CDC Press Releases

CDC Telebriefing: CDC update on first Ebola case diagnosed in the United States, 10-05-2014

Press Briefing Transcript

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- Audio recording[MP3, 10 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 of today's conference. At that time, if you have question, press star 1 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, Dr. Barbara Reynolds. Thank you ma'am, you may begin.

BARBARA REYNOLDS: Good afternoon, you're joining CDC's daily update on the Ebola response. I'm Barbara Reynolds, the CDC's director of public affairs. Today you'll be hearing from three speakers and then we'll take questions. Our first speaker is CDC director, Dr. Tom Frieden. Dr, Frieden?

TOM FRIEDEN: Hello everyone, it is exactly one week, since the first patient with Ebola in this country was diagnosed in Dallas, Texas and it's a good time to look back on what has happened in that week, and to say well all of the things that have happened, and where we are, and where we are likely to be going. The patient was diagnosed on Tuesday. Within about two hours, we announced that. That evening we had staff on the ground helping the terrific staff in Dallas, Texas to respond to this case. And we have no doubt that we will stop it in its tracks in Texas. It's worth stepping back and saying how Ebola spreads. Ebola only spreads by direct contact with someone who's sick or with their body fluids. So the core of control is identifying everyone who might have had contact with them and making sure they're monitored for 21 days and if they develop symptoms to immediately isolate them to break the chain of transmission. Today I would like to spend a minute talking about what's happening in Dallas, and then turn to my colleagues there, then about what's happening in the U.S. more broadly and finally where we are with the epidemic in West Africa. In terms of Dallas, the work of the state and local departments with CDC assistance has been terrific. They have been able to assess all 114 individuals who might possibly have had contact. They

were able to rule out that 66 did not have contact. They identified ten who appeared to have had contact with the individual when he might possibly have been infectious. Of those ten, seven are health care workers and three are family or community contacts. In addition, there are about 38 other people in whom we could not rule out that they had contact. So all of those 48 people will be tracked for 21 days to determine whether they have fever and if any developed fever, they will be immediately isolated, tested and if they have Ebola, given appropriate care and determine whether there were any additional contacts to their case. That's how we have stopped every outbreak in Ebola in the world until this one in West Africa. That's how we stopped it in Lagos, Nigeria and how we will stop it in Texas. Going on to the U.S. situation, we have seen a lot of understandable concern. Because of the deadly nature of Ebola and we're really hoping for the recovery of the patient in Dallas, we understand that his situation has taken a turn for the worse. We know that Ebola is a very serious disease and we're hoping for his recovery. But because it's such a deadly disease, people are scared. And it's normal to be scared, in fact for the health care workers who are caring for people with Ebola, we want them to be scared. We want them to have a healthy respect of the risk for any lapse in infection control procedure. We want them to channel that fear into being incredibly meticulous about infection control. Many people have pointed out that initially the individual was not diagnosed and we have done at CDC and will be doing a lot more in the coming days and weeks to inform and empower, not just doctors, but nurses, health care professionals of all time, anybody who has been in Sierra Leone or Liberia in the last several days, that if that happens, we rapidly isolate them, assess them and if indicated, test for Ebola. CDC has already done — reached hundreds of thousands of health care professionals with alerts, information, materials, tools, webinars at least once a week and we will ramp that up with medical associations, groups of doctors, nurses and others, making sure that this issue of Ebola remains tops — we have seen the level of interest increase. In fact we were getting about 50 calls or e-mails per day before the initial patient was diagnosed here. Now it's up to 800 calls or e-mails per day. We also understand the level of concern. We also understand that people would like to do everything possible to keep Ebola out of the U.S. and we agree with that 100 percent. Our top priority at the CDC is to protect Americans from threats. We work 24/7 to do that. In this case we are doing it by many different ways, and one of them is to stop the outbreak at its source, in Africa. There's a good possible that someone will travel, infect someone else, come into this country or another country, and have a case of Ebola. As long as Ebola is continuing in Africa–an outbreak anywhere is potentially a threat everywhere. But that doesn't mean we can't do anything. One of the things we do is to make sure that everyone leaving those countries is intensively screened with their temp being taken, questions being asked and being observed to see if they appear to be ill. That screening has removed 77 people who would have boarded planes to leave the country and didn't because of the training that the CDC staff helped those countries implement. They need the airlines to keep flying, otherwise they won't be able to keep their societies moving and we won't be able to stop the outbreak there. In addition of course, we work with health care workers around the country so there's rapid identification of cases and of course we're now looking at the issue of entry screening. And we're looking at all possibilities, there have been suggestions from people in congress, from the public, from the media, we'll look at those and see what works to protect Americans and to make sure that whatever we do doesn't unintentionally actually increase our risk. If we make it harder to fight the outbreak in West Africa, we actually increase our own risk. So those are the criteria that we're using, working across the U.S. government, there are many agencies focused on this and will be

