CENTERS FOR DISEASE CONTROL & PREVENTION (U.S.)

West Africa Ebola Outbreak:
Transportation Sector Partners Call
Moderator: Annie Tran
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2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in listen-only mode until the question and answer portion of the conference. If you would like to ask a question at that time, please press star 1 on your touchtone phone. You will be prompted to record your first and last name.

This conference is being recorded. If you have any objections, you may disconnect at this time.

Now I will turn the call over to your host, Ms. Annie Tran. Thank you, ma'am. You may begin.

Annie Tran): Good afternoon from Atlanta, Georgia. My name is Annie Tran from the Centers for Disease Control and Prevention's Emergency Operations Center, and I would like to welcome you to today's Emergency Partner Call for the transportation sector. Our goal today is to address specific concerns that the transportation industry -- including airlines, air medical transport, cruise lines, and cargo ships -- as well as port of entry partners -- such as airports, sea ports, and land border crossings -- may have regarding the Ebola outbreak in West Africa.

We are very fortunate to have some great subject matter experts with us today to provide information and updates. Since their bios were included in the call announcement, we'll go ahead and get started.

At this time, I would like to turn the call over to our first speaker, Dr. Phyllis Kozarsky.

Dr. Phyllis Kozarsky: Thank you very much. I think we'll start with an outbreak update. The Ebola outbreak in West Africa began in March 2014 and is the largest Ebola outbreak in history. As of Friday, December 5, there have been over 17,000 cases with almost 6500 deaths reported. The outbreak mainly affects Guinea, Sierra Leone, and Liberia and it has become a humanitarian crisis.

Mali has recently reported cases of Ebola -- eight probable and confirmed cases and six deaths -- and although there is no widespread transmission in Mali, the cases are in a large city and the ability to control the spread is uncertain. Other countries have had cases of Ebola related to the outbreak -- including Senegal, Nigeria, Spain, and the United States -- but there was no further spread after the early cases were identified and isolated.

The World Health Organization has declared Senegal, Nigeria, and Spain all Ebola-free since it has been forty-two days since they have reported any cases.

Currently, there are no active cases in the U.S. and the risk of Ebola in this country is low. However, it remains a dynamic situation and we will not get our risk to zero until we control the outbreak in West Africa.

I'd like to emphasize some key points about the risk in the United States. One -- Ebola virus is spread through direct contact with the blood or body fluids including, but not limited to feces saliva, sweat, urine, vomit, and semen of a person who was sick with Ebola.

Two -- because people with Ebola are only contagious when they start having symptoms and it is only spread through direct contact with body fluids, Ebola does not spread easily like the flu, measles, or the common cold.

Three -- people who have returned recently from West Africa and have no symptoms of Ebola then do not pose a risk for anyone else. And four -- currently, people in the U.S. are NOT likely to encounter Ebola or people infected with Ebola, including those traveling on domestic flights.

Because of the serious nature of this disease, CDC is taking all necessary actions to contain Ebola abroad and here in the U.S..

Well, what is CDC doing? We know that controlling the Ebola outbreak at its source is a public health and national security priority.

The goal of stopping Ebola in West Africa has made this the largest international response in CDC's history. CDC has deployed hundreds of staff to the region to assist with things such as response efforts, surveillance, contract tracing, data management, laboratory testing, and health education.

We are using a layered and comprehensive strategy to protect public health in the United States. That includes a number of items.

First, communication with and education of travelers and partners about what to do to prevent Ebola transmission.

Second, exit screening in countries with widespread Ebola transmission to identify travelers who are sick or who have been exposed to Ebola and prevent them from leaving the country until it is confirmed that they do not have Ebola and are not at risk of spreading it during travel.

Third, routine identification of ill travelers at U.S. ports of entry, such as airports, seaports, and land borders.

Fourth, enhanced entry screening at five of our airports of all the travelers from Guinea, Liberia, Mali and Sierra Leone for symptoms or exposures.

Fifth, connecting travelers with health departments for monitoring and reporting of symptoms as well as issuing travel restrictions when necessary to protect the public's health.

And finally, sixth, providing infection control and personal protection equipment guidance for organizations in the transportation sector as well as higher risk occupational settings and professionals such as air medical transport and healthcare workers.

Thank you.

Dr. Susan Lippold: Thank you, Dr. Kozarsky. My name is Susan Lippold, and I'll speak a little bit on identifying sick and exposed travelers at U.S. ports-of-entry. Over 350 million international travelers arrive in the United States every year. CDC prevents the introduction and spread of infectious diseases in the U.S. through twenty Quarantine Stations that are also known as Border Health Field Offices. These are located at international airports and at land borders, covering 85% of all arriving international travelers.

CDC is particularly concerned about what we call "quarantinable communicable diseases." These are covered under 42 Code of Regulations, (part 70 and 71). CDC is authorized to detain, medically examine, and release

people arriving into the United States and traveling between states who are suspected of carrying certain communicable diseases.

