Centers for Disease Control and Prevention

CDC Newsroom

Transcript for CDC Telebriefing: Update on COVID-1

Press Briefing Transcript

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- Audio recording [MP3 – 6 MB]

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Telebriefing Audio

>>> Good afternoon and thank you all for standing by. For the duration of today's conference, all listeners are on silence mode until the question and answer section. After that time, press star one. Today's call is recorded. If you have objections, disconnect at this time. It is my pleasure to introduce Mr. Paul Fulton. Thank you, sir. You may begin.

>> Thank you for joining us on the briefing of the COVID-19 response. We're joined by secretary for consular affairs for the department of state, Ian G. Brownlee, and Nancy Messonnier, the Director for the National Center for Immunization and Respiratory Diseases, who will give opening remarks before taking your questions. At this time, will turn the call over to acting assistant secretary for counselor affairs Brownlee.

>> Good morning. I'd like to say a word about the cruise ship travel alert that the State Department posted yesterd afternoon. U.S. Department of State has no higher priority than the safety and welfare of U.S. citizens overseas. February 20th, the department advised all U.S. citizens to reconsider travel by cruise ship to or within Asia. Many countries implemented strict screening procedures to prevent the spread of the COVID-19 virus. This is a dynamic situation, and U.S. citizens traveling by ship may be impacted by travel restrictions affecting their itineraries or may be subject to quarantine procedures implemented by local authorities. While the U.S. government has successfully evacuated hundreds of our citizens in recent weeks, such repatriation flights do not reflect our standard practice a should not be relied upon as an option for U.S. citizens under potential risk of quarantine by local authorities. We urge U.S. citizens to evaluate the risks associated with choosing to remain in an area that may be subject to quarantine and to take all appropriate proactive measures. People who plan to travel by cruise ship should contac their cruise ship line companies for further information on the current rules and restrictions, and should continue t monitor the travel.state.gov website for updated information. We encourage all U.S. citizens traveling overseas to enroll their travel plans in the smart traveler enrollment program, step.state.gov. They can receive important messages about their destination, including timely alerts and updates to travel advisories. Finally, you can find the text of the travel alert on that same website, travel.state.gov. Thank you very much.

>> Thank you, acting assistant secretary Brownlee. Thank you all for joining us today. This is Nancy Messonnier. I want to start with how we will be reporting our cases of COVID-19 beginning today and going forward. We are making our case counts in two tables. One only tracks people who were repatriated by the state department, and the second tracks all other cases picked up through U.S. public health network. CDC will continue to update these numbers every Monday, Wednesday, and Friday. We are keeping track of cases resulting from repatriation efforts separately because we don't believe those numbers accurately represent the picture of what is happening in the community in the united states at this time. As of this morning, when you break things up this way, we have 13 U.S cases versus 21 cases among people who were repatriated. The repatriated cases include 18 passengers from the "diamond princess" and three from the wuhan repatriation flights. I want to update you on the status of the repatriation efforts. Yesterday, nearly all of the remaining people who returned from Wuhan, China, via state department chartered flights, who have been quarantined at four department of defense installations across the U.S. have completed their 14-day quarantine. We are truly thankful to those released from quarantine for their cooperation and patience and wish them well as they return to home, work, and school. I want to be clear that someone who has been released from quarantine is not at risk for spreading the virus to others. Specifically, they are not infected. Additionally, i want to extend my thanks to the men and women on all of the dod bases and their families for their graciousness while hosting these guests. We are also thankful that Travis Air Force Base and Joint Base San Antonio-lackland opened their doors to the recently returned passengers from the "Diamond Princess" cruise ship. Now, the "Diamond Princess." 329 U.S. citizens earlier this week returned to the united states aboard two state department chartered flights. So far, 18 have tested positive at CDC. Another 10 were reportedly positiv in Japan. 11 are receiving care at the university of Nebraska medical center. Five are receiving care around Travis. Two are receiving care around Lackland. Because the passengers on the "Diamond Princess" were in a close settin where there has been a significant spread of COVID-19, they are considered at high risk for infection. We do expec to see additional confirmed cases of COVID-19 among the passengers. Additionally, since many of these people ar over the age of 60, we are also prepared for other medical issues to arise that will require hospitalization. We're going to do everything we can to make their quarantine as easy as possible while monitoring them to see if they develop illness. Our goal for these people who have been repatriated is to be sure that each and every person is properly cared for and that those who are in need of medical care receive it. To ensure this, we are working closely with local hospitals as well as other facilities across the country who are prepared to provide this care. I want to ta a minute to extend my condolences to the families who have lost loved ones who were infected on the "Diamond Princess." we heard yesterday that two Japanese passengers of the "Diamond Princess" died. There are several Americans with COVID-19 who are hospitalized in japan and who are seriously ill. Sadly, we may see poor outcome in others, not just people who were on board the "diamond princess," but among others who become sick with this virus. Despite the increasing cases in china and around the world, we believe our aggressive travel precautions are working. As I said, the number of cases detected through the recent U.S. surveillance systems has increased to 13 The most recent patient was announced last night by Humboldt county in California. This patient had traveled to mainland china. The fact we have been able to keep this number low is good news, especially given what we are seeing among some countries in Asia that are beginning to experience community spread. This is when cases are detected in a community but it is not known what the source of the infection was. This is being reported in Singapore, South Korea, Taiwan, Thailand, and Vietnam, as well as Hong Kong and Japan. The last two countries we issued level one travel notices for earlier this week. We are working in close coordination with the state departmer to keep travelers informed with up-to-the-minute guidance, including on cruise ship travel, as discussed by Mr. Brownlee. We never expected we'd catch every traveler with novel coronavirus from China. It would be impossible. We're not seeing spread here in the United States yet, but it is possible, even likely, that it may eventua happen. Our goal continues to be slowing the introduction of the virus into the U.S. This buys us more time to prepare our communities for more cases and possibly sustained spread. This new virus represents a tremendous public health threat. We don't yet have a vaccine for this novel virus, nor do we have a medicine to treat it specifically. We are taking and will continue to take aggressive action to reduce the impact of this virus, that it will have on the communities in the U.S. we are working with state, local, and territorial health departments to ready c

