CDC Press Releases

CDC Telebriefing: CDC update on first Ebola case diagnosed in the United States, 10-02-2014

Press Briefing Transcript

Thursday, October 2, 2014, 1:00 p.m. ET

- Audio recording[MP3, 10.47 MB]

OPERATOR: Welcome, and thank you all for standing by. I'd like to remind the participants that their lines have been placed on a listen-only mode until today's question and answer session. At that time, if you do have questions, that is star followed by one on your touchtone phone. Today's conference is being recorded. If anyone has objections, please disconnect at this time. I'll be turning your call over to your first speaker today, Mr. Tom Skinner. Sir, you may begin.

TOM SKINNER: Thank you, Kelly. And thank you all for joining us today for this update on the public health response to the first Ebola case diagnosed in the United States in Texas. With us today is the director of the Centers for Disease Control and Prevention, Dr. Tom Frieden. Also with us is the commissioner of the Texas department of state health services, Dr. David Lakey. And also joining us– with us is Clay Lewis Jenkins, judge Dallas County, Texas. We're going to allow them to provide some brief remarks and then we'll get to your questions. Dr. Frieden.

TOM FRIEDEN: Okay, good afternoon, everyone. Sorry for this late delay in starting. This is the first of what we anticipate will be daily telebriefs on the Ebola situation jointly conducted between ourselves at CDC and the folks on the ground in Texas. As you know, within just a couple of hours of the first case being confirmed in our lab and the Austin lab in Texas, we held a public briefing and our approach is always to provide all the information that's available as soon as we can make it available. We know that there are a lot of questions that people wish they had answers to, and we may not have those answers yet. What we can do is tell you what we know and what we're doing to find out more about the things that we're all interested in. Before I start, I want to give you the bottom line. The bottom line here is that we remain confident that we can contain any spread of Ebola within the United States. There could be additional cases who were already exposed. If that occurs, systems are in place so that they will not further spread Ebola. But doing so requires meticulous and rigorous work,

and that's the work that's under way now. One of the questions that's been raised is whether the individual who's in the hospital now was screened when he left Liberia. We were able to locate the specific screening information from that individual. That individual had their temperature taken. It was taken by an individual who was trained by the CDC. It was taken with a thermometer that is approved by the U.S. food and drug administration for measuring temperatures of patients in hospital and elsewhere and his temperature was 37.3, i.e. 97.3 Fahrenheit. He didn't have a fever when he was sick and all of our subsequent — he didn't have a fever when he was in transit and all of our subsequent interviews confirm that he began having symptoms four or five days after he arrived in this country on the 24th of September, Wednesday. Now, we know that the spread of Ebola is possible through physical contact with patients or body fluids and, therefore, the current intensive effort is to identify anyone who may have had contact and who, therefore, would require monitoring for 21 days after that contact. At this point the teams on the ground, which involves CDC, local and state public health experts are assessing about 100 people to determine whether or not they have had contact. At this point since beginning yesterday morning we have interviewed most of those people, but far from all, and we have identified a handful of individuals who may have had exposure and who, therefore, will be monitored. That includes individuals from the household and we're looking carefully at health care settings as well. We don't have specific numbers at this time as to the number of people who we believe may have truly had contact with the patient. When we do have those numbers, we will update them. We will provide them. They may change slightly from day to day as we learn more about what people have done and what the exposures actually were. But our approach really is to cast a wide net, to reach out to as many people as there are who may have had contact so that we could identify all of those who might well have actually had contact. Our approach is kind of a concentric circle approach. First, those who are in the most immediate vicinity who may well have had contact with the individual or their body fluids and then those who are less likely to and we assess each individual specifically for what their exposure might have been. I will also say that questions about the status of the patient need to be referred to the hospital. We understand that the individual remains in serious condition as of now. I do want to make one last point before turning it over first to Dr. Lakey and then judge Jenkins. This is the cooperation in this and the way to maximize cooperation is to make sure that we're getting services to those individuals or communities or countries which are experiencing Ebola. In public health we have a lot of experience dealing with outbreak situations, and the more we're able to surge services and support to individuals, families, communities and countries, the quicker we can not only contain the outbreak there, but reduce the risk to others. Dr. Lakey.