These include viral hemorrhagic fevers, such as Ebola, and other illnesses such as the novel flu viruses that are causing or could cause a pandemic, severe acute respiratory syndrome, cholera, diphtheria, infectious TB, plague, smallpox, and yellow fever. The law allows federal isolation or quarantine for these diseases if the situation is warranted.

CDC works closely with partners at U.S. ports of entry to recognize signs of infectious disease in travelers. Our partners notify CDC's quarantine stations to respond as needed. CDC works with key partners like Customs and Border Protection (CBP) who are our eyes and ears on the ground. Other pivotal partners include the U.S. Department of Agriculture, U.S. Coast Guard, U.S. Fish and Wildlife Services, state and local health departments, and local emergency medical service staff.

CDC also works closely with the airline, cruise ship, and cargo industries to ensure that suspected cases of communicable disease are reported to CDC quarantine stations and that appropriate measures are taken to prevent the spread of disease. CDC quarantine station staff can be consulted to assist in evaluating a sick traveler, provide recommendations, and answer questions about reporting requirements.

At this time, I would like to turn over to Commander Objio who will talk about enhanced entry screening and active monitoring, as well as aircraft contact investigation.

LCDR Tina Objio: Thank you Dr. Lippold. As Dr. Lippold mentioned, CDC works closely with partners at U.S. international airports and other ports of entry every day

to look for sick travelers with possible contagious diseases. Because of the Ebola outbreak, we've enhanced efforts with the Department of Homeland Security and other port of entry partners to remind them about the importance of these routine procedures.

In collaboration with the Department of Homeland Security, we also began conducting enhanced entry screening for Ebola at five U.S. airports -- New York's JFK International, Washington Dulles, Newark, Chicago O'Hare, and Atlanta -- for all U.S.-bound air travelers who have been in these countries with widespread transmission and countries with cases in urban settings with uncertain control.

There's an updated outbreak distribution map available at the CDC Ebola Web site (http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas). Enhanced entry screening is an extra layer of prevention and an opportunity to educate and support retuning travelers with a potential risk of Ebola exposure.

Currently, an average of 125 travelers arrive from one of these countries into the United States at one of these five airports each day. These travelers are asked about symptoms, possible exposures, and have their temperatures checked. Travelers without symptoms or possible exposures are allowed to continue traveling to their destination; however CDC connects them with the health department to be actively monitored for Ebola symptoms for twenty-one days.

If the traveler has fever or other symptoms, or has had possible exposure to Ebola, CDC conducts a more in-depth evaluation. Sick travelers will be transferred to a hospital prepared to assess or care for Ebola patients for medical evaluation, isolation, and care. If the traveler is sick with Ebola, this

is especially important because people with Ebola who get early supportive treatment have a better chance of recovering.

Travelers who do not have symptoms, but had a possible Ebola exposure, will be connected with a health department for follow-up and further assessment for possible action, such as movement restriction. All travelers are connected with the health department and enrolled in active symptom monitoring for twenty-one days.

Since entry screening began, only seven people have needed a medical evaluation and none of them have tested positive for Ebola. Provided travelers who go through entry screening are given CARE -- Check And Report Ebola -- Kits that contain that information on how to monitor for Ebola symptoms for twenty-one days, a pictorial description with symptoms, a thermometer with instructions, a symptom log, and a wallet-sized card that reminds travelers to monitor their health and provide information about if they have symptoms.

CDC is working closely with health departments and other agencies to coordinate active symptom monitoring of travelers, medical care teams, EMS staff, public health lab staff, and other people with possible Ebola exposures. More information about these processes can be found on CDC's Ebola Web site.

Exit screening in countries with widespread transmission, entry screening in the U.S., and active monitoring all decrease the likelihood of a person infected with Ebola traveling in and around the U.S. In the unlikely event that an individual with Ebola travels on an international aircraft, CDC would work in collaboration with partners to conduct an aircraft contact investigation.

Now let's discuss aircraft contact investigation. An air contact investigation is one of the ways CDC works with partners in the United States and other countries to protect the health of people exposed to communicable illnesses such as Ebola.

Airplane contact investigations are routinely conducted by the CDC in collaboration with state health departments and other partners when there is a confirmed case of a communicable disease of public health interest on a flight. An index case must be considered infectious at the time of the flight for contact investigation to be initiated.

Some of the diseases that are routinely included for air contact investigations are tuberculosis, measles, meningitis, and pertussis. The objectives of an air contact investigation are identify contacts of that the traveler with confirmed communicable disease; notify, educate, evaluate, and monitor travelers and crew who were identified as contacts in a timely manner; provide post-exposure prophylaxis, testing, or other treatment as appropriate; notify foreign public health authorities of contacts and flights to other countries; and finally, evaluate the public health response and protocol effectiveness.

A contact investigation for Ebola is done similarly to other contact investigations that CDC routinely conducts using a protocol that is specific to viral hemorrhagic fevers. Because Ebola spreads through contact with blood or other body fluids, it is unlikely that a person infected with Ebola who traveled on an airplane would spread the disease to several passengers or crew. However, out of an abundance of caution, CDC does conduct contact investigations if a person is diagnosed with Ebola in the United States and is believed to have been contagious during a flight. People infected with Ebola are not contagious until they start showing symptoms.

