

CDC Newsroom

Transcript - CDC Media Telebriefing: Update on COVID-19

Press Briefing Transcript

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Telebriefing Audio



I'd like to inform all participant that the phones are on listen only. Today's call is recorded. If anyone has any objections, you can disconnect at this time. I would like to turn the call over to Paul Fulton with CDC public affairs. Thank you, you may begin.

Thank you. Thank you all for joining us today for this briefing to update you on CDC's COVID-19 response. We're joined by Nancy Messonnier, director of CDC's National Center for Immunization and Respiratory Diseases. We'll make opening remarks. I turn the call over to Dr. Messonnier.

Good afternoon. Thank you all for joining us. As of today, there are more than 110,000 cases of COVID-19 worldwide. In the U.S., as of Sunday evening, 34 states plus New York City and D.C. have reported more than 500 cases of COVID-19 to CDC and 19 deaths. Nearly half of reported cases are in California and Washington. 18 of the deaths are in Washington. The remaining one is in California. Right now the states with the most cases are California and Washington. But other communities are also dealing with cases of COVID-19. That's why I'd like to talk to you today in greater detail about risk. Risk can be looked at in two ways. There is risk of being exposed and getting sick from this virus and there is risk of getting very sick or dying from illness with this virus. This virus is capable of spreading easily and sustainably from person to person based on the available data. The report of the World Health Organization mission to China describes the virus as being highly contagious. And there's essentially no immunity against this virus in the population because it's a new virus. Based on this, it's fair to say that as the trajectory of the outbreak continues, many people in the United States will at some point in time either this year or next be exposed to this virus and there's a good chance many will become sick. But again, based on what we know about this virus, we do not expect most people to develop serious illness. Reports out of China that looked at more than 70,000 COVID-19 patients found that about 80% of illness had — was mild and people recovered. 15 to 20% developed serious illness. Let's talk about who those people are. So far it seems like it's not children. Of the 70,000 cases, on about 2% were in people younger than 19. This seems to be a disease that affects adults. And most seriously older adults. Starting at age 60, there is an increasing risk of disease and the risk increases with age. The highest risk of

serious illness and death is in people older than 80 years. People with serious underlying health conditions also are more likely to develop serious outcomes including death. The people who are at greatest risk are those older and who also have serious long-term health conditions like diabetes, heart disease, or lung disease. Last week CDC added guidance to our website for people who are at higher risk for serious illness. Our goal is to protect you. This will require you and your family to take action. I'd like to go through our recommendations for people at highest risk. Make sure you have supplies on hand like routine medications for blood pressure and diabetes. And over-the-counter medicines and medical supplies to treat fever and other symptoms. Have enough household items and groceries so that you will be prepared to stay home for a period of time. Take everyday precautions like avoiding close contact with people who are sick, cleaning your hands often, and to the extent possible, avoid touching high touch surfaces in public places. Avoid crowds especially in poorly ventilated spaces. This weekend the federal government made a very specific recommendation in this context that travelers particularly those with underlying health issues defer all cruise ship travel worldwide. We also recommend that people at higher risk avoid nonessential travel such as long plane trips. Lastly, and most importantly, know what's going on in your community. If you could end up in the role of helping to care for a family member or friend who is at greater risk, we recommend you familiarize yourself with your loved ones' medication and help them get extra to have on hand. Help them also get food, medical supplies and other necessities so they can minimize trips to the store. Create a plan for if they get sick and if you get sick. You have to identify backups to take care of them. Everyone has a role to play to protect our family members, friends, colleagues, and neighbors who are at most risk. I understand these recommendations may not be popular and that maybe — and that they may be difficult for some people. At CDC, our number one priority is the health and safety of the American people. These are the kind of recommendations that I have made to my parents and I'm taking the appropriate steps recommended for family members of vulnerable people. Other staff at CDC are doing the same. We have more than 1,500 people who have worked on this response so far. And we take the health and safety of our employees very seriously. CDC is an essential component of the U.S. critical infrastructure on this response. To date no one in CDC's workforce has tested positive for COVID-19. We will continue to work with the Office of Personal Management on federal government strategies and guidance. Some businesses and local governments are already taking similar measures. The point of these is to reduce exposures, reduce illness which in turn can protect our most vulnerable. But it's also a strategy to keep workplaces up and running though on a modified basis. Government officials and public health departments will make decisions based on local conditions at the time. We urge you to follow their lead. Before I close, I want to give you an update on public lab capacity. 78 state and local public health labs across 50 states now have the capacity to test up to 75,000 people for COVID-19. We will have more information online this afternoon for clinicians on how to access the tests. The information will also be about the commercially available kits. However, we want to caution people that different states will have different capacity for testing as well as different policies about who should be tested. Lastly, I want to recognize and share your concern about the outbreak and what might happen here in the United States. We've gotten a lot of questions about events and conferences where cases have been identified. CDC is working with state and local public health departments to reach these people but we also want those who attended these functions to monitor themselves for COVID-19 symptoms and call their health care provider if they become ill. Especially if they are in a high risk group. During an outbreak with the new virus, there is a lot of uncertainty. Our guidelines and recommendations are likely to be interim and subject to change as we learn more. We know that in South Korea no one under the age of 30 has died and in Japan no one under the age of 50 has died. Data from these countries help us understand the potential risk here in the U.S. That's why it's so important for older adults and people with serious underlying health conditions to be prepared. I'll be happy to take questions now.