committed to doing whatever we can to further increase the safety of Americans. Getting finally to issue of what's happening in West Africa today, the situation remains very fluid. It's striking when I speak to the CDC leaders, who are there, and we have sent u now 135 of our top disease detectives, and they're working down to the county and district levels in each one of the countries. One of the things that's quite striking is the diversity of the experience. This isn't just West Africa, its three individual countries, each individual country has its own pattern of disease spread. There's some districts that haven't had a case of Ebola, with some, it's just a handful of cases in each of their districts. We're looking at each of the 62 districts across each of these three countries to see what can be done to comb down this forest fire, to put out the sparks where it's spread to some places and place where is it's got a huge problem to isolate as many people as rapidly as possible. We have seen real progress in the response over the past one to two weeks, the department of defense being on the ground has made a big difference. They're already moving out and helping with operations. We have also seen USAID effectively increase support for families who want to respectfully and safely — so while we're still not ahead of it, we're certainly getting further along than we were before. I'm looking forward to briefing president Obama on the situation in west Africa tomorrow and to further ensuring that the president's direction that we move rapidly to do as much as we can to stop this is what we're doing not only at CDC, not only across the U.S. government, but globally, because we're seeing a tremendous global coalition committed to doing this. So that's a built about where we are in Dallas and the U.S. and globally. And before I turn it over to my colleagues in Texas, just to highlight, one thing that happened that didn't get much notice in this past week, because it happened to be on Tuesday, the day that we announced the diagnosis. We published a report on what happened in Nigeria when they had a single case and they didn't do any infection control, they ended up with 19 secondary cases, additional cases, but because of a rapid public health response, effectively tracking nearly 900 contacts, it appears that they have been able to stop the outbreak in Nigeria. Though we can't give the all clear yet, it does look like the outbreak is over there. I'm confident that wherever we apply the fundamental principles of infection control in public health, we can stop Ebola.

BARABARA REYNOLDS: Thank you, Dr. Frieden. Next speaker is Dr. David Lakey, who's the commissioner of the Texas department of state health services. Dr. Lakey.

DAVID LAKEY: Well, good afternoon, this is David Lakey, the commissioner of health for the state of Texas. And I would like to thank Dr. Frieden for the support of the CDC as we're working on this effort right now. It's one effort and one team. I want to start off by saying that my thoughts and prayers and our thoughts and prayers with the patient right now, but also with the family as they're going through this event and the contacts that are identified that obviously have concern about what's going on with them right now and with the hospital workers who are caring for this ill patient right now. In fact we're doing our work in partnership with the CDC and our global health department here in the state of Texas. A lot of very important hard work is taking place here in Texas, in Dallas to ensure that the people of Dallas are safe. The good news is that we have had no more cases and no one has reported any symptoms and we're happy about that and we're reassured but still very cautious in making sure we continue to care for individuals, monitor the situation in the way it needs to be done. Our function here is to monitor every contact and every possible contact and we have identified all the contacts and our priority in public health is to continue tracking those