Events and symptoms on the plane are reviewed to determine the final contact zone. For example, if there were episodes of vomiting, this may change the definition of "contact zone".

Otherwise, the contact zone is considered to be those passengers who are seated within one meter of the index case. CDC recommends direct active monitoring of people within one meter of a person with Ebola and active monitoring for others on the plane until twenty-one days after the flight. CDC does not recommend movement restrictions for any of these people unless a high risk exposure occurs, such as getting splashed in the eyes, nose, or mouth with infectious body fluids.

So far, CDC has conducted two airplane contact investigations for one confirmed Ebola case-related outbreak. For these two domestic flights, we worked closely with at least eight different states and provided notification to one foreign country. No one was infected as a result of these flights.

More information about air contact investigations is available at www.cdc.gov/quarantine/contact-investigation.html.

Annie Tran: Thanks Tina. Captain Lippold and Lieutenant JG Scott Vega will now discuss in more detail how CDC works with the airline and maritime industries to prevent the spread of Ebola.

Dr. Susan Lippold: Thank you. Regarding partnering with airlines and airports to prevent Ebola transmission, I'd just like to make the following comments. CDC has been working closely with WHO, IATA -- the International Air Transport Association -- and ICAO -- the International Civil Aviation Organization -- to address crew and airline staff concerns. CDC has interim guidance about Ebola virus infection for airline flight crews, cleaning personnel, and cargo

personnel. This Web site can be found at the Cdc.gov site under Quarantine and then Air. And from there, one can find it. (http://www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html).

Specifically, this guidance provides recommendations for not boarding sick travelers if Ebola's suspected, management of sick people during flights including infection control precautions to protect passengers and crew, reporting of sick travelers to the CDC, what airline staff should do if they suspect they were exposed, aircraft cleaning and handling of cargo.

Commander Delaney and Dr. Arduino will be talking a little later about guidance available related to infection control and cleaning for airline and airport workers.

CDC also posted a video in English and French for airline crew and staff flying to countries with widespread transmission to address their concerns about Ebola. This also is available at the airline guidance Web site and is narrated by Dr. Kozarsky. CDC has also provided guidance for operators of air medical transport services to ensure the safe transportation of the Ebola patients. This guidance can be found on the Web site (http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html)

Airline and maritime partners are important partners in identifying and appropriately handling instances of illness during travel including possible cases of Ebola. The captain of an aircraft of ship bound for the United States is required by law to report to the CDC before arrival if there are any deaths on board or sick travelers who meet specified criteria.

CDC provides training and guidance to its airline and maritime partners to make sure they are aware of how and what to report, and if any situations such as outbreaks that might require specific response. More information and support tools are available on our quarantine Web site and this is found at CDC.gov/Quarantine and then one can find either air or maritime. http://www.cdc.gov/quarantine/air/reporting-deaths-illness/index.html

At this time, I'd like to hand the talk over to Lieutenant Vega who will talk about preventing the spread of Ebola on cruise and cargo ships.

LTJGScott Vega: Good afternoon. The World Health Organization does not recommend restrictions for cruise and cargo ships because the risk of Ebola infection to tourists, ship personnel, and business people continues to be low. The vast majority of maritime traffic coming from the West African region to the United States is cargo ships. On average, about 800 cargo ships come to the United States from countries with widespread transmission and countries with cases in urban settings with uncertain control. Again, these countries can be found on the CDC.gov Web site. (Updated "Outbreak distribution map is at: http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas).

Currently, there is no cruise ships traveling to and from this region. Most of the arriving ships to the United States from West Africa take three or more weeks to make the trip here. If the ship arrives during the incubation period, it is generally late in this period and most people who are going to develop Ebola would have begun exhibiting symptoms just arriving in U.S. ports.

Port authorities in countries with widespread transmission limit the number of people embarking and disembarking ships docked at their ports. People

embarking on vessels are screened for Ebola risk factors and symptoms before boarding. They are not allowed to board if ill.

Most crew members on cargo ships visiting the United States do not have visas to disembark and remain on board during the entire time the ship is docked at a U.S. port. This further reduces risk of exposures to U.S. communities.

CDC uses regulatory authority and works with partners at ports of entry to help prevent the introduction and spread of infectious diseases into the United States. Captain Lippold mentioned earlier the master of a ship destined for a U.S. port must immediately report sick or deceased crew or passengers to the CDC quarantine stations at the nearest port of entry.

Awareness and diligence of reporting have been highlighted due to the current concerns about Ebola, particularly for ships traveling from countries with widespread Ebola virus transmission. When CDC receives a sick traveler aboard cruise or cargo ships, CDC works with the cruise line or shipping line to make an assessment of public health risk and coordinate any necessary response. CDC works very closely with the U.S. Coast Guard and U.S. Customs and Border Protection to monitor the health of travelers arriving at U.S. sea ports.

