Centers for Disease Control and Prevention

CDC Newsroom

Transcript for the CDC Telebriefing Update on COVID-19

Press Briefing Transcript

Tuesday, March 3, 2020

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

Welcome and thank you for standing by. At this time all participants will be in the listen only mode until the questi and answer session of today's conference. Please press star 1 on your phone and record your name when prompted. This call is being recorded. If you have any objections, please disconnect at this time. I will now turn th call over to your host Paul Fulton. You may begin.

Hello and thank you all for joining us today for this briefing to update you on CDC's COVID-19 response. We're join by Dr. Nancy Messonnier who will give opening remarks before taking your questions. At this time, I will turn the c over to the Dr. Messonnier.

Good afternoon and thank you all for joining us. Over the weekend, multiple states announced new presumptive positive cases of COVID-19. As of Monday evening, there were 60 cases that includes presumptive positives or CDC confirmed positive cases of COVID-19 detected through the U.S. public health system. This does not include peopl repatriated on U.S. State Department flights. 22 of the 60 cases are travel associated. 11 are likely person to perso and 27 are under investigation, which means that state and local public health officials are still investigating how these people were infected. Many states are now testing and reporting their own results. While these results will b confirmed at CDC, the state and local health departments are taking public health actions based on these presumptive positives. And CDC is counting these as cases. We would be updating our online case count on weekdays by noon. I just want to mention that we are no longer reporting the number of PUIs or patients under investigation nor those who have tested negative. With more and more testing done at states, these numbers wou not be representative of the testing being done nationally. States are reporting results quickly and even — states a reporting results quickly and in the event of a discrepancy between CDC and state case counts, the state case coun should always be considered more up to date. Developments since I last spoke to you have heightened our concer for certain communities in the U.S. We have seen more reports come in from what is likely an outbreak in a long-term care facility in Washington state. Sadly, now we have six deaths reported to CDC. We have seen the first reports from Florida, Georgia, Rhode Island and New Hampshire state. We expect to continue to find more cases. These will probably result from a mixture of instances of travel-related, contact-related and community-associated cases where we don't immediately know where people became exposed. Right now, we have 12 states that have reported cases of COVID-19. Many of these have occurred within the past 14 days. Meaning that we may still find contacts of cases in those states who test positive for COVID-19. The greatest risk of infection is among those who

are in close contact with people who have COVID-19. This includes family members and health care workers who care for people who are infected. Right now, with still aggressive containment measures being taken to find and isolate cases in order to prevent spread, we want anyone with suspected exposure to someone with COVID-19 to reach out to their health care provider. You should do that by phone. There may come a day when we're only looking for severe illness, but we're trying to understand how the virus behaves and prevent additional spread. I talked about risk of infection. Now I would like to make a comment about the risk for serious outcomes. While information so far suggests that most COVID-19 illness is mild, a report out of China suggest serious illness occurs 16% of cases. Older people and people with underlying health conditions, like heart disease, lung disease and diabetes, for example, were about twice as likely to develop serious outcomes versus otherwise younger, healthier people. We are particularly concerned about these people given the growing number of cases in the United States well as those with suspected community spread. What is happening now in the United States may be the beginnin of what is happening abroad. We will continue to maintain for as long as practical an aggressive national posture c containment. That said, you might see some local communities taking specific actions to mitigate the disease. It's possible to contain the virus as well as work to mitigate future spread. We ask for people's patience and understanding and most importantly their cooperation. If a health care provider or a public health worker tells you to stay home for 14 days unless you need medical care, please do that. Right now, especially individual actions, ca have an important impact on how this situation plays out. You may need to take a break from your normal daily routine for two weeks. We have seen this especially in patients from the Diamond Princess cruise ship where a significant number of people have had very mild illness and don't feel particularly bad. So staying home when you are sick is really important. Don't let the illness spread beyond you. Stay away as much as you can from other people. We have guidance on our website about how to minimize the risk to others in your household. As more areas see community spread, local communities may start employing tools that encourage social distancing. The goal of social distancing is to limit exposure by reducing face-to-face contact and preventing spread among people community settings. What these actions look like at the community level will vary depending on local conditions. What is appropriate for one community seeing local transmission won't necessarily be appropriate for a communit where no local transmission has occurred. People, communities, local and state governments should begin thinkin about what this might look like for them and local action that might work best in their community to blunt the impa of this virus. There are a spectrum of actions that can reduce spread and impact. These are science-based and co from our play book on mitigating disease impact. I want to stress the personal action that individuals can take. Ea year we recommend people wash their hands, cover their cough and sneezes and stay away from people who are sick. This is the other side of not spreading the disease, which is not catching it. Think twice before you expose yourself to someone who is showing symptoms. This is especially important for people who are older and have underlying health conditions. For seniors, preparedness may also mean making sure you have adequate supplies routine medications, like medication for blood pressure and diabetes. This is always part of what CDC recommend for preparedness. If you're 65 and older and particularly if you live in areas where there's on going community spread, you need to think about what actions you can take to reduce your exposure. CDC's role is to provide technical advice to states and counties. The decision of what steps to implement will be local. It's also very importa that clinicians have the information they need to make the best decisions for their patients. In addition to information on CDC's website, we have open calls with clinicians. The last call had more than 10,000 listeners. We' holding another call on Thursday. You can find more information at emergency.CDC.gov. I want to assure you tha on other fronts partners in the U.S. Government and across the pharmaceutical industry are working quickly to develop effective tools to treat and prevent this virus, including anti-viral drugs and vaccines. With the global increase in cases and the spread that is occurring here in the United States, there have been a lot of questions abo what might happen to us. I wish I could give you that answer. Unfortunately, I cannot. But I can assure you that C staff are working incredibly hard to assist the state and local health departments as they investigate and follow the new cases they have identified as well as provide guidance to all audiences on how to prepare. I speak on behalf o all of our staff and staff all across the U.S. Government when I say, our hearts go out to the people who have been

