

NWX-DISEASE CONTROL & PREVENTI (US)

Moderator: Kellee Waters
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1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's call. At that time if you would like to ask a question, you may do so by pressing star one. Today's meeting is being recorded. If you have any objections, you may disconnect at this time. I now would like to turn the meeting over to Ms. Kellee Waters. You may begin.

Kellee Waters: Good afternoon from Atlanta, Georgia. My name is Kellee Waters from the Centers for Disease Control Prevention Emergency Operations Center and I would like to welcome you to today's emergency partner call for travel planners. Our goal today is to address specific concerns that travel planners—including travel agents, tour operators and travel bloggers—may have regarding the Ebola outbreak in West Africa.

We're fortunate to have some great subject matter experts with us today to provide information and updates. First we'll hear from Dr. Clive Brown from CDC's Division of Global Migration and Quarantine then we'll hear from Dr. Phyllis Kozarsky from our traveler's health branch. We'll hear from both speakers before beginning the Q&A portion of the call. During that time we'll

take questions from callers and answer some of the questions we receive via email.

We regret that we will not likely be able to get to all of your questions during this time but we do encourage you to visit CDC's website - www.cdc.gov - to find the latest information about the current Ebola outbreak. You may also contact CDC info by email or phone with your questions. Media should call the CDC press office at 404-639-3286.

We will send a summary of the call via email as soon as it's available and feel free to forward this summary to any others you think might be interested as well, as our email emergencypartners@cdc.gov if you don't receive a copy. So let's get started.

Dr. Clive Brown is the associate director for science in CDC's Division of Global Migration and Quarantine or DGMQ. Dr. Brown works on the science agenda for DGMQ and has been the lead for insuring an ethical framework is followed when legal restrictions are used to control infectious diseases among travelers. Currently he is leading the global migration taskforce with scientific response to the ongoing Ebola outbreak.

Dr. Brown will provide updates on the Ebola epidemic in West Africa and recent developments in CDC's response activity. He will also discuss transmission, monitoring and movement guidelines, and exit and entry screening requirements for people arriving from countries with Ebola outbreaks. At this time I'd like to turn the call over to Dr. Brown.

Dr. Clive Brown: Thank you very much. So I think as everyone knows this is now the largest outbreak of Ebola in history and it's affecting West Africa. It mainly affects

the countries of Guinea, Sierra Leone and Liberia and it's been declared a humanitarian crisis in those countries and disasters have been declared.

As of yesterday there have been greater than 9,300 cases reported with over 5,700 deaths. You may have also heard that recently Mali reports that cost of six confirmed and probable cases of Ebola including five deaths. This cost is not related to that country's first case who died on October 24.

Other countries have been affected by the outbreak including Senegal, Nigeria, Spain and the United States. In these countries all patient contacts have completed a 21 day monitoring period. Because of this outbreak CDC has launched its largest international response in history and it's coordinating with many partners to interrupt and mitigate the current Ebola virus transmission by providing epidemiologic training, health communication and laboratory support.

So all of that's happened on the domestic front. In the United States the Department of Health and Human Services including CDC is working to strengthen our public health and treatment infrastructure. The National Institute of Health and the Food and Drug Administration are leading efforts to develop and test vaccines and treatment.

On September 30th, CDC confirmed the first case of Ebola to be diagnosed in the United States in a person who has traveled from Liberia to Dallas, Texas. The patient died on October 8th. All contacts of this first case have completed the 21-day monitoring period.

Two healthcare workers who treated the case patient later tested positive for Ebola. Both have since recovered and have been discharged. All of their contacts for the persons who traveled on a flight with the second patient have

completed their 21-day monitoring period. On October 23rd, a medical aid worker who had returned to New York City tested positive for Ebola. This patient has also recovered and was discharged on November 11th.

Currently there are no Ebola patients in treatment in the United States. The risk of an outbreak in the United States continues to remain very low because Ebola is not spread by casual contact and we have taken steps to identify any possible cases as early as possible and isolate anybody who becomes ill, contacting persons who were exposed to those ill persons and then further isolation of those contacts if they develop symptoms.

So what are we doing to prevent the spread of Ebola in the United States? We cannot get the risk to zero in the United States until we control the outbreak in West Africa, so the US has employed a layered and comprehensive strategy to protect the public. This starts in the affected countries by doing what we call exit screening. So we have partnered with airlines, air force, ministries of health, businesses and humanitarian aid and community organizations in countries with widespread Ebola transmission.

