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Tom Frieden et al.

CDC Media Briefing on First Confirmed Diagnosis of Ebola in the U.S.

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Barbara Reynolds: Good afternoon. You're joining CDC's Ebola media briefing. I am Barbara Reynolds, the Director of Public Affairs here at CDC. We'll be hearing briefly from four speakers and then take questions from the media. Our first speaker is CDC Director Dr. Tom Frieden.

Tom Frieden: Good afternoon, everybody, and thank you for joining us. As you've been hearing us, Ebola is a serious disease. It's only spread by direct contact with someone who's sick with the virus -- and it's only spread through body fluids. The incubation period is 8 to 10 days after exposure -- can be as short as two days or as long as 21 days. It's a severe disease which has a high case fatality rate, even with the best of care. But there are core tried and true public health interventions that stop it.

Today, we are providing the information that an individual traveling from Liberia has been diagnosed with Ebola in the United States. This individual left Liberia on the 19th of September, arrived in the U.S. on the 20th of September, had no symptoms when departing Liberia or entering this country, but four or five days later around the 24th of September began to develop symptoms; on the 26th of September initially sought care, and Sunday the 28th of September was admitted to a hospital in Texas and placed on isolation. We received in our laboratory today specimens from the individual, tested them, and they tested positive for Ebola. The state of Texas also operates a laboratory that found the same results. Testing for Ebola is highly accurate. It's a PCR test of blood.



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So what does this mean? The next steps are basically threefold. First -- to care for the patient -- and we'll be hearing from the hospital shortly to provide the most effective care possible, as safely as possible, to keep to an absolute minimum the likelihood, the possibility that anyone would become infected; and second to maximize the chances that the patient might recover. Second, we identify all people who may have had contact with the patient while he could have been infectious. And remember, Ebola does not spread from someone who's not infectious. It does not spread from someone who doesn't have fever and other symptoms. So, it's only someone who is sick with Ebola who can spread the disease.

Once those contacts are all identified, they are all monitored for 21 days after exposure to see if they develop fever. If they develop fever then those same criteria are used to isolate them and make sure that they are cared for as well as possible so that they maximized their chances; and to minimize or eliminate the chance that they would infect other people. The bottom line here is that I have no doubt that we will control this importation or this case of Ebola so it does not spread widely in this the country.

It is certainly possible that someone who had contact with this individual, a family member or other individual, could develop Ebola in the coming weeks. But there is no doubt in my mind that we will stop it here. It does reflect the ongoing spread of Ebola in Liberia and West Africa where there are large numbers of cases. And while we do not currently know how this individual became infected, they undoubtedly had close contact with someone who was sick with Ebola or who had died from it. In West Africa, we are surging the response not only of CDC, where we already have more than 130 people in the field, but also throughout the U.S. government.

The President has leaned forward to make sure that we're acting very proactively there. And the Defense Department is on the ground, already strengthening the response. We're working with USAID and other parts of the government as well as with a broad global coalition to confront the epidemic there.

But ultimately, we are all connected by the air we breathe. And we are invested in ensuring that the disease is controlled in Africa, but also in ensuring that where there are patients in this country who become ill, they're immediately isolated. And we do the tried and true core public health interventions that stop the spread of Ebola.

Barbara Reynolds: Thank you, Dr. Frieden. I'd like to next introduce our second speaker, Dr. David Lakey, Commissioner of the Texas Department of State Health Services. Dr. Lakey.

David Lakey: Good afternoon, everyone. And thank you, Dr. Frieden, thank you for your support, the support of the CDC as we work through this current situation. As I start off, I first want to say our thoughts and prayers are with the family, with the patient and the treatment team for this individual. Our laboratory, the -- the Texas Public Health Laboratory in -- in Austin has a specially trained team to handle high risk specimens like this. We were certified on the 22nd of August to do Ebola testing.



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At nine o'clock this morning we received a blood sample. All the controls were within the expected ranges and the PCR was definitely positive for Ebola, as I hear. And we got that result back at 1:22 this afternoon. I want to reiterate that we have no other suspected cases in the state of Texas at this time. But we are closely monitoring the situation and we're ready to assist in any way that -- that is needed. We've been -- been in significant contact with the hospital, with the local health department, and the CDC. And they have our full support as we work through this situation. And we're committed to keeping Texas safe. So again, I want to thank the -- the CDC, the local health department and Dallas County, and the hospital for the work that they're doing. We're working through the situation together. Thank you.