If you'd like to ask a question, please press star 1. Record your name slowly and clearly. Your name is required to introduce your question. Our first question is from Tom Howell with the Washington Times, your line is open.

The first publicly documented case in mid-January is someone that traveled from China to Washington. I want to know what about is there anything about that fact that speaks to what we're seeing now in Washington state? I'm just wondering if contact tracers investigated that and if there is any link to what we're seeing now. Thank you.

Messonnier: You may remember that the response to that initial case in the United States was quite aggressive with the health department having the lead in CDC supporting them. They did very aggressive contact tracing looking to identify anybody who had had contact with that initial case and sort of concentric circles outward. They didn't find any evidence of COVID-19 in any of those contacts. Now I think you're probably referring to a publication that came out within the past couple of weeks looking at the genetic sequencing data of the initial patient versus — and comparing it to the cases that are now circulating in Washington state. And one hypothesis that the author made was that the changes between the initial case and now suggested that the strain had been circulating in the population. I think that's an interesting hypothesis. But another hypothesis is that a secondary seeding of the community and the strain causing the more recent cases in Washington state matches sequences that have been posted from China. So I think that's an interesting hypothesis. I expect we'll see more of it. But there are alternate explanations of the same findings.

Thank you. Next question, please.

Thank you. Our next question comes from Issam Ahmed with AFP. Your line is open.

Yeah. Thank you for doing this. I was wondering with regards to your advice about, you know, higher risk Americans inviting them to stock up on groceries and medicine at this point. Where would you draw that cutoff at this point? that for over 60? Thank you.

Messonnier: Thanks for letting me clarify. You know, I want to clarify the reason to stock up is that there is a rationale for being in a higher risk group wanting to avoid congregate settings. So it's not — the reason to stock up now is so you can stick close to home. The reason I went into data in greater detail is because it's important for the American public to understand the risk. We use the broad categories of over 60 or over 65, but the data really says that as you get older, the risk goes up and so in the broader age category of over 60 or over 65, over 80 or older has the greater risk. So I would recommend that people make their own decisions based on an understanding of that risk. My parents are in their 80s. They're not in an area where there is currently community transmission. But I've asked them to stick close to home so they can avoid the potential risk of being in congregate settings.

Next question.

Thank you. Our next question comes from Eben Brown with FOX news. Your line is open.