public health work force to respond to local cases and the possibility this outbreak could become a pandemic. We are working closely with health care systems across the country to reinforce infection control principles and plans f surges of people seeking and requiring care. We're collaborating with supply chain partners to understand what medical supplies are needed and available. This will help CDC understand when we may need to take more aggressive measures to ensure that health care workers on the front lines have access to the supplies they need. We're working with businesses, hospitals, pharmacies, clinicians, manufacturers, and distributors to communicate about these measures and what they can do to get ready. I want to direct everyone to a document that will be very informative in terms of what people can expect in the coming weeks if the virus starts spreading in our community. This is an MMWR recommendations and report titled "community mitigation guidelines to prevent pandemic influenza, united states–2017." we are reviewing the materials and adapting them to COVID-19. These materials w serve as a blueprint for the community interventions we will use here in the U.S. if you're watching the news, you may be hearing about schools shutting down and businesses closing in countries in Asia to reduce the potential spread of this virus. The day may come where we need to implement such measures in the U.S. communities. By next week, we expect to be posting a new web page focused on what CDC is already doing to mitigate transmissior communities. We recognize the uncertainty of the current situation. As always, CDC public health experts strive to make the best recommendations based on the most up to date data. Our guidance will change as we learn more about this virus. When that happens, we will share it with you. We'd be happy to take questions now.

>> Thank you. If you would like to ask a question, please unmute your phone. Press star 1, and when prompted, record your first and last name clearly so i may introduce you. To withdraw your question, press star 2. Again, to a a question, press star 1. Our first question comes from Jason Gale with Bloomberg news. Your line is open.

>> Thanks for taking my question. It has two parts. We've heard something like 40% of COVID-19 patients hospitalized in China have received corticosteroids. Could this be worsening the disease or helping patients by calming the damaging immune response? The second bit is, what is the worst threat, the virus or the body's response to it?

>> This is CDC. I would say, in general, that CDC clinical guidance does not recommend the use of steroids for this virus based on the information we have now. I've also seen the reports out of China, but i would consider it to be unverified at this point. As we've talked about before, folks are rushing appropriately to get information out. Sometimes, it is difficult to know which of those have been fully reviewed. I wouldn't want to comment more direc on what clinical practice is or is not in china. As many of you know, there is a team on the field now in china workir specifically on this outbreak. We, like everyone else, are waiting for the reports to come out so we can learn more about what they're finding in china. Also point out that there is also a WHO overseeing clinical group that is involvi not just the U.S. but all the countries that are treating patients with this, so that we can be sharing experiences and using best practices that are available across the globe. In terms of your second question, and i really do think it is premature to hypothesize why some patients are having poorer outcomes than others, but i would remind us that emergent data still says that the people who have the worst outcomes are those who are older and with underlying illnesses. That seems to be true, continue to be true. Next question?

