

**NWX-DISEASE CONTROL & PREVENTI (US)**

**Moderator: Taka Allende**  
**September 12, 2014**  
**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 please press star 1. Today's conference is being recorded, if you have any objections please disconnect at this time. I would now like to turn the meeting over to your host, Miss Taka Allende, you may begin.

Taka Allende: Thank you very much. Good afternoon. I am Taka Allende from the Centers for Disease Control and Preventions Emergency Operations Center. I would like to welcome you all to today's Emergency Partners' call for Humanitarian Aid Workers and Organizations.

We have several CDC experts on the agenda who will share information and guidance about the Ebola outbreaks in West Africa. These experts have been integral to Ebola response activities. Kelly Holton will provide an overview of the Ebola response activities and CDC's travel health guidance for humanitarian organizations; Dr. Nicole Cohen will share guidance on monitoring and movement of individuals with Ebola exposure; Dr. Joanna Regan will offer information about risk screening for humanitarian aid

workers returning to the U.S.; and lastly, Dr. Michael Jhung will discuss the free training available to healthcare professionals who want to assist with the Ebola outbreak.

We will hear from all of our experts before opening the lines for questions toward the end of the call. As a reminder, this call will be recorded and later posted on CDC's Website.

At this time I would like to turn the call over to Kelly Holton.

Kelly Holton: Thank you, Taka. And thanks to all of you for being on the call today. My name is Kelly Holton and in this response, I'm serving as one of the leads of the Global Migration Task Force's, communication and training activities. We're very pleased to be talking to you today.

Humanitarian aid workers play a vital role in the Ebola outbreak response. Today I want to share with you some of what CDC is doing, particularly in regard to travel and border health activities as well as our guidance for humanitarian aid organizations who are responding to this outbreak.

We understand that the key to controlling this outbreak is to focus on stopping the spread of that source. CDC, WHO and other agencies and partners are committed to deploying staff to the region, and we encourage aid workers to continue to support these important efforts in countries where the outbreaks are occurring.

CDC has activated its emergency operation center to help coordinate technical assistance and response activities with partners. We've deployed more than 100 people to the affected countries. CDC staff are assisting in country with setting up a response structure and conducting contact tracing, advising on

infection control, participating in health communication activities and providing training.

Staff from the Global Migration Task Force are working with airlines, airports and ministries of health to provide technical assistance for the development of exit screening and travel restrictions in the affected areas.

This includes accessing the capacity of Ebola affected countries and airports to conduct exit screening, assisting with development of exit screening protocols, training staff on the exit screening protocols and the appropriate use of personal protective equipment and training of in-country staff to provide future trainings.

Before we talk specifically about our guidance for humanitarian aid organizations and workers, I want to go over some of the guidance for travelers, the travel industry and port-of-entry partners that we've developed to help prevent the spread of Ebola.

CDC has issued a travel warning which is our highest level of travel notice advising U.S. citizens to avoid nonessential travel to Guinea, Liberia and Sierra Leone. We've also issued an alert, or a level two travel notice, to advise about enhanced precautions for people traveling to Nigeria.

These notices are posted on CDC's Travelers' Health Website. They give detailed guidance for people going to the area. We've also posted electronic health messages at U.S. international airports so that incoming travelers can be reminded about monitoring their health for symptoms of Ebola, calling a doctor and informing the doctor about their travel history.

We've placed posters in the TSA screening areas of airports for outbound travelers to remind them about the outbreak and encourage them to visit the CDC Travelers' Health Website to learn information about how they can protect themselves.

CDC has 20 border health field offices formerly known as quarantine stations, located at U.S. ports-of-entry, such as international airports and land border crossings. These field offices cover approximately 85% of all arriving international travelers.

Our border health field offices continue to use established processes to detect ill travelers by working with our partners at U.S. ports-of-entry including Customs and Border Protection, or CBP. They are the people who conduct the passport review for all arriving travelers.

We're also working with airlines and emergency medical services at airports. In response to this outbreak these processes that we use all the time have been enhanced through guidance and training with critical partners.

At CDC, we've been developing guidance for humanitarian aid organizations whose employees or volunteers are working in countries where an Ebola outbreak is occurring. Our goal is to help organizations develop plans and to make preparations for safe deployment of their employees or volunteers.

We recommend that organizations provide detailed education to employees and volunteers before they leave. We have guidance posted for humanitarian aid workers now and our guidance for organizations will be posted in the next few days. This guidance covers several topic areas that people will need to know about before they travel to a country affected by this outbreak.

