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CDC Newsroom

Transcript of 2019 Novel Coronavirus Response

Press Briefing Transcript

Friday, January 24, 2020

Please Note: This transcript is not edited and may contain errors.

Operator: Welcome and thank you for standing by. Your lines have been placed in a listen only mode until the question and answer section. At that time if you would like to ask a question, you may press star 1. Today's conference is being recorded. If you have any objections, you can disconnect at this time. I'll now turn the call over to Benjamin Haynes; you may begin sir.

Ben Haynes: Good morning, thank you for joining us for today's update on the 2019 Novel Coronavirus response. We are joined today by Dr. Nancy Messonnier, director of CDC's National Center for Immunization and Respiratory Diseases; Dr. Marty Cetron, director of CDC's Division of Global Migration and Quarantine; and health officials from the Illinois Department of Health. Following opening remarks, we will open it up for your questions. I would now like to turn the call over to Dr. Messonnier.

Dr. Nancy Messonnier: Good morning, thank you for joining us. Over the last week, I've said that with our advanced surveillance and detection capacity, we expect find more cases of novel coronavirus in the United States associated with the ongoing and expanding outbreak in Wuhan, China. We understand that some people are worried about this virus and how it may impact Americans. While this situation poses a very serious public health threat, CDC believes that the immediate risk to the U.S. public is low at this time, but the situation continues to evolve rapidly. Today I am joined by representatives from Illinois and Chicago to announce that we have confirmed a second travel-related U.S. infection of novel coronavirus. I would like to hand the briefing over to my colleague Illinois Department of Public Health State Epidemiologist Dr. Jennifer Layden, who will discuss about the specifics about this patient and the specific actions taken by IDPH. Dr. Layden.

Dr. Jennifer Layden: Thank you Dr. Messonnier, and good morning. I am Dr. Jennifer Layden, the State Epidemiologist and Chief Medical Officer for the Illinois Department of Public Health. I would like to start by thanking our local public health partners in Illinois, healthcare partners and the CDC for the coordinated and collaborative work on this rapidly evolving situation. It is because of the diligent work by numerous health professionals that we were able to identify this confirmed travel-associated case of novel coronavirus quickly while also taking measures to prevent others from being exposed.

IDPH has been closely monitoring this international outbreak and began proactively preparing in the event the outbreak expanded. We have been providing the CDC guidance, resources, and recommendations to our local health departments, hospitals, and clinicians; developed a dedicated website and webpage; and held webinars this week for local health departments, clinicians, and healthcare facilities across the state. Earlier this week we were notified by our local health department partners of a Chicago resident who had returned from Wuhan on January 13. The individual did not have symptoms while travelling. More recently, the individual began experiencing symptoms, called healthcare providers and ultimately was admitted to the hospital and placed in isolation. As the patient did in this case, we ask that any individuals who begin experiencing symptoms and have recently traveled to Wuhan or had contact with someone diagnosed with the novel coronavirus, call their healthcare provider or hospital before seeking treatments so that the appropriate infection control measures can be put in place. Coordination between the hospitals, local and state health departments allowed specimens to be quickly shipped and tested at the CDC. This coordination between providers, hospitals, and public health is critical for our continued effort to best respond to and reduce transmission. The Illinois Department of Public Health will continue to partner with the CDC and has invited them to Illinois to assist with this investigation. IDPH is ready to bring testing online at our state labs when testing is available from the CDC. We will

continue to communicate and coordinate with our local health departments and numerous clinical partners as we respond to this evolving situation. I would now like to turn it over to Dr. Allison Arwady, the Chicago Department of Public Health Commissioner, who can provide more information about this patient and the next steps of the investigation.

Dr. Allison Arwady: Thank you, Dr. Layden. This is Dr. Allison Arwady, the Commissioner of the Chicago Department of Public Health. The patient is a woman in her 60s and a Chicago resident. Most importantly, I am pleased to report she's clinically doing well and is in stable condition. She traveled to Wuhan, China in late December and returned to the U.S. on January 13. A few days after arriving home, the patient began to feel unwell. As you heard, she called ahead to alert her doctor to her illness. The doctor appropriately asked about travel history and quickly put a mask on the patient helping to limit the potential risk of spreading infection. Her doctor then referred her directly to a hospital with infection control capabilities for further work up. Hospital staff placed her in the appropriate vetting for infection control, performed a full clinical work up, and worked with public health to arrange testing for novel coronavirus at CDC. The patient is clinically doing well, currently in stable condition and remains hospitalized primarily for infection control. The patient has been very helpful as we have been gathering information about her contacts in recent days. Again, she was not symptomatic when flying, and based on what we know now about this virus, our concern for transmission before symptoms developed is low. So that is reassuring. She has limited close contacts, all of whom are currently well, and will be monitored for symptoms. Since returning from China, the patient has had limited movement outside her home. Now that the test is positive, we will be continuing to collect and confirm information on her activities and contacts. But we know already for example that she had not taken public transportation or attended any large gathering. And actually, to our best knowledge at this point, she has not had extended close contact with anyone outside her home since returning from China. This is all very reassuring in terms of infection risk to the general public which remains low nationally and locally here in Chicago. I want to thank the federal state and many local partners who have worked together not just in response to this case but over many years to ensure the Chicago area is well prepared to respond to emerging and infectious diseases.