All travelers leaving countries undergo the process called exit screening - we try to identify travelers who are sick with Ebola or who have been exposed to Ebola in order to prevent them from leaving the country until it is confirmed that they are not sick. We work with all sources in these countries to develop protocols and to train staff to do the screening.

Now this process may differ in each country but it always includes a temperature check, a visual assessment for signs of illness, a press scenario that asks about symptoms and prospects for Ebola. Travelers with symptoms at the time of travel or who report that they have been exposed in the last 21 days are asked to delay their travel until it is safe for them to do so.

Since airport exit screening has been fully implemented, approximately 90 persons have been denied boarding and no symptomatic Ebola cases have boarded an international flight from any of these countries.

In addition we are starting the process in the United States called entry screening. CDC works closely with partners at US international airports and other ports of entry to look for ill travelers with possible contagious diseases. As part of the Ebola outbreak, we enhance our effort to the Department of Homeland Security and other foreign partners to remind them of the importance of these routine procedures of identifying and reporting travelers who show signs of infectious diseases.

In addition we are now doing what we call enhanced entry screening. In collaboration with the Department of Homeland Security, CDC began this enhanced process at five US airports - New York's JFK International, Washington's Dulles, New York, Chicago O'Hare and Atlanta Hartsfield. All US borne air travelers who have been in Guinea, Liberia and Sierra Leone are required to travel to one of these airports and they undergo enhanced entry screening.

Since our current cases in Mali we have also now started to screen passengers arriving from Mali with this same problem. This entry screening which started in mid-October is an extra layer of prevention and an opportunity to educate and support returning travelers who have had potential risk of Ebola exposure. Travelers are asked about their symptoms and possible exposures and they also have their temperature checked. Travelers are given a kit which we call the CARE kit which stands for check and report Ebola.

This kit includes a thermometer for daily temperature monitoring, a symptom log, and educational material about how to monitor themselves for Ebola symptoms and how to get to healthcare if they get sick.

Next I'm going to briefly discuss the movement and monitoring guidance which was recently updated. CDC developed this guidance as part of the risk based strategy I previously mentioned, and this will also help us to prevent the spread of Ebola in the United States but in addition help us identify any cases that arrive here as quickly as possible. We must stress that although we're doing everything possible, it's impossible to carry the risk to zero while the outbreak is occurring.

So in addition to exit screening which I just mentioned and enhanced screening, we're also doing post arrival monitoring for 21 days for travelers who arrive from any of these four countries. Some travelers will have movement or travel restrictions based on their exposure risk to Ebola.

We also facilitate regular communication and education with the travelers and linking them with their public health partners and public health authorities of their states. We've also had regular meetings, such as this one, with various groups, travel industry, healthcare, humanitarian aid work organizations and other groups to have exchange of information about Ebola and how we can best address issues and answer concerns.

The movement and monitoring guidance can be accessed on the CDC Ebola website and has been updated to make sure that people exposed to Ebola are monitored for symptoms and that assistants are in place to quickly recognize them and get them to healthcare if needed.

I'm going to leave much of the details for the question and answer period but a new guidance has categorized persons into four groups - a high risk group, a some risk group, a low but not zero risk group and also a group for which there's no concern for Ebola. I'm going to turn over there and then ask (Phyllis) to go to the next section and then we'll answer questions as needed.

Kellee Waters: Thank you Dr. Brown. This is Kellee Waters again. I'm going to go ahead and introduce Dr. Phyllis Kozarsky. Dr. Kozarsky is a medical consultant with DGMQ's travel health branch. She is also a professor of medicine at Emory Healthcare, Medical Director of Emory Travel Well and an Emory Healthcare network physician certified in tropical and travel medicine.

In support of this outbreak Dr. Kozarsky has been preparing CDC employees for deployment to countries with widespread Ebola transmission and providing information to international and travel industry organizations about the outbreak. For this call she will discuss how travel planning may be impacted by Ebola from general and specific travelers, as well as the recent travel notices, and how people can prevent Ebola during travel. I'd now like to turn the call over to Dr. Kozarsky.

Dr. Phyllis Kozarsky: Thank you and good day everyone. Since we activated our emergency operation center in early August here at the CDC to respond to the Ebola outbreak, CDC has posted messages about Ebola on monitors at US international airports to inform travelers to and from countries with Ebola outbreaks. CDC has also been communicating with travelers through the CDC traveler's health website—that's www.cdc.gov/travel—as well as through our social media channels to keep travelers up to date on our most recent recommendations including our travel notices.

