CDC Press Releases

CDC Telebriefing: CDC update on first Ebola case diagnosed in the United States, 10-04-2014

Press Briefing Transcript

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BARBARA REYNOLDS: You are joining CDC's daily Ebola response update. I'm Barbara Reynolds, the CDC's director of public affairs. Today you will hear from three speakers and then we'll take questions. Our first speaker is CDC director Dr.Thomas Frieden. Dr.Frieden?

TOM FRIEDEN: Thank you very much, everybody. Thank you for joining us today. Today is the fifth day after the diagnosis of the first Ebola case in the United States, and we wanted to update on what has been done, what is happening in Atlanta, on the ground and also address questions that have been arising and answer questions that you may have. The first case of Ebola is both scary and unprecedented. Ebola is a deadly disease and we know that the images from Africa remind us of the severity that Ebola can cause in a community. Everything we've seen until now reinforces what we've known for the past 40 years. We know how to stop outbreaks of Ebola. In this country, we have health care infection control and public health systems that are tried and true and will stop before there's any widespread transmission. The core of that, the way to stop Ebola in its tracks is contact tracing, and follow-up. I want to salute Texas who are doing a phenomenal job of organizing their response, this unprecedented situation working in a highly efficient and effective way and addressing the needs of the patient, the contact and the community. It is wonderful to be working with them and we value the partnership greatly. At this point we've been saying for a couple of days that we're in the process of assessing contacts. And let me be really clear about what that involves because in public health we do contact tracing all the time, every day around the year, whether it's for tuberculosis or sexually transmitted disease or meningitis or measles or other things. It's core activity for us in public health. And in contact tracing, we expect that there will be some adjustments, some changes from day to day. The numbers may shift by one or two from one day to the next as further interviews may identify that someone thought they had a contact and didn't or somebody may remember that they had a contact that wasn't initially remembered. But at this point, we'll give you information about what we know as of today and going forward each day we will update that information.

We will always have the fundamental principle that we will share with you any information that we have that you may need to know and that may be relevant for understanding the outbreak and our response to it. So, as of today or as of yesterday, I'll say, because today happens hourly hour and minute by minute. We'll give you the information as of the end of the day yesterday. We had assessed 114 people who may or may not have had exposure to the patient. We've done the assessments in all 114 but there's still a couple we're sorting out whether or not they are actual contacts. At this point, we have identified along with the folks on the ground in Texas nine individuals who we're pretty sure are definite contacts with the source patient, with the index case as we refer to him. That includes family members as well as some people in the health care profession. In addition, there are about 40 other people– and the numbers may change by one or two per day– that we can't rule out had contact. We don't know that they had contact, but because we're not certain that they did not have contact, we will be monitoring them as well. As of yesterday, that number total was 46, and we had been able to reach and monitor the temperatures of all but one of those 46. All were normal. All were healthy. All of the nine who had definite contact we were able to reach so we are confident that none of those with definite contact had any symptoms related to Ebola. None of them had fever. We'll be watching that very closely, particularly for those nine individuals in the coming days, understanding that the peak period after exposure is about eight to ten days, but it can be as long as 21 days. So for up to 21 days after exposure, we will be monitoring all of those roughly 50 people and any others if we identify other contacts and providing the information daily on the proportion that we have reached and the status of any individuals and whether or not they are ill. That group of 50 does include some individuals who traveled in the ambulance after the index patient. And when we reviewed with the ambulance staff all of the details there; we couldn't be 100 percent certain that other people in that ambulance may not subsequently other patients may not have been exposed. And therefore those individuals, although they're not considered to be definite contacts, will also be monitored for the 21-day period. In addition to contact tracing, i just want to mention two other issues before turning it over to our colleagues in Texas. First, the issue of other cases in the U.S. as we anticipated, the arrival of the first Ebola patient in the U.S. has really increased attention to what health workers had need to do in this country to be alert and ensure that a travel history is taken and that if people have fever and a travel history or other symptoms that are consistent with Ebola– and that travel history is very specific, were you in these three West African country in the past 21 days– in that case, we would of course do rapid testing. If that testing is negative, we actually repeat the test. If it's a high risk patient or a high probability patient after 72 hours unless it's become clear that's not their illness because it can take 72 hours for someone who's been tested to test positive. We have already gotten well over 100 inquiries of possible patients. We've assessed every one of those with state and local health departments, with local health departments and hospitals and just this one patient has tested positive. We've helped a dozen laboratories around the U.S. do high-quality Ebola testing so that testing does all have to come to us here at CDC. It can be done more rapidly as it is being done in Austin, Texas. We expect that we will see more rumors or concerns or possibilities of cases until there is a positive laboratory test that is what they are, rumors and concerns. And in fact, we want to see more concern. But we want that to be appropriate. We want the concern to be for someone who has symptoms, fever, and who has traveled to Guinea, Sierra Leone or Liberia in the last 21 days. We're looking at people from Nigeria, but we think transmission there and the two cities that have had transmission has ended. In addition, I know there have been a lot of concerns about the