Dr. MESSONNIER: Thank you both. This is Dr. MESSONNIER and I want to take a moment to thank our colleagues in Illinois at the state and local level who have been working with us since earlier this week when the patient was identified. Like we did with the state of Washington, a CDC team has been deployed to support the ongoing investigation in Illinois, and as always, we standby to help state, local, and global partners. I also would like to thank all the states and clinicians who have reached out to us over the last few days to discuss potential cases, and who have followed up by sending samples if it was warranted. This is a sign that the public health system is working. To date, we have 63 of what we are calling patients under investigation or PUIs from 22 states. So far, only two have been confirmed positive and 11 tested negative. We anticipate by next week we'll begin regular reporting of case information on our website. There are likely to be many more PUIs identified in the coming days. We have faced similar public health challenges before. Those outbreaks were complex and required a comprehensive public health response. This is what we are preparing for. We have an aggressive response with the goal of identifying potential cases early. We want to make sure these patients get the best and most appropriate care. This is a rapidly changing situation both abroad and domestically, and we are still learning. Let's remember this virus is identified within the past month and there is much we don't know yet. We are expecting more cases in the U.S., and we are likely going to see some cases among close contacts of travelers and human to human transmission. Our goal is always to protect the health of Americans. We at CDC have our best people working on this problem. We have support across the entirety of the Federal Government. We have one of the strongest public health systems in the world. Again, while there are many unknowns, CDC believes that the immediate risk to the American public continues to be low at this time, but that the situation continues to evolve rapidly. CDC recommends travelers avoid all non-essential travel to Wuhan. We also recommend people traveling to other parts of China practice certain health precautions, like avoiding contact with people who are sick and practicing good hand hygiene. Returning travelers with symptoms, or close contact with people confirmed with coronavirus, may be asked to take precautionary measures and there may be some disruptions. I want to thank those people in advance for their cooperation. Everyone can do their part here. Although Chinese officials have closed transport within and out of Wuhan, China, CDC will continue to conduct enhanced screening at five designated airports: New York JFK, San Francisco, LAX, Chicago O'Hare and Atlanta Hartsfield-Jackson. We are currently evaluating the extent and duration of this enhanced screening. Every day we learn more and every day we assess to see if our guidance or response can be improved. As the response evolves, CDC will continue our aggressive public health response strategy. Thank you.

Ben Haynes: Thank you, Dr. MESSONNIER. We are ready to take questions.

Operator: Thank you, we will now begin our question/answer segment. You may press star 1 to ask a question and one moment please for our first question.

Our first question comes from Lena Sun with the Washington Post.

Lena Sun: Thank you doctors for holding this call and thank you so much for starting it on time for those of us who are on the other call yesterday. I have a question; can you tell us how many people have been screened and is it possible to get a list of the 22 states and how many people — how many close contacts are being monitored?

Dr. Marty Cetron: Yes, we have screened over 2,000 folks to date as of yesterday, and that's about 200 flights. We have not found any cases; one person was sent for additional medical evaluation. That's the current status of screening at the five ports for the active entry screening.

Dr. Messonnier: In terms of the number of states, I don't have that information today. It is one of those things we are hoping to be able to post on the web next week.

OK, I am sorry, I am — Nina, there are 22 states. The specific information about which state is again something we hope to post by next week. I am sorry, I missed the third question? Oh, the contact list.

I think that would be premature for us to give you absolute numbers, but I ask my colleagues in Chicago, Illinois, if you want to give a sense of how many people you are tracking.

Dr. Allison Arwady: This is Allison Arwady in Chicago. We are currently working to determine exactly what our list is going to be for monitoring, this patient had limited close contacts and the ones that have been identified are currently well will certainly be working with the CDC team on the ground to make sure there is a full list of those folks as well as healthcare workers caring for the patients. We are not ready to share details at this time. We are well on our way to having all of that established.

