

CDC Newsroom

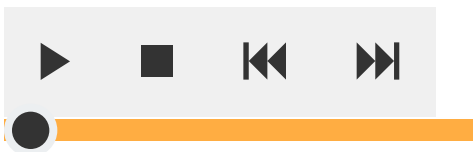
Transcript for CDC Telebriefing: CDC Update on Novel Coronavirus

Press Briefing Transcript

Monday, February 3, 2020

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

CDC Update on Novel Coronavirus



Operator: Good morning and afternoon, and thank you for standing by. As a reminder, today's conference is being recorded. If you have any objection, please disconnect at this time. The lines are in listen-only mode. It is now my pleasure to turn the conference over to Mr. Benjamin Haynes. Sir, you may begin.

Benjamin Haynes: Thank you, Michele, and thank you all for joining us on the update on the 2019 Novel Coronavirus response. We are joined by Dr. Nancy Messonnier, Director of CDC National Center for Respiratory Diseases. She will provide opening remarks. I'd like to now turn the call over.

Dr. Nancy Messonnier: Thank you for joining us today. Since we last briefed you CDC has confirmed additional five infections with novel coronavirus in the United States bringing the total number of confirmed positives in the U.S. to 11. The new cases include one patient identified in Massachusetts and four more patients in California. Four of the five patients have travel history to Wuhan, China. One patient in California is a close household contact of another patient in California. This is the second instance of person-to-person spread in the United States. We expect to find additional cases of novel coronavirus infection in the United States. We expect to see more cases of person-to-person spread among close contacts. And we continue to expect this will happen given the explosive nature of this outbreak in China and our very aggressive public health response where we are putting a lot of resources into finding infections this virus. As of this morning, 167 persons under investigation, or PUIs as we call them, have tested negative for infection with the novel virus. We currently have testing pending on 82 PUIs. Some of the 82 that are pending include samples in transit to CDC. As we have reported earlier, CDC has developed a real-time Reverse Transcription Polymerase Chain Reaction or RRT-PCR test that can detect 2019 Novel Coronavirus and respiratory and serum specimens from clinical specimens. On January 24, CDC publicly posted the assay protocol for this test. CDC has isolated the virus, and this week it is being sent to the NIH resource repository for use by the broad scientific community. I'm pleased to report that, today CDC plans to submit an Emergency Use Authorization or EUA package to FDA. The EUA process expedites the use of potentially life-saving medical or diagnostic products during a public health emergency. Once approved, the EUA will allow public health labs across the United States to use the CDC developed diagnostic assay. This will greatly enhance our national capacity to test for this virus. In preparation for

that approval, CDC has shipped the test to the International Reagent Resource so that States and international partners can begin ordering the test for their use. Also on the topic of this test, I want to clarify something I said on Friday in relation to the people quarantined at March Air Reserve Base, that even if an initial screening test comes back negative from CDC's laboratory, it does not guarantee these people won't get sick. There has been some confusion about that statement, and some people have taken that to mean the test doesn't work. That is not the case at all. This is an accurate test. A negative test most likely means a person is not infected. However, it may mean that an infection has not developed enough to be detected by the test. This is a new virus. And the best time and right type of sample to determine if someone is infected with this new virus has not yet been determined. When confirming infections, CDC asks for multiple different types of samples from patients, including from the nose and the throat. On Friday, the U.S. government also took unprecedented steps in the area of travel in response to the growing public health threat posed by this new coronavirus. The intensity of transmission in Hubei province; the expansion to other provinces in China; the continued community transmission; the growing volume of exported cases to countries around the world; the continued reporting of deaths, including the first death outside of China; and reports of person to person spread outside China, including the United States, are all cause for concern. Now I want to talk to you through the specifics of the travel policies announced late Friday afternoon. We have a presidential proclamation in place that suspends entry of foreign nationals who have visited China within the past 14 days into the United States. There are some exceptions. Sorry, there are some exemptions including for immediate family members of U.S. citizens and legal permanent residents. These people will be allowed entry into the United States. It's important to note that this policy is from mainland China, and it excludes people coming from Hong Kong and Macau. We are also putting into place measure to detect this virus among those who are allowed entry into the United States who are entering the country within 14 days of having been in Hubei province or the rest of mainland China. All of these passengers will be directed to one of 11 U.S. airports. At those airports, American citizens and exempted persons who have been in Hubei province in the previous 14 days will have an additional health assessment. They will be screened for fever, cough, difficulty breathing. If symptomatic, American citizens and those who are exempt will be transferred for further medical evaluation. They will not be able to complete their itinerary and will be isolated for 14 days. If asymptomatic, American citizens and those who are exempt will be subject to a mandatory 14-day quarantine at or near that location. Remember, this is specifically for people who are returning from Hubei province. These people will not be able to complete their itinerary. CDC is working with state to determine where travelers will be quarantined. American citizens and people who are exempt who have been in other parts of mainland China, that is outside of Hubei province, in the previous 14 days will have an additional health assessment where they will be screened for fever, cough, or difficulty breathing. If symptomatic, they will be transferred for medical evaluation and they will not be able to complete their itinerary until that evaluation is completed. If asymptomatic, American citizens and people who are exempt will be allowed to reach their final destination, and after arrival will be asked to stay home as much as possible and monitor their health for 14 days. Today, CDC is issuing additional guidance for States on how to monitor this process. And you should not be surprised to learn that we have been in constant contact with our State as well as Federal partners all through the weekend in working on operationalization of this policy. We appreciate their patience and we also appreciate the cooperation of the American citizens and exempted people who are returning as we are reliant on their cooperation in order to implement these operations. There is likely to be confirmed infections among returning travelers. It's important to know that this strategy is not meant to catch every single traveler returning from China with novel coronavirus. Given the nature of this virus and how it's spreading, that would be impossible. But working together we can catch the majority of them, and the goal here is to slow the entry of this virus into the United States. Our second line of defense in this strategy is a public health system which is on high alert. We'll continue to monitor the situation and adjust accordingly. Either pulling back or strengthening these measures. These actions are science based and deemed at protecting the health and safety of all Americans.

