

**Thank you to all of our partners who joined the Centers for Disease Control and Prevention (CDC) Ebola call for members of the American Public Health Association (APHA). Below is a summary of the call. If you have additional questions, please visit [www.cdc.gov](http://www.cdc.gov) or contact CDC INFO by [email](#) or phone (1-800-CDC-INFO or 1-800-323-4636).**

### **Summary of Georges Benjamin's Participation**

Georges Benjamin, Executive Director of the American Public Health Association, opened the call with an overview of the Ebola outbreak in West Africa. He then introduced CDC presenters to help APHA members understand how to get involved in educating the public on this pressing public health issue.

### **Summary of Dr. Clive Brown's Presentation**

The second presenter, Dr. Clive Brown, is a medical epidemiologist with the Division of Global Migration and Quarantine (DGMQ) with CDC.

Dr. Brown discussed recently published guidance on monitoring and movement of people with Ebola to help prevent the spread of disease in the United States. This guidance is based on 40 years of scientific evidence and experience in dealing with the disease.

Several strategies should be considered to protect U.S. communities:

- Implementing exit screening processes at airports in the three most affected countries (Sierra Leone, Guinea, and Liberia).
- Enhancing entrance screening processes at all ports of entry into the United States.
- Accurately identifying risk levels for people who may have been exposed to Ebola by newly defined categories.
  - High risk of exposure
  - Some risk of exposure
  - Low risk of exposure
  - No risk of exposure
- Adopting public health actions appropriate to the level of exposure.
  - Active monitoring for 21 days after the last known exposure; active monitoring means self-monitoring for temperature and symptoms.
  - Direct active monitoring means public health officials making direct observations of temperature and symptoms.
  - Travel restrictions. Depending on risk level, people may be asked not to travel by plane, ship, bus, or train if they are sick; state or local authorities may also ask people to avoid using local public transportation.

- Avoiding close contact activities – i.e., avoiding places where people will come within 3 feet of other persons including movie theaters, shopping centers, etc.

Dr. Brown concluded his presentation by specifying that all healthcare workers who care for Ebola patients will be actively monitored by public health officials, whether they are returning from service in West Africa or providing care for Ebola patients in the United States. The main goal of the new monitoring and movement guidance is to protect those persons providing care to sick patients and the general U.S. population.

### **Summary of Dr. Joe Perz's Presentation**

The third presenter, Dr. Joe Perz, is an epidemiologist with the Division of Healthcare Quality and Promotion with CDC.

Dr. Perz and his colleague, Abbigail Tumpey, addressed healthcare preparedness in U.S. communities. Their main goal is to ensure that every healthcare worker, regardless of where they practice, has the resources and support to implement infection prevention precautions to protect themselves and their patients.

There are specific steps health systems managers can take to maintain and promote worker safety:

- An onsite manager should be designated to monitor preparedness for Ebola care.
- There should be clear, standardized procedures in place for dealing with an Ebola case, and they should be practiced on a regular basis.
- All healthcare workers should receive training, as well as continued monitoring and feedback.
- Appropriate PPE should be available, correctly maintained, and workers should receive training that includes exercises, drills, and simulations.

Dr. Brown concluded his presentation by describing recent CDC efforts to deploy Rapid Ebola Preparedness Teams. Teams of public health professionals from various federal and professional organizations work with state and regional coordinators to identify and improve local facility preparedness.

### **Summary of Leeanna Allen's Presentation**

The fourth presenter, Leeanna Allen, is a communications specialist with the Joint Information Center's Outreach Team with CDC.

Ms. Allen briefly covered the many communication tools available to keep the public informed throughout this Ebola outbreak. Materials—available on the CDC website at [www.cdc.gov/ebola](http://www.cdc.gov/ebola)—include videos, infographics, fact sheets, audio PSAs, checklists, posters, and guidance documents, to

name a few. The goal of all CDC messaging is to ensure that our partner agencies receive the most accurate, consistent, and reliable guidance for their target audiences.

There are some ways communications can be used to improve public health during this outbreak:

- Emergency response partners can provide education and community outreach to local citizens, volunteer coalitions, business preparedness groups, and local emergency planning committees. They can share CDC resource in person or online, via web, Twitter, or Facebook links.
- Public health partners should encourage sharing accurate information to inform the public and fight against stigma.
- With flu season approaching, this is an opportunity for public health to promote other healthy habits, like hand washing.

Ms. Allen reinforced that updated information is always available on the CDC website or by calling 1-800-CDC-INFO. To receive regular updates, subscribe to follow “CDC Emergency Partners” at [www.govdelivery.com](http://www.govdelivery.com).

### Questions and Answers:

**Q. What is CDC doing to ensure that information is getting out to first responders at the local level (firefighters, police, EMTs) quickly?**

Abbigail Tumpey: I’ve been tapped to help the agency coordinate healthcare worker outreach broadly, which includes a variety of frontline healthcare workers. We’re working with EMS organizations, frontline healthcare workers, healthcare unions, hospital associations, different professional organizations, etcetera. We have a slew of additional materials and web-based curriculums that will be forthcoming and we’re trying to identify organizations that can help us with a train-the-trainer model to disseminate this information. Thank you for your feedback. We will look at how we can redouble our efforts towards those groups.

**Q. Where will this information be available so we can get it out to others?**

Leeanna Allen: We will work to get this information up on the CDC website at <http://www.cdc.gov/PHPR/partnerships/Ebola.htm>.

**Q. We don’t want to stigmatize people because of this issue. What can grass roots organizations do to get the right information out there?**

Dr. Benjamin: The Get Ready fact sheet that we put out is perfect for community organizations. You can access this resource at [www.APHAgetready.org](http://www.APHAgetready.org).

**Q. CDC should be aware that some Ebola questions are related to dental healthcare.**

Dr. Benjamin: Thank you very much. And I know CDC got that message.

**Q. Where can I go to find printable information?**

Leeanna Allen: Our webpage, [www.cdc.gov/Ebola](http://www.cdc.gov/Ebola). On the right side of that homepage, there's a bar that will provide a link to all of the communication products that we have. We do have some that would be great printed out—infographics, posters, and things like that. We'll continue to update the communications website as we have more information.

**Q. The CDC needs to emphasize the importance of the influenza seasonal vaccine, particularly among travelers since symptoms of flu might initially be confused with Ebola. Also, there's not enough clarification on the definition of isolation as contrasted with quarantine. The media often confuses these.**

Coordinator: Thank you.

**Q. What are the data sources that led to CDC recommendations?**

Abbigail Tumpey: We do attempt to reference the scientific base in the various guidance documents, but we'll look to make sure we do a better job of that.

**Q. Where do taxis and Uber-type travel stand on the topic of public transport restrictions?**

Dr. Brown: In general, persons in the high and some risk categories aren't allowed to take public transport. Taxis and local transport may be taken by those in the some risk category if it is discussed with the local health department.

Each health department may have its own specific restrictions, so it will depend on the health department.

**Q. How can private companies work with both federal and local health departments to develop training that helps the public?**

Abbigail Tumpey: One of the things CDC is doing is working with OSHA and HHS and a group at NIH to develop some training materials that could be utilized by a variety of partners including state and local public health departments.

There are a fair amount of resources out there already, and there're several states that have actually created their own resources. However, if folks have specific training needs, we have actually set up a box at CDC. You can send your questions or inquiries to [eocevent100@cdc.gov](mailto:eocevent100@cdc.gov), and we'll work to see how we at CDC can try to meet your needs.

*Call concludes with thanks, CDC-INFO info, and reminder that a summary document will be provided as soon as it is available.*