DAVID LAKEY: Thank you, Dr. Frieden. This is David Lakey, the commissioner of health for the state of Texas. We've had a very busy last 24, 48 hours here in the state of Texas. I'm in the EOC with my colleague, Judge Jenkins. We have formalized the incident command structure to make sure we're managing this meticulously and making sure issues are fully addressed. I think our messages are very similar to the messages you just laid out. Our work is to identify individuals that may have come into contact with the individual. Work is going on in the community and also the hospital working in conjunction with the Centers for Disease Control to make sure individuals are identified. Also work is taking place that any individual that is identified has monitoring in place in order to ensure that if they do become febrile that that is identified early. And I'd like to say at the same time the care of the individual that has

been identified as being infected, I had the opportunity to walk him through the facility myself yesterday and testify that they are doing a very, very good job in being meticulous in infection control. Making sure folks shower in, shower out before they leave that area. The whole unit is dedicated to the care of this individual. And very dedicated health care workers caring compassionately for this individual. Again, our thoughts are with the family and the patient as we continue to ensure safety and ensure that no additional Texans will be exposed to Ebola. With that, that's the end of my comments. Thank you, Dr. Frieden.

TOM FRIEDEN: Judge Jenkins, please.

CLAY LEWIS JENKINS: Just by way of background for the people on the call, the Dallas county judge is the county executive who is elected countywide and is the highest elected officer in county government in Texas and is the person who is designated as the director of emergency management for items under our federal and state laws for counties. I've asked Dr. David Lakey, who's our state's public health commissioner, to embed in our emergency operation center. We've set up an incident command structure so that we can get the information quickly out to the public and quickly amongst ourselves. And I'm asking and they have agreed to embed a CDC team here as well. Furthermore, I've got people from the city of Dallas, which is our largest city, it's about half of our population in the county, and the DISD, our largest school district here embedded with us at the EOC as well. We're getting great support from our federal and state partners. The only politics of public safety and public health is that in times like this, there are no politics. We're all working together seamlessly. I appreciate the support we've been given from Dr. Frieden and his team and from David and his team, and I'm happy to answer any questions about the situation on the ground.

TOM SKINNER: Okay. Thank you. Kelly, I believe, we're ready for questions. We likely have a lot of questions, so if we could be quick with our questions and answer, we'll get to as many as we can. Kelly. Kelly, are you there?

OPERATOR: I'm sorry, yes. If you do have a question at this time, please press star followed by 1 on your touch tone phone. One moment for your first question.

TOM FRIEDEN: And while we're waiting for the first question, I need to correct something i said a moment ago. For those of you who are good at your Celsius and Fahrenheit, congratulations for picking this up. It was 36.3 Celsius U.S. which was 97.3 Fahrenheit.

OPERATOR: Our first question is from Caleb Hellerman from CNN

CALEB HELLERMAN: Thank you for taking the question. The question has to do with the four people who are being quarantined. Our understanding is there was about a dozen people more or less has been identified as close contact, somewhat higher risk. Only these four are being quarantined. Can you explain that reasoning?

DAVID LAKEY: Dr. Frieden, I'll take this question. The decision to put a control order in place for these individuals was to ensure that we can monitor them as needed. I had concern yesterday in our ability to be confident that that monitoring was going to take place and that monitoring is extremely important and so in order to ensure that that monitoring took place, I signed that control order. Now, I want to be very clear, these individuals do not have any

symptoms. They do not have fever at this time. They are healthy. There's no risk that they have spread disease to any other individual, but I need to make sure that we monitor those individuals. And so that is why I signed a control order. Now, I understand, and this is something that we are working very hard on today, that with that order in signing it comes the responsibility that those individuals are cared for compassionately and that they have the things that they need in order to obey that order. So there's food being delivered to them right now, groceries being delivered. We're arranging for the — that apartment to be cleaned. We had to identify an entity that would do that work. We've identified that and have signed the approvals to get that in place. But in the information that I was given, Icouldn't be confident that that monitoring was going to take place the way that i needed it to take place and that's why i signed the control order.