Dr. Messonnier: This is Dr. Messonnier again, I would just like to say that given the unknowns as we continue to learn about the virus, the public health community is airing on the side of caution in terms of following close contacts as you would expect at this point in the investigation.

Ben Haynes: Next question, please.

Operator: Next question comes from Helen Branswell with STAT.

Helen Branswell: Is there any indication of illness among the contacts of the patient with illness in Washington state. That's the first. The second in your discussion with the woman who was in Wuhan, the new case, is there any indication of how she may have become infected? Did she go to the fish market or was she around people who were sick? And the third question is for Dr. Cetron, given that flights out of Wuhan have been stopped, what are you actually doing at the five airports now and was the number of the cities that you are trying to monitor from expanded?

Dr. Messonnier: The first answer, to whether or not there is illness among contacts of Washington state, is at this time we have not identified any illness among the contacts of the initial patient in Washington state. Dr. Layden or Dr. Arwady, do you want to answer the second question about what you know about how she potentially became infected.

Dr. Allison Arwady: We are not at this time releasing any other personal information about the patient. Certainly, with the CDC team on the ground, we'll be gathering additional information about her activities and travel in China just like what we are doing here on the Chicago side. Decisions to screen and test these patients, as folks know, are purely based being in Wuhan as opposed to specific activities. That's what we can share at this point.

Dr. Marty Cetron: And Helen this is Dr. Marty Cetron, and I think your point is well taken. We have seen a fairly dramatic change in the situation in China with the government's announcement of travel bans and restrictions out of Wuhan and actually those are extending to additional cities as we speak. As you would expect, we are reevaluating the approach, and as I said earlier when we first began entry screening with a clear focus on the epidemic epicenter that we would continue to evaluate the balance and utility of a border entry screening program based on the totality of the circumstances. Those circumstances have clearly changed. We are reevaluating that approach and watching for both expansion to other cities as well as concentrating the efforts. As you heard today, it is really important to point out that both of the initial first two U.S. cases were asymptomatic and afebrile when they arrived. The concentration of resources and efforts need to be

focused on the tremendous work that our state and local partners are doing to rapidly identify cases and contacts and assure that the American health is protected. So, there will be a balance and a shifting in how we look at entry screening as we go into the new scenario with the travel closures.

Operator: Thank you. The next question will come from Elvia Malagon, with the Chicago Tribune.

Elvia Malagon: Is there any indication that the patient had traveled with anyone, when she went to China, and have any of those people been tested for this?

Dr. Allison Arwady: There were no other Chicago or Illinois residents that traveled with this patient. Therefore, we are not testing anybody in that setting. We are though following on with her close contacts in any of these situations.

Operator: This question comes from Issam Ahmed AFP. You may ask question. Your line is open.

Issam Ahmed: Out of the 63 cases on the investigation you mentioned, 11 tested negative. So just to get a breakdown, those 11 are out of the 63 and the two confirmed positives are out of the 63 total?

Dr. MESSONNIER: Yes, that's correct, 63 is the total number of cases under investigation. As you know from other outbreaks, we use that term loosely to provide the number of people who we are doing an evaluation with. We think that number has gone up as a testament to the diligence of our partners at the local state level, the diligence of clinicians and those two patients self-identified potentially having exposure. Eleven negatives and two positives and the other patients' samples are in the process of arriving or in the process of being tested here at the CDC. As you heard from Illinois, we are rapidly working at the CDC to get those tested out where they can meet closer to the patients to really try to as quickly as possible to be able to provide diagnoses.

Issam Ahmed: Perfect, and when you get those, do you know the timeline when it will be out?

Dr. MESSONNIER: I would say that we are working to expedite it as quickly as possible.

Operator: This question comes from Denise Grady with the New York Times.

Denise Grady: A couple of things. When you are following patients, I realized that you are testing but are you also looking at an incubation period and is there some period during which if the person is OK then you are figuring no problem. Is the incubation period known yet?

Dr. MESSONNIER: In general, the information that we have so far suggests an incubation period around two weeks. That's not surprising given the kind of virus this is. That's a general guideline. In terms of following, you know what really it is the state and the local health departments who are following and investigating these cases and how they proceed with that investigation partly depends on their clinical suspicion of whether this is likely to be a positive case. And so, for example, with this patient, the health department had a very high degree of suspicion and even before the diagnosis had already started to think about their initial investigations. And I don't know if doctor, if you want to talk about what you were doing.

Dr. Jennifer Layden: Sure, this is Dr. Layden. We started to work with both, in this case before it was confirmed, the patient and others to identify any potential areas of exposures and potential close contacts and we are working closely with local health departments and the CDC to prioritize contacts. And we'll be monitoring through systems we developed these individuals through the extent of the incubation period.