individuals. We want to make sure that we are closely monitoring them and what's what we are focused on. Also as we are monitoring individuals, as we identify needs that they may have, we're working through our command structure to make sure those issues are addressed. Making sure if food issues are identified, that — that those issues are resolved. We have also, the neighbors, they have had concerns and we have tried to provide health educators in the community to help address those issues. Our focus is to make sure that you are informed of what's going on and understand how the public health system works and what the risks may be. The public health systems works to prevent and contain these risks, and I know it's been noted several times, but obviously a lot of people are listening right now, I want to re-empathize, that Ebola is not spread by the air, and people are not contagious unless they have symptoms. This can't be stated enough and I think it needs to be reassuring to the individuals who are listening today. There are hospitals across the stay Texas and the nation that on the look youth for any additional cases. We want hospitals to be on high alert and to identify individual who is have a travel history to the areas that are affected and that come in with any symptoms that could be associated with Ebola and that these — we're going to call on us, and that's exactly how we want the simple to woman, as they're identified, as a concern that they can get the testing that needs to be done. So we're all on high alert right now and that's where we believe it should b we continue to plan for contingencies, we're making plans so that we're prepared as we need to be to address those issues. And again Dr. Frieden, I want to thank you for the partnership between the CDC and the state of Texas as we work together to assure the safety of the people in Dallas. Thank you.

BARBARA REYNOLDS: Our final speaker is Dallas county judge Clay Lewis Jenkins, Judge Jenkins?

CLAY LEWIS JENKINS: Good morning and happy Sunday to everyone on the call. I want to start off by thanking all of the people who are currently being monitored and their families. I realize that when you're being monitored, even with a low risk for Ebola, it is a very unsettling and frankly terrifying process to worry about. And I am praying for all of you and many others are as well. This morning, I had the opportunity to participate in half of a mass and it was a mass by the bishop of the Archdiocese of Dallas for the Catholic Church where 1.2 million Catholics are under his leadership and the sermon was on Ebola and remaining calm and showing compassion and our duties to our fellow man. I know that is a message that is being preached throughout synagogues, churches and mosques in the Dallas county area and so I want to thank the faith community for stepping up, for the faith leader who found the home for Louise and the three young men, and for all the faith leaders who have stepped up as you always do in times of crisis. I want the public to remember, we had the same sort of concerns and some people had the same types of panic when we had the west nile virus outbreak in 2012. I'm speaking to you from our EOC here in Dallas county, sitting directly next to me is David Lakey of the state of Texas, our state public health commissioner, and highest authority on the public health, and Dave Daigle from the CDC, these are the two men that they have embedded at the Dallas county offices when we stopped the west nile virus in 2012 and we will contain this Ebola situation as well. We are — as the news reports have come out, I'll answer the first question ahead of time, we are working to find a low risk individual who has been identified as a contact. We have our Dallas county sheriff's department and Dallas police department teams on the ground now and they have been there since last night, we

are working to locate the individual and get him to a comfortable, compassionate place where we can monitor him and care for his every need during the full monitoring period. I want to assure you this person has not committed a crime, they are a low risk individual, and I emphasize low risk individual, and we are doing this as a precautionary measure. Again, I want to thank everyone, the staff of homeland security and emergency management and Dallas county health and human services as well as my executive staff for all of their hours and hours of work on very little sleep. And the individual was seen yesterday, the low risk individual I just spoke of was seen yesterday, was monitored and is an asymptomatic low exposure individual. Remember what we talked about, for those of you who are not medical reporters, asymptomatic people, have zero chance of contracting the Ebola virus from a symptomatic individual. We just need to locate this individual and need your help in letting them know they're not in trouble. We want to move them to a comfortable and compassionate place and care for their every need while we monitor them throughout the monitoring period. And with that, I'll turn it over for questions.

