

## CDC Newsroom

# Transcript of 2019 Novel Coronavirus (2019-nCoV) Update

### Press Briefing Transcript

Monday, January 27, 2020

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

**Operator:** Good morning and thank you all for holding. Your lines have been placed on a listen only mode until the question and answer portion. At that time then press star one. The call is being recorded. If you have any objections, please disconnect at this time. Now I would like to turn the call over to Paul Fulton. Thank you, you may begin.

**Paul Fulton:** Thank you all for joining us today for a briefing on CDC's 2019 novel coronavirus response. We're joined today by Dr. Nancy Messonnier, the director of CDC's National Center for Immunization and Respiratory Disease. Dr. Messonnier will make opening remarks before we take questions. I will now turn the call over to Dr. Messonnier.

**Dr. Nancy Messonnier:** Good morning and thank you for joining us. I'm joined by Dr. Weldon who is leading our task force for this response. To date we have 110 of what we're calling persons under investigation or PUIs from 26 states. This is a cumulative number and will only increase. We still only have five confirmed positives and 32 that have tested negative. There have been no new confirmed cases overnight. This information will be posted on our website and updated on our website on Mondays, Wednesdays and Fridays. I want to give a short update of the laboratory side of our work. Last week we mentioned CDC has developed a diagnostic test called a real-time reverse transcription preliminary chain reaction, that's RRT-PCR. It can diagnose this new coronavirus in respiratory serum samples from clinical specimens. Last Friday we publicly posted the protocol for this test. This is a blueprint to make the test. Currently we're refining this use of this test so we can provide optimal guidance to states and laboratories on how to use it. We're working on a plan now so that priority states get these kits as soon as possible. But in the coming weeks we'll share these tests with domestic and international partners so they can test for the virus themselves. Our longer-term plan is to share these tests with domestic and international partners through the agency's international re-agent resource. Additionally, CDC uploaded the entire genome from the virus from the first and now second cases reported in the United States. All the sequences we extracted are similar to the one that China initially posted a couple of weeks ago. This means that right now and based on CDC's analysis of the available data, it doesn't look like the virus has mutated. And we're growing the virus in cell culture which is necessary for further studies, including the additional genetic characterization. Once isolated the virus will be available in the BEI resources repository, which is a NIH resource that supplies organisms and re-agents to the broad community of microbiology and infectious disease researchers. As we have said since the beginning, this is a rapidly changing situation, both here and abroad. 16 international locations including the U.S. have identified cases of this new virus. I'm sure you've seen the reporting and videos coming out of China in Wuhan, particularly. Our thoughts are with the

people on the front lines of this emerging public health threat in china. Right now, we are continuing to screen a few passengers from Wuhan at the five designated airports. This enhanced entry screening serves two purposes. The first is to detect illness and rapidly respond to symptomatic people entering the country. The second purpose is critical to educate travelers about these symptoms of the virus and what to do if they develop symptoms. I expect our travel recommendations will change in the coming days. I can't provide details on this yet but know we're working on it. Given the aggressive public health response we're pursuing, there may be some disruptions experienced by some. CDC recommends travelers avoid all non-essential travel to Hubei province china. Yesterday we began recommending people traveling to all parts of china practice enhanced precautions including avoiding contact with people who are sick and discussing travel to china with your healthcare provider, especially if you are older adult or have underlying health conditions. Returning travelers with symptoms and close contact of people confirmed with novel coronavirus may be asked to take precautionary measures. We understand many people in the united states are worried about this virus and how it will affect Americans. Risk depends on exposure. Right now, we have a handful of patients with this new virus here in the united states. However, currently in the U.S., this virus is not spreading in the community. For that reason, we continue to believe that the immediate health risk from the new virus to the general American public is low currently. Every day we learn more and every day we assess to see if our guidance or our response can be improved. As this response evolves CDC will continue our aggressive public health response strategy, working to protect the health and safety of the American public. Thank you.

**Paul Fulton:** Thank you, Dr. Messonnier. We're now ready to take questions.

**Operator:** Thank you. As a reminder if you want to ask a question please press star one, unmute your phone and record your name clearly when prompted. One moment, please. Once again to ask a question press star one. Our first question is from Michele Cortez from Bloomberg, news.