Denise Grady: Thank you, can I ask one more just follow up on that. When samples are sent in and tested, what are the samples and what are you testing from the patients?

Dr. MESSONNIER: Thank you. We are generally testing respiratory samples, but we are also testing blood, and we are currently working to expand the kind of diagnostics we can do, but the focus right now with the real-time PCR is respiratory specimens and sometimes blood.

Operator: Next question comes from Steven Gray; your line is open.

Melissa Para: Thank you, this is actually Melissa Para. I just wanted clarification on how exactly you guys are keeping track of those travelers who may have been asymptomatic when they arrive at Chicago O'Hare but may develop symptoms later on.

Dr. Marty Cetron: Now that's a great question, and the point is well taken that these patients were asymptomatic when they arrived. We are alerting them, and we have expanded the alerts to travelers to include all travelers that are coming from any potential area, and getting the word out through a number of different outreach sources for self-monitoring as well as the vigilance, the signs, the cards, the airport screens. The cards we are handing out say clearly, be aware to monitor your symptoms the next 14 days, and this is how to engage the healthcare system safely and have your physician report to the public health infrastructure. So that is the current monitoring approach during this incubation period and we think that that's a very important process. With the ban in Wuhan, we wouldn't expect to see if the travel ban is effective, additional cases coming in. So, it is the last 14 days before the ban where this pool of folks we are identifying now is where that focus is. We need to increase the vigilance and awareness of the entire system from travelers and people who gets sick and clinicians as well to be on the alert for that. So, we are pushing that message out from several sources, and an important one is this conference right now, so you can help us actually get that message out pretty effectively. Thank you.

Melissa Para: One follow-up question. We are still learning more about this and symptoms can kind of range all over the place, but is it possible that you know I understand that we have non-contact thermometers at the airport, but is it possible there may be patients who may have this that don't have a fever that may pass through that screening because they're not showing a fever as the symptom?

Dr. MESSONNIER: So, I think that is entirely true and as part of what the message the Dr. Cetron was trying to give, illnesses like this have an incubation period and there can often be periods of mild illness before more serious illness occurs. We are really still working to understand the full spectrum of illness associated with this novel coronavirus. What our focus still is for travelers and clinicians, is the people with recent travel who have fever and respiratory symptoms and I think that really should be the focus. Of course, the problem this time of the year is that it's cold and flu season and there are a lot of respiratory viruses that are circulating including influenza. But, we ask clinicians, travelers, and the entire community to be vigilant. We want everyone to air on the side of caution if they have those symptoms, and they have a travel history, to call their healthcare provider right away.

Operator: Next question comes from Sarah Oweremohle with Politico. Your line is open.

Sarah Oweremohle: Thank you. I want to ask what kind of dialogue you guys are having with Chinese health authorities, and if that helps the understanding of when people present symptoms or when they transmit this disease to others, and the source of it as well as if there is any inkling of where it is coming from and also on the diagnostic tests you are developing. How long is the turnaround time to definitively say this is the Wuhan virus and how much is the turnaround of people sending samples to you and the time it takes to get those to you?

Dr. MESSONNIER: I am going to answer the second question first. Once the sample is prepared at CDC, the time it takes to actually do the test is four to six hours which is a very typical time for a real-time PCR. As you say, part of the delay is the sample getting to CDC, and entirely one of the reasons we are focusing on the possibility of getting those tests out closer to the patients so the results can become available more quickly. For the first question, what I would say is that, CDC has a team that's been in China for many years where we work closely with the Department of Health in China, and one of the things we have been working with them is preparedness for respiratory diseases and influenza for a long-term partnership, and in that way there is a strong collaboration. The situation in China continues to evolve rapidly. I think we should be clear to compliment the Chinese on the early recognition of the respiratory outbreak center in the Wuhan market, and how rapidly they were able to identify it as a novel coronavirus and publish that information and make it available for all countries, like the U.S. That step was key for us having the diagnostics so that we could be able to identify it here. Over the past few days, there has been a large amount of information coming out of China, we are working closer with all the global partners under the umbrella of WHO, but also directly, to synthesize that information and that's one of the reasons we have been so clear that this situation is rapidly evolving because information is coming in hour by hour and day by day.

Operator: Thank you, this question comes from Rob Stein with NPR, your line is open.

Rob Stein: Thank you very much for taking my question. I had a couple of questions, one was, can you tell us the hospital that the woman was treated at in Chicago? Also, can you tell us anything more about where you are targeting the testing? Are there specific places for your priorities of getting the testing out to?