Barbara Reynolds: Thank you, Dr. Lakey. Our third speaker is Dr. Edward Goodman, the hospital epidemiologist with the Texas Health Presbyterian Hospital Dallas. Dr. Goodman?

Edward Goodman: Thank you -- Thank you to Dr. Frieden and Dr. La[key] and the CDC. I want to correct one statement that m[ight] have been misinterpreted by Dr. Frieden when he commented on the "air we breathe." Ebola is not transmitted by the air. It is not an airborne infection. Texas Health [Presbyterian Hospital] Dallas is a large community hospital with a robust infection control system that works in close cooperation with the Dallas County Health Department, the Centers for Disease Control, as well as other epidemiologists within the system and in the community. We have had a plan in place for some time now in the event of a patient presenting with possible Ebola. Ironically enough, in the week before this patient presented we had a meeting of all the stake holders that might be involved in the care of such a patient. And because of that we were well prepared to deal with this crisis. Thank you.

Barbara Reynolds: Thank you, Dr. Goodman. Our final speaker is the Dallas County Health and Human Services director, Zachary Thompson. Director Thompson?

Zachary Thompson: Good afternoon. Our hearts and prayers go out to the family as well. I want to thank Dr. Frieden, CDC, Dr. Lakey, Department of State Health Services, as well as Texas Health Presbyterian [Hospital] for our response to the case in Dallas County. I also want to commend Dr. Christopher Perkins, our Medical Director/Health Authority, and the EPI team for the work that they have been doing in conducting public health follow-up on the patient, which includes contact investigation to gather information based on the patient's travel history, activities, and close contact. Dallas County Health and Human Services will proceed with the public health follow-up per CDC guidelines. And Dallas County Health and Human Services want Dallas County residents to be reassured that your public health is our number one priority. Dallas County Health and Human Services staff will continue to work hard to protect the health and welfare of the citizens of Dallas County. Thank you.

Barbara Reynolds: Thank you director Thompson. We'll now take questions. Dr. Frieden?



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Tom Frieden: Thank you very much, and for questions we'll start in the room and then go to the phone. What -- I -- Thank you very much also for that comment, Dr. Goodman. As...empathized, Ebola only spreads by direct contact. It does not spread by any other route that we've seen in any outbreak. I also want to thank Texas and Dallas County health departments for their collaboration. CDC has a team of epidemiologists on route to Texas now at the request of the Texas Department of Health, and we work hand-in-hand, collaboratively, to do what public health does best, which is protect people. And we protect people in this case by making sure that we find the contacts, identify them, and make sure that they're traced every day for 21 days; and if they develop a fever -- that they're immediately isolated and then their contacts would be identified as well. So, first question in the room.

Denise Dillon: Denise Dillon from Fox 5. So you were saying that he started showing symptoms, went to a -- a hospital and then was released, sent home, and then was not admitted until a day or two later? Is that correct?

Tom Frieden: So, the initial symptoms of Ebola are often nonspecific. That means there are symptoms that may be associated with many other conditions; so may not be immediately identified as Ebola. And that's why we have encouraged all emergency department physician[s] to take a history of travel within the last 21 days. That's something to reiterate and then to do rapid testing. Dr. Goodman, is there anything more that you'd like to say about it?

Edward Goodman: No, I think you summarized it very well.

Tom Frieden: Thank you. Next question in the room?

Rachel Stockman: Dr. Frieden, I know you're limited a little bit with patient privacy, but can you tell us a little bit -- was this person involved in fighting the Ebola epidemic? And also did they travel on a commercial aircraft? Rachel from WSB-TV.

Tom Frieden: From the information that we have now it does not appear that the individual was involved in the response to Ebola, but that's something that we will investigate more. In terms of the airline flight, I really do want to emphasize, the focus here over the next period needs to be the patient -- and we're very, very focused on trying to get any assistance we can to the patient who we understand is critically ill at this point -- and then identifying contacts in the community, family members or others; and then -- who -- any possible contacts through the health care setting; and then tracing those contacts. In terms of the flight -- I understand that people are curious about that and wonder about it, but remember Ebola doesn't spread before someone gets sick. And he didn't get sick til four days after he got off the airplane. So we do not believe there is any risk to anyone who was on the flight at that time.

Rachel Stockman: So it was a commercial aircraft, then.



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Tom Frieden: He -- He left on the 19th and arrived on the 20th [of September]. Next question in the room?

