Centers for Disease Control and Prevention

# CDC Newsroom

# Transcript for the CDC Telebriefing Update on COVID-19

## Press Briefing Transcript

Friday, February 28, 2020

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

**Benjamin Haynes:** Thank you all joining us for this briefing. We're joined today by the director of CDC's National Center for Immunization and Respiratory Disease, Dr. Nancy Messonnier.  At this time Ii will turn the call over.

**Dr. Nancy Messonnier**: Good afternoon, thank you for joining us today.  Since I last briefed you, there has been one new case of COVID-19 detected through the U.S. public health system. As has been widely reported, at this tim we don't know how or where this person became infected. This brings the number of confirmed cases of person-to person spread in the United States to 3.

We also have confirmed 2 more people who have tested positive for the virus that causes COVID-19 among U.S. citizens repatriated from the Diamond Princess cruise ship. That brings the total number of people with COVID-19 44 among this group of people.

I'd like to share with you some additional information about the U.S. case CDC confirmed on Wednesday. CDC officials first heard from public health colleagues in California about this patient last Sunday, February 23rd. California reported a severely ill person who had not recently traveled abroad or had contact with a known case of COVID-19.  CDC recommended testing for COVID-19 that day. We received samples on February 25th and confirme the results with public health officials in California the day they were finalized, on February 26th. As I said, the patient's exposure is unknown.  It's possible this could be the first instance of community spread – meaning the illness was acquired through an unknown exposure in the community. It's also possible, however, that a thorough investigation may show that the patient had exposure through contact to a returned traveler who was infected.

CDC has sent a team to support the California Department of Health and the local health departments in investigating this case.  We are working hard to find and identify how the patient was exposed as well as tracing ba people who were exposed or might have been exposed to this patient.  Like you, we are thinking about the wellbei of this patient, this family, and this community. People who were exposed to this person during their infection are some level of risk depending on their exposure. Based on what we know about how this virus behaves, we expect that we will find additional people who have had contact with this patient, especially those who have had close, prolonged contact. This of course includes family members and potentially among healthcare workers who cared f the patient.

There has been some confusion about whether this person met CDC's criteria for testing of COVID-19.

Let me comment briefly on how we have set our PUI criteria, which has been evolving as all of our guidance has to meet the needs of this rapidly evolving situation. You can look for these updates online at www.cdc.gov/covid19.

CDC's definition of a person under investigation, or PUI, from the beginning has been broad, for travelers especially because this was a disease that was being introduced from another part of the world. We have been looking for people with fever, cough, or trouble breathing. Fever and cough are pretty broad parameters, especially during flu season, and we've had to rule out many people who had other respiratory illnesses.  At this point in our investigati we are most focused on symptomatic people who are closely linked to confirmed cases or had travel history. But o criteria also allows for clinical discretion.

As public health professionals, we know that there is no substitute for the astute clinician on the frontlines of patie care. Our clinical team working with state and local health departments to assess PUIs has not said no to any reque for testing.

So, on the topic of PUIs, I want to say that as we've been watching the increased spread of this virus across the wor we have been working with our partners on an updated PUI definition. That was posted online yesterday. The updated PUI definition takes into account the new geographic spread of the virus and includes a list of affected are with widespread or sustained community spread. This list is dynamic and will change as our travel guidance is revised. I would now like to share an update on our progress to get all state and local public health labs the capacit to test for this virus. That is CDC's role in testing for this illness. As I've said before, this has not gone as smoothly as we would have liked.

We have been working simultaneously on a couple of possible solutions and I'm happy to say today that both have delivered.

Right now, labs can start testing with existing CDC test kits. States that were able to validate their kits should contin to test in this manner. States that were able to validate only the two components specific to novel coronavirus can test using only these two using revised instructions developed at CDC. We have established that the third component, which was the cause of the inconclusive results, can be excluded from testing without affecting accura We have been working with FDA and they agree with our approach. While we're working to amend the existing EUA we have discretionary authority from FDA to proceed in this manner. This will increase testing capacity at state and local health departments. All positive test results will continue to be confirmed by CDC for some time.

Additionally, CDC has manufactured brand new test kits that will only include the two components that are specific novel coronavirus.  Those test kits are at the International Reagent Resource, where orders can be placed. We are working as quickly as we can to get CDC test kits to state and local public health authorities. However, during any infectious disease response there is a great need for test manufacturers to rapidly make testing available in clinics, hospitals, and at the bedside.  This is part of a huge effort within the US government led by HHS.

States will now start testing for this virus. You may start hearing from states directly. As always, their case counts w be the most up-to-date. CDC will continue to report case counts on Mondays, Wednesdays and Fridays. Our priority continues to be getting accurate diagnostic capacity—and doing so quickly—because we know public health surveillance is critical to our fight against this novel coronavirus. To date, our strategies have been largely successfu As a result, we have very few cases in the United States.  And while we may be confronting the first instance of community spread, we are working very hard with our state and local public health partners to find out more.