>> Our next question is from Lisa Krieger with "San Jose Mercury News." your line is open.

>> Thank you very much. Ten Americans tested positive in Japan, and 18 tested positive here with the CDC test upo their arrival. Does that suggest that they were infected en route, or might be there some other explanation?

>> This is CDC again. What i would say is, as we said when this started, these group of people we judge to be at hig risk for COVID-19 based on what the attack rates were on the cruise ship. Therefore, it is possible that some of the people were already incubating the disease when they left japan. That is similar to, for example, what we've seen in

just some of the travelers in the U.S. I'll remind you that some of the U.S. cases were asymptomatic when they cam back in the U.S., and then developed symptoms several days later. It is entirely possible that that's what's going on here. I think that more information will become available over the next couple days, as we fully evaluate these repatriated travelers and as we line up the lab results from japan, as well as the testing in the united states. So mo than that, i think it is really premature to say. Next question.

>> Actually, for state, just one clarification to that. The positive results that you saw in folks that were repatriated either before they were transported, becoming positive or immediately upon arrival, it is important to note that those test samples were obtained 48 to 72 hours prior to the evacuation and repatriation flight. So the results that you're seeing don't represent infection en route. They actually represent infection that existed prior to the evacuation that is only now coming to light.

>> Our next question is from Lenny Bernstein with the "Washington Post." your line is open.

>> Thank you very much for taking my call. Dr. Messonnier, you say you expect to see more infections from "diamond princess" passengers. Is that based on preliminary testing? Is that just a prediction? If you can say, how many more? Is this going to be a very large number?

>> As i think you know if you've been listening to me give these telebriefings for weeks, i'm never going to make predictions that way. I guess what we would say is that this was a high-risk situation. Based on what we know abo the attack rates and the exposures, we should expect to see additional cases. Some of these passengers are still in what we would consider the incubation period, which we know to be 10 to 14 days. Until we're through that period we won't have a good feel for how many additional cases there are. But i'm — we do think, based on epidemiology and risk assessment, that there may be additional cases. Next question?

>> Our next question is from Luke Simmons from San Antonio. Your line is open.

>> Thank you for taking my call. I was wondering if you could clarify on the group that is over at Lackland. Is that t more patients that have tested positive, not including the one that had originally come here? Also, we had some elected officials that were concerned with them being taken, you know, for testing at the local hospitals. It seems li you may have changed course a little bit with the Texas center for infectious disease. I'm just wondering if you can kind of clarify what that process is once you guys, you know, start testing in this type of incident.

>> I'm going to maybe answer the second question first. So as we've said with these repatriated groups, our assessment of the groups, in terms of their risk, drives our stance in terms of what kind of testing we do. So becau these returning passengers — because these repatriated individuals were judged to be at high risk, we have done additional testing on them. It is — in addition to that testing, we also are continuing to do surveillance for illness, which is clearly our focus. Identifying people that are ill and making sure they are getting appropriate treatment so they don't have poor outcomes. When somebody is identified as being ill, those are the folks that are being hospitalized, if that's what you're asking me. So there are people who are in quarantine. There are people who are local hospitals. They're getting care. Is that what you're asking me?

>> Yes. Well, and also, it just seems like, you know, some of the elected officials were concerned about the testing itself, making sure that that was happening at lackland. They didn't necessarily need to go to a hospital at that poin And then can you also talk about the texas center for infectious disease? Is that where you plan to take these peop now who are testing positive, and not just local hospitals, you know, with the general population?

>> I would say we probably need to defer back to dod for this. But in every situation, we're trying to make the best decision possible for the health of these individual patients. In each of these bases, and each of these situations, th individual patient level decisions end up being a little bit different as we make those decisions with the health department and with the dod, folks that have been kind enough to let us keep the passengers on these bases. Our focus is on the individuals, again, making sure they're getting the care possible, but also we want to make sure that the rest of the communities, as well as the folks on the dod bases, also are assured of their own safety. So working those issues together, each individualized situation ends up being a little different. Next question.

>> Our next question is from John Woolfolk from "Bay Area News Group." your question?