affected by this new virus both here and around the world. We need to continue to work together within the feder
government, across the public health infrastructure and in local communities. All of us have a role to play in keepi
ourselves, our families and our communities safe. I would be happy to take some questions now.

We will now begin a question and answer question. To ask a question from the phone lines please press star 1, en
your phone as unmute and record your name at the prompt. Please keep your questions to one questions and on
follow-up. Our first question comes from Carolyn Johnson with the Washington Post. Your line is open.

Thanks for taking my question. There's been a lot of criticism from epidemiologists about the narrow criteria for
testing and how that might have been linked to the limited availability to test due to the problems with the test. Ca
you just speak to that issue? What was the cause of the limited criteria? Do you now regret not expanding it earlie
since the minute they start testing they're finding cases?

Messonnier: CDC's criteria for patients under investigation has always started with the importance of astute clinicia
who are making judgments about what their patients are likely to have. So we've always allowed those patients to
part of the testing criteria. But what we really need to focus on now is where we are today. There is spread across
many countries across the world and spreading communities in the United States. We need to be focused on what
we're doing today to identify patients who are ill, make sure that they're getting appropriately treated and tested a
make sure that we're protecting our communities by keeping — by keeping yourselves and each other safe.

Next question, please.

Our next question comes from Craig Figner with CBS Los Angeles. Your line is open.

Thank you. Dr. Messonnier, a couple of questions. Here in California, do we have new information on testing kits,
exactly how many have been shipped, will be shipped, when they will arrive? And also, if you can give, are you able
speak freely? Is anybody in the White House telling you to tamp down anything that you otherwise would like to sa

Messonnier: Yeah. So the answer to the first question about California's test kits is i really have to refer you to the
state of California. What i can say is over the weekend we shipped additional test kits to California. And i understa
from the FDA commissioner that by the end of the week they expect many more test kits to be available through
other pathways besides CDC, which i know is great news for the clinicians out there. In terms of my telebriefings, a
many of you know, i have been doing these telebriefings regularly since the start of the outbreak. I think we at CD
have been very open and able to answer lots of different questions, including those posed on these conferences.
Thank you.

Next question, please.

Our next question comes from Rebekah Lindstrom from 11 Alive. Your line is open.

Thank you. So, i'm trying to understand exactly how this process is going to be changing now that manufacturers a
allowed to produce these test kits independently. So, if I understand it correctly, the test kits were sent out to vario
states, to the public health department and then they were sending it back to the CDC for verification of the results
Talk to me a little bit about now how that process is going to be working.