Let's talk about those travel notices for a minute. CDC posts travel notices on the traveler's health website to inform all travelers and clinicians as well that current health issues related to specific destinations such as disease outbreaks, special events or gatherings, natural disasters or other conditions that may affect travelers' health.

CDC has issued what's called a level three travel warning for the countries of Guinea, Liberia and Sierra Leone. These warnings advise travelers to avoid non-essential travel to these countries. Warnings are very rarely used and only in the most serious circumstances, as this is. Last week CDC also issued a level two travel alert from Mali. This alert advises travelers to practice enhanced precautions to avoid exposure to Ebola. Travelers should also watch for reports of possible further spread of Ebola within this country.

Ebola risks for travelers - what are they? Currently people traveling in the US are not likely to encounter Ebola. As a matter of fact there's no Ebola here or as a matter of fact they're very unlikely to encounter anybody infected with Ebola even if somebody were to come into the country with Ebola. Of the small number of confirmed cases of this disease in the United States, none have been linked to an exposure aboard an aircraft.

So Ebola poses very little risk to anyone who is not cared for or has been in close contact—meaning within three feet or one meter—with someone else who's been sick with Ebola for a prolonged period.

There is guidance available on the National Institute for Occupational Safety and Health—we call it the NIOSH Ebola website—and the Occupational Safety and Health—or the OSH Ebola website—for specific occupational groups that may have a higher risk of exposure to the disease such as

healthcare workers, lab workers or first responders and funeral or mortuary employees.

Ebola does not spread easily like the flu or measles or the common cold. Breathing the same air as someone with Ebola is not how the disease spreads. Most people who have become infected are those who have cared for a very ill Ebola patient such as healthcare workers or close family members. We have no evidence of the disease spreading to people with limited contact such as those who may have shared a flight or other public spaces.

Ebola's not easy to spread because it's only contagious when the individual who is infected starts to have symptoms such as fever, severe headache, diarrhea or vomiting. People who are contagious are likely to be too sick to travel or to hide symptoms. And in order to catch the disease you have to come in direct contact through broken skin or mucus membranes—for example the eyes, nose or mouth—with blood or body fluids such as the urine, saliva, sweat, feces or vomit of a person who's actually very sick with Ebola.

Now CDC's mission is to protect the health of all Americans. Because of the seriousness of Ebola and the understandable fear surrounding the disease, the agency is working very closely with international partners and the countries of Guinea, Liberia, Sierra Leone and Mali to add those extra layers that Dr. Brown talked about of protection for travelers.

As you may know, there are no direct flights currently between the United States and any of the countries with widespread Ebola transmission. So many travelers from countries with Ebola transmission must fly through Europe. Some European countries with direct flights from Guinea, Liberia, Mali and Sierra Leone are also doing entry screening therefore US bound travelers are likely to be screened many times before arriving from these countries.

Let's talk for a minute about addressing the stigma toward travelers from West Africa. Remember that people who have recently returned from West Africa and have no symptoms of Ebola do not put others at risk - those who have traveled to areas of the outbreak to help and perform really a valuable service to the world and helping make sure this disease does not spread further.

Helping fight an outbreak is mentally and emotionally challenging and these people need social support on their return. As mentioned earlier, countries in West Africa are screening at their airports to help ensure that people sick do not get on a plane and in the US, as Dr. Brown mentioned, we now have entry screening and a 21-day post arrival monitoring program in place for all travelers who have been to these countries. And as Dr. Brown mentioned there is the entry screening in the five main airports in the United States that are being individuals from these countries.

So CDC does not recommend that healthy people who were exposed be quarantined. And even if they were exposed, remember they cannot spread the disease unless they have symptoms. People who do have symptoms will be isolated from healthy people and evaluated to receive the medical care that they need.

Let's talk for a few minutes about recommendations for organizations helping customers or employees with travel to international destinations. It's probably important to develop and start an Ebola communication plan if that has not been done - in other words by providing accurate reliable information about Ebola to all travelers. As a matter of fact they can be referred to the traveler's health website again at www.cdc.gov/travel.

It is important to educate these travelers that the risk is very low or none of contracting Ebola in the United States for some people. It's important to communicate public health procedures for travelers returning from Ebola affected areas as well if you help anyone with planning travel to these countries.