Michelle Eloy: Hi, Michelle Eloy from WABE. How likely is this to continue to be a concern with -- with people coming back from the region who aren't showing symptoms then but may later? And -- And what is being done at airports and for the first lines of people coming into the country to ensure that something like this doesn't -- it doesn't continue to be an issue?

Tom Frieden: As long as there continue to be cases in West Africa, the reality is that patients travel, individuals travel, and that, as appears to have happened in this case, individuals may travel before they have any symptoms. One of the things that CDC has done in Liberia, Sierra Leone, Guinea, and Lagos is to work with the airports' authorities, so 100 percent of the individuals getting on planes are screened for fever before they get on a plane. And if they have a fever they're pulled out of the line, assessed for Ebola, and don't fly unless Ebola is ruled out. This is one way to make sure that the airplanes themselves are safe during transit, and the airlines are willing to keep flying. But that doesn't rule out a situation like this one where someone may have been -- well, was exposed and then came in while they were incubating the disease but not infectious with it.

Janice McDonald: Janice McDonald with ABC. Can you tell us where he was? And do you know why he was in those countries?

Tom Frieden: The details of the individual are things that we will investigate. And some of that has to do with patient confidentiality, so we would defer to the hospital and to the family for any further information on those details. We have a question here -- and then shall we go to the phone for the first question after this one?

Doug Stoddart: Yes, Doug Stoddart from NBC News. Do you expect the patient to remain in Texas and be treated there or transferred to facilities such as Emory or one of the other specialties around the country that have been treating them in the past?

Tom Frieden: So, one of the things that we really do want to emphasize is that virtually any hospital in this country that can do isolation can do isolation for Ebola. In fact, over the past decade, although this is the first Ebola patient in this country, we've had five patients with other forms of very deadly viruses -- what are called "viral hemorrhagic fevers," or -- four of them Lassa fever, one of them Marburg -- none of those five patients spread the disease to anyone who cared for them in the hospital, even though they weren't promptly diagnosed because it was such an unusual situation. So we don't see a need from either a medical or a infection control standpoint to try to move the patient. Dr. Goodman, is there anything more that you'd like to say?

Edward Goodman: No, I think that summarizes it very well.

Tom Frieden: On the phone?



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Operator: To ask a question by phone, please press star-1 and record your name at the prompt. The first question is from Miriam Falco of CNN new -- news. Your line is open.

Miriam Falco: Hi. Thanks for taking the call. Can you tell us a little bit more about how sick the patient is, how the patient is being treated and how many contacts you are trying to reach? That might be something for the folks in Texas. And also, will this patient be staying at the hospital in Dallas?

Tom Frieden: So let me turn first to Dr. Goodman. Any information that you can share about the patient's status and treatment?

Edward Goodman: Well, because of the patient privacy, we're unable to share any information about the patient's symptoms or his treatment at this time. I can say that he is ill. He's under intensive care. He's being seen by highly trained, competent specialists. And the health department is helping us in tracing any family members that might have been exposed.

Tom Frieden: And...Director Thompson, do you want to say anything further about contacts?

Zachery Thompson: Well, I want to echo that the staff has been doing the public health follow up since day one. And so we'll continue that process, and we'll have more details in -- in the days to come. But right now, everything is going fine. Thank you.

Miriam Falco: Thank you.

Tom Frieden: Thank you. As I mentioned earlier, we have a team on route to Texas now. They will work hand in hand with state and local and hospital public health and epidemiologic staff to identify all possible contacts and then monitor them every day, for 21 days, to see if they have fever. This is core public health work. This is what we do in public health, and we're delighted to be doing it in partnership with Texas. We're very concerned obviously about the status of the patient and very much hoping for his recovery. On the phone?

Operator: The next question comes from Betsy McKay at the Wall Street Journal. Your line is open.

Betsy McKay: Hi. Thanks. I -- I just wondered if I could ask for a little more -- for a little more detail about -- about potential exposures. Do you have, you know, is there anything that any of you could say more about what this patient was doing between the 24th, when he had symptoms, and the 28th, when he was admitted? I mean, was he just at home, and so only family members were potentially exposed, or how many people -- or was he out? I mean, are we talking about a handful of people who were potentially exposed or -- or more than that? Or dozens?



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Tom Frieden: Well I think "handful" is the right characterization. We know that there are several family members. They may have been one or two or three other community members, and we're there to do additional investigations to identify any other possibilities. Our approach in this kind of case is to -- to cast the net widely to ensure that we are identifying even people who may not have had direct contact, so that we're erring, if erring, on the side of safety. Mr. Thompson, anything else you would like to add?