Messonnier: Sure. Thanks for the opportunity to really clarify CDC's role. CDC's role in this space is in getting a
diagnostic quickly and correctly and then working with our public health laboratory partners and state and local
health departments to make sure that the public health labs have early access to diagnostic capacity. As part of th

process, CDC has sent test kits out to states and those test kits are being used right now by many state health departments because of the FDA regulations, those are still considered presumptive positive until those are confirmed test at CDC, but those are actionable results that is state and local health departments are using those t make public health decisions. That part is CDC's role. In order to get diagnostics to the front lines, that is, in the clinician's hand at the bedside in the hospital, that's really not the CDC public health test kit. That's the availability c test kits from commercial test manufacturers which is something that is overseen by FDA. Again, based on the comments of the FDA commissioner over the weekend, I guess, last week, they are moving quickly to get those test kits out to commercial test manufacturers. That means it will be a tool in the toolbox of clinicians in clinics and in hospitals that they can use based on clinical suspicion to test their patients. That's why it's really important that clinicians look at the CDC guidance on our website, join our webinar so they can hear from us what information the need and also for clinicians to be in close touch with their own health departments so they can understand the loca situation and how that might impact how they perceive and treat patients. Next question.

Next question.

To make sure I'm understanding real quick, you're saying that those tests then that might be in the clinics or at the bedside, would still be presumptive positive and then tests would still go back to the CDC for confirmation?

Messonier: Thanks for letting me clarify. No, those kits — those test kits that are commercially manufactured are overseen by FDA, and they won't have that same public health confirmatory process I was just talking about.

Our next question comes from Dennis Thompson with Health Day. Your line is open.

Hi, Dr. Messonnier. Thank you for taking my question. Today in the MMWR there was report of patients with confirmed COVID-19 and in that it was noted that there was a second — a symptomatic secondary attack rate of about .45% among all close contacts and 10.5% among household members. Should we read that as good news th this maybe isn't as — as infectious to those around us as we would think? Or how should we read those numbers coming out of CDC?

Messonnier: Yeah. So thanks for bringing that up. CDC did have an MMWR that came out today and I think it refle the aggressive early stance of looking for contacts, aggressively around cases to see if we could find spread. And among those early cases in the United States, we actually didn't find a lot of spread in close contacts. And I do thin that's good news. But it is a relatively small number of cases compared to, for example, the 80,000 cases that are around the world. So we take that as optimistic but we still need to be cautious with these early cases and do complete investigations which our state and local health departments are doing. We are looking at the information both from the U.S. cases but certainly also from the information that's coming in from other countries to try to understand the transmission dynamics and how it might impact the responses of state and local health departmer

Next question, please.

Our next question comes from Zara ? with Buzzfeed News. Your line is open.

Hey, thanks so much for letting me ask a question. I wanted to clarify on the testing, so I know there's been numbe going around saying by the end of the week to be a million tests a day. Is that exclusively based on the tests that C is sending out or is that accounting for the other tests that FDA is approving. Similarly, can you clarify what the CD will be posting now on in terms of case counts. Thanks.

Messonnier: Yeah. So thanks. The number that you're quoting is the number that the FDA commissioner has quot as the commercially available kits. So if there are questions about that i would definitely refer those to the FDA. Th CDC number is test kits that are going to public health labs. And we expect that by the end of this week the public health labs will be able to test up to 75,000 people. As you say, that will be a small part of the overall testing that w be available. That's why when I started my comments, I talked about the complications with expecting CDC's case count to be up to date. It's a good thing that these tests are going to be widely available, but it also means that CD will not always be up to the minute in terms of the latest number of cases, especially out of state local health departments. So that's why we say we really do need you to look to the states to those updated numbers. CDC's numbers may be a little more delayed because there are so much testing kits going out.

Next question, please.

Our next question comes from Lisa Krieger with San Jose Mercury News. Your line is open.

Yes, thank you. At the World Health Organization conference this morning there was concern of the global supply chain of PPEs and we heard from some hospitals Stanford and Harvard that they're concerned about the stockpile. Can you address that, please.

Messonnier: I can address part of it. CDC's role is working closely with our state and local health departments, including providing technical input to them. And CDC's part of this is in helping the state and local health departments with the variety of partners, including OSHA and NIOSH and health care association partners in thinki through how to make the best use of the supplies that we have. In other words, our priority is making sure that th highest risk health care exposure is health care workers have appropriate PPE and looking at other ways in which other folks might be protected. But the questions of our — the U.S. supply of PPE, those questions really need to g to the ASPR they have responsibility for the Strategic National Stockpile in the United States.