CDC also works with the Cruise Line International Association -- CLIA. This association promotes cruise safety measures throughout the cruise industry. Many cruise lines might deny boarding to passengers who have been in the country with a large Ebola outbreak within twenty-one days of embarkation. This is based on CLIA Web site and public health statements that members have adopted this policy. A very small number of crew and passengers on cruise lines are from West Africa.

Thank you, and at this point I'd like to turn the discussion over to Commander Delaney to discuss airline and airport infection control guidance.

CDR Lisa Delaney: Hi. Good afternoon. CDC has developed guidance and recommendations for hospitals, laboratories, healthcare workers, travelers and other groups to prevent the spread of Ebola. As new guidance and recommendations are developed, they are posted on CDC's Web site (http://www.cdc.gov/ebola). A new Web page -- information for airports -- was developed last week and includes five new fact sheets that cover various airport workers. These fact sheets are really meant to provide information to the workers themselves. Non-healthcare general business guidance is in final clearance steps and will also be posted on the CDC's Web site very soon.

Some important recommendations that we have in the guidance include the need to develop and start an Ebola communications plan. This plan would include providing accurate and reliable information about Ebola to all employees, educate employees that the risk is very low contracting Ebola in the United States, and communicating public health monitoring procedures that were discussed earlier in this webcast for those who are returning travelers from Ebola-affected areas, especially if you have employees with recent travel to these countries.

Encouraging employees to continue practicing good hand hygiene and other routine infection control precautions will prevent infectious diseases that would include Ebola as well. Remind employees not to touch or handle any objects with blood or body fluids, and treat any body fluids as though they are infectious, again, to follow general principles of OSHA's blood borne pathogens standard.

As Dr. Lippold mentioned earlier, CDC's provided guidance about Ebola infection control for airline crews, cleaning personnel, and cargo personnel which is updated regularly. The following is a brief overview of this guidance.

Even if the person has been in a country with Ebola, cabin crew won't know for certain what type of illness a sick traveler has. Therefore, cabin crew should follow routine infection control precautions for all travelers who become sick during flight. This includes separating the sick person as much as possible; wearing gloves when touching or in contact with blood or other body fluids; wearing a surgical mask, face shield, or goggles and a protective apron or gown when providing direct care to a sick traveler.

Cabin crews should notify the airline's ground and cleaning crew about any ill traveler on board so that proper cleaning precautions can be made. When cleaning aircraft and any contaminated areas after a flight with a sick traveler who may have Ebola, CDC recommended cleaning depends on the signs and symptoms of the passenger.

Routine cleaning is recommended if passengers are not experiencing wet symptoms like vomiting, diarrhea, or bleeding. If passengers had these wet symptoms, additional personal protective equipment is recommended while cleaning the passenger cabin and laboratories, including waterproof gloves, surgical masks, eye protection such as goggles or face shields, long-sleeved waterproof gown, and closed-toe shoes and shoe covers.

Cleaning crews should carefully remove protective equipment to avoid contaminating themselves or their clothes. After removing protective equipment, they should thoroughly clean their hands and use only soap and water if hands are visibly dirty. Use an Environmental Protection Agency (EPA)-registered cleaner or disinfectant that has been tested and approved by

use for airplane manufacturers to clean affected areas. You'll hear more about this from Dr. Arduino.

Porous surfaces like seat covers or carpets that are obviously dirty from blood or body fluids should be removed and discarded by the methods used for bio-hazardous material. If nonporous surfaces are contaminated with large amounts of body fluids such as blood, vomit, or feces, crews should clean off the material before applying disinfectant. Packages or luggage should not impose a risk, but it is important not to handle packages that are visibly dirty from blood or body fluids.

Dr. Matt Arduino: Thank you, Lisa. I'll start from here. This is Matt Arduino and I'm going to talk about cleaning and disinfection. You heard from our previous speakers that the risk of Ebola exposure is very low, but not zero, in the non-healthcare workplaces in the United States. In developing environmental infection control guidance at CDC, we consider that Ebola virus particles on dry surfaces such as doorknobs, countertops, and hard surfaces like that can survive for several hours. However, Ebola on a surface that is wet with blood or other body fluid such as vomit may persist and survive for longer periods of time, up to several days at room temperature According to one laboratory study.

Ebola virus can be killed with disinfectants and the EPA has a list of such products that can be used in healthcare settings, institutional settings, and residential settings. It is important for aircraft that you choose a product that your manufacturer of your aircraft recommends so that you do not cause damage to the aircraft. The list actually can be found at EPA's Web site and if you just Google "List L Ebola Virus," Google will take you right there instead of me reading out the whole Web link for you. (http://www.epa.gov/oppad001/list-l-ebola-virus.html)

Additional information can also be found about cleaning and decontamination of Ebola in different settings from the CDC Ebola Web page under the Prevention box and looking for cleaning and decontamination. (http://www.cdc.gov/vhf/ebola/prevention/cleaning-and-decontamination.html)

Daily cleaning and disinfection of hard, nonporous surfaces should be done using a U.S. EPA-approved registered hospital disinfectant or similar product that has similar label claims regarding microbial pathogens in addition to label claims against a non-enveloped virus. Some examples of non-enveloped viruses include norovirus, rotavirus, adenovirus, and poliovirus. Healthcare providers performing environmental cleaning and disinfection should wear PPE that can be found in CDC's Interim Guidance on Environmental Infection Control for Hospitals for Ebola Virus. (www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html). So that gives you the idea in the healthcare setting what we are doing, what they're doing, the cleaners they are actually using, the full PPE that the patient care providers are actually using.