Thank you very much for taking my call. I just want to piggyback on an earlier question. There is even just for my own personal goings about a lot of empty shelves in stores and things like that. There seems to be — I was in an airport the other day where someone had not just a regular old mask but like a big molded plastic mask with canisters on. There seems to be like a growing — I don't want to say panic, but kind of headed that way. Is there a way that we all can provide some sobriety here because the last thing I think we all need is a panic but we want to have people vigilant and make the right decisions.

Messonnier: I think that's a really great point. And really important thing for the media to try to communicate. You know, right now in the United States most communities by far the vast majority of communities are not having community transmission. This is a time for people to prepare for what they might need to do but not a time for people to clear out the shelves. And I really want to focus on the United States and the families at highest risk

because in the setting where it's really clear that it is older Americans who are at the highest risk right now, we want to make sure that they're taking every precaution to prepare themselves so that if there is more widespread transmission, they can stick close to home. In terms of masks, as you implied and I'll say, we really do not think this is the time for Americans to be going out and getting masks. Masks are really important for those at highest risk in the health care setting and we want to make sure that we save enough masks for our health care workers on the front lines who will need to continue to be able to do their work and take care of all of us. So in particular in the setting of concern about masks, I ask people to please fight the urge to buy a mask and make sure we save them for the people that really need them.

Next question.

Thank you. Our next question comes from Andrew Joseph from STAT. Your line is open.

Hi. Thanks. Can you elaborate a little more on how you all see this potentially playing out? Obviously, there are mitigation efforts and hopefully they work. But you're saying many people will get exposed this year or next. So if you can just sort of explain what that might look like if it is kind of persists for months to years.

Messonnier: Yeah. I think that as we said since the beginning, respiratory viruses that spread like this tend to spread. And what we as a community need to do is do everything we can to protect ourselves and our families and our communities so that the — if it does spread, it is in a slower fashion so that we're all better prepared and so that our health care sector can take care of patients. We continue to believe that in most communities contact tracing is really appropriate because it identifies the contacts and keeping them from spreading can have a significant role in slowing this down. You likely will see in some communities like in Seattle and in California more efforts towards broad based community mitigation as an attempt at a community level to slow this spread. I think we need to be — we need to make sure that we're listening to our local health departments. I also think people need to understand that there are personal responsibilities that we're asking everyone in the United States to take to make sure that they're doing their best to protect themselves and their families and their communities and right now especially to make really strong efforts to protect those who are older and at underlying risk. As a community, the United States we can really mitigate the impact of this disease and as long as we work together that, will continue to be CDC's goal.

Next question, please.

Thank you. Our next question comes from Lindsey Tanner with the Associated Press. Your line is open. Lindsey, your line is open. (No response)

Our next question comes from Roni Rabin with the New York Times. Your line is open.

Hi. Dr. Messonnier, can you be more specific by with have a high rate of diabetes and chronic conditions in people that are much younger than 80s, can you be more specific about people in their 40s and 50s should be doing and people in their 60s and 70s?

Messonnier: I think it's really important for us to stress as we have I think throughout the course of this that we are making recommendations based on the available data and when more data becomes available fine tuning them and trying not to get beyond what we know. What we know from the data is the highest risk is those in both older and with underlying health conditions. There are reports of individuals who are adults but with serious underlying health conditions who have also had more serious outcomes. And I think that if you're in one of those groups separately together that is underlying illness, underlying illness and older adult or underlying illness and younger, you need to be thinking towards what personal precautions you might want to take. And certainly for those with diabetes and

high blood pressure, managing your diabetes and high blood pressure is a priority. When more data becomes available from our investigations in the United States and from our work globally investigating we'll certainly provide more direct data. But right now, there is not data to be as precise as we're asking.

Next question, please.

Thank you. Our next question comes from Brenda Goodman from WebMD. Your line is open.