CALEB HELLERMAN: Is this dr. Lakey speaking or judge Jenkins.

DAVID LAKEY: This is David Lakey.

CALEB HELLERMAN: Could you very briefly describe the monitoring that you are concerned would not take place?

DAVID LAKEY: Our plan is for the individuals that have been identified as having exposure to have their temperatures monitored twice a day.

TOM SKINNER: Next question, Kelly.

OPERATOR: Thank you, our next question comes from Maggie Fox from NBC news. Your line is open.

MAGGIE FOX: Dr. Lakey, are you concerned about this report that the hospital mistakenly sent the patient home? What have you found out about that? What is going to be your role in that investigation? And how important is it that this may have impacted public confidence in public health given that everyone said we know what we're doing here?

DAVID LAKEY: Thank you for the question. This is a very sophisticated hospital. They have done a lot of education related to preparedness for Ebola. When I was there yesterday, they discussed it with me. Unfortunately, connections weren't made related to travel history and symptoms. And the individuals caring for this individual did not think about the possibility of Ebola. And so he was sent home. I think the lesson for all of us, again, this is a very good hospital and I think, you know, across the United States people don't take the travel history as seriously as they need to and make that connection on what's going on throughout the world right now. So I think the lesson for hospitals across the United States and health care workers and I'm reiterating this with hospitals across the state of Texas is that they really have to take that travel history. Ask individuals if they have been outside the United States. If they have been outside the United States, if they have been in these areas of Africa that have been — that have Ebola. And if so, they have to put Ebola on the differential diagnosis, use of infection control and contact public health. That is one of the main messages that needs to be spread out. In light of what's going on in this situation, that has to be part of the differential diagnosis and hospitals have to work with public health.

TOM FRIEDEN: This is Tom Frieden in Atlanta. I'll also comment that CDC has refreshed our information for hospitals with a checklist and poster. We recognize that it's a challenge for hospitals because of volume of patients seen in the emergency department may be high. And we're providing information that's clear and usable and encouraging good communication within the health care team so that information flows well. We'll also be hosting a twitter chat today at 4:00 to answer questions about this and releasing a health alert notice for clinicians throughout the U.S. today. It's a teachable moment, as we say, and very important to emphasize travel history. Just as an example of this, we have had at this point 15 patients, of whom this was one, tested for Ebola. Many of them have tested positive for malaria which might not have been promptly treated if people had not taken the travel history. Just to emphasize the important of that.

TOM SKINNER: Next question, Kelly.

OPERATOR: Thank you. Our next question comes from Geoff Brumfield from National Public Radio. Sir, your line is open.

GEOFF BRUMFIELD: I think, Dr. Frieden, there's been reports that the CDC was contacted directly by a relative after the patient was sent home. Can you say anything else about that contact and whether it was that sequence of events that actually got this guy what he needed? I also had a question about quarantine. Is law enforcement enforcing this thing? We heard reports that there are towels and dirty laundry in the room? This doesn't inspire confidence, does it?

TOM FRIEDEN: I'll take the first question, Dr. Lakey from Texas, will take the second. This is Tom Frieden. We're not aware of the family having contacted CDC but we're looking into that. We've just heard that. I will say not about that particular issue but we've seen a lot of misinformation. Not that media would spread misinformation, but there were rumors that were not the case. There were other things that have been stated that — in the media that may be confusing to people and that's why we want to make sure that we're providing this information proactively daily with anything that we know when we know it. We've just heard of that statement. We're not familiar with that, but we'll review all of our call logs to see if that's there. In terms of quarantine, Dr. Lakey.