Zachery Thompson: I concur. Our -- Our role is to look at suspected cases and -- and we really appreciate, Dr. Frieden, you sending your CDC EPI team down to support us in this effort. We think, again, it's a -- it's a small framework that we're looking at in terms of the number of people. But once we get additional information we'll -- we'll report out to the public.

Tom Frieden: And I would comment that this is a tried and true protocol. This is what we do in public health. It's what we do in this country for a variety of infectious diseases, and it's what we do at CDC globally in Ebola cases. And in fact, by coincidence, today we released in the Morbidity and Mortality Weekly Report, our weekly bulletin, a report of the Nigeria case investigation, where a single patient came in; unlike this, that individual was not cared with infection control, and resulted in a number of secondary cases. But even in Lagos and even with 19 secondary cases they appear to have been able to stop the outbreak. I have no doubt that we'll stop this in its tracks in the U.S. But I also have no doubt that as long as the outbreak continues in Africa we need to be on our guard. Other questions in the room?

Lauren Zakalik: Lauren Zakalik, from WFAA. Can you give us a number or just a scale of how big this team from the CDC is -- is going to be and who that directly entails? Are these doctors that are going to be in the hospital? Are these going to be people who are actually, like, standing out in the community? Can you give us a little bit more information on that?

Tom Frieden: I...can get back to you with the exact size of the team. We provide epidemiologists or disease detectives. We provide communications experts. We provide hospital infection control and laboratory experts as needed in the situation. And every CDC staff who's there or the 130 who are in Africa are tied tightly to our experts here who provide back-up 24/7.

Lauren Zakalik: [inaudible at 20:34] CDC...take on this or will the Dallas County Health and Human Services Department...?

Tom Frieden: We defer to the local and state health departments. And they're there on the ground; they're the lead and we're there to support. In the room? On the phone?

Operator: Next question comes from Lauren Neergaard of AP. Your line is open.



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Lauren Neergaard: Thank you. Do we know -- Can you even say if this is an American or is this a visitor? And then has the health department already reached any of those contacts? Has that contact tracing begun?

Tom Frieden: What I can say is the individual was here to visit family who live in this country. The further details, I think, are...forth -- are -- are to be identified in the coming days, or relevant or not, we'll see. In terms of contact tracing, we're just beginning the process since [the] investigation just began today. But the health department had already been very forward leaning on that, so we're already has locating information for individuals so that that can begin immediately. On the phone?

Operator: The next question comes from Maggie Fox at NBC News. Your line is open.

Maggie Fox: Thanks. I know that you have been extremely clear that people don't spread this virus unless they're showing symptoms. Nonetheless, I think everybody knows that the reaction in the United States has been disbelieving of this. So I'm wondering what steps you might take to reassure people who fear they may have travelled on the same plane with this patient or passed through the same airport with this patient that they are not at risk.

Tom Frieden: Well people can always call us at CDC-INFO [1-800-232-4630]. They can also check on our website. The flight in question is a specific flight departing Liberia on the 19th and arriving in the U.S. on the 20th.¹ So that would be a very small number of people who would have that level of concern. But really I think it's important that we understand a lot about Ebola. Ebola is a virus. It's a virus that's easy to kill by washing your hands. It's easy to stop by using gloves and barrier precautions. The issue is not that Ebola is highly infectious; the issue with Ebola is that the stakes are so high. And that's why at the hospital in Texas, they're taking all of the precautions they need to take to protect healthcare workers who are caring for this individual. People are infectious with Ebola when they're sick. In fact, think of it this way: When we begin doing testing on people as they become sick, even in the initial phases of illness when they've got a fever, the most sensitive tests in the world sometimes don't detect it because there's so little virus that they have. It's only as they become sicker that they become more infectious and if patients die from Ebola, they can have very large quantities of virus there. So there is no risk from having contact with somebody who's either recovered from Ebola -- and I went to the region myself and embraced people who had recovered from Ebola -- or people who have been exposed but are not yet sick from it. Next question on the phone?

Operator: The next question is from **[inaudible at 29:52]** of Newsweek. Your line is open.

Newsweek Reporter: Hi. Thank you. You've been saying "he" so I know that you can't give many details about the patient, but I just want to confirm that this is a male, and I don't know if there is any age range you can give. And also just wondering is this the first-ever case diagnosed in the United States? And if not, was there -- when was the previous case diagnosed, if ever?