There is separate guidance that is being developed for routine cleaning of aircraft. It is currently in clearance. Again, we separate our patients based on whether you are dry or wet in those regards. So some have been asking how long we need to continue taking these additional precautions. The duration of precautions should be determined on a case-by-case basis in conjunction with your state and local and federal authorities.

Factors that should be considered include, but are not limited to, presence and symptoms related to Ebola, the date of symptoms are resolved, other conditions that you should be considering that also require site-specific

precautions -- these are TB and C. diff -- and there's also laboratory information that is available on these pathogens as well.

Remember also that Ebola virus is considered a category A infectious substance, which is regulated by the U.S. Department of Transportation (DOT) as a DOT hazardous materials regulation HMR,49 C.F.R., Parts 171 - 180. Because of this, it is important to work with your local waste management companies, and with the local state and health authorities, if you need to have anything contaminated with this material removed.

Again, you could actually see more information about that at the Department of Transportation guidance on their Ebola page (http://phmsa.dot.gov/hazmat/phmsa-provides-guidance-for-transporting-ebola-contaminated-items). And now, I'll turn this back over to Dr. Kozarsky to close out.

Dr. Phyllis Kozarsky: Thank you very much. I think we'll review a little bit about Ebola risks and travel recommendations. Again, Ebola virus is spread only through direct contact with blood or body fluids from a person who was sick with Ebola. The virus in blood and body fluids can enter another person's body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth. People with Ebola symptoms become more infectious as their symptoms worsen and are less infectious early in their illness.

Again, Ebola does not spread easily like flu, measles, or the common cold, so breathing the same air as someone with Ebola is not how the disease spreads. Most people who have been infected have cared for very ill Ebola patients. 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 with somebody with the disease.

People with Ebola are only contagious when they have symptoms, and those individuals who have serious symptoms are likely to be too sick to travel or likely to be too sick to hide their symptoms. In order to acquire the disease, you must come in direct contact through broken skin or mucous membranes with blood or body fluids. Again, of the small number of confirmed Ebola cases in the United States, none have been linked to exposure aboard an aircraft.

We'd also like to remind everyone that people who have recently returned from West Africa and have no symptoms of Ebola do not put others at risk. People who have traveled to help in areas with an Ebola outbreak have performed a valuable service to the world in helping to make sure this disease did not spread further. Helping fight an outbreak can be mentally and emotionally challenging.

These people do need our support upon their return.

And finally, I'd like to say a few words about our travel notices. CDC posts travel notices on the CDC Traveler's Health Web site, which is www.cdc.gov/travel to inform travelers and clinicians about current health issues related to specific destinations such as disease outbreaks or other conditions that may affect travelers' health. CDC has issued what's called a level three travel warning for Guinea, Liberia, and Sierra Leone.

These warnings advise travelers to avoid nonessential travel to these countries. Warnings are only very rarely used and among serious circumstances. For those such as humanitarian aid workers who do travel to a country with widespread transmission or uncertain control measures, CDC's travel notices include extensive recommendations for preventing Ebola.

CDC also issued a level two travel alert for 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 throughout the country.

In closing, I'd like to summarize for us some of our key messages here, and there are four that'd like to highlight. Number one -- people who have recently returned from West Africa and have no symptoms of Ebola do not put others at risk. Ebola virus is spread only through direct contact with blood or body fluids of a person who is sick with the disease. Because people with Ebola are only contagious when they start having symptoms and it's only spread through direct contact with body fluids, Ebola is not easily spread from person to person like flu or the common cold. Currently, people in the U.S. are not likely to encounter Ebola or people infected with Ebola.

Number two -- because of the serious nature of this disease, CDC is taking all necessary actions to contain this disease abroad and in the United States. In addition to activities such as exit screenings taking place in West Africa, we are using a layered and comprehensive strategy as you've heard to protect public health in the United States, including partner education, routine identification of ill travelers, and enhanced entry screening at U.S. ports of entry as well as active monitoring of arriving travelers.

Three -- airline and maritime partners are very important in identifying and appropriately handling instances of illness during travel, including possible cases of Ebola.

And finally, we have a variety of materials on our Web site that may be useful to you, your organizations, and colleagues. Thank you very much.

Annie Tran: Thank you to all of our speakers. We will now move on to the question and answer portion of today's call. We'll alternate between some email questions that we've received and some questions from the calls. Operator, if you would please open the line for questions, and while we're waiting for our first question to be queued up I'd like to start with a question we received over email.