>> Thank you, doctor. I have to ask you to go over the numbers of infections, both from the previous cases and the "diamond princess." you talk awful fast. If you could clarify, have you subtracted from the total the two that we kn of that have been declared recovered, or is that still being counted in? And is this new case out of Humboldt Count in California being added to that? If you could just go over the numbers of who is infected, that would be a big help

>> Yeah. And i am sorry for going through those quickly. What i would start by saying is that the numbers should l up on the CDC website within the hour. Because it is a little complicated to work through the details. Let me start saying that if you're a case, you remain a case. Even if you recover, you remain a case. We're not subtracting cases The patient from Humboldt County who was announced overnight should be added into those numbers. If, for example, somebody was identified as being a confirmed case this afternoon, that number won't be posted until Monday. That's the distinction, you know. We pick a time to post our numbers. It is Monday, Wednesday, and Friday. We are separating out the folks that are repatriated because we think they really do — are a separate category, and that it doesn't reflect transmission and risk in general in the U.S. so what you'll see us separating is t U.S. cases versus the cases among repatriated individuals. Those are in two groups. The first set of repatriated individuals are the folks who came back from Wuhan on the repatriated flights. There are three patients that are confirmed COVID-19 associated with their flight, those flights. Then there are the repatriated folks from the "diamond princess." that also will be a separate category. So far, that number is 18. We are still trying to adjudicat the Japanese results, as well. So we likely will be including in that number, eventually, patients that were confirmed in japan. We'll really try to make sure, on our website, to post those numbers differently. Bottom line is, there is o new U.S. case since our last briefing, which was a week ago. Then there is a separate category of folks that were o the "diamond princess." we will continue to keep those numbers separately. Please, within the hour, it'll be on the website and hopefully make it clearer. Next question.

>> Our next question is from Julie Steenhuysen from Reuters. Your line is open.

>> I have a couple questions. First of all, can you tell us how many states have testing capacity? We're hearing that only three states at the moment are capable of testing for the coronavirus because of issues with the test kits. And secondly, and you touched on this, at what point does it make sense to still screen passengers at airports, given ho many countries now are seeing widespread — or seeing additional cases and starting — you know, at what point d you shift to community-based measures to control this virus? Thirdly, do — where do we stand in our understandi of whether this virus is spread in asymptomatic patients? Thank you.

>> So i have to say that i thought that this was one question and one follow-up, but i will try —

>> I know. Sorry.

>> In terms of the test kits, you know what, i think we've been as transparent as one could be about this issue. I'm happy to report that we're fully stood up at CDC. There is no lag time for testing at this point. That is the focus of testing in the united states, the testing here at CDC. We've had no issues at all in terms of the quality of that. As we've pushed tests out to the state, they did what we would expect as part of the normal procedures, which is do t verification in their own laboratories. There were problems identified with the test kits. That is a normal part, unfortunately, of these processes. We obviously would not want to use anything but the most perfect possible kits since we're making determinations about whether people have COVID-19 or not. So that is still where we are. We are working with FDA, who is the one that have oversight over us. Under this e.u.a. on redoing some of the kits. W still consider it a priority to get the kits out to patients as soon as possible. It is overridden by the priority to make sure that the test is correct. The second question is about screening. I guess what i would say in general is that if you look at global data, the focus still of most of the cases is in china and, specifically, in wuhan. That is why the layered approach that the U.S. government has put in place has focused on those places at higher risk. We continu to reevaluate this. Screening at the airport is two different things. There is routine screening for any passenger coming back with — CDC works with them on it, and it is screening ill people returning from overseas. That's routine. That's ongoing. That is not driven by these countries separately. We do have focused efforts focused on people returning from china. We continue to look at those efforts to make sure the focus is appropriate, given whe the burden of disease is, and given where transmission is. We still think that, as of today, that is the right focus. It also important for you to realize, that's not all we're doing. In addition to what's going on at the airports, we have clinicians all over the country on the lookout for patients. We have patients who are traveling, getting information from us as to potential risk, so that they can be part of this — of the important work of identifying cases in the U.S. we also haven't — this is not a turn on, turn off way of approach. That is, we're often doing community surveillance The reason we've moved quickly to stand up community surveillance is with the understanding that we want to ma sure that we also have other ways, outside of just travel-associated screening, to look for cases in the U.S. that is starting at a few sites, but we're rapidly working to make that all over the united states. It will be community-level surveillance for patients ill with respiratory diseases, so that we can also look at a community level, both to make sure our screening is still focused appropriately, and also with the understanding that there is still the possibility in the future that this is going to spread. The final question is asymptomatic disease. There is certainly more data coming out that suggests that there are people who are reportedly asymptomatic who have this virus with the swa We need to fully understand what that means in the individual patients. Are those patients, for example, that are being caught early, that may eventually go on to get disease? How hard are folks looking to ask them for symptom In other similar illnesses, we have found that if you dig deeper, you actually find many of these patients can recall some sort of mild symptom. I don't think there is anything especially new about our posture on this. We are still gathering information. When it is enough information to impact how we operationalize, we obviously will make su all our partners, as well as the public, knows it. Next question.