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Tom Frieden: This is the first patient diagnosed outside of Africa to our knowledge with this particular strain of Ebola. And as I mentioned earlier, we have had other patients with hemorrhagic fever, including a patient in 2007 with Marburg, which is a virus that is quite a bit like Ebola. That individual in 2007 actually was hospitalized, went through surgery before being diagnosed and did not result in the spread to any other individual. So this is the first case of Ebola diagnosed in the U.S., and as far as we understand, of this strain of Ebola, diagnosed outside of Africa. I think we've referred to the patient in any way that we -- we can so far. Next question on the phone?

Operator: Next question is from Kelly Gilblom of Bloomberg News. Your line is open.

Kelly Gilblom: Hi. Thank you. I was just wondering if you could tell me a little bit more about the contact tracing process and how that's done and how you can assure that you have, I guess, reached all the people that that person was in contact with when they were sick.

Tom Frieden: So contact tracing is a core public health function, and we do it by a very systematic manner. We interview the patient if they're -- if they're -- if that's possible. We interview every family member. We identify all possible names. We outline all of the movements that could have occurred from the time of possible onset of symptoms until isolation. Then in a cascading manner, we identify every other individual who can add to that information, and with that, we put together a map, essentially, that identifies the time, the place, the level of the contact. And then we use a concentric circle approach to identify those contacts who might have had the highest risk of exposure, those who had an intermediate risk, and those who may possibly have had an exposure, even though we think that may be unlikely. And we always err on the side of identifying and tracking more contacts rather than less. I mentioned earlier today that in Lagos, with 20 cases, we at CDC and elsewhere, working with Nigerian authorities, identified nearly 900 contacts and monitored all of them every day for 21 days. In Senegal, we also identified a single patient who came in, had exposures at two different healthcare facilities and in the community. We monitored more than 60 contacts every day. None of them became ill. So this kind of contact tracing really is core public health and it's what we do day in and day out and what we will be doing here to identify any possible spread and to ensure that there aren't further chains of transmission. On the phone? Two more questions.

Operator: The next question is from Julie Steenhuisen of Reuters. Your line is open.

Julie Steenhuisen: I have two questions. First, I just want to confirm the timeline. So, my understanding is that a patient arrived in the United States on the 20th, initially sought treatment on the 26th. I'm assuming, was then sent home and came back again on the 28th of September and was admitted. The second question is will you be offering this patient any convalescent serum or experimental therapy?



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Tom Frieden: You are correct about the timeline. In terms of possible experimental therapies, that's something that's being discussed with the hospital now and with the family, and if appropriate, would be provided to the extent available. The last question on the phone.

Operator: The next question comes from Denise Grady of The New York Times. Your line is open.

Denise Grady: Thanks very much. I think that people have touched on this, but I would just like to ask this any way just in -- in case we can get any more clarity on it. Was this -- Can you tell us if is this person is an American citizen? Will you be releasing the flight information? And is it correct to assume that he was staying at a home with family members rather than in a hotel.

Tom Frieden: The patient was visiting family members and staying with family members who live in this country. We will contact anyone who we think has any likelihood of having had an exposure to the individual while they were infectious. At that point -- At this point, that does not include anyone who might have traveled with him because he was not infectious at that time. And you asked a third question, which I don't remember.

Denise Grady: I asked if he's an American citizen.

Tom Frieden: He's visiting family who live in this country. Do we have any other question in the room?

Reporter: Just to follow up on that, will you identify the -- the flight information?

Tom Frieden: We will identify any context where we think there is a risk of transmission. At this point, there is zero risk of transmission on the flight. The -- The illness of Ebola would not have gone on for 10 days before diagnosis. He -- He was checked for fever before getting on the flight and there's no reason to think that anyone on the flight that he was on would be at risk. I want to end with just a bottom line before we stop.

Ebola is a scary disease because of the severity of illness it causes and we're really hoping for the recovery of this individual. At the same time, we're stopping it in its tracks in this country. We can do that because of two things: strong health care infection control that stops the spread of Ebola; and strong core public health functions that trace contacts, track contacts, isolate them if they have any symptoms, and stop the train -- the chain of transmission. We're stopping this in its tracks. Thank you very much.

Barbara Reynolds: Thank you, Dr. Frieden. This concludes our Ebola media briefing. For any media who have additional questions, they're welcome to call us at 404-639-3286. Thank you.

¹ There were two flights involved. United Airlines 951 from Brussels to Washington Dulles and Flight 822 from Washington Dulles to Dallas-Fort Worth.