process of monitoring people when they come into this country. I just want to make a couple of key points about that. The first is that our number one priority is the safety of Americans. Full stop. Second, that we look at different suggestions that are being made. We've seen a lot of suggestions made in the media, by the public, by members of congress, and we're going to take a hard look at that. And we're quite open to seeing what can be done to ensure that, if there are ways to reduce the risk, we implement them and implement them well. With we also, I do believe, have to recognize that we are all connected. And although we might wish we could seal ourselves off from the world, there are Americans who have the right of return. There are many other people who have the right to enter into this country. And that we're not going to be able to get to zero risk no matter what we do unless and until we control the outbreak in West Africa. That's what we're working very intensively to do and we're beginning to see some progress there. But it's going to be a long, hard road. And finally, in terms of the entry process, we really need to be clear that we don't inadvertently increases the risk to people in this country by making it harder for us to respond to the needs in those countries by making it hard for us to get assistance in and therefore those outbreaks would become worse, go on longer and paradoxically, something that we did to try to protect ourselves might actually increase our risk. I'll end with one example along those lines from the time that i was in Liberia. The African union is quite willing to send hundreds of health workers in to help fight the outbreak in these countries, and they today have folks on the ground caring for patients. That's a terrific development. But their ability to get there was delayed by about a week because their flight was canceled and they were stuck in a neighboring country. So that neighboring country had taken– Senegal, had taken that action in order to protect themselves, stopping all flights, but that action ended up making it harder to stop the outbreak in Liberia and elsewhere and potentially increased the risk to that country. So number one is to protect Americans but not to do things that might inadvertently make it harder to protect Americans. So I'll stop there and Barbara Reynolds will introduce the next speakers.

BARBARA REYNOLDS: Thank you, Dr.Frieden. Our next speaker is Dr.David Lakey, the commissioner of the Texas department of state health services. Dr.Lakey.

DAVID LAKEY: Thank you. And thank you, Dr.Frieden. First, as I begin, our thoughts and prayers really are with the patient right now and his family. He's going through a very rough situation right now, and our prayers are with him. And also our thoughts and prayers are with everyone who has been identified as a possible contact. Obviously a lot of concern there and making sure that we're working with the individuals and giving them the care that they need. We're working hard in Dallas to handle the issues here on the ground and to keep people informed. Obviously a lot of interest, heavy interest, in every detail. Our focus continues to be on protecting the public health, keeping people safe, do everything we can do to ensure additional Texans are not exposed to Ebola. That's what we're doing here. As Dr.Frieden discussed a little bit ago, we have no more cases, and we're very happy about that. The patient that has been identified is in an intensive care unit getting medical care right now by a very caring and compassionate team. Obviously he is ill, and again our prayers and thoughts are with him right now. We've identified everyone who may have had contact with him; again, none of those individuals have any symptoms at this time. The contacts are being monitored, as Dr.Frieden laid out, and I won't lay those numbers out again. But a lot of work taking place to refine those numbers and make sure that all the information is accurate, which takes a lot

