

## CDC Newsroom

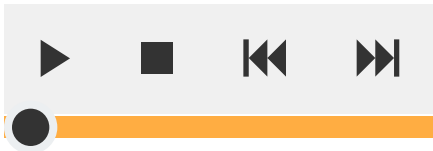
# Transcript for CDC Telebriefing: CDC Update on Novel Coronavirus

### Press Briefing Transcript

Wednesday, February 5, 2020

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

### Telebriefing Audio



**OPERATOR:** Good afternoon. Thank you all for standing by. For the duration of the conference, all participants' lines are in listen only mode until the question and answer session. At that time, if you would like to ask a question, please press star 1. Today's call is being recorded. If you have any objections, you may disconnect at this time. It is my pleasure to introduce Mr. Benjamin Haynes. Thank you, sir. You may begin.

**HAYNES:** Thank you Holly. And thank you for joining us for this briefing to update you on CDC's 2019 Novel Coronavirus response. We are joined today by Dr. Nancy Messonnier Director of CDC's National Center for Immunization and Respiratory Diseases and rear admiral Denise Hinton from the food and drug administration, who is the chief scientist. Dr. Messonnier and rear admiral Hinton will give opening remarks before taking your questions. At this time I'll turn the call over to Dr. Messonnier.

**MESSONNIER:** Thank you for joining us today. Today I would like to provide a few updates on important developments in the last couple days. Since we briefed you last, there have been no new confirmed novel coronavirus infections. The total number of confirmed positives in the United States remains at 11. Right now, 206 persons under investigation or PUIs have tested negative for infection with this novel virus. And we currently have testing pending on 76 PUIs. Some of those PUIs that are pending include samples in transit.

As we alluded to earlier this week and was reported by many of you last night, FDA signed the emergency use authorization or EUA for our diagnostic test. Today the test kits will start shipping to the over 100 US public health labs, each of these labs is required to perform international verification for CLIAA compliance prior to reporting out. This process is expected to take a few days. Initially 200 test kits will be distributed to US domestic laboratories and another 200 will be distributed to selected international laboratories. Each test kit can perform 700 to 800 patient samples. What that means is that by the start of next week, we expect there to be much enhanced capacity for laboratory testing closer to our patients. Additional test kits are being produced and will be made available for ordering in the future from the International Reagent Resource or IRR. At this time each laboratory that places an order will receive one 2019 NCOV test kit. Distribution of these tests will improve the global capacity to detect and

respond to this new virus as well as greatly enhance our national capacity. Availability of this test is a starting place for greater commercial availability of diagnostic testing for nCoV. States will now start testing for confirming this virus and you may start hearing from states directly about confirmed cases. As always, their case count will be the most up-to-date. CDC will continue to report case counts on Mondays, Wednesdays, and Fridays on our website. US public health system relies heavily on the work of state, local and territorial health departments who are on the front lines of outbreak responses. Their ability to detect and confirm this virus is critical. We appreciate the dedication and cooperation the state, local, and territorial health departments have shown in the last month as we've developed and cleared this test for use in the United States. As we collaboratively worked aggressively to slow the spread of the virus here in the United States. And I especially want to make sure to stop and thank our colleagues and leadership at the FDA who has helped to make this possible.

Now I want to give you an update on another activity. There are four more planes carrying passengers from Wuhan, China back to the United States. The plan is for the planes to arrive at the following locations in three states, Travis Air Force Base in Sacramento, California, marine corps air station Miramar in San Diego, California, Lackland Air Force Base in San Antonio, Texas and Eppley Airfield in Omaha, Nebraska. CDC staff are there meeting the planes and assessing the health of each passenger. The passengers will be screened, monitored and evaluated by medical and public health personnel including before takeoff and during the flight. Medical care will be readily available at the first onset of symptoms, if needed. Like the plane that arrived in March Air Reserve base last week, these passengers will be issued quarantine orders upon arrival at their designated locations. This legal order is intended to protect travelers, their families and their communities. The quarantine period will begin the day the flight leaves Wuhan and will continue for 14 days. We do not believe these people pose a threat to the communities where they are being housed. As we are taking measures to minimize any contact. We expect confirmed infections among these and other returning travelers from Hubei province. The measures we are taking may not catch every single returning traveler returning with Novel Coronavirus given the nature of this virus and how it is spreading but if we can catch the majority of them, that will slow the entry of this virus into the United States. In addition to these measures, we have a strong public health system that is on high alert to detect this virus in the health care system. We'll continue to monitor this situation and adjust accordingly either pulling back or strengthening these measures. As the WHO Director General Tedros said yesterday, "We have a window of opportunity." Almost all the confirmed cases with the Novel Coronavirus are in China and the majority of those are in Hubei province, but there have been more than 20 infections detected in 28 locations outside of China including the United States. Now is the time to act so that we can slow the introduction and impact of this virus in the US. The Federal Government and public health systems have been preparing for an outbreak like this for years. All of the pandemic planning that we have done for influenza is the foundation for our response to this virus. There are different outbreak stages and different interventions used for the various stages.