Which response organization has a responsibility to respond at the five designated airports in the U.S. if flight decon is required in the screening area?

Dr. Matt Arduino: This is Matt Arduino. So in the screening area, the screeners will actually make a phone call, especially if there's a person under investigation, to isolate that individual until they can be transported to an emergency room at a hospital that the health department has recommended. That room should be closed off; and then depending on the follow-up investigation of that individual, they may hold off until they get confirmation of whether the person has Ebola or not.

Right now, we've been batting like - none have been turned out to have been positive, really. So - in which case then only if that person is deemed to have Ebola, then you would actually hire a contractor. And I'm not sure if that would be you all. So that's - some of us here are trying to figure out who would hire the contractor to come in, but you would want somebody who has experience doing biohazard cleanup to come and do that. And then also has a permit for - because then - the waste you're generating is category A so you need a special permit to haul that off to a treatment site.

You guys at DGMQ have anything else to add?.

Dr. Susan Lippold: I think the location with the interest for example if it were on the aircraft versus a waiting room.

Dr. Matt Arduino: Well, it's a screening area.

Woman: Well as you know, CDC were working with us and is doing the exit screening with the (unintelligible) so we would work together with the airport authorities.

Annie Tran: Alright. For our next question, let's go to the phone. Operator, can we have our first call from the phone?

Coordinator: Certainly, thank you. We have a question from Cathy Metcalf. Your line is now open.

Cathy Metcalf: Good afternoon all and thank you very much for a very helpful and valuable bunch of information. This is less of a question than a comment. One of the presenters noted -- and I'm speaking about the maritime sector with the Chamber of Shipping of America -- that most crew on vessels inbound to U.S. ports do not have visas and thus do not disembark the U.S.. I just wanted to make a slight correction to that.

If they do not have visas, they are not permitted to disembark to the U.S., even for purposes of an hour or two ashore. However, most mariners carry what is called a D1 visa issued by the State Department and unless there is any other security reasons to otherwise restrict them to the vessel while they're in the U.S., they have full gangway to be able to disembark a ship, do shopping, and things such as that.

I don't think that changes the risk profile particularly taking into account the three week transit time, but I did want to make that slight correction so we're

just not writing any foreign ship coming in off as no risk at all, but rather probably a minimal risk, again, because of transit time. Thank you very much.

Woman: Thank you.

Annie Tran: Thanks for the comment. So for our next question, let's go back to email. What measures are being used to address the illegal migrants coming into the U.S. via a southern border who might have the Ebola virus?

Scott Vega: This is Scott Vega. CBP, Custom and Border Protection, agents are trained to identify and report any person with a travel history to affected countries and consult Centers for Disease Control for consultation. Usually, Ebola is not a concern with illegal migrants from West Africa because the journey into the U.S. lasts, on average, three weeks.

Dr. Susan Lippold: Scott, are you still there? This is Susan. We may have lost you.

Scott Vega: I'm still here.

Dr. Susan Lippold: Okay, sorry. I think you broke up. I think we lost a fragment of what you were saying, but the duration of travel we were talking about three months that the people crossing illegal or undocumented people coming across borders, their average length of travel is about three months, is what you were saying. But I think you got cut off. Sorry.

Annie Tran: Thank you for responding to that. Operator, can we have our next question from the phones?

Coordinator: Yes. Kalitta Air, your line is open.

Kalitta Air: Thank you for taking this call. We're a 121 747 air carrier that's done some relief flights into Liberia in cargo only. We wrote a protocol that's been viewed by some of the officials in CDC was well as Customs and Border Protection. Our basic protocol - without going into huge details, we have a no human contact with our air crews. We offload the cargo and we leave. So we don't have any interactions with people on the ground or indigenous folks there.

Our question is how this relates to CDC and Customs and Border Protection, and what kind of guidance Customs and Border Protection is receiving from CDC because based on your algorithm metrics that we have no contact, we actually fall under no identifiable risk. But what's happening is we're under some of the major ports via our aircraft, say JFK for example, Customs and Border Protection are putting the crews into active monitoring. So basically, they take the temperature and they have to call in twice a day for a twenty-one day period.

That's somewhat cumbersome to begin with, let alone the type of schedules we fly. Our typical crew member flight crews operate on a seventeen day schedule. They may come back into the U.S. and be scheduled to turn and fly out of JFK to another destination in the world. So you can see this becomes problematic. My understanding is that CDC was working on a draft recommendation to Customs and Border Protection and we're curious if that will be addressed. Thank you.

Dr. Susan Lippold: This is Susan. Thank you very much for bringing up this topic and for your comments and concerns. So as you appropriately commented, this category is in the monitoring and movement document and is the last category, which is no identifiable risk. We have drafted a document we worked on with the National Air Carrier Association, and that's gone up

through our leadership. So we look forward to having that reconciled shortly. But it has been moving and we are very aware that this is important to assist with the humanitarian relief in this affected area.

Annie Tran: Alright, thank you. Operator, can we have our next question?