of discussion with individuals and meticulous analysis that is taking place and looking at any way that anybody could have been exposed to this initial individual. The other work that we're doing here in Dallas right now is making contingency plans, making sure that if something happens that we're ready for those type of events, whether if another individual becomes ill, how would the individual be cared for, a variety of things that could happen, making sure that we have those type of plans in place for this situation right now that's going on in Dallas. Again, obviously, a lot of concern, a lot of attention that is being paid right now, again, we are doing everything we are doing, a lot of folks working really hard to make sure that everything that we can do to ensure the public safety is taking place. So, again, echoing some of the comments of Dr.Frieden, public health work is taking place using practices that have been developed over many, many years that have been successful in containing a wide variety of other infectious diseases and those plans are being implemented here in Dallas, tried and true measures that have proven to control infectious diseases. Again, we look forward to working with our partners throughout the federal, state and local areas. Thank you.

BARBARA REYNOLDS: Thank you, Dr.Lakey. Our first speaker is Dallas county judge Clay Lewis Jenkins. Judge Jenkins?

CLAY LEWIS JENKINS: Thank you. Yesterday I moved Louise and three brave young men from their apartment in Dallas to a secure location that was provided by a member of the faith community on a request from me that was followed up by Mayor Mack Rawlings. I drove the family to their new temporary home, which is a place where I would put my own family and be happy if the person in my position put my family if I were in Mr.Duncan's situation and my family were in Louise and the three young men's situation. Just to give you a feel for the situation on the ground. Louise and those other three individuals who have not been identified are brave, good people who are concerned about the public health and obviously concerned about their own health. It's important to remember, for the public to remember, that the people who are being monitored are people just like your family. There's a lot of not because of the media but a lot of misinformation and erroneous fear along with the real information and understandable public health concern. Buff the people that are being monitored are real people, too, who need your prayers and are handling this in a very brave way. Our first responders our county and city employees have acted heroically. Those individuals have heard a lot of the same misinformation that members of the public have. I've even had first responders who had no medical training expressing concern for me yesterday before i got into the truck and having to get the medical staff to explain to them there's zero risk to me to help this family. So we're doing what we can here to keep you safe, not just locally here with our 2.5 million people in Dallas county but to keep this from spreading and to keep you safe nationally. We're working together seamlessly. It is a very fluid situation and so we can continue to improve both in capability and communication on a quarter hourly basis. And we're going to do everything necessary and remove any obstacles to keep you safe. Thank you for your support and your help in getting the accurate information out to the public.

BARBARA REYNOLDS: Thank you, Judge Jenkins. Alyssa, could you now please open the lines?

OPERATOR: Thank you. If you would like to ask a question, please press star 1 on your touchtone phone and record your name clearly when prompted. If you need to withdraw your

question at any time you may press star 2. Our first question comes from Mark Albert. Your line is open with CBS news.

MARK ALBERT: Hi there. Thank you. This is for Dr.Frieden. Sir, could you please talk more about the CDC airport quarantine stations? How has your staffing, your procedures at those stations perhaps changed from before and now after this high Ebola awareness? Second, have any travelers been taken to those stations either voluntarily or involuntarily? And third, do you plan to add more quarantine stations beyond those in place now? Thank you.

