms of very deadly viruses like viral hemorrhagic fevers. None of the five patients spread the disease to anyone who cared for them in the hospital even though they weren't properly diagnosed because it was an unusual situation. We don't see the need to try to move the patient. Dr. Goodman. Is there anything more you would like to say?

EDWARD GOODMAN: No. I think that summarizes it very well.

TOM FRIEDEN: On the phone?

OPERATOR: To ask a question by phone, please press star-one and record your name at the prompt. The first question comes from Miriam Falco with CNN news. Your line is open.

MIRIAM FALCO: Hi Thanks for taking the call. Can you tell us more about how sick the patient is, how the patient is being treated and how many contacts you are trying to reach? It might be something for the folks in Texas. Also, will this patient be staying at the hospital in Dallas?

TOM FRIEDEN: Let me turn first to Dr. Goodman. Any information that you can share about the patient's status and treatment.

EDWARD GOODMAN: Well, because of the patient privacy, we are unable to share any information about the patient's symptoms or his treatment at this time. I can say that he is ill, under intensive care, being seen by highly trained, competent specialists. And the health department is helping us in tracing any family members that might have been exposed.

TOM FRIEDEN: Director Thompson, do you want to say anything further about contacts?

ZACHERY THOMPSON: I want to echo that the staff has been doing the public health follow up since day one. We'll continue the process. We'll have more details in the days to come. Right now, everything is on time. Thank you.

TOM FRIEDEN: thank you. As I mentioned earlier, we have a team on route to Texas now. They will work hand in hand with state and local and hospital public health and staff to identify all possible contacts and then monitor them every day for 21 days to see if they have fever. This is core public health work. This is what we do in public health. We are delighted to be doing it in partnership with Texas. We are concerned obviously about the status of the patient and very much hoping for his recovery. On the phone?

OPERATOR: The next question comes from Betsy McKay at the Wall Street Journal. Your line is open.

BETSY MCKAY: Hi. Thanks. I wondered if I could ask for more detail about potential exposures. Is there anything any of you could say more about what this patient was doing between the 24th when he had symptoms and the 28th when he was admitted? Was he just at home so only family members were potentially exposed or how many people — was he out? Are we talking about a handful of people who were potentially exposed or more than that? Or Dozens?

TOM FRIEDEN: I think handful is the right characterization. We know there are several family members. They may have been one or two or three other community members. We are there to do investigations to identify other possibilities. Our approach in this kind of case is to cast the net widely to ensure that we are identifying even people who may not have had direct contact so that we are erring on the side of safety. Mr. Thompson, anything else you would like to add?

ZACHARY THOMPSON: I concur. Our role is to look at suspected cases and we really appreciate, Dr. Frieden sending your CDC Epi team down to support us in this effort. We think, again, it's a small framework that we are looking at in terms of the number of people. Once we get additional information we'll report out to the public.

TOM FRIEDEN: And I would comment, this is a tried and true protocol, this is what we do in public health and this is what we do in this country for a variety of infectious diseases and what we do at CDC globally in Ebola cases. In fact, by coincidence, today we released in the Morbidity and Mortality Weekly Report or weekly bulletin a report of the Nigeria case investigation, when a single patient came in unlike this, that individual was not cared with infection control and resulted in a number of secondary cases but even in Lagos and even with 19 secondary cases that appeared to be able to stop the outbreak. I have no doubt that we will stop it in its tracks in the U.S., but I also have no doubt as this outbreak continues in Africa we need to be on our guard. Next question in the room.

WSAA REPORTER: Can you give us a number or a scale for how big this team from CDC is going to be and who that directly entails? Are these doctors that are going to be in the hospital, are these going to be people standing out in the community? Can you give us a little more information?

TOM FRIEDEN: I can get back to you with the exact size of the team. We provide epidemiologists or disease detectives, we provide communications experts, we provide hospital infection control and laboratory experts as need in a situation. Every CDC staff there or the 130 in Africa are tied tightly to experts here who provide back-up 24/7. We defer to the local and state health departments. They're there on the ground, they're the lead and we're there to support. In the room?

OPERATOR: Next question comes from Lauren Neergaard of AP. Your line is open.

LAUREN NEERGARRD: Thank you. Do we know, can you even say if this is an America or is this a visitor? Has the health department already reached any of those contacts? Has that contact tracing begun?

TOM FRIEDEN: What I can say is that the individual was here to visit family who live in this country. Further details I think are to be identified in the coming days, relevant or not, we'll see. In terms of contact tracing, we're just beginning the process and investigation just began today, but the health department had already been very forward leaning on that and locating information on individuals so that can begin immediately. On the phone?

OPERATOR: The next question comes from Maggie Fox of NBC News. Your line is open.

MAGGIE FOX: Thanks. I know that you have been extremely clear that people don't spread this virus unless they are showing symptoms. Nonetheless, I think everybody knows that the reaction in the United States is disbelieving of this. I'm wondering what steps you might take to reassure people who fear they may have travelled on the same plane as this patient or passed through the same airport as this patient that they are not at risk.