Coordinator: At this time, we have no one else in queue. Let me remind everyone that they can press star 1 and record their name to enter the queue.

Ms. Tran, at this time we have no one queuing up. There's one now. Let me get the name, please.

Commander Helsa at the U.S. Coast Guard, your line is open.

Commander Helsa: Yes. Hello and good afternoon here. My question is - we're in Puerto Rico, so pretty much we are the closest U.S. port to Africa. I know in the past we had some cargo vessels coming from Africa from the region that's probably most affected. And these vessels - the normal transit time is about eighteen, nineteen days if anything.

So it's not long enough for twenty-one days to show up your typical symptoms. So we just wanted to know if there is any additional information, any marching orders, anything else that we should be taking care of, like, for example, PPE that we should be wearing when we do the boarding on board those vessels.

Dr. Susan Lippold: Scott, this is Susan. I don't know if you want to take first stab at it or if you want me to. I can start and then you can correct me or add on, but thank you very much for your question. As I understand it, you're a Coast Guard staff member working in Puerto Rico where the vessels come in often less

than three weeks out after having left West African ports or the affected countries. We have been working with CBP and the U.S. Coast Guard on these issues, if not daily certainly weekly.

We really - what we continue to emphasize is that if a person is ill, we use our regular tried and true reporting mechanisms that the captain of any vessel is obligated to report. So we really want to emphasize our infectious disease reporting for any conveyance that's coming in and including if there are symptoms that are consistent with Ebola. Then travel history would be paramount and your questions about appropriate PPE are well understood.

Scott, I don't know if you want to add anything to that. Sorry for putting you on the spot.

Scott Vega: Additionally, in the Ebola-affected countries, if a crew member disembarks from a vessel -- which is highly unlikely because most mariners do not have visas to disembark in those Ebola-affected countries and are not allowed off the vessel. If for a small chance they are disembarking, they are screened prior to re-embarking on the vessel and if they have risk factors or fever, they are not permitted to re-embark onto the vessel, which decreases the risk as well.

But again, I just want to re-emphasize Captain Lippold's point that if somebody on the vessel was sick, they would be required to report to us prior to coming into port and we would notify - work out a plan for that vessel. If a person is not showing symptoms of Ebola, then they are not infectious and so the risk for infection would be very low.

Annie Tran: Thank you. Operator, do we have any other questions on the line?

Coordinator: Yes, several more have come up now. Cameron Marin, your line is open.

Cameron Marin: Good afternoon. This is Cameron Marin from the U.S. Maritime Administration. I just wanted to tag onto the caller who had talked about cargo deliveries by air and some of their folks being tagged or required to actively monitor. We've been encountering some of the same things by CBP and state officials. We had a ship pull into Jacksonville over the weekend and were advised by either the state or CBP that they needed to monitor until the twenty-one days had expired. I know that they're working on it -- and I've seen the draft guidance for cargo vessels and my request would be that it be clarified in that guidance when it's issued. Thank you.

Dr. Susan Lippold: This is Susan. Thank you very much for your comments. We'll address that and I think hopefully you'll have our contact information. Does the audience have it if needed? Anyways, I can reach out to you.

I can reach out to you. It would be nice to follow up on this conversation. We certainly hope that the last iteration of the movement and monitoring document addresses this as clearly stated. These are living documents so, for example, one month ago it did not have this category as written. We are working on the cargo and cruise guidance as you alluded to and your points are well taken.

Annie Tran: Operator, can we have our next question?

Coordinator: Thank you. Douglas Ramsdell, your line is open.

Douglas Ramsdell: Hi. Thank you for allowing me an opportunity to speak. My name is Douglas Ramsdell. I'm with a company called Erickson Aviation and we at present have several aircraft within central Africa. My question is whom do I

make those air assets available to for potential tasking and what's the mechanism?

Dr. Susan Lippold: This is Susan. I actually don't know the answer to your question. If I understand your question correctly, you're a transport company working in central Africa?

Douglas Ramsdell: Correct statement.

Dr. Susan Lippold: Yes. I don't know really. We don't facilitate that part of it, the business operations end of it.

Douglas Ramsdell: Okay.

Dr. Matt Arduino?: It might be state.

Dr. Susan Lippold: You probably heard that. It might be the Department of State.

Annie Tran: I was going to say for this and any other questions that we can't follow up on right now, please feel free to email us at cdcinfo@cdc.gov and we can follow up and touch base with you via that email.

Douglas Ramsdell: Absolutely. Good idea. Thank you very much.

Annie Tran: Thanks. Operator, can we have our next call?

Coordinator: Yes. We have a question from Jenn Buser. Your line is open.

Jenn Buser: Yes, this is Jenn Buser. I'm calling from the Oregon Health Authority. I just wanted to make a comment that we had a similar situation regarding crew

members on airline and we were able to work with the CDC. Because the person and the crew did not have any contact in country with the Ebola-affected country, they did not have to go under monitoring. So that worked very well, at least from a flight crew point of view. So thank you for that.