TOM FRIEDEN: Thank you. And before I address that question, I just want to again thank the folks in Texas. I think Dr.Lakey, Judge Jenkins and the entire team, the team of mayor Rawlings are doing a superb job. Especially judge Jenkins and his support ever the family. That's it, to support individuals and to stop the outbreak. Thank you very much for your leadership there. In terms of the quarantine stations, CDC has done two broad things. One is to work within the affected countries to strengthen exit screening there with thermometer screening as well as questionnaires and visual inspection of individuals. That screening alone, since we began it, has resulted in 77 people not boarding airplanes who had attempted to board, including 17 in the month of September. That is a reflection of a screening process that will identify individuals who have fever or obvious symptoms and can be taken off the line of going on. We don't have full follow-up information; know if any of those individuals had Ebola. Many had malaria, which is quite common in these countries. In terms of the quarantine stations, we have quarantine stations at major airports throughout the U.S. they are staffed by CDC public health service officers and other CDC staff. They're available to the customs and border protection and TSA staff if individuals or shipments have any concern that they may be infectious or if there's illness. And they work very closely with local authorities, local hospitals in case there's illness. I'm not aware of any individuals being referred because of concern of Ebola in recent days or weeks from that process. But if there are, we'll update that information going forward. We're looking very carefully at all of the options for what could be done to further reduce the risk that people would enter, understanding that nothing that we would have done either in Liberia or in the U.S. would have changed the course of the current situation because he did not have symptoms during the time that he was boarding or until four days after he had landed. So understanding that we're probably not going to get to a zero risk, we are looking at all options for what could be done to both support the countries so we can stop the outbreak and reduce our risk as well as theirs as well as potentially look at our options for what we could do.

MARK ALBERT: So are you looking to add quarantine stations at U.S. airports or have you added any staffing or resources there?

TOM FRIEDEN: We have not had a lack of limitations in our quarantine stations but we're looking at all suggestions for what might be effective at reducing risk. And we work very closely with the department of homeland security, with the airlines, with the airport authorities. It's really many partners that work together to think what could work and be workable that could be helpful. Next question?

OPERATOR: Our next question comes from Amanda Chen with the Huffington Post. Your line is open.

AMANDA CHEN: Hi, Thank you so much for taking questions on this. I had two questions. First of all, I just wanted to clarify that the nine high risk and about the 40 that you're still monitoring, the 40 is not in addition to what the number that was reported yesterday? That's just the total number right now? And then my second question is regarding the particular case of Mr.Duncan being sent to the hospital the first time on September 25th and the hospital putting out a statement saying last night it was not in fact a health records flaw. I don't know if you're working with the hospital to gain more clarity on what exactly happened there and if you had any more information on that.

TOM FRIEDEN: I'll begin. Maybe Dr.Lakey wants to add. The number is approximately 50. That includes the nine with definite contact and approximately 40 with possible contact. So these are not in addition to prior numbers. That's the total based on the 114 assessments that were done as of yesterday. In terms of the hospital, the individual situation we can look at, but i think the broader issue is the need to ensure that the health care team takes a careful history and then that history is shared across the health care team. One of the things that we've done is to produce checklists for hospitals to use and flow charts for algorithms. We encourage hospitals to do that, to use them, to have exercise or drills to practice. There are a lot of issues that have come forward with the first case in the U.S. it's definitely possible to take care of patients with Ebola safely, but it's not easy. There are lots of issues from drawing blood to how blood is handled to what care is given that are quite challenging. And our role is to provide support to health care facilities so that they do that effectively and safely. Dr.Lakey?

DAVID LAKEY: Thank you, Tom, I don't have any additional information but to re-emphasize what you just said in that hospitals, health care workers across the nation have to learn from this experience. And that the travel history is very, very important to take right now, and it has to be communicated due to all of the partners caring for individuals. That's a very important lesson. Again, the health care workers that are on this call right now, hearing this, the hospitals, primary care physicians, if you have a patient with a fever or symptoms that could possibly be related to Ebola, you've got to ask that travel history and take it seriously. Thank you.

TOM FRIEDEN: Next question?

OPERATOR: Our next question comes from Mike Stobbe with the Associated Press. Your line is open.

MIKE STOBBE: Hi. Thank you for taking my call. Dr.Frieden, if you could give a little more specifics about the contact tracing, the nine. Is that the four people in the apartment and does that mean the other five were all health care workers? And the other 40, how many of them were patients in the ambulance? How many of them were health care workers? How many of them were what else, what other category?