Hi, Dr. Messonnier, I was hoping that you could explain a little bit about the difference between containment and mitigation. And also tell us if there are any communities in the U.S. that have moved from containment to mitigation for example, Seattle? And why.

Messonnier: Sure. That's a great question. I think it's really important to make it really clear that this is not an on/off switch that you switch from one to the other. In general, containment means that you stop the spread. What it has meant in this setting is decreasing the number of potentially exposed people coming into the United States through border control. And then tracking every case and every potential contact, every case in order to keep them from spreading it further. So very much sort of what you would imagine when you think about person x had in contact with person y and person y had contact with six others and tracking down every one of those individuals and asking them to stay home, you can, we've seen you can keep it from spreading further. Mitigation is more community level interventions. And what that means is that you're working to decrease the impact of the disease on a community. Seattle and in California, they haven't stopped entirely contact tracing but they have started mitigation. And I think that you will likely see local health departments deciding when there is community spread to start turning on more of the mitigation measures even while they're still doing some level of contact tracing. So again, it's not an on/off switch. It's a dimmer. You will see I think lots more communities starting to implement some kind of mitigation measures when they're seeing community spread. It will look different in different places and that's why it's really important for folks to stay informed of what is going on in their local area and to follow their advice of the local health department.

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

Thank you. Our next question comes from Jose Paliey with Univision. Your line is open.

Hi, doctor. My question is New York City is an area with community transmission and earlier in the call you mentioned people should avoid crowds and poorly ventilated spaces. My question is what does that mean for subways and busses where commuters like myself are regularly pressing up against each other in very tight close spaces.

Messonnier: Again, I think it's really important for two different things. One is to pay attention to the recommendations from your local health department which are going to be more tailored to the specific situation in terms of spreading your community and the risks. In terms of avoiding crowded settings, our focus really is on those with the higher risk and oldest among us and especially those with underlying illnesses. So for people again, older and underlying illnesses, we are recommending avoiding crowds, congregate settings because those are places where in general there is lots of transmission of respiratory diseases. We're asking individuals to be aware of the risks but individuals are going to have to make personal decisions based on their own situations.

Next question, please.

Thank you. Our next question comes from John Tozzi with Bloomberg News. Your line is open.

Thank you for taking the question. I want to clarify. You said earlier that 78 state and local health labs have the capacity to test up to 75,000 people. Is that 75,000 in what period? Is that cumulative? Daily 75,000? Weekly?

Messonnier: Cumulative. Again, it's the public health sector CDC lab kits, 75,000 but more are coming onboard so 75,000 cumulatively. But, I think as you know the number of commercially available kits, the number of commercially available tests is much larger than that and our expectation within the next couple weeks is more and more commercial entities become – come onboard is the majority of the available testing will actually be from the commercial sector.

Okay. Last question, please.

Thank you. Our last question comes from Brianna Abbott with The Wall Street Journal. Your line is open.

Hi. Thanks for taking my question. As you mentioned, there have been cases that are now starting to be linked to conferences and mass gatherings. Companies have taken steps to cancel these. I wonder from a public health perspective, is cancelling mass gatherings something we should broadly start doing or is that an overreaction? Where do we stand on that?

Messonnier: It is really difficult to make those kind of pronouncements broadly. I think the thing at this point we're recommending is consideration of the local situation, consideration of what is going on in the locale where the event is being held. But and also where people are coming from and what the event is and how big it is. So the decisions for example, in Seattle may look quite different than the decisions being made in a location right now where there is not community spread. I think that we're going to need to follow the local community's lead. And again, a lot depends on the population. So we're looking both at risk of exposure but also the risk to the individuals and as you look at those two factors together, in consultation with local and state health departments, decisions may be different in different events and different locations.

Thank you, Dr. Messonnier 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 more questions, please call our number or e-mail us. Thank you.

That concludes today's conference. Thank you for participating, you may disconnect at this time.

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