BARBARA REYNOLDS: Thank you judge Jenkins, we're now going to open the room for questions and by phone through the operator. Thank you.

OPERATOR: And again, Parties on the phone, if you would like to ask a question, star 1 and record your name before you start talking.

STEVE GEHLELCH: Steve with WSB, Can you talk about this patient in Dallas soon to take a turn for the worse, are they getting the same treatment those patients we saw here in Atlanta and Nebraska that seemed to get better? Is there some different treatment or is there some reason why they haven't taken to this treatment?

TOM FRIEDEN: Ebola is a very serious infection and unfortunately can be fatal in many people who get the infection. Some patients received an experimental treatment known as z-mapp. That is three specific antibodies, but there are a very small number of doses in the world, and I understand it's all gone. It takes a long time to make more of that medicine, so it's not going to be available any time soon. There's a second experimental medicine, both of these medicines, we don't know if they work or not, but they are two experimental medicines that may be promising. And the second could be somewhat dangerous to use, it could make the patient sicker in the interim and the family would have that choice, if they wanted to, they would have access to it.

MICHELE MARILL: Thank you, Dr. Frieden. Michele from Hospital Employee Health Newsletter, I have two questions; the first one has to do with protections for health care workers. The CDC guidance currently is that health care workers wear a safe mask. There are some experts in respiratory protection who have argued that the precautionary principle says that in the absence of absolute certainty that higher levels of protection should be used, and certainly other patients in the U.S. who had Ebola were treated in high containment settings. In your recommendations, what are health care workers using in terms of respiratory protection?

TOM FRIEDEN: The key with Ebola is to make sure that the barrier and other precautions are trickily followed. Where we have seen lapses in infection control in Africa, that resulted in spread, it's because of a problem of either putting on or taking off the protective equipment.

That can be an area of risk, if you take it off and don't do it carefully, you might contaminate yourself by mistake. It's very clear from everything we have seen in Africa, from everything we have seen over the last 40 years with this virus, that the spread is nowhere near as contagious as something like flu or measles or TB or even the common cold, that catching it requires direct contact. And there's an interesting clue here, over the past decade, though we have not had until now any patients with Ebola in the U.S. we have had five patients in the U.S. who have had other hemorrhagic fevers from other entire rouses. Marburg is very similar to Ebola. None of those five patients were initially diagnosed. None of them were cared for with any special precautions beyond what we generally do and there were no secondary infections in any of those cases. In fact for the women who had Marburg, she underwent surgery before she knew she had the Marburg infection. If hospitals want fob — want to have additional safeguards, that's entirely up to them, but we have, for many years in fact, decades cared for patients in Africa with these conditions and not had infections as long as the infection control procedures are strictly followed. It's not a question of being highly infectious; it's a question of making sure that the precautions that are taken are strictly and meticulously adhered to.

MICHELLE MARIL: I just had a second question. With regard to you mentioned seven health care workers are among those being monitored, when the patient first appeared at the hospital, routine blood work was taken. Did your net include the people in the laboratory who were handing those blood specimens?

TOM FRIEDEN: We have looked at all potential exposures within the hospital context. We'll go to the phone for the first question.

OPERATOR: Our first question comes from Elizabeth Cohen with CNN

ELIZABETH COHEN: Hi, Dr. Frieden and everybody else, thank you for having this press conference. The Dallas patient, is he receiving any other medicine besides the —

TOM FRIEDEN: I actually didn't hear the specifics of your question, is he receiving what, you asked?

ELIZABETH COHEN: Ebola anything other than supportive care?

TOM FRIEDEN: As far as we understand, experimental medicine is not being used, as I mentioned earlier, the medication you mentioned can be quite difficult for patients to take and can worsen their conditions. So it's up to their treating physicians, himself, his family as to what treatment to take, supportive care, managing fluids, supporting the patient's vital functions, these are all critical issues to be addressed. Next question on the phone?

OPERATOR: The next question comes from Donna Young with Scripp news.