Dr. Nancy Messonnier: I want to give you an update on another activity. The Department of State is bringing more people back from Wuhan. The first plane arrived last week. More are planned. Over the weekend CDC sent four additional teams to specific Department of Defense locations where those planes will arrive. These passengers, like the ones in March air reserve base, will be under Federal quarantine that will last 14 days from when the planes left Wuhan, China. Medical staff will monitor the health of these people, including temperature checks and observation for respiratory symptoms. Medical care will be readily available at the first onset of symptoms. We do not believe these people pose a risk to the communities where they are being temporarily housed as we are taking measures to minimize any exposure. As I look around me at the staff working on this outbreak here at CDC, I see a lot of people who worked on the 2009 H1N1 pandemic. Rather than coming from abroad, that virus was on our doorstep when we recognized it. We didn't have much chance to prepare. Today we are again seeing the emergence of the new virus that poses a very serious public health threat. This time we do have time to prepare, and we are preparing as if this were the next pandemic. The goal of our public health response is to detect and contain introduction of this virus with the goal of preventing sustained spread of 2019 Novel Coronavirus in this country. Strong measures now may blunt the impact of this virus on the United States. We would be happy to take questions.

Benjamin Haynes: Michelle, ready for questions.

Operator: Thank you. At this time if you would like to ask a question, you may press star 1. Please unmute your phones and state your name when prompted. Again star 1 for questions. Hillary Brooke from Business Insider you may go ahead.

Hillary Brooke: Yes. Thanks for taking my call. I just wanted to ask, we have been seeing some new claims out from places like PETA, that coronavirus is related to meat eating and some other myths like bleach cures. I'm wondering what you are doing to combat this misinformation that's circulating out there.

Dr. Nancy Messonnier: Yeah, thanks for that question and for the opportunity to say what we are doing is this. We really count on all of you to try to set the record straight. We do the best we can every day through all our appropriate communication channels. And with all the inter-governmental partners and health departments also trying to transmit the messages to get the most accurate stories out there. But we recognize this misinformation can rapidly spread, especially through social media. I'm asking for your help to combat the spread of those rumors. There is obviously no credible data that supports what you just said. So, I'm really hoping that you'll help us try to make sure the American public knows that we continue to believe they are currently low risk and that the focus right now is on travelers returning from places where this disease rate is soaring.

Benjamin Haynes: Next question, please.

Operator: Thank you. Elizabeth Cohen from CNN. You may go ahead.

Elizabeth Cohen: Hi. Thanks so much for taking my question. I wanted to reference the statement Dr. Messonnier mentioned about the what a negative test results mean. So, based on what she said Friday, and also what she said today as well, are we retesting any of the 167 negatives? If they are being retested, is there a certain protocol they are retested at certain intervals? Are some being retested and some not? Any thoughts on that?

Dr. Nancy Messonnier: Sure. Happy to. We tested those returning travelers as a hope that it would help us learn more about transmission of the virus in Hubei or in the community. It was not meant to derive individual decision making, and I think has been misunderstood. At this point our plan is really to use the test to look more closely at close contacts at individuals with the virus. So if, for example, somebody on the base becomes ill and has novel coronavirus, we might think about using it around that individual. But again, it's really — using it as patients that are

asymptomatic is not meant to be a diagnostic tool as much as it is to be a public health tool and a population level tool to better understand the dynamics of the virus. So, we don't have any plans, for example, to do another cross-sectional look at those people at March Air Force Base.