I want to recognize that people are concerned about this situation. We appreciate that Americans are taking this threat seriously and continuing to seek information about how to be prepared. As always, President Trump's and o number one priority is the health and safety of the American people. Our mission includes providing you with clear information that allows you to make decisions about how best to protect yourself and your family.

While the immediate risk to the general American public remains low, and the U.S. government is doing everything we can to keep it low. CDC is constantly monitoring what is happening abroad. Our guidelines and advice are likely be interim and subject to change as we learn more. We will continue to keep you updated.

I would be happy to take questions now.

**Haynes**: We're ready to open up for questions.

Operator: If you would like to ask a question please press star 1. Record your name, if you would like to withdraw your question, press star 2. Please wait a moment while we way for questions to queue. Our first question comes from Helen Branswell, your line is now open.

**Helen Branswell**: Now that test kits — state and local labs can test more broadly, how soon will you be able to get the surveillance project that you were talking about earlier with the six cities up and running?

**Dr. Messonnier**: Thank you for that question. It is increasingly important to be able to do not just surveillance focused on the PUIs, but broader community level surveillance. And we're moving rapidly to go from those six sigh to national surveillance. We expect the first site to do testing by next week and we hope to be able to rapidly move from six to all 50 states. This is part of a layered approach with that first component that you're talking about but multiple other systems that we're modifying. we can modify them to be able to also test for this coronavirus.

**Haynes**: Next question, please.

**Operator**: Our next question comes from Rob Stein at NPR.

**Rob Stein**: Could you be a little more specific on the testing? How many states are testing now? How many states you think will be testing let's say next week, and sort of what is the timeline that you're projecting for that?

**Dr. Messonnier**: I'm not going to give a specific number because throughout the day today we expect additional states to stand up and we expect that to be happening for the next week. Our goal is to have every state and local health department online doing their own testing by the end of next weekend and doing everything we can to continue that.

**Haynes**: Next question, please?

**Operator**: Our next question comes from Elizabeth Cohen at CNN, your line is open.

**Elizabeth Cohen**: Thank you for taking my question. When the CDC and the local state departments have been doing contact tracing, are they tracing contacts while they were symptomatic, or only while they were asymptomati but presumably infected? And has that been the system the entire time or is that a new policy or was that the old policy?

**Dr. Messonnier:** Because there have been such a small number of cases in the United States, CDC has been able supplement the activities of the state and local health departments, to be very aggressive in our contact tracing, th is true from the first case and it remains true now. We have been broad in terms of our evaluations of the potentia contacts of cases, and I remind you that so far before this most recent case all but two of our cases were travelers, and the two cases we had that were person to person spread were quite close contacts of cases, they were spouse While we have been aggressive and broad where we have found those cases were actually in very close contacts.

**Reporter Issam Ahmed at AFP**: Hi, thank you for this. About what you were saying about the California patient, seems to be at odds with what Representative Berra (?) said in Congress yesterday, he said the patient was brough in on the 19th of February, and it wasn't until five days – and doctors immediately asked for a test, and it wasn't unt Sunday the 23rd that federal authorities agreed to do that test. I was wondering if you could speak to that? And another question is that given the US situation with its public health system with 27.5 million people uninsured, do you think that this could be a problem if it takes root in this community and spread and people will be reluctant to approach their health care providers because of the cost involved? Thank you.

**Dr. Messonnier**: According to CDC records, the first call we got about this patient was on Sunday, February 23rd. The second question is we need to remember that right now the case count in the United States is really low and th is a reflection of the aggressive containment efforts of the US government. There is certainly the possibility of additional cases. We will continue to work aggressively to try to keep that number low. The spread we hope will be limited, and any disease in the U.S. will be mild, our focus on public health is on those issues.

**Haynes**: Next question, please?

**Operator**: Our next question comes from Craig at KNX CBS. Your line is now open.

**Reporter**: You talk about the case count being low, how do we reconcile that with the fact that here in California th most populous state, the governor yesterday said only a couple hundred testing kits. The case count will be low because it sounds like there is not enough tests that could reflect it. It seems like the issue the math on that seems to be a low count.

**Dr. Messonnier**: Yes, thank you for the opportunity to talk about that. We need to remember that this situation is taken place rapidly. By far the majority of cases have been in California. A few weeks ago we found an increase in cases around the world. And again this week we have seen an increase in cases globally. Because of the aggressiv U.S. efforts at our border strategy the number of cases have been low. And we have been able to focus our efforts on travelers and their close contact based on our evaluation of who is at highest risk. We will continue to modify o approach. In terms of diagnostic testing, additional labs are coming on-line and additional test kits are on their wa now.