Always encourage travelers to practice good hand hygiene such as washing with soap and water or using an alcohol based hand sanitizer as well as other routine infection control precautions. This will help prevent the spread of Ebola and perhaps more importantly many of the more common infectious diseases they may encounter on route or at that destination such as influenza as we're entering that season.

Remind travelers not to handle or touch objects with blood or body fluids and remind employees to follow general principles of OSHA's blood Borne pathogen standard. Develop a plan to manage the unlikely scenario in which a traveler with risk of exposure develops symptoms that may be Ebola and train your employees on the plan. Employers can consider providing more flexible work arrangements such as teleworking from home during the active monitoring period for returning travelers from this region in West Africa.

As well provide returning employees access to mental health counseling should they need it. Educate supervisors and coworkers that the risk is very low for getting an Ebola infection in the workplace from workers returning from countries with Ebola outbreaks especially again if they do not have symptoms, they cannot transmit disease. And educate them, not stigmatize staff from West Africa or from Africa in general. Make sure your organization has continuity plans so operations can continue even if some key staff members are unable to work.

Now some guidance for people who travel overseas to work. CDC updates the travel notices to reflect current conditions in countries with a widespread Ebola outbreak. Check the traveler's health website for up to date information and check it routinely. Remember avoid nonessential travel to countries with widespread Ebola outbreak. So postpone travel to such areas if possible and consider alternative ways of doing business.

However, again if travel to the area with Ebola is essential, check the travel health notices for the latest guidance and recommendation. As well encourage travelers to develop plans and examine policies for travel to such countries. It is important for all of them and anyone to visit a travel health specialist four to six weeks ideally before their trip to update vaccinations, medicines such as antimalarials and other advice and guidance.

Be aware of public health monitoring of returning travelers and again try to be flexible in handling them. And educate travelers of the screening and monitoring process so they feel secure and safe when their colleagues return. And finally recommendations for returning travelers.

Travelers need to know that they have to follow the appropriate public health action for active monitoring according to their exposure level or risk while traveling to Ebola affected areas. All returning travelers from those countries will be actively monitored by public health workers for Ebola symptoms for 21 days after their departure from one of the affected countries and depending on their level of risk, they may have additional restrictions for work, travel, public conveyance or gatherings. Thank you very much.

Kellee Waters: Thank you Dr. Kozarsky. We're now going to move into the question and answer portion of today's call. We'll respond to the very few questions submitted via email before we move onto the questions that our callers had on

the phone. As previously stated, we will not likely be able to get to all of your questions during this time but there are resources you may find helpful on the CDC Ebola website that might also address your concern. The address is www.cdc.gov/ebola.

So now for our first - so I'd like to start the questions with the first email question we received. Can a person who is traveling as a missionary currently in Nigeria and will return next week via Houston be expected to undergo any unusual screening or possible quarantine upon arrival?

Dr. Phyllis Kozarsky: No, they will not undergo special screening or quarantine at all. Only travelers from Guinea, Liberia, Sierra Leone and Mali are undergoing enhanced entry screening. Nigeria is past its number of days required and no travelers in general from anywhere without symptoms would be quarantined anyway.

Kellee Waters: Thank you. The next question is a long question in several parts. I'll just read the whole thing before we get to an answer. Approximately three weeks ago there was some cruise industry concern over the nurse from Texas who may have had close contact with the other nurses who did have Ebola.

If a person on a ship does have Ebola, what is the plan of action for that ship? Since just about anyone who is on the ship could have had direct or indirect contact with the newly diagnosed cruiser, would the ship be forced into a 21-day quarantine? Have some emergency plans been discussed with the executive staff at all major cruise lines for steps to be taken to reduce contamination? Will ships have access worldwide to a mobile ETU to deliver within 24 hours the lab equipment and protective gear to stem the outbreak onboard?

What measures should be put in place now to help prevent customers from boarding who may have norovirus, Ebola or bird flu? Should each port of embarkation use heat-sensitive cameras to screen passengers like some of the airports do? Is there clear direction on how to safely separate a passenger from the rest of the ship passengers and crew? Are there labs on each ship that can perform a quick test versus taking a blood sample and flying it off the ship for testing? And do you have - does CDC have the CEO or another representative from each of the major cruise lines in the same meeting with the heads of the airline industry? If not, why not?