DONNA YOUNG: Thank you for taking my call. I have a question about the difference between why you've got the physician that was exposed in Sierra Leone monitored or treated at the NIH as opposed to the Duncan family and friends why they were kept under guard in an apartment complex now moved to a private home, why are they not being monitored in a medical facility when you've got another person being monitored at the national institutes of

health clinical center. And when will — the status of the patient at the NIH, and has he actually been tested for Ebola?

TOM FRIEDEN: For any individual questions you would have to consult the treating facility and they would consult the family and that's who would make available any situation. The situation in NIH is a clinical research center where clinical research is done and you would have to refer any questions to them. In terms of the contacts in Texas I'll turn it over to Dr. Laky, the concern for anyone who has had contact, they're not a risk to others. The only thing we need to ensure is that their temperature is among monitored and if they're found to be positive, then appropriately cared for. The authorities in Texas determined that the only way to ensure that for certain individuals that temperature gets monitored daily is to take the actions they took.

DAVID LAKEY: Thanks Tom, I think that's correct. We put in a control order to ensure that we could protect the public's health and safety and monitor these individuals and do everything we can to monitor it very compassionately and care for their needs. We feel very comfortable where the individuals are at this time, honestly there were challenges in getting them entered into that location, but things are going well with them now and we again have individuals that are working with them daily, monitoring them, taking their temperature, and we feel very comfortable that they're in a safe environment at this time. You've been working directly with them and transported them to the house, anything you would like to add to that?

CLAY LEWIS JENKINS: Sure, if you are in the hospital and that were your family, you would want them to be in the kind of place that we have this family in. Their medical monitoring is excellent and we're doing everything that needs to be done that could be done in a hospital, it's just consists essentially of checking their temperature and their vitals twice a day. And without getting into the specifics of the children — the individuals, we got a young man who's enjoying playing basketball now and he can't be doing that in the hospital. Even though the science on this is clear, Ebola was discovered in 1976, and the officials that are working together with us, hand in hand, on the team, are the same experts who have been working on it everywhere it's reared its head in the last, whatever it's been 40 years, even though that's true, if i put this family in a hospital, there are going to be people that are afraid to go to the hospital. I need your citizens to know that Presbyterian and every other hospital in Dallas County is safe and if you need medical care, you need to go to the hospital. Frankly I'm more concerned about bad outcomes if we overcrowd emergency rooms with panic or people stop using Presbyterian, which is a great hospital, than I am about statistically the chance of this disease spreading. So that was the thought process in moving them to a location away from other individuals that is more restful and appropriate place for young people.

TOM FRIEDEN: Thank you. Next question on the phone?

OPERATOR: Our next questions comes from Ana Campoy with Wall Street Journal, your line is open.

ANA CAMPOY: Yes, hi. I was wondering if you can tell us more about this individual that you're looking for, is he or she one of the 50 that you were monitoring. And what kind of contact did he or she have with Mr. Duncan? And have you had other people that have gone missing like him in the past few days?

TOM FRIEDEN: So I will outline the overall and then turn to Dr. Lakey. The individual who's being sought now was monitored yesterday, so he hasn't missed a day of monitoring. Even though he has gone missing, I'm sure the authorities in Texas can find him again. The nature of his contact is considered low risk. He if you will recall, identified two groups, one a group of 10 who definitely appears to have had contact. It may not have been substantial contact, but it was contact. And there was a group of 8 who might have had contact. For the ten who did, all of them have been monitored each day since they were identified, none of them have symptoms, none of them have fever. And I do want to highlight, even though we have described that as a higher or deft contact. This is. Like a needle stick, this is someone who may have touched the patient. Not a very high risk, but deft contact. But this individual was not in that group of ten who had definitely contact. Dr. Lakey?