We also recommend that organizations provide personal protective equipment, or PPE, to anyone who will be working in a healthcare setting or in a setting where they will have close contact with people who are sick with Ebola.

Because of the current outbreak in these countries, supplies of PPE are limited. Organizations should ensure employees or volunteers have adequate supplies or that there is a mechanism in place to provide them in country.

We also recommend that anyone traveling to countries where outbreaks of Ebola are occurring have full health insurance coverage. If your organization does not provide it, the Department of State Website lists travel insurance companies that might be able to help your employees or volunteers.

And because healthcare resources in affected countries may be limited or unavailable altogether, organization should identify places where employees and volunteers can get health care during their trip.

One suggestion we have is to look for large corporations who might be operating in the country and have their own employee health clinics. There might be an opportunity to partner with those companies for healthcare services.

It's also important to make arrangements for medical evacuation in the event that an employee or volunteer becomes ill. You should also consider medical evacuation plans for non-U.S. citizens; even someone who resides in the United States would have different legal requirements to enter this country if they're not a citizen.

You should check your medical evacuation insurance coverage carefully. Some companies are now excluding Ebola from coverage; others have dollar limits that would not be adequate in this situation for an evacuation. You should also check to see if the policy covers evacuation to the United States or to the nearest place that can offer adequate medical care.

It is extremely important to have a plan in place for bringing volunteers and employees back to United States or to their home country if they're exposed to Ebola but do not have symptoms.

Due to the expense of charter flights your organization might want to work with other aid organizations to provide charter flights for employees and volunteers who cannot travel on commercial flights. You will also want to identify the nearest U.S. Embassy or consulate in case any in-country assistance is needed, such as medical evacuation or healthcare.

Before employees or volunteers return home, organizations should make sure that they are aware of the requirements to travel. In countries where an Ebola outbreak is occurring, travelers are being screened at the airports for Ebola exposure and signs of illness.

Those who are ill or have been exposed to Ebola will not be allowed to travel on commercial flights to the United States and potentially to other countries. Before employees or volunteers return home consider evaluating the risk of exposure of each individual.

Dr. Joanna Regan will talk more about ways to interview for risk exposure later in this presentation.

It's also important to have a plan in place to address different levels of people's exposure and to follow the guidance for making sure that employees and volunteers can get home without exposing other people.

Our guidance also includes steps for dealing with someone who's been exposed to Ebola or developed symptoms. We encourage organizations to have a policy that employees or volunteers notify their organization if they suspect exposure to Ebola.

It's important to have exposed people monitor themselves for symptoms; that should include twice daily temperature checks. Help them seek medical care immediately if they developed fever and symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained hemorrhage.

If anyone becomes ill contact the nearest U.S. embassy or consulate. The embassy will help organizations make arrangements for medical evacuation and to determine whether the person can be taken for medical care. We encourage you to identify these resources in advance, as I mentioned before. Note that the costs of medical evacuation are not the responsibility of the U.S. government.

If your organization is bringing in an ill or exposed employee or volunteer to the United States, contact the state public health authorities where the person will be brought for treatment. They can determine whether additional public health interventions are needed.

Each state and local health department may have their own protocol for how to respond to a person who has been exposed to Ebola, so the requirements once home, might vary.

If CDC is made aware of an individual who is ill or has been exposed to Ebola and is planning to return, the CDC will notify the appropriate state public health authorities in order to ensure appropriate public health actions.

After an employee or volunteer returns home, organizations should have employees and volunteers pay attention to their health even if they were not exposed to Ebola during the trip. They should monitor their health for 21 days if they were in an area with an Ebola outbreak. During the time that they are monitoring their health, employees or volunteers can continue their normal activities including work and school.

Anyone who developed symptoms should immediately notify their doctor who can consult with public health authorities about the need for testing, isolation and travel restrictions.

Before I turn the meeting over to my colleague, Nicky Cohen, I wanted to remind you that our guidance related to travel during the Ebola outbreak can be found on the CDC Travelers Health Website, [www.cdc.gov/travel](http://www.cdc.gov/travel).

Nicole Cohen: Thank you, Kelly. Hi, everyone. I am Dr. Nicky Cohen, and I'm currently serving as the Science Lead for CDC's Global Migration Task Force within the Ebola response.

I will be speaking today about CDC's interim guidance for monitoring and movement of persons with potential Ebola virus exposure.