TOM FRIEDEN: People can always call us at CDC-INFO, they can also check on our

website. The flight in question is a specific flight departing Liberia on the 19th and arriving on the 20th, so that would be a very small number of people who would have that level of concern. But really I think it's important that we understand a lot about Ebola. Ebola is a virus that is easy to kill by washing your hands. It's easy to stop by using gloves and barrier precautions. The issue is not that Ebola is highly infectious, the issue is that the stakes are so high. And that's why at the hospital in Texas, they're taking all of the precautions they need to take to protect healthcare workers who are caring for this individual. People are infectious with Ebola when they're sick. In fact, think of it this way, when we begin doing testing on people as they become sick, even in the initial phases of illness when they have a fever, even the most sensitive tests in the world sometimes don't detect it because there is so little virus that they have. It's only as they become sicker that they become more infectious and if patients die from Ebola, they can have very large quantities of virus there. So there is no risk from someone who has recovered from Ebola- and I went to the region myself and embraced people who had recovered from Ebola- or by people who have been exposed but not yet sick from it. Next question on the phone?

OPERATOR: Next question comes from Newsweek. Your line is open.

NEWSWEEK REPORTER: Hi. Thank you. You've been saying "he" so I know you can't give many details about the patient. But I want to confirm this is a male, and I don't know if there is any age range you can give. Also wondering is this the first ever case diagnosed in the United States, if not, when was the previous case diagnosed if ever?

TOM FRIEDEN: This is the first patient diagnosed outside of Africa to our knowledge with this particular strain of Ebola. As I mentioned earlier, we have had other patients with hemorrhagic fever, including a patient in 2007 with Marburg, which is a virus that is quite a bit like Ebola. That individual in 2007 was hospitalized, went through surgery before being diagnosed and did not result in a spread to any other individuals. This is the first case of Ebola diagnosed in the U.S., and as far as we understand, the first strain diagnosed outside of Africa. I think we've referred to the patient in any way that we can so far. Next question on the phone?

OPERATOR: Next question is from Kelly Gilblom of Bloomberg News. Your line is open.

KELLY GILBLOM: Hi. Thank you. I'm just wondering if you can tell me a little bit more about the contact tracing process and how that's done and how you can assure that you've reached all the people that the person was in contact with when they were sick.

TOM FRIEDEN: So contact tracing is a core public health function. We do it in a very systematic manner. We interview the patient if that's possible, we interview every family members, we identify all possible names, we outline all of the movements that could have occurred from time of possible onset of symptoms until isolation. Then in a cascading manner, we identify every other individual who can add to that information, and with that, we put together these maps essentially that identify the time, the place, the level of the contact, and then we use a concentric circle approach to identify those contacts who might have had the highest risk of exposure, intermediate risk and those who might have had exposure even though we think that may be unlikely. We always err on the side of contacting more contacts than less. In Lagos with 20 cases, we at CDC and elsewhere working with Nigerian

authorities, identified nearly 900 contacts and monitored them all day for 21 days. In Senegal, we identified a single patient who came in, had exposures at two different healthcare facilities and community. We monitored more than 60 contacts every day. None of them became ill. So this kind of contact tracing is really core public health and it's what we do day in and day out and what we will be doing here to identify any possible spread and ensure there aren't further chains of transmission. On the phone? Two more questions.

OPERATOR: Next question is from Julie Steenhuisen of Reuters, your line is open.

JULIE STEENHUYSEN: I have two questions. First, I want to confirm the timeline. My understanding is a patient arrived in the United States on the 20th. Initially sought treatment on the 26th. I'm assuming it was then sent home and came back again on the 28th of September and was admitted. The second question is will you be offering this patient any convalescent serum or experimental therapy?

TOM FRIEDEN: You are correct about the timeline. In terms of possible experimental therapies, that's something being discussed with the hospital now and with the family and if appropriate, would be provided to the extent available. The last question on the phone.

OPERATOR: The next question comes from Denise Grady of The New York Times. Your line is open.

DENISE GRADY: Thanks very much. I think that people have touched on this, but I would just like to ask any way just in case we can get any more clarity on it. Was this, can you tell us is this person an American or American citizen, will you be releasing the flight information and is it correct to assume he was staying at a home with family members rather than in a hotel.

TOM FRIEDEN: The patient was visit family members and staying with family members who live in this country. We will contact anyone who we think has any likelihood of having had an exposure to the individual while they were infectious. At that point, at this point, that does not include anyone who might have traveled with him because he was not infectious at that time. And you asked a third question, which I don't remember.

DENISE GRADY: I asked if he's an American citizen.

TOM FRIEDEN: He's visiting family who live in this country. Do we have any other question questions in the room?

REPORTER: Will you identify the flight information?

TOM FRIEDEN: We will identify any context where we think there is a risk of transmission. At this point, there is zero risk of transmission on the flight. The illness of Ebola would not have gone on for ten days before diagnosis. He was checked for fever before getting on the flight and there's no reason to think anyone on the flight that he was on would be at risk. I want to end with just a bottom line before we stop.

Ebola is a scary disease because of the severity illness it causes and we're really hoping for the recovery of this individual. At the same time, we're stopping it in its tracks in this country.

We can do that because of two things. Strong health care infection control that stops the spread of Ebola and strong core public health functions that trace contacts, track contacts, isolate them if they have any symptoms and stop the chain of transmission. We're stopping this in its tracks. Thank you very much.

OPERATOR: Thank you. This concludes our Ebola media briefing. For any media who have additional question, they're welcome to call us at 404-639-3286. Thank you.

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