**Michele Cortez:** Hi. Thanks, so much for taking the question. I wonder if you can give us some details on the screening, the flight screening now that we're not having flights out of Wuhan directly any longer if you can tell how many patients were screened or how many travelers were screened and if there were any detected that way, how many we are following with close contacts and how you think that's going to change? I you know mentioned that it is passing but I'm wondering if you'll expand it to all of china or shut it down. What are your thoughts on that? Thank

**Dr. Messonnier:** Sure. We've screened somewhere around 2400 people so far. And as you imagine, the number of people who are coming from Wuhan is declining with the aggressive closure of that city. I don't have in front of me sort of daily total from today or even the day before, but those numbers are, indeed, declining and we're continuing the same posture with those five airports with the same screenings. Two reasons to do the screening, one is to identify ill returning passengers so that they can be identified quickly, treated promptly, and so that we can keep transmission from going further and importantly education so that we can educate returning travelers about the signs and symptoms. In terms of people identified through screening there's a variety of people that are being tracked and I don't think I'll go in more detail. In terms of our forward-looking stance, as I said this outbreak is unfolding rapidly and we're rapidly looking at how we should — how it impacts our posture at the border. We're certainly considering broadening of that screening and that is something that I'll be prepared to speak about as soon as we can decide on it.

**Paul Fulton:** Next question, please.

**Operator:** Thank you. Our next question is from dan Vergano from BuzzFeed news.

**Dan Vergano:** Hi, thanks very much. I wonder if you could say something about the disputes over the weekend about the infectiousness of the disease, the subzero factor. Is there any way this usually plays out or there a stage which you can definitively say how infectious this disease is?

**Dr. Messonnier:** I wouldn't say it's a dispute. I would say its scientists from around the world are looking at the available data and trying to analyze it, to come up with information that will be helpful in response. So, different scientists are looking at the data slightly differently and our general interpretation at this point is that the incubation period is somewhere around two to 14 days. I do think, again, it's important that this outbreak is really unrolling in front of our eyes and when will we have a definitive answer it may not be further on into an outbreak. There's some confusion about what this is that folks are talking about, it's called an Arnot. It's a reproductive number of how many infected people come from a single infected person. Several different groups looked at it. Most articles have had interpretation that the Arnot is somewhere 1.5 and 3. That's not a dramatic difference. As a comparison, the Arnot for measles is somewhere around 12 to 18. That's among the most contagious. In general, you want to get an Arnot below one. That's how you get the disease controlled. I'll stop there.

**Paul Fulton:** Next question, please.

**Operator:** Thank you. Our next question is from Evan Brown from fox news.

**Evan Brown:** Hi, good morning. Could you talk a little bit more about the posting of the protocols for this test? Is this now sort of like an open source kind of test? Are you encouraging as many different health departments around the world to do this, to be able to have their own version of this test or am I not getting that right. Can you explain that more and tell me the best you can how helpful you think it would be to get this test out there as quickly as possible to as many different agencies?

**Dr Messonnier:** I'll start. I think — thank you for allowing us to clarify. We have put that protocol out. It's a blueprint, Dr. Weldon will explain more about what that means. In general, at this stage of the investigation we are asking our clinical lab partners to send samples to CDC because we think that's the most efficient way to — in order to ensure results are as accurate as possible. I would point out that other countries as far as I know every other country is doing centralized testing. That is sort of how we typically stand up in this kind of response. Our most important priority is making sure that the tests is accurate. Speed is important but accuracy is probably a priority. Dr. Weldon, do you want to talk more about this?

**Dr. Weldon:** Yes. So, the protocol that was posted online, the intent was to use this as a blueprint. The hope is researchers can take this protocol and adapt it in their own labs so they can have this important tool available at their disposal for testing samples from suspected patients. The protocol itself is undergoing rigorous evaluation in our own labs and kits are being developed that will allow CDC to distribute to state and international labs so that they will have the important re-agent needed for the assay.

**Paul Fulton:** Next question, please.

**Operator:** Thank you. Our next question is from Kat Eschner from popular science.

**Kat Eschner:** Thank you for taking my question. I'm wondering if you can speak to the origins of the virus at all. Two articles suggest it may not have come from the Wuhan seafood market. Do we know anything more at this time?