This is the beginning of what could be a long response. Right now we're aggressively intervening to contain introduction into the United States. If community spread in the US is established, we'll implement broader measures to mitigate the impact of the virus on our communities. More than 800 people are working on this response at CDC alone including nearly 200 people working at the airports, department of defense bases and in states assisting their investigations. CDC's full expertise in infectious disease and preparedness is being brought to bear for this response. We are helping prepare health care systems and clinicians, by providing them with guidance and resources on how to protect themselves and others. We develop guidelines for the clinical management of patients with 2019 Novel Coronavirus. We're providing direct consultation of frontline clinicians in the US caring for 2019 nCoV patients which will also further our understanding of the disease and improve guidance. We're working with health care and industry partners to understand the supply chain for personal protective equipment. We're putting the tools into place to help reduce the burden public health and health care facilities face when monitoring individuals at risk for this new virus. Those are just some of the things that we're doing and the list is much longer. But despite the years of planning, we need to remain humble and understand that we may not have planned for

everything. We expect to see additional cases of Novel Coronavirus in the United States among returning travelers as well as their close contacts. We recognize the uncertainty of the current situation. As always, CDC public health experts strive to make the best recommendations – US public health experts strive to make the best recommendations based on the most up-to-date data. Which will continue to inform our guidance. And I'd like to turn the call over to Rear Admiral Denise Hinton, the Food and Drug Administration's chief scientist to talk about the FDA.

**HINTON:** Thank you, Dr. Messonnier, for those important updates and for the continued collaboration. My name is Denise Hinton, and I do serve as the FDA's chief scientist and today I want to provide just a few updates on the work the FDA has been doing. The FDA continues to work closely with our international, federal, state and local partners as quickly as possible to gather more information about this public health threat. FDA has been working very closely with the CDC and other U.S. government partners reviewing data as it is in real time and with a team working around the clock to ensure tests are available under emergency use authorization or EUA. This is to enable the CDC to distribute the test as soon as it is available. Yesterday the FDA, as of February 4, 2020, issued an EUA to enable emergency use of the CDC's 2019 NCoV diagnostic test. To date this test has been limited to use at CDC laboratories. Yesterday's authorization allows the use of the test at any CDC qualified lab across the country as Dr. Messonnier has stated. Additionally, FDA announced that it had developed an EUA review template to test and detect the novel coronavirus which outlines the data to be developed in a pre-EUA package which is available to developers upon request. As of February 5, 2020, today, FDA has sent the template to 35 diagnostic developers. The FDA is committed to expediting the development and availability of critical medical products to prevent, diagnose and treat 2019 nCoV using all applicable regulatory authorities to respond to the outbreak. Thank you for your time. And we're open for any questions.

**HAYNES:** Thank you, Admiral Hinton, and thank you Dr. Messonnier. We are ready to open it up for questions.

**OPERATOR:** Thank you. If you would like to ask a question, please unmute your phone, press \*1 and when prompted record your first and last name clearly so I may introduce you. To withdraw your question press \*2. Again to ask your question press \*1. Our first question comes from Betsy McCaughey from the New York Post, your line is open.

**NY POST:** Thanks for taking my call. My question is about the national stockpile. How well prepared is the U.S. to provide hospitals with masks, gowns, gloves, face shields and other personal protective equipment if in fact for at least one or two regions in the country there is a real demand for that? And secondly, is our reliance on China as the manufacturer of a lot of this equipment a weak link?

**MESSONNIER:** I guess that is for CDC. And one thing that I will say is as many of you know, the national stockpile is actually under ASPA now not under CDC, but in general you bring up an important point which is the current risk to the American public is low, but as we project outward with the potential for this to be a much longer situation, one of the things that we're actively working on is projecting the long term needs for our health care system and certainly one of those important projections is personal protective equipment with a priority certainly for our health care workers. So, it is something that we are very much working on with additional meetings today about it. And hopefully we'll have more to say about this in the coming days. But it is also a good reminder for me to tell folks that as we anticipate the potential for this, we want to make sure that when those personal protective equipment, masks and especially masks but also gowns and gloves are being used, they are being used appropriately to keep our staff and health care workers safe, but not excessively. Because we may need to be preserving them for later when the risk is higher. So, as I said, before we do not think that the American public should be going out and buying masks, we don't think that normal U.S. citizens going about their day to day lives in the U.S. right now are at risk. And so, I

would definitely caution people to be patient as we work through these longer-term issues, but to understand that our guidance to folks now is let's make sure that we have enough of those personal protective equipments for the folks at highest risk and specifically our health care workers.