Benjamin Haynes: Next question, please.

Operator: Mike Stobbe from the Associated Press. You may go ahead.

Mike Stobbe: Hi. Thank you for taking my call. Dr. Messonnier, I have a couple questions. Did you say 11 airports? I thought it was 7. And also, could you update us on the quarantine. Actually, I would love it if you would post on your website how many people are under Federal and State quarantine. But is the number still 195, 200? Or how many are? And could you tell us a little bit more how many people are expected to come into quarantine later this week? And also, I'm sorry, could you update us about will China has taken up CDC's offer to help? Are you expecting to send CDC folks? And the last question, just for the folks at home, could you let us know why it continues to be called the 2019 nCoV. Why isn't it called like Yamagata or in this case the Wuhan virus? Could you explain why that name in convention isn't being followed with this new coronavirus? Thank you.

Dr. Nancy Messonnier: Sure. I'm going to try all of those. I'll start with the last one. I think, the world's health organization said weeks ago that this 2019 novel coronavirus name was a temporary name. There are naming conventions and I suspect once people have a chance to catch their breath it will be changed. It's 2019 because that's when the outbreak was determined to start. I think that is just a temporary name. My understanding there are plans down the road to clean that up. In terms of the airports, I have this list, I'm going to read it to you. Airports were added. The list as of right now is 11 airports. And they are; JFK in New York; O'Hare airport in Illinois; San Francisco International Airport in California; Seattle-Tacoma International Airport in Washington; Daniel K. Inouye International Airport in Honolulu, Hawaii; Los Angeles International Airport in California; Hartsfield-Jackson Atlanta International Airport; Washington Dulles International Airport in Virginia; Newark Liberty International Airport in New Jersey; Dallas/Fort Worth International Airport in Texas; and Detroit Metropolitan Airport in Michigan. So, I think what you are missing from the 7 to 11 is the last four. Washington Dulles, Newark, Dallas/Fort Worth, and Detroit Metropolitan. The next question you asked is how many people are currently under quarantine? Right now, today in the United States, only 195 individuals are currently under quarantine. There is nobody else quarantined for novel coronavirus. When these flights arrive, we will have more concrete numbers of the number of individuals that are being quarantined and we'll provide that. We have a general estimate, but I don't think we will have a completely accurate number until those flights land in the United States. And that's expected to be this week. So, for that large number I don't have it today, but we'll provide it. As many of you have hypothesized, and we agree, with the closing of Wuhan on the 21st and Hubei on the 24th, the number of travelers coming out of either of those locations should be trailing off. And given that we are talking about quarantine for 14 days from the time that you left Hubei, we are rapidly getting to the end of that cycle, and, therefore, we expect the number of individuals to fit within that quarantine requirement to be decreasing. I will pass along the question of how we can or will be releasing those numbers. I actually don't know that we have come to a conclusion about that yet. But understand why you want to know. Did I miss anything?

Dr. Nancy Messonnier: Oh, and China offer. What I can say is that we have folks ready to go to China as soon as that offer is finalized. I understand that there still are negotiations in process on that. And really, we are just waiting. As soon as we are allowed to go, we will be there. And, you know, we do have an expert already in the field as part of CDC's continuing work with China. So, he's already in the field and therefore could be there immediately. So, we are still waiting for that invitation. And I don't have anything more to say on that.

Benjamin Haynes: Next question, please, Michelle.

Operator: Richard Harris from NPR. You may go ahead.

Richard Harris: Thanks very much. Good morning. Can you tell us about the health situation, health condition of the 11 people? Is anyone seriously ill? Some of the anecdotes we've heard is that people seem to get the virus and have shrugged it off pretty quickly. But I'm not sure if that speaks to all 11 or how nasty this disease is. Thanks for that question.

Dr. Nancy Messonnier: As many of you know we have declined to speak directly about the health of the individuals because that is it really something that should be coming from the State – The State health department who have the best knowledge, and also their own requirements what they want to share. I can tell you we have seen a spectrum of illness among cases in the U.S. some of them seem pretty mild. At least a few have at least some problems in the course of their illness been more severely ill. And there have been some ups and downs in the course of the patients that are sicker. I would note that there are no deaths in the United States. Some of our patients have had oxygen requirements during the course of their illness. There is the first death outside China now reported. And the data coming out of China continues to say that the people who are higher risk for severe disease and death are those who are older and with underlying health conditions. And so, obviously, we'll need to wait and hope that we don't see that level of that here in the United States. Our clinical folks working on everything we can do to make sure the patients get the optimal care we can provide for them.

Benjamin Haynes: Next question, please.

Operator: Leonard Bernstein from Washington Post, you may go ahead.

Leonard Bernstein: Thanks for taking my question. Dr. Messonnier, if somebody or multiple people meet the criteria for quarantine coming into those 11 airports, where are you going to put them?