**Dr. MESSONNIER:** So, I would also put this in the range of interesting science that's coming out rapidly and at CDC we're working to synthesize it. There are two different kinds of research that's coming up in these articles. Some of it is genetic sequencing analysis which is comparison of the sequencing of the strains from China with other coronaviruses including animal coronavirus and SARS and MERS. There is epidemiology data in terms of the genetic sequencing data it looks somewhat like a bat coronavirus, but I think there's a lot more to be done in terms of both the genetic sequencing as well as the analysis into the epidemiological research before we are all confident that we know how this started. Yesterday the microphone may not have been on when I answered a question, so I'll make sure I re-answer that. There was a question about the risk of novel coronavirus from packages of products shipped from China. So, there's still a lot unknown about the newly emerged 2019 coronavirus and how it spread. But we know a lot about MERS and SARS, the other two coronaviruses that are known to be infectious in people. The novel coronavirus is genetically related more to SARS than MERS, which also have their origins in bats. We don't know for sure if this virus will behave in the same way as far as MERS, we use information from those coronaviruses to guide us. In general, because of the poor survivability of these coronaviruses on surfaces, that's in the range of hours, there's likely a very, very, very low if any risk of spread from products or packaging that is shipped over a period of days or weeks in ambient temperatures. So, at this time we can't fully evaluate the risks from different products that are shipped from China under different conditions, but coronaviruses have generally spread most often by respiratory droplets and there's no evidence that supports transmission of this coronavirus is associated with imported goods and no cases in the U.S., associated with imported goods. More information will be posted as it becomes available on our website and I'm sure we'll talk about it in upcoming media teleconferences.

**Paul Fulton:** Thank you. Next question?

**Operator:** Thank you. Our next question is from Dawn Kopecki from CNBC.

**Dawn Kopecki:** Hi. Last week you said that there was no evidence that the coronavirus was infectious during the incubation period but China's health minister this weekend said that there was evidence that it could be spread when people were asymptomatic. Do you have any additional information on this?

**Dr. MESSONNIER:** We have seen the reports out of China regarding the spread of the disease. We at CDC don't have any clear evidence of patients being infectious before symptom onset. However, with our states and local health department partners we are being very aggressive and very cautious in tracking of close contacts to determine if we can identify any close contacts who are, indeed, ill. So far, we've not seen any human-to-human transmission in the United States, but we'll update you as more information becomes available from the U.S., as well as other countries.

**Dawn Kopecki:** Thank you.

**Paul Fulton:** Our next question, please?

**Operator:** Thank you. Our next question is from Melissa Jenco from AAP News.

**Melissa Jenco:** Yes, thanks for taking my question. I just wondered if you could tell us if this virus has had — what kind of impact this had on children both in the U.S., and what you know of the global cases?

**Dr. MESSONNIER:** So far most of the information coming out from China which is certainly where most cases are is that the disease is by far majorly in adults with older adults in those underlying illnesses with higher risk. In the United States the five cases are all in adults. There are a few reports of disease in children, and we'll wait to learn

more as more information becomes available. In the U.S., as you can imagine we're also taking a cautious approach and certainly we'll be very cautious about making sure that if there are children who are immunized and treated properly and monitoring any close contacts of cases that happen to be children.

**Paul Fulton:** Next question, please.

**Operator:** Thank you. Our next question is from Mike Stobbe from the associated press.

Mike Stobbe: Hi. Thank you for taking my question. Doctor, could you say more — you said there were 110 people in the U.S., are being monitored. The samples have been taken from each of them and you're awaiting results. Could you be more specific about what is going on the evaluation of those 110 people? Can you say when the test kits are expected to be sent out. I'm sorry, you kind of alluded to a decision that I guess CDC is discussing about whether to change its travel recommendation. Anything else you can say or are you thinking of doing screening for all Chinese passengers? You dangled something big in front of us and we're all kind of wondering what you're referring to. Thank you.

**Dr. Messonnier:** Sure. So, let me take those in order. In terms of the PUIs, the process is like this. We identify somebody who potentially has exposure to Wuhan and has a fever and a respiratory illness. We would consider a PUI to be somebody who had contact with a confirmed case and had fever and respiratory illnesses. Those patients are coming to attention in a variety of formats. Some have presented themselves to a health care provider. Others are being detected through vigilance at health departments, the airport and healthcare providers, so when those patients are identified that procedure is set that the health department gets called first. The health department calls CDC. We have folks here on site 24/7 through our emergency operation center. The CDC people who take the call discuss the case with the health department and clinician and based on the discussion decide whether that patient merits additional laboratory diagnostics. Specimens are taken and they are sent to CDC where they are tested. The time lag between a patient — the decision that a patient needs further laboratory testing and a result is somewhere around a day, depending on where that patient is being seen and how we can most efficiently ship it. That number of PUIs is that general number and as you say, we'll be working our way through the ones that will require additional laboratory testing and you'll see patients identified as either being confirmed cases or hopefully rule out as a confirmed case. In terms of the lab kits what I would say is we're working as fast as we can, and I am going to say one to two weeks. We're doing everything we can to make it as fast as possible. We understand that for physicians, clinicians and health departments it's important to have the kits as close as possible to the patients geographically so we can provide a result but it's another week or two. In terms of the last thing we are intermittently thinking about is this decision. As you know there's lots of new information coming out of China in terms of cases, in terms of what is going on there outside of Wuhan. There are other provinces. The case numbers. We're trying to take that into account as we move quickly as we can towards any decisions. I expect that there will be a decision and announcement about that within the next day, but I can't give you a time because we want to make sure that we're being expedient and sensible about what kind of decisions and recommendations we're making.