DAVID LAKEY: Absolutely. So the apartment is monitored — there's a local law enforcement person there in case the individuals leave, then he can notify them about the — my order is written notification to them to stay. If they leave, then you have the possibility of a formal court order. But there is a law enforcement individual there. The house conditions need to be improved. We have been working to identify an entity that will go out there and do the cleaning. There's been a little bit of hesitancy for entities to want to do that, but we've identified an entity that will go out and do that cleaning and that's taking place today.

GEOFF BRUMFIELD: Aren't you concerned, though, that putting these people in quarantine in these conditions is going to seriously hinder your contact tracing? People aren't going to want to come to you if they think a cop will show up and hold them inside for 21 days.

DAVID LAKEY: We will not do this — the issue in this situation is the need to have confident monitoring for individuals. There's many other individuals that are having monitoring done

and we haven't had to do anything else. In this situation in order for us to have confidence that that monitoring was going to take place, because of a variety of issues, we felt that this was needed. Judge Jenkins.

CLAY LEWIS JENKINS: Yeah. This is Judge Jenkins. My medical director signed that as well. I concur in that decision. The information that we had about these four individuals indicated it was in the public's best interest to know that the public didn't have people leaving the premises on a regular basis against a recommendation. You know, it is a delicate balance and we recognize that. It's a delicate balance. We're concerned about people hearing that and overreaction and not coming forward with their contacts. But we're also concerned with the public losing trust in the response if they're repeatedly seeing people that the media has now made them aware are in this family who are leaving this house. So it's a fluid situation. People may disagree with our decisions, but we're united in them and that's a decision that we made.

TOM FRIEDEN: This is Dr. Frieden at CDC Atlanta. We'll take the next question. I will just comment that the critical point is to make sure that every contact can be monitored for their temperature. So as I understand it and as Dr. Lakey has elaborated; this is to ensure that temperatures can be monitored. Let me — let's go to the next question.

OPERATOR: Thank you. Our next question comes from Arthur Allen from Politico. Your line is open, sir.

ARTHUR ALLEN: Yeah, Hi. I was — had a question about the interaction that took place at the hospital during the first visit. We heard yesterday, i believe, that in fact a nurse had confirmed that he came from Liberia and that this was worth investigating. This wasn't communicated with the doctor. The doctor who ended up caring for the individual the first time. I was wondering do we know any more details of how this communication fell through the cracks? Did it have anything to do with the systems they were using in the emergency room to record information from patients as they came in?

DAVID LAKEY: I'll take this question. We're working with the hospital right now to make sure we fully understand what happened that night. We've been in communication with their administration. They are looking at the records so they can identify what information each individual knew and how that happened. I don't have that final analysis right now. We've been in communication with the hospital to make sure we had a clear understanding of what happened that evening. Thank you.

TOM FRIEDEN: That was Dr. Lakey. Next question, please.

OPERATOR: Thank you, our next question comes from Caroline Chen from Bloomberg News. Your line is open.

CAROLINE CHEN: Hi. Thanks for taking my call. I was wondering whether or not the patient has been able to receive any visitors or whether they're talking — whether the patient is able to talk on the phone with his relatives? Second question is whether or not the patient is receiving any of the experimental drugs and whether that's being considered?

DAVID LAKEY: Dr. Frieden, this is David Lakey, I'll take the first question. The hospital is being very careful related to visitors. When I went to see the individual, I had to sign in. There was a guard there. They are not having visitors come and see this individual, as per protocol treating an individual like this. He does have a phone with him and he has been able to call individuals and talk to individuals. That's how he's communicating with his family and other individuals. But they are not allowing visitors into the ward at this time.

TOM FRIEDEN: This is Tom Frieden at the CDC. In terms of experimental treatment, this is something being discussed with the hospital and the patient and family and would be made available if that were the choice.

CAROLINE CHEN: And who gets — who will be the deciding person in this case?