DAVID LAKEY: I just want to echo your comments there, this is a low contact individual, if it had been identified that he was seen yesterday and did not have any fever yesterday, but that we believe that we need to again work to make sure we work to locate him, to make sure he is continued to be monitored compassionately. As has been noted, he's homeless. We're working very hard to address that issue so we have a controlled environment to monitor him and that's the work that's taking place right now to ensure that his every need is met during this time that we're monitoring him. If he's listening right now, we want to make sure that we address his needs and monitor him compassionately.

CLAY LEWIS JENKINS: Let me add something to that, if he's listening to this, I'm the one that took his family in my personal car to where they were right now, it's a great place. We would like to find a great place to among for you as well. You have my word that your every need will be taken care of during that monitoring period, we need your help in letting — coming to us or going to an officer and letting them know who you are, and they will contact me and I'll come to you and we'll work out your every need. Thank you.

TOM FRIEDEN: We have another question in the room.

JOHNNY CLARK: Dr. Frieden, Johnny Clark with Associated Press. You mentioned in your opening statement that unfortunately the patient in Texas has take an turn for the worse, can you give us any details of the complications he's experiencing?

TOM FRIEDEN: I would have to refer you to the hospital, we know that Ebola is a deadly disease and can affect many parts of the body so it can be very challenging to support the vital functions while the patient's natural immune system is trying to fight it off. Next question on the phone?

OPERATOR: Next question comes from Rob Stein with NPR.

ROB STEIN: Thanks for taking my question. Just a follow-up on the person you're trying to locate. Can you tell us what u you're trying to do to locate this person other than this public appeal?

TOM FRIEDEN: I think it's a question about how to locate the person who hasn't been located.

CLAY LEWIS JENKINS: This is judge Jenkins, I'll take that, I guess we're the boots on the ground in locating him. We have law enforcement and other first responder agency going to places, we're using the same sort of data points that we use to find anyone that we're looking for and we're making that top tier effort to locate this individual. I want to stress again, not because he's committed any kind of crime or is in any kind of trouble whatsoever. It's that we have a great place for him to stay and we're going to attend to his every need and we need the individual to help us by coming forward and being a hero for his community by letting us help him.

TOM FRIEDEN: Thank you, next question on the phone.

OPERATOR: Next question comes from Marc Santora with New York Times.

MARC SANTORA: Hi, thank you. I was just hoping you might be able to give us a little bit of detail on what happened at Newark airport yesterday, how were you so quickly able to rule out Ebola and are your – (audio faded)

TOM FRIEDEN: Once that patient's detailed history and clinical examination was done, it became clear that the symptoms that that individual had were not consistent with Ebola, they were consistent with another — as i said yes, we do expect there will be more concerns, more rumors, more possible cases, what we'll do is make sure we respond rapidly in each such case, if someone has traveled to one of the three countries that continues to have spread of Ebola and has symptoms consistent with Ebola–in this case, the symptoms were not consistent with Ebola and he was better and went on his way. Next question?

OPERATOR: Next question is Eben Brown with Fox News, your line is now open.
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TOM FRIEDEN: we'll go to the next question.

OPERATOR: Next question comes from Lisa Schrinngs with CIDRAP

LISA SCHRINNGS: Hi, thanks for being available today, just kind of a quick housekeeping question for myself and other journalists, the week ahead, i know you have a briefing with president Obama tomorrow, to the best of your knowledge today, are there any congressional hearings or other big meetings for people to kind of keep an eye on? Thanks so much.

TOM FRIEDEN: We'll take it one day at a time and we'll see what gets scheduled when, we look forward to work collaboratively and are really encouraged by the interesting commitment and support we have gotten from everybody in Washington. People understand that we're all in this together, that there are clear things that we have got to do, it's hard, it's going to be a long, hard road but that working together we can stop Ebola, we can stop it here and we can control it in Africa. Next question in the room?

REPORTER: Dr. Frieden, now that we are a week out and you're looking back, is there anything you can learn from really the experience, not only at the airport, but in the hospital, the screening process, generically, as we look at other airports, other cities, other hospitals, other health care facilities when it's really based on the forthcomingness of that person and their travel history when they're not forthcoming?