Dr. Allison Arwady: This is Allison Arwady in Chicago. For the first question, to protect patient's privacy when the Chicago Department of Public Health or Illinois Department of Public Health are investigating a patient with communicable diseases, we do not routinely name the hospitals where the patient sought care. I do want to say, that we would potentially name hospitals in three situations: Number one, if we have concern the general public may be at risk of infection; Number two, if we could not identify individuals who needed follow-up monitoring; Or number three, if we believe there has been transmission within the hospital itself. In this case, based on everything we that know now, none of those situations apply, so we are sticking to our standard communicable disease release. In the interest of balancing patient's privacy and transparency, if we have any evidence or any reasons to believe the general public is at risk of transmission in the hospital, we would share the name of the hospital at that time.

Dr. MESSONNIER: In terms of the second question, the prioritization of the diagnostic kits, we are working rapidly to get it to every state because we believe it is likely that many states will have patients under investigation that they'll want to do diagnostics. But we are certainly paying special attention to those states that have larger populations returning from Wuhan, to make sure they have that availability first. In terms of other countries, CDC has an incredibly strong infrastructure for this exact kind of development of diagnostics, and we'll certainly be working to make sure that we use those resources to help all the countries around the world that are in need of our help with diagnostics and in this case we are working with the World Health Organization who is coordinating a lot of those efforts.

Operator: this question comes from Dawn Kopecki with CNBC News.

Dawn Kopecki: Can you talk a little bit about the incubation period, has it been confirmed that it is a two-week incubation period? If so, how does that compare to SARS which has an incubation period of two to seven days. This seems to be spreading faster than SARS and although it is not as lethal. In the first ten weeks there was about 400 and some SARS patients about there are 900 in the first three weeks with this. So, can you talk about how this compares to SARS in terms of how contagious it is. Is it considered contagious over the two weeks period and how much more rapidly is it spreading than SARS?

Dr. MESSONNIER: I think I would start by saying again that it is really in the early days and we are continuing to accumulate information every day that is helping us to understand this virus. Right now, our understanding of the incubation period is somewhere around 14 days. I do agree with you that information of MERS and SARS was slightly shorter. But I think it is premature to judge that as being distinctly different because we really are still in the learning phase of this novel pathogen that's just emerged and been identified. What an incubation period means is that is an average time that somebody takes from the time that they're exposed to the time that they are sick. But anytime that there is an incubation period, it is not a hard and fast number. There is always some range around it, and so that's why the health department is being cautious in terms of identifying potential contacts. In terms of infectiousness and severity, I think it is a little premature to absolutely say, whether it is similar or different than SARS or MERS or all the other human coronaviruses. We are looking at that closely, and we have an approach that we take to try to compare different viruses, and we're looking at the information we have on SARS and MERS as well as other coronaviruses, and rapidly trying to synthesize all the information from other countries, especially the Chinese data that is much more available over the last couple of days, and I hope that we'll have more direct information about that issue soon. But I think it would be premature to conclude that we know whether it is more or less infectious than SARS and more or less severe than SARS. It is just too early to say that.

Operator: The last question comes from WebMD.

WebMD: Thanks. I read in the report today that, in terms of symptoms, this is mostly lower respiratory symptoms. Does that mean congestion so that you have difficulty breathing and perhaps pneumonia without congestion?

Dr. MESSONNIER: What I would say is that information is emerging, and I think the reports are useful and interesting, but it is not an accumulation of all the available data. Early on our understanding is that, in Wuhan the case definition was somewhat narrower and focused on pneumonia, and you can hypothesize that by focusing on pneumonia you might miss milder disease. So, our focus on this is to have a high degree of suspicion for people with fever and respiratory symptoms, and that's how we have communicated that to our state and local partners and clinicians and returning travelers.

WebMD: Got it. So, patients with this could have like runny nose — I am just trying to understand what the symptoms are.

Dr. Messonnier: I think that again, I would not say the patient can have, I would say that we need to continue to investigate and understand this. Our focus on travelers and the message we want to make sure we're getting to travelers and in the healthcare, community is that we are looking for returning travelers who have fever, cough, and respiratory symptoms. But, if you have a suspicion and if you're concerned because you have a fever and you returned, we want you to contact your healthcare provider. It is better to be safe and be evaluated, and as more information becomes available, we will be communicating that.

WebMd: OK, thank you.

Ben Haynes: Thank you, to our colleagues and our doctors. A transcript of this briefing will be available at CDC press room. Remember to visit our coronavirus web page for updated response information. If you have further question, contact the main media line, 404-639-6286 or e-mail us.

Operator: We thank you for your participation. You may disconnect your lines.

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