TOM FRIEDEN: The treating physician and the patient and family.

CAROLINE CHEN: Thanks.

TOM SKINNER: Next question, please.

OPERATOR: Thank you. Our next question comes from Eben Brown from Fox News Radio. Line is open.

EBEN BROWN: Hi, thank you for taking the call. I don't know if there's much you can say on this to anyone probably it would be for you, dr. Frieden, basically just because of the course of your investigation, but the Associated Press earlier reported really within I guess the past hour that Liberia is planning to prosecute this patient due to lying on a health form. I'm assuming it means this patient — is this something that you uncovered during your investigation back into his travel history?

TOM FRIEDEN: As I mentioned, the individual did not have a fever when he left. The status of his possible exposures prior to departure is something that's being investigated further now. The exit form that we have created along with the Liberian authorities and which is being used in all three of the heavily affected countries does ask about exposures to patients who may have had Ebola either in their care giving or in their funeral process. So those questions are on that form. I would emphasize that the reality is that it's the case that individuals often don't know what their exposures may have been and not all individuals fully disclose what those exposures have been. I think this gets to a broader issue, which is the issue of can we make the risk zero. And i think that's really ultimately what everyone is asking. And the bottom line here is, the plain truth. We can't make the risk zero until the outbreak is controlled in West Africa. What we can do is minimize that risk, as is being done now in Dallas, by working to ensure that there are no more individuals exposed than have already been exposed. We can also work to continue to ensure as complete exit screening as possible. And we have already pulled many people off planes or off the line to enter planes in September alone more than a dozen individuals who had fever. Now, the vast majority of those did not have Ebola. They may have had malaria or a cold or other things, but we're going to err on the side of safety. But until the outbreak is controlled in West Africa, we won't be able to get to that zero risk.

EBEN BROWN: I have another question, if you don't mind. It's a very simple question. Is Ebola being blood-borne, is it transferable by mosquito? I've gotten a lot of questions about that. I think the answer is no but I'd like your opinion — or your expertise, rather.

TOM FRIEDEN: No. The answer is no.

TOM SKINNER: Next question, please, Kelly.

OPERATOR: Thank you. Our next question comes from Denise Grady from the New York Times. Your line is open.

DENISE GRADY: Thank you. Given that this patient was out and about for a few days, apparently while he had symptoms, people are concerned about this and we are getting questions about the idea that in theory this could happen again and people are worried about the safety of public transportation and places where you may be exposed to crowds of people in close quarters. Can someone comment on that, please? And then I would like to add one more question and that is has the family in quarantine, if they have not had their apartment cleaned by an outside source yet, have they at least been given instructions or bleach or anything to clean the apartment on their own?

TOM FRIEDEN: I'll take the first set of questions and then ask the folks in Texas to handle the second. It is not impossible that we will have other individuals come into the country and be diagnosed with Ebola. That's why we have 12 laboratories throughout the country that are ready to test. We've already, as i mentioned, tested 14 other individuals who have been negative so far. In terms of things like public transportation, that's actually one of our examples of how people are not in contact. If you sit next to someone on the bus, you're not exposed. I'm not saying this individual took a bus, I'm just saying that this is not like flu. It's not like measles; it's not like the common cold. It's not as spreadable; it's not as infectious as those conditions. What's scary about it is that it's so serious, so severe if you do become infected with it. In terms of cleaning in the household, David.

DAVID LAKEY: I can jump in and then I think judge Jenkins also wants to jump in. Starting at the very beginning, the local health department had somebody in that house evaluating the individual, the bedding and other materials were bagged and education was relayed to how you decontaminate. The issue was making sure that we could have an entity that felt comfortable with the decontamination of the apartment.