>> We have time for two more questions.

>> Our next question is from Dan Vergano with "Buzzfeed" news. Your line is open.

>> Thanks. I wanted to ask the state department official about some of the reports that there might be a spread or outbreak in Iran, and whether our status with them, UN sanctions, would prevent us from aiding that country, or ar other with UN sanctions, in the case of stopping an outbreak for medical help. As a follow-up, i wanted to clarify, was there a disagreement between CDC and state department about the passengers transferred back to the U.S. from the cruise ship? Thanks.

>> This is CDC. I'll take the reports out of Iran in terms of cases. You can answer the second question. So, you kno as folks know, at CDC, we look carefully at both formal reports from other countries, as well as rumors. There have been emerging reports informally of additional cases in Iran. Some of that isn't confirmed yet. I expect this will be

something that we are looking at and talking about over the next couple days. It's a little premature right now. Really, that data is new as of today, and we need some time to evaluate it. I would also say that this is something where, obviously, we're working closely with the World Health Organization. State Department, I'll leave the next question to you.

>> This is Dr. Walters from the State Department. With regard to decision making during the evacuation, it is important to remember that this was an emerging and unusual circumstance. We had 328 people on buses. We h a plan. We were executing the plan. Then we received lab results on otherwise asymptomatic, un-ill people that were on their way to an airport. I think the folks on the ground did just the right thing by, out of an abundance of caution, moving those 14 people into an isolation area where they pose no threat to themselves or anyone else. It provided room for an inter-agency discussion between not just CDC and state but the operational elements of HHS which were from the assistant secretary of preparedness and response. At the end of the day, the state departme had a decision to make, informed by our inter-agency partners. We made ahead and made that decision. The decision, i think, was the right one, in bringing those people home.

>> This is CDC. Maybe i'll just add that, you know, these are difficult decisions that we're faced with every day. We' making those decisions in real time. When you make those kind of complicated decisions, there are going to be different perspectives that are brought to the table. We are one U.S. government working together, and we will continue to operate under that stance, as we have forever, since this started and as we will into the future. Our foc is on, right now, the forward-looking health of these repatriated citizens, and to continue to manage the response seamlessly within the government. Next question.

>> Our next question is from Andrew Joseph. Your line is open.

>> Hi. Following up on some of the testing questions. Has testing started through the influenza network yet? Also you mentioned, you know, how clinicians are on the lookout for patients. Have you all thought about broadening t recommendation? As it stands now, i think online, it's either fever and — or sorry, symptoms and either travel hist to wuhan or contact with a confirmed case or person or investigation. As you mentioned, it seems to be spreading pretty efficiently outside Wuhan. Have you thought about expanding that evaluation guideline? Thank you.

>> Certainly, our plan. I'd like to under promise and over deliver, but we expect it to be on track for next week. In terms of case definition, you may know that on our web page we do go through in detail our current case definitio The current case definition does say that patients that have fever, symptoms of lower respiratory infection, requiri hospitalization, and a history of travel from mainland china meet the case definition for testing. We are regularly looking at the epidemiological situation globally. With our state and local health department partners, evaluating c case definition to make sure it is sensitive and specific enough. We will continue to do that. Including conversation today on this issue. We are certainly sensitive to the question of when and if this starts spreading more broadly in communities globally, how that impacts how we define a patient under investigation here in the U.S. We want to make sure that we're targeting our efforts appropriately. We also obviously don't want to mistransmit in the Unite States. Balancing those things going forward, we are going to continue to look at travel history and see when and i there's the right reasons to expand that beyond China.

>> Thank you, Dr. Messonnier. Thank you, all, for joining us today for today's briefing. Check CDC's 2019 COVID-19 website for the latest updates on CDC response efforts. If you have further questions, please call CDC's media line 404-639-3286. Email media@CDC.gov. Thank you.

>> This concludes today's conference. Thank you for participating. You may disconnect at this time.

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