TOM FRIEDEN: The numbers are likely to be somewhat fluid as we understand more about the nature of the contacts. So at this point what we're focusing on is the nine who we're fairly certain did have some level of contact. It may not have been high-risk contact, but there was definitely contact. We are particularly concerned about family members or people in the household i should say who had direct contact with the individual when he was sick and not

isolated. Those are probably the highest risk individuals. Making sure that they're monitored and promptly cared for, should they develop any symptoms would be the highest priority. In terms of a further breakdown, we'll look at that over the course of today and provide additional information tomorrow.

MIKE STOBBE: Could you say what proportion of health care workers were exposed during his first visit and how many were exposed maybe during the second visit?

TOM FRIEDEN: I don't have that information. Dr.Lakey, do you have anything you'd like to add on this topic?

DAVID LAKEY: No additional information that the time. Thank you.

TOM FRIEDEN: We'll try to provide additional information tomorrow as we have it. The level of information, it's really important to emphasize what kind contact tracing involves. It involves sitting down and going through minute by minute what happened, have them retrace their steps, identify what may have happened. Someone may remember something that happened before, later, after that interview so going back to them and repeating that. It's an in-depth process that involves building a very careful relationship with the individual, helping them to remember what happened, and then identified and piecing together where there may have been overlap and possible contact. Next question?

OPERATOR: Our next question comes from Nell Greenville voice with National Public Radio. Your line is open.

NELL GREENVILLE: This is for Dr.Frieden or anyone who can answer. Do we know if this patient has any access to therapeutics or convalescent serum? You also mentioned the CDC was able to investigate well over 100 suspect cases. Could you say how many of those occurred after this initial positive case in Dallas and whether you all are seeing more cases coming to you all for evaluation in the wake of this first diagnosis?

TOM FRIEDEN: Thank you. In terms of experimental treatment, that's really up to the treating physicians and the patient and patient's family. The available experimental treatment is one that we don't know if it works and it may cause some problems if it's administered. It would be available to them if they wish to use it. In terms of the number of inquiries of people who may have Ebola, we have definitely seen an increase in the number since this patient was diagnosed. We're seeing a steady number before then, and an increase since. That's as it should be. People are increasing their level of concern. We're finding that for the overwhelming majority there is in fact no travel history consistent with exposure to Ebola, but we'd rather have a wider net cast just as being done with contacts so that we're more likely to find someone promptly if they did actually have exposure and they do actually have symptoms. And even of those who have had exposure, most have not had symptoms that are highly consistent with Ebola. I will tell you that my team that works intensively on this with each call that comes in did alert me to this case in Dallas in a way that they have not alerted me to any of the other cases, given the severity of his symptoms and consistency of his travel history. So we were not surprised to see this positive, though we are absolutely very deeply concerned about the patient and hoping for his recovery, whereas for the other more than 100 that we've been consulted about we've thought the risk was far, far lower. Next

question?

OPERATOR: Our next question comes from Sharon Bagley with Reuters. Your line is open.

SHARON BAGLEY: Thanks, everyone. This is a question I think for Dr.Lakey. If you could please update us on what arrangements are currently in place or in the process of being implemented to deal with the medical waste associated with Mr.Duncan's stay at Texas health Presbyterian, if you have worked out arrangements with the department of transportation, etcetera.

DAVID LAKEY: Thanks. Currently the Presbyterian hospital is holding the waste there on the unit. We have worked– the company has gotten the approval for the transportation. Hold on one sec. Has the approval for the, as my understanding, transportation but is waiting until after the weekend for the transport. Thank you.

TOM FRIEDEN: We'll take two more questions.

OPERATOR: Our next question comes from Sherry Jacobson with Dallas Morning News. your line is open.

SHERRY JACOBSON: Thank you. I would like to know when this 21-day monitoring period started in Dallas and therefore when it will end. And if no cases come to light during that period, will you declare this incident over and is that some kind of pronouncement that you would have to make?

TOM FRIEDEN: I'll start and then ask Dr.Lakey to continue, it depends on the individual and when last had contact with the index patient when he was potentially infectious. So it's 21 days after that last period. And we internationally basically say that we can declare an outbreak over when there are two incubation periods or 42 days without an additional case.