CLAY LEWIS JENKINS: Our understanding is there is a garbage bag of the man's clothes and belongings. They had some household trash — they have got a bag of household trash and they have mattresses pushed against the wall. And i believe the household's trash would consist of the sheets that he slept on. So those are bagged and they're not coming into contact with those, but this is an ongoing response. Dr. Lakey and i are not satisfied with that. We want to ensure that they are getting regular food, that the house is cleaned, that they are in an appropriate living environment. We are taking action to make sure that that occurs. And, you know, there is no perfect response. There's just responses that people do their very best. I think people are doing their best here and we are going to as quickly as possible improve on the hygiene there.

TOM SKINNER: Next question, kelly.

OPERATOR: Thank you. Our next question comes from Saundra Torrey from USA Today your line is open.

SAUNDRA TORREY: Yes. Thank you for doing this call. Despite everything that's been said about how this is transmitted only by bodily fluids, it seems to me there's still some confusion. I'll try to explain. If you sneeze, it would seem that mucous is a bodily fluid. If you're sweating and touch an airline tray, that's bodily fluid. I don't understand — if you were symptomatic at that time, would that be transferable to somebody else who touched that tray later? Would they have to have a cut for it to be transferable? It's unclear to me what you mean by only bodily fluids and only, quote unquote, close contact. Could you try to explain better?

TOM FRIEDEN: I think the bottom line is that with all of our experience with Ebola in Africa the last four decades indicates direct contact is how it spreads and only direct contact with someone who is ill with Ebola. There are certainly theoretical situations where someone sneezes and if you then were sneezed on and then touched your eye or mouth or nose with the part of your body that was sneezed on, it would not be impossible that you could get spread in that way. That's why if you look at our guidelines with a prolonged exposure within one meter is considered contact. To be on the safer side of defining who a contact is. So I think realistically you can say what may be theoretically possible as opposed to what actually happens in the real world and focusing our attention on those who may be at risk because they did have contact with body fluids or with the patient directly when he was sick.

TOM SKINNER: Next question, Kelly.

OPERATOR: Thank you very much. Our next question comes from Elahe Izadi from the Washington Post.

ELAHE IZADI: I just wanted some more clarity about these four individuals who are under quarantine. Are they all adults? And can you explain a little further about the situation that led to the lack of confidence that they could be monitored? Was it a matter of them trying to leave for good or was it more of a coming and going situation?

DAVID LAKEY: I don't think I can get into the details of all those particulars that we looked at. It was just the information that we were receiving of different situations, we didn't have the confidence that we would be able to monitor them the way that we needed to. I'll just leave it at that.

TOM SKINNER: Next question, Kelly.

OPERATOR: Thank you. Our next question comes from Isolda Peguero from Telemundo Network.

ISOLDA PEGUERO: Yes, thank you so much for taking my question. We have heard reports that there's about only 13 states in the United States which hospitals are prepared to handle Ebola patients. We would like to know how are the hospitals in the United States preparing in

case that they get a patient that is infected with the virus as the hospitals are doing in bigger cities.

TOM FRIEDEN: Thanks for the question. Just to reiterate, essentially any hospital in the country can safely take care of Ebola. You don't need a special hospital room to do it. You do need a private room with a private bathroom. And most importantly, you need rigorous, meticulous training and materials to make sure that care is done safely so that the caregivers aren't at risk. I think this incident has certainly reminded health care facilities throughout the country the importance of taking a careful travel history, of having an index of suspicion that says if there's any possibility of Ebola, immediately isolate, assess and if appropriate test. It's also highlighted some of the more challenging issues, and we've talked about one of them on the call. There has been some media coverage of this as well. It's the issue of medical waste.

The medical waste that leaves the hospital is an area of concern because we want to make sure that it's handled carefully if it is contaminated. Some of that medical waste may be too large to fit into the auto claves that hospitals have so we've been working intensively with the Department of Transportation, which has regulatory authority here, and with major companies that do the removal of medical waste to resolve this issue and I anticipate getting it resolved today. But there are complex issues that hospitals need to be able to assess and in order to make sure that they care for patients appropriately. As of today, we have gotten 100 inquiries from around the country, from 34 different states, of hospitals or health departments that are concerned that they may have had a patient with Ebola. We have assessed each and every one of those inquiries. We've identified 15 in which testing was indicated and this one patient is the only patient positive at this point. Next question.