TOM FRIEDEN: It's clear that we need to increase the confidence of the U.S. system and the probability of finding out about travel histories. We learn from the west, we recognize that we can't always be perfect, and we learned from that experience to say what can be better next time? So we're intensively informing everyone in the health care system who could have contact with someone who's coming in to think about Ebola and keep it top of mind. We obviously had some challenges over the past week dealing with medical waste, as it happened, we thought that issue had been resolved the previous week, and before this patient was diagnosed, it was a glitch in removal of medical waste, that's now been resolved. Every time we have a new situation, we learn from it, we say what can we do differently and better next time?

OPERATOR: Next question comes from Sean Sullivan with Washington Post.

SEAN SULLIVAN: Thank you for taking my question, I wanted to ask whether the doctors who are treating the patient for Ebola in Dallas are considering giving him any blood transfusions from any of the survivors, anybody who's been treated successfully, either Dr. Brantley or anybody else.

TOM FRIEDEN: you would have to refer that to the hospital, unless Dr. Lakey you have any comment?

DAVID LAKEY: I don't have any comment.

TOM FRIEDEN: Next question

OPERATOR: Next question comes from Denver Nicks with Time Magazine

DENVER NICKS: Hi, thanks for taking a moment. I just wanted to clarify, the fellow that you're looking for, the low risk potential contact, does he know that you're looking for him? Have you been in touch with him before?

TOM FRIEDEN: David or Clay?

DAVID LAKEY: I'll start out and the answer is, yes he does. We were able to bring him in yesterday and again monitor him. Check his temperature, evaluate him, and told him to stay there and that we needed to follow him and he left and that's why we have sort of escalated this to make sure that, again, we are able to closely monitor him. Judge?

CLAY LEWIS JENKINS: I think that answered the question, unless you get a follow-up.

TOM FRIEDEN: Okay, next question on the phone?

OPERATOR: Next question comes from Caroline Chen with Bloomberg News; go ahead your line is open.

CAROLINE CHEN: Hi, thanks for taking my call. I was wondering if you could clarify what happened at the hospital in Duncan first walked in because they previously sent out a message that there was a problem with the electronic health care record system. Then there

was a new statement sent out saying there was no problem with the electronic health care system.

TOM FRIEDEN: Dr. Lakey would you like to address that?

DAVID LAKEY: Dr. Frieden, I think the hospital is the entity that needs to answer that question about what occurred in the hospital on that date.

CAROLINE CHEN: They have not — they said that they are not going to give any further explanation at this time so we do have two separate statements that are conflicting at this time.

TOM FRIEDEN: What I can say is that the care of patients is complex and you have to recognize that lots of people come into emergency departments every day, that's why we have provided checklists and algorithms, that's why we're working with the emergency department, physician and nursing groups to ensure that we're doing whatever we can so that whenever anyone comes in there is travel history taken and if there are symptoms consistent with Ebola, they're taken seriously and treated. Two more questions on the phone and one in the room. Next question on the phone?

OPERATOR: Next question comes from Leigh Ann Winick with CBS News, go ahead your line is open.

LEIGH ANN WINICK: Thank you Dr. Frieden. Could you elaborate on your comment earlier about not eliminating travel from these countries and how that you would eexacerbate these people — or is it that we won't be allowing health care workers in?

TOM FRIEDEN: There's a series of things that have to happen to control the outbreak. It could spread to other countries in Africa and be an ongoing risk that we would have to deal with for months or for years. It's really important that we stop the outbreak. And to do that, we need regular travel; we need countries not completely isolated from the world. I understand there are calls to cut off all flights. For people to — when I was in Liberia, the health keeping force from the African union was coming, they have already sent dozens of workers, they want to send dozens more, and they’re very helpful. But their response was delayed about a week because Senegal stop between Senegal and the West African countries. That probably increased the risk that Senegal will have imported cases in the future so. We are totally committed as our number one priority to protecting Americans. We have to ensure that whatever we do doesn't inadvertently increase that risks by making it harder to stop the outbreak in Africa. Next question?