It can carry over 7000 crew and passengers in one week and we just want to know how you keep lines of communication open. Some of those questions - it's a long question and I do apologize - I just wanted to read it all out - can be found on our CDC website but regarding the exit and entry movement and monitoring guidelines that we did address, I'll let Dr. Brown and Dr. Kozarsky answer those questions.

Dr. Clive Brown: So let's kind of break this up into a few parts. First so with respect to the specific incident, that nurse was assessed as low risk at the time although the full document was not updated and she was not symptomatic so she posed no risk as Dr. Kozarsky just pointed out because she was not symptomatic for Ebola. In addition she was a contact with a case. She was not a case herself. And the current guidelines explicitly state that although those people are being monitored until or unless they become symptomatic, they are not cases.

Now at that time we weren't monitoring persons as we are doing now and we actually do require that people before they travel internationally, they let us know and where appropriate we try to inform the other countries where they may be traveling. Some countries, as occurred with this nurse, will not allow you into the country if you have Ebola or if you were in contact with someone

who has Ebola. So what happened then would not happen today because of the movement and monitoring guidance that is in place now.

So that is that current incident and then I transition to...with the current guidance we try to monitor persons and then based on the risk category that they are in between CDC recommendations and the state or for their state or local authority where they live, that person may be on the movement restrictions. So I can't give you a single answer or this person a single answer. It would partly depend on where in the United States they are leaving from, but they will be required to notify public health authorities and we would likely also notify countries which the persons would be going.

There's no outbreak of Ebola in the United States at the current time so the likelihood of being on a ship leaving the United States with a person who has Ebola is going to be extremely low and I would say that risk at this current time is close to zero, so that is very unlikely.

We are in the process of writing guidelines both for the cruise ship industry and also the cargo ship industry, you know. Unfortunately we can't get all of the guidance's out as fast as we would like and the cargo ship guidance is very close and should be out relatively soon. The cruise ship industry may be a few weeks behind.

Yes, we do usually discuss with industries before we post the guidances - at least give them a chance to comment. Our quarantine branch is in close discussion with all of our partners. So just like our airline partners, we also have port partners and we also include the US Coast Guard in those discussions because very often they are the ones who are going to regulate the entry of these persons into the United States.

So it's a bit of a long winded answer but I hope that gives a general feel. Now for some of the other points that we mentioned - I'll ask Dr. Kozarsky to weigh in - but we have guidance written for the cruise ship and airline industries. We actually have specific guidance with respect to influence those. For example, we partner with a lot of another part of CDC—vector sanitation program. They would cover issues related to norovirus.

So we do have a somewhat comprehensive list of guidance that we provide to industries and I would say they know where to go for that information for many of the diseases that are mentioned here.

Dr. Phyllis Kozarsky: I'll just echo Dr. Brown basically and say that there are groups within our quarantine branch that work very closely with the cruise industry and the air industry as well. The effort is to help both of these industries continue to function in these challenging times no matter what outbreak is a threat. Be practical and reasonable as well in terms of what they are capable of doing and that's very important too.

For example on a cruise ship that may be very, very small it's impossible to have a hospital and laboratory and physician and staff the way somebody might like, but on the larger cruise ships that's something that certainly is done. But, as Dr. Brown mentioned as well, the guidance that is available now is up on the website and they're constantly updating and new guidance as well. Thank you.

Dr. Clive Brown: With respect to the mention of thermal scanners, CDC is currently not recommending the use of thermal scanners. In discussion with the Food and Drug Administration, thermal scanners - while they are nice because they screen many persons at one time and therefore it allows faster screening - they're prone to more inaccuracies, so in general that's not recommended.

Now it may differ in each country but I'll also add that with respect to the affected countries there are very few cruise lines which will leave those countries and arrive in the United States and the few that do I think take more than 21 days. There are few cargo ships that arrive from those countries which do so in under 21 days and that's the reason why we wrote the cargo guidance first because if there were to be a risk, the risk would actually be greater for cargo ships.

But also for the most part persons on those cargo ships usually do not disembark at most of the ports. And one of the recommendations we have stated is that, you know, we recommend that person not be given what are called shore leave I think in those countries or for cargo ships coming from those countries in the United States so that'll also reduce the likelihood of being in contact with somebody with Ebola.

Kellee Waters: Thank you both. That concludes the questions we received via email and as a reminder, we're going to go into any phone questions but there is a wealth of information available on the cdc.gov/ebola website. There is also information for our CDC partners available at cdc.gov/phpr/partnership/ebola. And as Dr. Kozarsky said, we are constantly updating these websites. So just to keep yourselves aware and abreast of new information, please be checking this website.