CDC issued this guidance in August. It includes recommendations for coordinated public health actions for people with potential exposure to Ebola including criteria for when medical evaluation and implementation of

infection control precautions or other public health interventions may be needed based on the level of exposure.

When developing public health guidance, CDC takes into account the need to balance the public health risk to others, the rights of individuals and the impact of recommendations on the welfare of the Ebola affected countries.

CDC makes every effort to ensure that the public health measures used to prevent the spread of disease are the least restrictive means necessary to protect the public's health.

I would like to go over the exposure levels as defined by CDC. I'll be referring to these through the remainder of my presentation.

First, a high risk of exposure includes any of the following, percutaneous (such as a needle stick) or mucous membrane exposure to blood or body fluids of an Ebola patient. As a reminder, mucous membranes include the eyes, nose and mouth as the most commonly exposed surfaces.

It also includes direct skin contact or other exposure to blood or body fluids of an Ebola patient without using appropriate personal protective equipment; processing of blood or body fluids as a confirmed Ebola patient in a laboratory without appropriate PPE or using - without using standard biosafety cautions; or direct contact with the dead body of an Ebola patient or for the purpose of this guidance, we are saying, with any dead bodies in an Ebola affected country without using appropriate PPE.

The second category of risk is what we've defined as a "some" risk exposure. This includes household contact with an Ebola patient, other close contact with Ebola patients in healthcare facilities or community settings and close

contact is defined as being approximately three (3) feet or one (1) meter of an Ebola patient within the patient's room or care area for a prolonged period of time while not wearing the recommended personal protective equipment which includes standard droplet and contact precautions; or having brief direct contact such as shaking hands with an Ebola patient while not wearing the recommended PPE.

Brief interaction such as walking by a person, moving through a hospital, do not constitute close contact. Having been in a country with an Ebola outbreak within the past 21 days, but not having any exposure as defined in the high risk or some risk category is considered to be a no known exposure category for Ebola.

For our recommendations, we are actually considering the high risk and some risk categories as essentially the same in terms of public health interventions, although the symptom threshold for considering somebody a probable case differs by the level of exposure.

In the high risk category the person is considered symptomatic if he or she has a fever or other symptoms consistent with Ebola such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bruising or bleeding. In the some risk category we are using fever with or without other symptoms as the threshold.

Exposed people in the high risk or some risk categories should not travel by commercial conveyance during the 21-day monitoring period after the last known exposure. For the purpose of this guidance, commercial conveyance includes airplanes, ships, trains and long-distance buses.

The recommendation to not travel by commercial conveyance also applies to asymptomatic people. Even though asymptomatic people are not contagious the possibility of their developing symptoms during travel is a concern given the minimum incubation period, which can be as short as two days, and because international air travel from West Africa can take several days to arrange and complete.

The recommendation was issued to reduce the risk of transmission to other passengers or crew if an exposed person became symptomatic during travel and to ensure that these people are able to be quickly isolated and able to access appropriate medical care.

Additional public health monitoring may be needed for this group of people. This is referred to in our guidance as controlled release. We are requesting that state health departments be notified if exposed people are returning to the United States to facilitate this monitoring.

People who are conditionally released should self-monitor for fever twice daily and notify the public health authority if they develop fever or other symptoms. At this time, CDC is not recommending quarantine which is defined as separating exposed people who are asymptomatic from others for the purpose of monitoring for people who are exposed to Ebola but who are asymptomatic.

People who have been exposed to Ebola and who are symptomatic should be isolated and evaluated by a healthcare provider in consultation with the public health authority. The results of the medical evaluation will determine if testing for Ebola and continued isolation are needed.

Unless Ebola is definitively ruled out, movement of these people back to the United States would need to be by air medical transport. If air medical transport of a person with Ebola is needed, this should be coordinated with public health authorities in both origin and destination countries as well as the receiving medical facility.

At this time CDC is not recommending monitoring by public health authorities or travel restrictions for people who have only been in a country where an Ebola outbreak is occurring but have no known exposure to Ebola. These people are recommended to self-monitor for 21 days after leaving the affected country and to seek healthcare if symptoms develop.

I will now turn over the call to my colleague, Dr. Joanna Regan, who will be speaking about risk screening for humanitarian aid workers.

Joanna Regan: Thank you, Nicky. I'm Joanna Regan from the Global Migration Task Force. I've worked on screening returning humanitarian workers and also would lead an Ebola airline contact investigation were one to occur.

Before your employees or volunteers return home we recommend evaluating the risk of exposure of each individual prior to returning to the U.S. for several reasons; first and foremost to reduce the risk of someone becoming symptomatic in flight and exposing others. Also, this will help you plan for proper evacuation if exposure has occurred.