And I would say that that is something that we're actively working on and part of what we need to sort out is our expectations for how long this will last. If this is something that will be over quickly, obviously that projection looks a lot different than if it is something that will last a longer time. And as we're learning more about the situation in china, about how transmission is happening, how it is being spread, it will help us to better do those projections in the united states which again is something that we're actively working on.

**HAYNES:** Next question, please.

**OPERATOR:** Next question is from John Woolfolk with san Jose mercury news. You may ask your question.

**SAN JOSE MERCURY NEWS:** Can you tell us how this is — the people at Travis and the other places are being cared for, what they are doing when they are there, what kind of protections or restrictions or being imposed on the people caring for them, like can they leave and go home?

**MESSONNIER:** The folks that are at Travis air force base who returned from Wuhan are under quarantine. And that means that they can't just walk out and return home. The decision to quarantine them was not an easy decision, but it was based on our understanding of the location that they came from and our calculation of their risk of getting novel coronavirus and the potential risk of them passing it on to their families and their communities. What does it look like to be under quarantine? It means that there is an area where they are, they have housing units and I think that they are going about daily lives there the best that they can. I understand from the folks on the ground that in general they are grateful to be home and have been cooperative, but we know this is not an easy thing we are asking them to do and we appreciate their cooperation because it is really essential. I will also point out that they are getting medical evaluations again as part of the normal course of action.

**HAYNES:** Next question, please.

**OPERATOR:** Next question is from Dawn Kopecki with CNBC. Your line is open.

**CNBC:** Hi, could you talk a little about the trajectory for this illness as it pertains to mortality rates. So, we know that it can take up to two weeks to show symptoms. How long after that are you seeing it take the virus to become deadly enough to end up in fatalities? In other words, we're a month into this. If it takes two weeks to show symptoms and another week to three weeks until someone is sick enough to pass away, how does that affect the mortality rate that we're seeing today?

**MESSONNIER:** That was a complicated question, but I think that I understand what you are asking.

So, let me start by saying that it is really important for folks on this call to understand that the 11 u.s. patients are as far as I know at this moment actually all doing well and the ones that were a little sicker have actually improved. So I'm happy to report that the u.s. patients, the ones that are here, are actually really doing well. I think what you are more talking about is the data coming out of china and what you are asking is the time — whether the case fatality ratios are being delayed because they are actually getting sicker later. I can't answer that concretely because I don't think that we have the data, however we also should be cautious in interpreting the data about a severity of illness including fatality or death in china right now because we know that early on in the response their case definitions were likely to focus on patients who had pneumonia and the disease and we know from experience with many other

outbreaks that it tends to be early on that patients who are — [ inaudible ] more likely to seek medical care and be diagnosed. So I don't think that we can say fully whether the 2%, which is where — it is 2% that has been relatively stable of the patients being reported out of china who have died, but whether that actually is a real case fatality rate or not, I just don't think that we have the information right now to say. But I would say again that what we know is that this disease can be deadly. There have been two deaths outside of china and we're definitely watching our u.s. patients carefully because of course we know that death is possible with this severe disease.

**HAYNES:** next question, please.

**OPERATOR:** The next question is from Colleen Shalby with the "los Angeles times."

**LA TIMES:** Thanks for taking my question. I have two questions for you. One, I'm wondering if you can explain a bit the decision to quarantine now versus not to quarantine during the swine flu which had about 60 million cases. And on March 2, we know that there was a minor taken to the hospital yesterday after developing a fever at march air reserve base. I'm wondering if you have any update on that.

**MESSONNIER:** The second one was about a child from — can you repeat that again?

**LA TIMES:** Yeah, second one was about a child who developed a fever at march air reserve base who was taken to hospital yesterday. I'm wondering if you had any update on that.