Dr. Nancy Messonnier: Yeah. So, the discussions about where those patients will go is a conversation that CDC has been having actively with State and local health departments as well as with after at each of those 11 locations. So, with the Federal partners and the State and local partners, we are working through operational plans that might be slightly different for every one of those locations depending on how much preparation they have done, whether they already have sites identified, where they are. So, in each of those locations it might be slightly different, but you know I think we are making good progress on a plan, and my compliments to our State and local partners. Because we are all in this together with them, and we appreciate their flexibility, their willingness to work through this with us on an incredibly tight time line and coming up together for plans. We want to make sure these people are comfortable but also, that they are safe, and their families and communities are safe.

Leonard Bernstein: Well, if I might follow up. Could you give us some examples? Are we talking about military bases? Are we talking about FEMA trailers? Are we talking about hotels? What are the options?

Dr. Nancy Messonnier: All of those things might be options. I think for some specific locations, military bases are close by. For others, states have actually already themselves made plans for hotels as part of their own operational planning. Again, as we talked about, part of pandemic planning that we and our state and local partners have been involved in for a dozen years, this was one of the contingencies we have been planning for, so some States had already gone pretty well down there thinking about what to do. So, no options off the table, and it is very localized depending on the State and local considerations.

Benjamin Haynes: Michele, we have time for two more questions.

Operator: Thank you. Julie Steenhuysen from Reuters. You may go ahead.

Julie Steenhuysen: Yes, thanks. So earlier you mentioned that a lot of these quarantines were science based. United States has been criticized by China directly, which is saying that we are sort of banning the fears about this virus. And our quarantines do seem to be outside of the w.h.o. recommendations. Can you explain what the science base decision making or how these decisions are made based on what particular science? Thanks.

Dr. Nancy Messonnier: What I would say is this is an unprecedented situation and we have taken aggressive measures. A couple of weeks ago there were 41 cases in China. This morning the numbers are 17,000. 17,000 cases with a novel virus, novel coronavirus that the population doesn't have immunity to, and for which, because things have been moving so quickly, we don't have the information base that we want. As I said, largely expanding outbreak; person-to-person and community transmission in China. Deaths inside China, and now a death outside China. Concerning data suggesting that people who are asymptomatic or mildly symptomatic may be transmitting the disease. All of those are worrisome data points. This is an aggressive action by the United States, but our goal is to slow this thing down. We have the opportunity to slow it down before it gets into the United States, and we felt scientifically our recommendation was that if we acted now, we did have the opportunity to provide additional protection to the United States and Americans. We made an aggressive decision in front of an unprecedented threat that action now would slow this down, and action now has the biggest potential to slow this thing down. And that's what the theory is here. And other countries are making different decisions, but I would say that multiple countries are also taking pretty aggressive actions. And, importantly, the Chinese themselves are taking very aggressive actions in their own country to try to slow the thing down.

Benjamin Haynes: Last question, please.

Operator: Thank you. Sarah Oweremohle from Politico. You may go ahead.

Sarah Oweremohle: Hi, yes, I'm kind of on the lines of the last question, Chinese authority this morning was expressing a lot of frustration with the U.S. response saying that you were overreacting and spreading panic. Do you think that jeopardizes CDC's place in the WHO mission that you are still planning? Or I mean are you looking to talk through that with Chinese officials? Also, separately, you mentioned at the beginning of the call the status for diagnostic tests and I wanted to clarify. You are expediting the EUA?

Dr. Nancy Messonnier: I'll answer the second one first because it's easier. The process is extremely expedited and our colleagues with FDA have been looking at this closely since we made the plan, that we were going to do this in in way. So, our plans were submitted to them today and I expect that that means that we should be able to start that by the end of the week, barring complications.

Dr. Nancy Messonnier: In terms of the first question, let me start by saying that this is a horrible situation in China. There is a huge number of cases. There is lots of disruption in their communities and society both from the illness and from the measures that they've taken to try to slow the spread. So, our hearts go out to those individuals who are suffering through this. I think that we at CDC have incredibly strong scientists who have a lot of technical experience in really similar diseases as well as in these kinds of diseases. And our presence on the ground in China would be a help to folks in China who are trying to unravel the thing and make the best recommendations possible for their country and the world. And certainly, what I've seen in situations like this, science should trump everything else. And that's certainly what we are hoping is that scientific expertise of the larger global community will be able to be brought to bear on this really complicated difficult situation that our colleagues in China are dealing with.

Benjamin Haynes: Thank you, Dr. Messonnier. Thank you for joining us for today's update. Please remember to check out CDC's 2019 novel coronavirus website for latest updates. And if you have further questions, please call the main media line, 404.639.3286, or email media@cdc.gov.

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Page last reviewed: February 3