**Paul Fulton:** I think we have time for two more questions. Next question, please?

**Operator:** Our next question is from Lisa Irizarry from news day.

**Lisa Irizarry:** Hi, thanks for taking my question. I just want to make sure I understood, 110 persons under investigation, they were either themselves traveling in China in Wuhan or they had contact with somebody who had recently traveled, is that correct?

**Dr. MESSONNIER:** Generally, most of them, yes. As I said before we have a general guideline. However, because there is so much unknown, we are being cautious about testing and being responsive to concerns of the clinicians and the health department. The decision about whether that patient gets tested is a joint decision between the clinician, the health department and CDC. So, in general that is the correct definition, but around the edges there may be some additional testing and know that this issue also, what we consider a PUI is something that we're in active discussions out with our state and local partners. In the definition of the PUI also know that while that number is 110 — we're prioritizing based on PUIs that might be at higher risk. For example, in general somebody who has a very close contact of a confirmed case and has respiratory symptoms might be a higher priority than somebody with a mild cough and traveled to Wuhan two weeks ago. Those are not real examples but just know that within the 110 we also are prioritizing based on risk.

**Lisa Irizarry:** One quick follow up question, it's 26 states. At some point will you release which states those are?

**Dr. MESSONNIER:** As you know, we are incredibly sensitive about releasing names of states in this kind of context. That would really be up to a state health department whether they want to make that release. What I would say is if you want to know whether there are any PUIs in your state, please contact the state health department and let them make the decision about whether they want to release that number or not.

**Lisa Irizarry:** Thank you very much.

**Paul Fulton:** Last question please.

**Operator:** Our final question today is from Ronnie Koenig from the "New York Times".

**Ronnie Koenig:** A couple of things. I want to get more clarity on this the flight from Wuhan. I didn't think there were flights from Wuhan. Your screening people who came from another city via Wuhan and are you able to get that information or do they present themselves at the airport? I'm not sure how that's happening unless there are flights coming. I just want to ask one more thing. Your asking people to present themselves to come in for testing if they have been to Wuhan? I mean 110 out of — I mean we know there are so many people who have traveled recently from China. That is a very small number and we do see they are asymptomatic and not older with underlying conditions. So just a little confused about — are you — is there scarcity of testing?

**Dr. MESSONNIER:** There's no scarcity of testing and I'm sorry if you could let me respond now.

**Ronnie Koenig:** Sure.

**Dr. MESSONNIER:** Thanks. So, again, as I said, flights from Wuhan, direct flights have certainly been stopped. But there are a variety of people who are called broken itineraries, they may be transiting from Wuhan through another country back to the United States. There are still individuals who are in the middle of one of those itineraries when I am talking about screening passengers from Wuhan, I'm talking about those people. As I said earlier, I don't have numbers from the past day, but we are gathering those people and they are still part of the same screening. In terms of the message to travelers, our focus is on returning travelers from Wuhan who have respiratory symptoms and fever. This is something that we've been trying to make sure, we're being very clear about to returning travelers and one of the things that's really important about the screening at the airport is that we're not just identifying people who are sick, we're passing out those messages so that people who returned from Wuhan who came back a week ago, for example, if they have today a fever and respiratory infections, my message to them is please call your health care provider. It's important you get analyzed and you may need to be tested. As many of you know several of the confirmed patients in the United States were asymptomatic when they came back. Developed symptoms

later. I want to compliment them because they were prompt in calling their health care provider and identified themselves as traveling to Wuhan. Patients who are returning are an important part of this equation and I'm sorry misspoke, travelers from Hubei not just from Wuhan. If you recently returned from Hubei and you have a fever and respiratory symptoms, please call your health care provider so you can be appropriately checked out and we want to make sure you get the best care possible.

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES [↗](#)

*CDC works 24/7 protecting America's health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.*