**Operator**: Our next question comes from Michelle Cortez, at Bloomberg News, your line is now open.

**Michelle Cortez:** I think what a lot of us are grappling with a little bit is the idea that China has been able to do ten of thousands of tests. Korea has been able to do thousands of tests. And here in the US, in our local we have done about 500 in our local patients and then plus another 2,000 patients or so that have been repatriated — we just do have the numbers they do. Can you explain that to us how others aer able to do thousands and thousands of tests that we have not been able to do that yet?

**Dr. Messonnier**: I think there are two answers to that question. One is that the epidemiological situation in China and other countries is really different from the U.S. We acted incredibly quickly before most other countries. Aggressively controlled our borders and we were able to slow the spread into the United States. That was an intentional US strategy with the goal of allowing us to control our efforts, so we have focused surveillance for those at highest risk. And again, that is why the number of patients that were identified as PUIs in the US has been smalle I guess i would also direct you back, the CDC role was in rapidly developing a diagnostic and focusing on the front l on getting that out to the public. But our solution, a larger part of the any such infectious disease is getting the tes kit out more broadly to the hospitals, and to the HHS and to the front lines, and that is part of a U.S. government strategy that is a huge priority with HHS leadership right now. CDC has always had the capacity to test from the tim rapidly when the sequence was available and that is two labs at the CDC doing the testing, and we have been testin aggressively the patients that state health departments have referred to us.

**Reporter Mike Stobbe, AP**: Hi, thank you for taking my call. You mentioned is there are two new cases from the *Diamond Princess*, can you tell us about them and where they are and can you tell us more about the testing, why was three needed in the first place and was there problems with one of the other two? I heard reports that might have been the case. And finally in the change of the testing criteria, are there potential downsides to that? Thank you.

**Dr. Messonnier**: First question, those are two additional cases among the U.S. are repatriated, that can be availab on our website. In terms of three to two, please remember that our laboratories developed this test kit before ther were US cases. We developed it based on the posted genetic sequencing, and it was this test kit that allowed us, to identify the first cases in the United States. As more cases have been identified and more cases have been availabl it is clear that two of the three reactions, we actually are appropriately sensitive and specific in identifying cases. Th is why after being able to share that data with FDA, they agreed and there is a new protocol, and that's what we're talking about when we're talking about the change from three to two. In terms of

we signed that that is what we're talking about. In terms of test criteria, I think you're referring to the PUI definition What I would say about that is that the situation has evolved and it continues to evolve very quickly and therefore w need to continue to evolve our PUI definition. This is not something that we take lightly. We take ramifications fro this. That is why any such decision involves not just CDC, but all of our local and state health departments and partners who have a stake in this, and we'll see the impact of it. It was certainly not a decision we made without a l of consultation. Our goal is and remains to do everything we can to help the American people.

**Haynes**: We have time for two more questions, please.

**Operator**: Okay, next we have a question from Laura Johnson at CBN News.

**Laura Johnson**: I was wondering what is your reaction to the fact that the new cases in China have been lower if many days in a row and the death rate outside of China is lower than inside of China, and what is your opinion of th anti-viral medication remdesivir as a possible treatment and also the possibility of immune-therapy drugs as possib treatments. Thank you.

**Dr. Messonnier**: Thank you, I think it is really good news that the case counts in China are decreasing. We're watching that closely and we hope that is a trend that continues both for the good of the citizens in China who hav been through quite an outbreak, and also in the hopes that it will help us learn what we can better do in the United States to continue to control it right here. In terms of the case fatality ratio, I think there is a whole bunch of data from China and from other countries around the world on the ratios, and there is a variety of mathematical models that are looking at that data, and hoping that it will — and working together to better understand it and use it to

better analyze what we might expect elsewhere including in the United States. What I can say is that in the U.S. our cases have been doing very well. We will continue to do everything we can. They have a product that has been use in some of these cases. It is something that NIH has been going for and those questions are better answered by N

**Haynes**: Last question, please.

**Operator**: Our last question comes from Roni Rabin from New York Times.

**Roni Rabin**: If states are able to do these testing, they still need to have a confirmatory test by the CDC, does that mean there is a 48-hour delay for the patient getting that information? And can you comment on the whistleblowe report and tell us what kind of precautions were taken and was CDC involved in the visits to Travis Air Force Base. also want to know how often you'll hold these briefings, Can you give us a regular schedule?

**Dr. Messonnier**: Thank you for actually allowing me to sort of speak specifically about this issue. Which is that th are procedures that we're working through with the states and FDA in terms of confirmatory testing. More importa than the confirmatory language, is what is actionable from a public health perspective at a state and local health department. So it is possible, for example, that there might be presumptive positives that are waiting confirmation but others which state and local health departments will be able to take action and that is what is most important and we're working through those labels now and we'll have more information as we figure out that piece. In terms the whistle-blower investigation, let me say that CDC takes the health and safety of our employees very seriously. We're aware of the HHS whistle-blower complaint, but I defer any other questions on this matter to HHS. And in terms of the telebriefings, we will continue to routinely provide information when we can.

###

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 Stat and the world.*