ISOLDA PEGUERO: If I have a follow-up question quickly.

OPERATOR: I'm sorry, next question comes from Robert Ray from Al Jazeera.

ROBERT RAY: Thank you for taking the question. Dr. Frieden, what can you say about the possibility of desperate people in West Africa who know that they have been exposed to the Ebola infection and will then try to get on an airplane before a fever begins and also, secondly, a follow-up on that, if indeed we see more people come up with the Ebola infection in the United States, I know you're doing contact tracing right now, but what is the next level after that? What is the worst case scenario for you guys? What will you do?

TOM FRIEDEN: I think really the scenario that has us most concerned is what's happening in West Africa today. And the problem there is that there were too many patients for the isolation beds available. And when that happened, then patients didn't come in for care and there was widespread transmission in the community. That's why we really emphasize supportive, effective care for individuals highlighting that with supportive care we can greatly improve the chances that an individual will survive and minimize the chance that any caregiver will become infected. The only way to get to zero risk is to stop the outbreak in West Africa. But there are multiple lines of defense to protect this country. The first is stopping it at the source. The next is making sure that people with fever are not boarding airplanes. The next is making sure that our primary care providers and emergency departments are thinking of the possibility of Ebola and rapidly isolating individuals if they may have Ebola and testing them. And the next is what's happening in Texas today, is taking

that meticulous, rigorous effort to limit the likelihood or eliminate the possibility that more people would be exposed.

ROBERT RAY: Do you think that there should be something put in place for international travelers, specifically people coming in from West Africa, when they land here in the U.S. that perhaps their fever — their temperature should be taken right away because what if, what if like I said, some desperate person over there knows that they have been exposed and they can afford a plane ticket and they know if they land here in the U.S., they can get that proper care, no matter what?

TOM FRIEDEN: One of the things that we do at CDC is have quarantine stations at international airports throughout the U.S. Any time there's an ill traveler, we would rapidly intervene to isolate that individual and ensure they're appropriately tested. I think the question more broadly gets into the issue of should we be isolating these countries in some way. Honestly, I think this is a tough question and it's one that is coming up and will come up increasingly. I will give you our perspective of it. It's very much like the situation with regard to individuals. If we take actions that seem like they may work, they may be the kind of solution to a complex problem that's quick, simple and wrong. Because the approach of isolating a country is going to make it harder to get help into that country. It's going to make it harder to get people to respond because they're not going to want to come out. They're not going to be able to come out if they go in. And because of that, it will enable the disease to spread more widely there and ultimately potentially spread more to other countries in Africa and become more of a risk to us here so that the best way to protect ourselves is not to try to seal off these countries but to provide the kind of services that are needed so that the disease is contained there and to identify anyone who may come out. Again, the only way to get to zero risk is going to be to stop it there.

TOM SKINNER: Next question, Kelly.

OPERATOR: Our next question comes from Alice Park of Time. Your line is open.

ALICE PARK: Thank you. I just wanted to ask about more details concerning the contact tracing. Can you give us a sense for, other than the dozen or so direct contacts how widely is a contact or is a monitoring occurring? Are we talking people who may have been on a bus? People who are at a workplace setting, at a school? Can you give us some sense of how far those rings extend?

DAVID LAKEY: Dr. Frieden, do you want me to answer?

TOM FRIEDEN: Well, I think the bottom line is I'll begin and Dr. Lakey can continue. We start with people who had direct contact. So obviously family members. We assess also the health care provision environment, both in transport and in the hospitals with detailed interviews of exactly what happened, exactly what happened contexts were. So we're identifying anyone who might have had that kind of direct contact that could have exposed them to body fluids of the individual. Dr. Lakey.