We have time for three more questions. Next question, please.

Our next question comes from Sheila Kaplan. Your line is open.

... what the contaminant was that was found in the test kits, please.

Sheila, we could not hear the first part of your question. Please repeat.

Can you please tell us what the contaminant was that was found in the original CDC test kits?

Messonnier: So i think you're talking about a report in AXIOS that attributed some issues with the CDC test kits to a contaminant. What I can say about that is contamination is one possible explanation but there are others. And I can't really comment on what is an ongoing investigation. Our focus is on moving forward. That is on making sure that the test kits we are sending out now are well done and making sure that our state and local health departmen partners have access to the full resources of CDC to diagnose cases.

Next question, please.

Our next question comes from John Bonnefield with CNN. Your line is open.

Hi. Thank you for taking my question. Can you explain to us why CDC isn't somehow aggregating the testing that's being done by public health labs to provide a national figure for the number of tests that are being conducted and the number of PUIs? Right now, what I'm inferring is there's not going to be any kind of national figure and that's v different than what we have been seeing from places like South Korea where they've been routinely updating on a national level? Are you not asking public health labs to communicate this information to you or is there really no w for us to expect a national figure at all?

Messonnier: I'm sorry and I'm really glad you asked that question so I can correct that misunderstanding. Of cours we will be aggregating data on a daily basis and will have daily case counts up on our website. What I meant to comment on is that sometimes our numbers come up on our website by noon but when there's a case that's reported from a state at 5:00, we don't go back and reupdate our numbers. It waits until the next day. We update your numbers everyday. We are certainly going to be aggregating national numbers. We are certainly going to be providing a national and state specific picture of what's going on, but sometimes you all in the media are covering individual cases that are being reported that aren't on our counts yet because we're, again, we're updating them or once a day. It's just otherwise really difficult to continue to update the numbers when basically cases are getting confirmed and reported all night long. So, definitely going to be providing national data and state level data. But if you see, for example, a news report from the state that's coming out in half an hour, we're not going to go back and reupdate the numbers that came up on CDC's website at noon. Does that help? Okay. I'm hoping that helps.

Okay. Last question, please.

Our final question comes from Mike Stobbe with the Associated Press. Your line is open.

Hi. Thank you for taking my call. Many things I want to ask but I'll just ask two. In reference to your response to Sheila Kaplan's question, I take it from your response that there's an investigation going on and that you haven't established what the problem was with the reagent in the kits. Is that what you're saying? Or do you know what th problem was? And the second question, if I may, as you know over the weekend researchers at Fred Huchinson Cancer Center in the University of Washington said they had done a study that had suggested that the virus was circulating for weeks in Washington and perhaps that was related to the lack of availability of tests or the testing criteria it suggests that the spread of the virus may have been worse because of some of the policies or availability test kits that were in place based on federal decisions. So, could you speak to that? Thank you.

Messonnier: Sure. So, in reference to the first question, you know, clearly it's a priority at CDC and every level of ou organization to make sure that our state and local health department, public health labs have access to the best to possible. And our focus right now is moving forward to make sure that the test kits that they're getting from us me the high quality standards that we and FDA hold ourselves to and we are very confident in the kits that are being se out now. There will be time in the future, I think, to look back and think about what we — what happened when, bu our focus today is on — is how we're moving forward. The second question is, is a really intense question. Researchers in Seattle were looking at the genetic sequencing of the strains that have been in Seattle and having a interesting hypothesis of how transmission might have worked. What I would say is that it's really interesting findi and interesting research. There are alternate hypothesis for the same finding, for example, the sequences of the most recent strains coming out of Seattle actually also I understand match strains that were identified from later in the outbreak from China. So I think this is another place where I'm happy to see so much research going on, but I still think that it's in the hypothesis phase and we'll need to wait for more data to come in to really fully understand how valid that hypothesis is and how to interpret it. I'm really happy that researchers all around the country and a around the world are doing this kind of work because we're clearly going to learn a lot from it.

Thank you. And thank you all for joining us for today's briefing. Please check CDC's COVID-19 website for the latest updates on CDC's response efforts. If you have further questions, please call the media line at 404-639-3286 or email media @CDC.gov. Thank you.

This concludes today's conference. Thank you for your participation. You may disconnect your lines at this time.

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