SHERRY JACOBSON: What would those dates be, though? When was the last person's exposure?

TOM FRIEDEN: The 28th is when the individual went into isolation so that would be the last day of exposure unless there are exposures that occur while the individual is in isolation. Dr.Lakey, anything you'd like to add?

DAVID LAKEY: No. That's correct. We've been working off of the patient being put in isolation on Sunday and taking our countdown from there, understanding that if there's any exposure, any additional cases, that that then changes the overall event time line. But for any individual that's part of this, the 21 days, is what we're using. Thank you.

TOM FRIEDEN: And last question. Then I'll make a concluding remark.

OPERATOR: Our last question comes from Dennis Thompson with Health Day. Your line is open.

DENNIS THOMPSON: Yes. Given the situation in Dallas regarding medical waste, have there

been any negotiations– where do negotiations stand with the department of transportation in terms of other hospitals throughout the country and how they'll be handling their medical waste, for example, in emery and other places where they're treating Ebola patients?

TOM FRIEDEN: Thank you. The situation with medical waste was one that was complicated. We actually thought it was resolved until last Friday coincidentally when the medical waste companies that remove medical waste indicated that what we thought was a resolution would not work for them. So even before this case had been diagnosed, we were working very intensively between many parts of the federal government to try to resolve it. It took longer than we would have wished to resolve, but it is now resolved. And the example in Texas is good for there can be used within hours anywhere in the country as it's needed. It basically comes down to whether the hospital has either an autoclave or an incinerator large enough to deal with the medical waste. If they don't and it needs to be removed, then we now have a process that all have agreed upon throughout not just the government but also the private companies that is workable and that should not be an issue going forward. Before I conclude, Dr.Lakey or Judge Jenkins, is there anything you'd like to say?

CLAY LEWIS JENKINS: This is clay. I'll just say i appreciate the work that our state and federal partners are doing, and I'm proud of the work that the men and women of Dallas county and the city of Dallas are doing. Our thoughts and prayers go out to Mr.Duncan and also to everyone who is being monitored and to the families and loved ones of everyone who is being monitored. I know this is a scary situation for many people, but I am a married man with an 8-year-old daughter who's having her 9th birthday soon, and I would not be getting into a car with the people that are being monitored. I would not be around in their homes assuring them if it were not safe to do so. The people of Dallas have stepped up to the challenge and are going about their daily lives. For those of you who are– for those of you who are– all of you on this call please assure people that they're safe and that we're going to do everything to make sure they stay safe. Thank you.

TOM FRIEDEN: Thank you very much, judge. And thank you for your leadership. Dr.Lakey?

DAVID LAKEY: I think my comments are the same as Judge Jenkins. Our thoughts and prayers are with the family and those being evaluated and monitored. Obviously a lot of other individuals have concerns and we're addressing those here in Dallas. A lot of work is taking place, teams that they consist of folks from the federal government, state government, the local government, and a variety of partners working on this issue. Our goal is to ensure that no additional Texans are exposed. We will continue with that goal and continue to do meticulous work to make sure if anybody is exposed that we identify them rapidly and make sure that they get the care that they need. Again, we appreciate the thoughts and prayers that i know are across the nation related to what's going on here. Thank you.

TOM FRIEDEN: Well, thank you very much to the folks in Texas who are leading the investigation. I'll just end with thanking the media and others for being on the call and just repeating what I think is the bottom line here, that the kind of contact tracing that's being led on the ground in Texas by the folks there at the county and state and with CDC support is what we mean when we say stopping Ebola in its tracks, finding anyone who may have been exposed and ensuring that they're monitored closely and if they were to develop any symptoms, immediately isolated. That's how we break the chains of transmission and that's

why we're confident that we will stop this before it spreads in Texas or elsewhere. Thank you very much for joining us.

OPERATOR: Thank you, again, that concludes today's conference. You may disconnect at this time.

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