DAVID LAKEY: I would agree with you. We're doing it in an organized fashion. Individuals that were in the house. You look at who the individuals had contact with in the community, may

have come in and out of the house and the work that CDC is doing right now in the hospital, doing the hard work to identify who could have had contact with the individual. They do it in a logical fashion to make sure that we identify the folks that are most at risk as quick as we can.

ALICE PARK: But can you give me some sense of whether — are there workplace setting other than the hospital, just some schools, monitoring for the 80 or so individuals now, where are they?

TOM FRIEDEN: No, actually we're still assessing, but at this point there is no workplace or community location where we believe there were any exposures. Next question, please.

OPERATOR: Thank you. Our next question comes from Robert Lowes from Medscape Medical News. Your line is open.

ROBERT LOWES: Yes, thanks for taking my call. I have two questions. Can you just — and this is, I guess, directed toward Dr. Lakey. How many individuals are being visited by health care worker and being evaluated twice a day in terms of the monitoring?

DAVID LAKEY: Yes, The actual number changes. We have — as Dr. Frieden noted earlier, there is 100 individuals that are being assessed for possible risk. We have a handful of individuals that have the potential of exposure and we're monitoring those individuals with that twice daily monitoring. The individuals in the house, but then there's other individuals in the community. That's changing and will change kind of throughout the day as more information is identified. But every individual that we're identifying that has that risk will get that twice-a-day monitoring.

ROBERT LOWES: Well, as of this morning — or this afternoon, how many are on the list? I understand it can change, but right now what is it?

TOM FRIEDEN: You know, we will update on that tomorrow in our daily call, but at this point we'll just say that we're assessing it. It's the middle of the really second day, first full day of the investigation and we will be providing that information going forward. We'll take two more questions.

OPERATOR: All right, thank you. Our next question comes from John Frank from Modern Health Care Magazine. Your line is open.

JOHN FRANK: Hi, this is for Dr. Frieden. You may have referred to this before but there were reports this morning a patient was being tested in Hawaii for possibly having Ebola. Can you comment on that? Has CDC gotten involved, if that is the case?

TOM FRIEDEN: We have gotten involved and we have determined that neither the symptoms nor the travel history are suggestive of Ebola and, therefore, no further follow-up is needed in that situation. Last question.

OPERATOR: Thank you. Our next question comes from Ana Campoy from the Wall Street Journal.

ANA CAMPOY: Hi. Are you planning to quarantine more individuals that were in close contact with the patient? If so, what are the criteria to determine what if someone should be ordered to stay home, like the family members?

DAVID LAKEY: We have no intention to put other individuals under a control order. We are working with individuals making sure that they're educated related to risk, the monitoring, the public health messages that have to take place. So I have no intention to do this for other individuals. You know, having said that, if working with individuals does not take place, and there's somebody that we believe is a significant risk that we have to monitor them, this is something we'll talk about with them. But I have no intentions right now to put in another control order.

CLAY JENKINS: I agree with that. We're going to do what's necessary to keep the public safe and to keep their confidence. This is being contained. And to make sure that people who need to be monitored are available to be monitored by the monitors. But there should be no need for further orders.

TOM FRIEDEN: This is Dr. Frieden. Just to thank you all for your participation and repeat the bottom line here. We are undertaking in conjunction with state and local authorities the meticulous and rigorous efforts that are needed to identify anyone who may have been exposed and then monitor them closely so that if they were to develop symptoms, they would be rapidly isolated and tested. We anticipate doing daily conference calls to update with any information that's available. We know that we all wish there were more information available, but we will give you all of the valid information we have as soon as we have it. We welcome your questions. We will update on our website as well. I'll just turn it over to Tom Skinner to close the call.

TOM SKINNER: Thank you all for joining us today. This concludes our call. If you have additional follow-up questions or need additional information, you may call the CDC press office at 404-639-3286. Thank you all for joining us.

OPERATOR: Thank you, that does conclude today's conference call. You may all disconnect at this time.

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