So we're going to go to the phone. Operator, if you would please open the line for questions.

Coordinator: Certainly. As a reminder, if you would like to ask a question, you may do so at this time by pressing star one. Please record your first and last name clearly

when prompted as your name is required to introduce the question. Our first question comes from (Steve Enlander). (Steve) your line is open.

(Steve Enlander): Thank you for the call and thank you for taking my question. We have received travelers both returning US citizens as well as individual residents of West African countries and two of them - one coming to Atlanta, one coming to JFK - have not received their care kit including their thermometers. I guess the question is what's going wrong that they're not getting them? How can this be corrected and while we've told our state health department about this, what can CDC do to assure that either ICE or global migration get kits to every returning traveler?

Dr. Clive Brown: So the passengers are - we are attempting to identify and working with the Department of Homeland Security. Now some persons with what we call broken itineraries - that means they didn't make their trip airport to airport so airport into the United States. If they have a broken itinerary, CBP may miss them. But can I ask you a question? When did those persons arrive in the United States? Was that before the...

(Steve Enlander): One arrived yesterday in Atlanta. The other one arrived about a week ago through JFK. Both were screened but neither received kits. Both are safely receiving the Epi-X from the CDC EOC desk so they were screened at the airport. They were not broken travel arrangement.

Dr. Clive Brown: So I mean the care kit program - the care kit program started fully live - not fully. It's being rolled out in stages. I know in Atlanta the training just occurred and so maybe it's not until today actually would they be handing out the care kits in Atlanta. A JFK person should have got theirs but it actually started last week. It depends on when last week the person arrived.

So I would say it's just because it's brand new in the program. We have just rolled out the care kit program and it may be just that we had a few hiccups at this time. But certainly the states are going to be notified about every traveler and we can facilitate them getting information through their states as well.

Kellee Waters: If you want to send additional information about those particular cases, I can follow up. Send your email to emergencypartners@cdc.gov and we'll get you - we'll find out what happened. Operator, next question.

Coordinator: As a reminder if you would like to ask a question, you may do so at this time. Please press star one, record your first and last name clearly when prompted as your name is required to introduce the question.

There are no questions in queue at this time.

Kellee Waters: Okay. So I guess I will open the floor up to our subject matter experts if they have anything else to add.

Dr. Phyllis Kozarsky: No. I think this has been a very, very good call and we thank everybody who's been on the line. As was mentioned, stay up to date with the websites that were mentioned as well and if there are further questions, feel free to address them to us at the email that has been given to you.

Kellee Waters: Great. I just want to say a special thank you to all of our speakers for sharing their time with us and this valuable information. Thank you to our participants for joining us today. We will send a summary of the call to participants as soon as it's available. We are going to post the transcript and the audio online as well.

For more information on stigma and travel agents who interface with clients - for travelers who interface with their clients - we're going to post that information to the website too. And for those of you who are submitting any follow-up questions to email, we're going to route those questions to the appropriate subject matter expert for response. If you have any additional questions, you can email them to cdcinfo@cdc.gov or call 1-800-CDC-INFO.

Due to the high volume of inquiries there may be a delay in your response but you will get an answer and don't forget there's a lot of information. Just one more time to plug our website at www.cdc.gov/ebola.

Thank you again for your interest and engagement in this important topic and then I'm going to open the floor one more time to Dr. Kozarsky.

Dr. Phyllis Kozarsky: Thanks. Again I want to thank everybody for joining us and just make sure there's a few tips. Number one, please everybody on the phone get your flu shots and everybody who you come in contact with - your family and all of those travelers need to get their flu shots because they come in, everybody comes back with a fever and we don't know what you've got. So it's important to do that. It's important to carry your hand sanitizer and keep washing your hands. That will prevent infection. Thanks a lot.

Dr. Clive Brown: So I have one more thing though. Since Dr. Kozarsky is one of our premier travel consultants. If you're traveling to one of these countries please, please, please very early make an appointment to visit a specialist in travel medicine and they can advise you on all the steps you need to take to protect yourself during travel.

Dr. Phyllis Kozarsky: Thanks a lot Clive.

Kellee Waters: Okay, thank you everyone for your engagement in this call. Operator, this concludes our public call for today.

Coordinator: All lines may disconnect at this time. Today's meeting has concluded.

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