My other question I had was about persons who are not screened out when they leave the Ebola-affected country, but on arrival at one of the five airports if they're found to have high-risk contact. So that being as defined by the CDC categories of high risk, how are those persons managed for the continuation of their travel? Thank you.

Dr. Susan Lippold: This is Susan. I guess I'm trying to put my head around - and thanks for you earlier comment. But regarding someone who's not screened in one of the affected countries -- I use that, but there's other terminology that's more correct, but widespread transmission and urban setting with unclear control measures meaning Mali -- but these first three have very good exit screening procedures in place.

Actually, what we didn't mention because we didn't go through the bios in detail - but both Commander Objio and Lieutenant Vega have spent time in Guinea and Liberia, respectively, working on these symptoms. So I'm going to put my head around it, someone who would have gone through exit screening but then actually at a port of entry in the United States then declares a risk factor -- is that your question? So you mean that in the meantime they've either declared a new risk factor or acknowledged one?

Jenn Buser: Correct.

Dr. Susan Lippold: Yes. So that's actually why the travel and health declaration re-asks these questions. We have a whole process in place for -- as you probably well know

-- for the primary screening which CBP officers assist with and then secondary screening. And then if there is a risk that's of concern, CDC is consulted. So those people would be evaluated further if a risk is identified.

Jenn Buser: Okay, thank you. But they wouldn't not be allowed to - they would not be continuing on in commercial aircraft?

Dr. Susan Lippold: It depends on their category. If they're high risk, then that's where the travel restrictions really come into play. If they're less than the high risk, then it's dependent on the setting and discussions with the state. But I think probably the important point to make here is this is done in discussion with the state, which is a pivotal thing too.

Jenn Buser: Thank you.

Dr. Susan Lippold: You're welcome.

Coordinator: Next we have a question from Mark Milam. Your line is open.

Mark Milam: Hi. This is Mark Milam. I'm from Airlines of America. We represent the major carriers in the U.S.. Thank you, CDC, for hosting the call. I know this is the second or third of updates like this and I appreciate the time to be able to review everything.

My question is more about the general status of the spread of Ebola in West Africa. I know CDC has said repeatedly that the real work and the most important work is trying to contain it there. I don't remember if you had said anything at the beginning of the call, but can you give us a general summary of the work you might be doing to monitor the status of new cases, the spread of things there? They probably have some pretty good analytics in terms of

whether we are reaching a point of trying to manage that or still are kind of along the lines of what I heard from WHO forecasts quite a while ago.

And a second part of that question is - Mali was added as one of the three West African countries as the level two travel alert and it seems that the rest of the three countries where we're doing enhanced screening are more tied to level three alert countries. I'm just wondering if that's - could you just comment on that, why the difference for Mali.

Dr. Phyllis Kozarsky: This is Phyllis Kozarsky. I'll comment on that first and that is because there are only a handful of cases there (Mali) thus far. I think it's being watched very closely to see if it spreads beyond those first few cases or it spreads outside of the capital city and if it goes anywhere else. So right now, we're holding it at two, which is enhanced precautions - which is still quite significant and we'll wait to see if it goes to three. Hopefully not.

Dr. Susan Lippold: Should I comment on the first part of the question? So Mark), regarding the first part of your question, as you know, hopefully you know there are external talking points that are shared with partners, so hopefully everyone on this call is aware that they can get regular information which is very helpful. But CDC is really working heavily in these regions and we have laboratory teams, clinical teams, contact investigation teams, port of entry teams, and I'm sure some team I'm not even thinking of. But we are working together there.

Regarding the big picture, and I don't have a statement in front of me about trends, but I think what we've heard lately is that Liberia is getting better and slowing down in terms of the numbers reported. However, Sierra Leone and Guinea are still quite of concern.

Dr. Phyllis Kozarsky: We do have almost 200 people from CDC in country right now and that's an average - as people come back, we send more folks out. Right now as far as numbers are concerned this week, I did mention the total numbers of over 17,000 cases with - in Guinea over 2000; in Sierra Leone over 7000; and Liberia almost 8000 cases.

And as Susan mentioned, Liberia appears to have some measure of control right now, although we have to wait and see where Guinea and Sierra Leone are continuing to see a large number of cases per week. But this information, hopefully, you should be able to find it right on the CDC.gov Web page (http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html) and it's updated constantly. Thank you.

Annie Tran: Thank you. Unfortunately, that will have to be our last question for this call. I just want to mention again that if there are any remaining questions, please feel free to email us at CDCinfo@cdc.gov or call 1-800-CDC-INFO and your question will be routed to the appropriate subject matter expert.

As a reminder, this call has been recorded and a transcript of the call will be made available shortly, including all the links to the guidances that were mentioned earlier in the call today.

I would like to say a special thank you to all of our speakers for sharing this valuable and timely information, and to thank the participants for joining us today, and for your interest in engagement in this important topic.

Operator, that concludes our call for today.

Coordinator: Thank you all for participating in today's conference and you all may disconnect your lines.

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