**MESSONNIER:** Let me take the second one first. You know, as we've talked about, the reason that we are quarantining people is that we do think that they are at higher risk for novel coronavirus based on the fact they came from this area where the attack rates are high and still rising. So, we should not be surprised if there are some cases among the people who have already returned or among the additional planeloads of people coming back. That being said, this is a child with a fever. And those of you who have children know that there are many reasons why children have fever. And we need to let the evaluation progress. There are laboratory tests that are being taken and being evaluated. And as soon as we have a concrete answer on that child, we'll let you know. As far as I understand the child is actually doing pretty well. We should be happy for that. In terms of the second question, what I say in general is that every one of these situations is different and we have to evaluate it differently. There have been other occasions where the question of quarantining have come up. Within my career 25-year career at CDC, there have been situations where this has come up and what was different about this one is that the outbreak was caught so early before it really got to the united states. And the comparison I made on the last teleconference, h1n1, where by the time we caught it, it was already at our borders. But this is a situation where hopefully because of improved global capacity and surveillance and lab capacity, it was caught early before it spread around the world and we had this window of time in which they could intervene to slow it down. I think that is different from other situations that we faced.

**HAYNES:** Next question, please.

**OPERATOR:** next question is from Johnathan Serrie with fox news. Your line is open.

**FOX NEWS:** Thank you for taking my question. Dr. Messonnier, for the passengers quarantined last week at march air reserve base, is there a specific date for their reviews, in other words, will all be released on the same day 14 days since departing china? What criteria must they meet to be released from quarantine and what will the process look like?

**MESSONNIER:** Yeah, to count 14 days from the day that they left and i understand that that is February 11th — i hope that i did that correctly. As long as they are healthy and their immediate family is healthy, our plan is to release them and help them get to their final destinations to their families. If they are sick or their family members are sick we need to make sure that they are not sick with coronavirus.

**FOX NEWS:** And if i could follow up, once they are released and reunited with their family, will there be any additional guidance, will they isolate in their homes or be declared completely free to go back into the mainstream society?

**MESSONNIER:** As of today, based on what we know about this virus, the incubation period, the far outside of it is 14 days which means that if they reach 14 days without getting illness, we would consider them to be free of disease and ready to go back to their normal lives. Of course if additional information becomes available, we'll let you know. But right now our plan is to wish them well and let them get on with their lives.

**HAYNES:** We have time for two more questions.

**OPERATOR:** Our next question comes from the "washington post."

**WASHINGTON POST:** I have two questions and a followup. You were working on the guidance or what was going to happen with the quarantine and i was wondering if you could bring us up-to-date on the commercial flights where these people will be housed because there have been a couple people who have been quarantined already. And the second question has to do with the virus. There are reports from china today of babies being infected with vertical transmission. And i'm wondering if there is any additional information cdc has gotten from other countries where they have cases where maybe the sharing of data has been a little bit more transparent about transmission if there is anything else that you can add about vertical transmission.

**MESSONNIER:** Thanks. So the first question that you are asking is about the individuals that have come back on commercial flights and have been found to be from wuhan. As i said last time, we are working directly with each state and local health department on plans for each individual that has returned who would need to be quarantined. At this point i will not be releasing specific information about each of those state's plans or about individual patients who may have been quarantined. We hope in the future to at least provide you some information about the number of people. But that is not something that i'm at liberty to talk about today. And the second question, like you, we have read with interest this report of neonatal vertical transmission coming from china. For respiratory virus, it would be pretty unusual. However, as we've said all along, there is a lot about the novel coronavirus that we don't know and that report just came out i think within the past couple hours. So i don't think that we know any more than you do. But we are actively looking for a confirmation. I've heard of no similar reports. This is the first such report that we've seen.

**HAYNES:** Last question please.

**OPERATOR:** Last question is from carla johnson, a.p. your line is open.

**AP:** Thanks for taking my question. Are you ready to express any change in confidence about this situation global perhaps about the potential for efforts working and there not being a lot of spread outside of china, or from pre-symptomatic people, any indication that this has reached a peak and efforts are being successful? And my second question is, how many people are on those four planes from wuhan and exactly when will each be landing at the military bases that you have identified? Thanks.

**MESSONNIER:** The answer to the first question, i think that this comes down to need to be humble. Of course we looking at the data and trying to answer exactly the question that you are asking. I don't think that we've seen that right now there is any sign that this has stopped. I think that it is premature to comment on whether it has slowed down. But we do believe that we have a window of opportunity now to prepare the united states in case that there a broader spread of this outside china as well as a broader spread in the united states. And so as i said before, we preparing as if this is a pandemic. That is just good common sense public health. But of course i'm hoping that it is not. In terms of the planes, what i can tell you is that two either have landed or are landing today and the other two will be landing tomorrow. And i don't have an exact count yet of the number of people on those planes. We'll have that after all four have landed and we can provide that information in follow up.

**HAYNES:** thank you Dr. Messonnier. And i'd also like to thank admiral hinton for joining us. Please remember to visit the 2019 novel coronavirus website for continued updates. And if you have further questions, call the main

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