OPERATOR: Next question comes from Amanda Chen with Huffington Post, go ahead, your line is open.

AMANDA CHEN: Hi, thanks so much for taking my questions. I had two, the first one I just wanted to clarify the time that you consider high risk, you said that's three relatives or community members and seven were health care workers. But from my understanding before relatives of Duncan are quarantined, wouldn't it be four relatives? Can you clarify those numbers? And do symptoms have to set in before you're able to test for Ebola, because I’m

wondering why these high risk individuals aren't tested right now so you would just know.

TOM FRIEDEN: So you can't spread Ebola unless you have symptoms and you can't test for it accurately, the test will be negative until there are symptoms. In fact when Ebola first comes on, the amount of virus that someone excretes or sheds is very low. So initially, a test might even be negative for someone with an initial fever. As someone gets sicker and sicker, they get more and more infectious because there's more and more virus in their body. In terms of the household and community contacts, what we have identified is people who either did have definite touch or contact with the individual who is may have had that contact. And you can figure out from the numbers we have given that not all of those who were identified as having been in the household definitely had contact. And I think we end with the question in the room.

REPORTER: I had a question about the seven health care workers, the high risk, are they being quarantined in the same fashion? Are they being required to stay in their home? What other, you know was there law enforcement presence and what about their interaction with their family members and so forth?

TOM FRIEDEN: It's really important to emphasize here that the only thing we need to ensure with contact is that their temp is measured every day. And the only reason Texas took the step that they did with those four individuals is that they could not ensure that they could be monitored every day. In terms of the health care workers, it's really up to the hospital what to do and how to do that. Dr. Lakey, do you want to comment on that? Or I can add some detail if you would like.

DAVID LAKEY: I can add a little detail. The individuals obviously have been contacted, they're being monitored, there's no problems there, the hospital has allowed them to stay home with pay, so they're not interacting with any patients, but there's no problem, we have had no difficulty in monitoring them in their current situation. Thank you.

TOM FRIEDEN: Thank you, Judge Jenkins, do you have any final word before we close this press availability?

CLAY LEWIS JENKINS: I guess in closing, I would say thank you to the members of the media who are helping to get out the accurate information about how this disease is spread and what people should be concerned about and what they should not be concerned about. It's very important that we follow the science and don't overreact in that situation and your work on that is helping tremendously thank you.

TOM FRIEDEN: Thank you, Dr. Lakey anything you want to add?

DAVID LAKEY: I want to thank you the CDC, for our partnership on this, i want to thank the media, it's very important that we get accurate information out related to the real risks and what are not risks so your partnership in this is important. And again, to the family members in the contact, our thoughts and prayer are with you as we work through this current situation. Thank you.

TOM FRIEDEN: Thank you both very much and thanks also to the team in Texas that's doing

such a terrific job here. The bottom line is that we're stopping Ebola in its tracks in Dallas. We're working throughout the U.S. to increase the level of tracking for any possible cases so that if other patients come in, they can be promptly isolated. And we're continuing to surge the response in Africa to drop Ebola at the source so that we don't have to deal with it in the coming years. Thank you all so much for covering this.

CLAY LEWIS JENKINS: Tom, one thing that we forgot to say or I'm not sure that we said, if you all are still on. Please let everyone that's being monitored know that our faith community here across ideologies and seconds, our faith community here is make the day a day of prayer for you in their houses of worship. If you're being monitored, you're in the thoughts and prayers of tens of thousands if not hundreds of thousands of people today.

TOM FRIEDEN: Thank you very much.

BARBARA REYNOLDS: Thank you, This concludes today's briefing on the Ebola first case diagnosing. For reporters who have additional questions, they're welcome to call CDC at 404-639-3286. Thank you.

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

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