It would be better to learn in advance rather than finding out the exposure has occurred during the exit screening process at the exiting airport. This will allow you to reassure public health authorities as well that those who are returning commercially that you are in the "no known risk" category.

Guidance on how the screening should be conducted is also available. It should cover the risks listed in the movement and the monitoring document that we just discussed. Standardized question should be used and we have some that you may be able to use upon request.

The screening questionnaire that we use is short and simple to administer; there are simply five multi-part questions. The interviewed person should be interviewed by someone who is objective. In some cases the local or state health department may perform the interview or the CDC may assist as well.

Having a plan in place for safely transporting people back home who have been potentially exposed will encourage workers to disclose any concerns about exposures that have occurred in country.

If you identify any risks during a pre-departure screening, please follow the proper reporting guidelines that we have already discussed which involve reporting to the CDC and the state health department.

Now I'd like to turn it over to Dr. Michael Jung to talk about a training that's being offered to humanitarian aid healthcare workers.

Michael Jung: Thank you. This is Michael Jung; I'm on the Medical Care Task Force. Our contribution to the Ebola response has been to develop a training course in the United States intended for clinicians, based in the United States, who are going to deploy to West Africa to care for patients in an Ebola treatment unit.

This course is a three-day event. It will be run every week beginning October 5, excluding holidays and some maintenance weeks. It will cover Ebola epidemiology, transmission and other topics. However its primary focus is on infection control. Its main objective, in fact, is to ensure that any clinician

deploying to provide care to Ebola patients in West Africa can do so while protecting themselves from infection.

The emphasis of this course is on hands-on practical exercises. There are lectures and didactic content but the main focus is on practical exercises. There is a Website on the CDC main Website which describes this course. And we are beginning to enroll participants now for attendance beginning October 5.

We encourage clinicians who would like to take this course to speak with their nongovernmental organization or their governmental organization about deploying to West Africa prior to taking the course. We intend to provide training to these people; however CDC is not able to actually deploy clinicians in this capacity, only to provide training.

Taka Allende: Awesome. Thank you so much to all of our experts for presenting on today's call. We will now move into the question and answer portion. Operator, if you would please open the lines for questions.

And while we wait for questions I would like to mention that Dr. David Kuhar, who leads the CDC team responsible for healthcare worker safety, is also here with us and the is available to answer questions as well.

So, Operator, we are ready.

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question please press star 1 and record your first and last name clearly when prompted; your name is required to introduce your question. To withdraw your question you may press star 2. Once again if you would like to ask a question please press star 1. One moment please for the first question.

We do have a question from (Keith Martin). Your line is open.

(Keith Martin): Thank you very much and thank you for your presentations. I was wondering if there was a callout and interest to identify specific civil capabilities that are needed on the ground in the three most affected countries and whether or not there was an effort to create a civil military humanitarian operation to scale up primary care and public health initiatives in the region to not only address the Ebola outbreak but also the myriad of other illnesses that affect the people in those countries? Thank you.

Abbigail Tumpey: Yes, that's a great question. USAID actually has on their Website detailed information about how individuals can volunteer for the Ebola outbreak. They (USAID) are actually coordinating that. Their Website is [USAID.gov/Ebola](http://USAID.gov/Ebola). That's [USAID.gov/Ebola](http://USAID.gov/Ebola) and there's detailed information on how to do that.

Joanna Regan: I would just like to add that experts in this room really are focused on guidance about traveling in and out of the country as well as PPE related topics.

Coordinator: Our next question is from (Janet Myers), your line is open.

(Janet Myers): Hi, we were wondering what the CDC's guidance is in regard to healthcare workers who return stateside - when they are considered in the low [risk] category and whether they can care for immunosuppressed patients in a clinical setting if they are asymptomatic. Thank you.

David Kuhar: This is David Kuhar speaking. Asymptomatic healthcare workers who've returned from an affected region who've had no recognized exposures...

((Crosstalk))

David Kuhar: Yes, even in the low risk category they can continue to work. When people are asymptotic, you know, when we're talking prior to the onset of symptoms they are not contagious. If they do develop symptoms they should obviously and immediately stop working, report it through appropriate channels and proceed with a workup from there.

Coordinator: Our next question is from (Dan Neil), your line is open.

(Dan Neil): Thank you. I had a question about the training course that you were mentioning. What location is that going to be at and is there a cost to attending that training?

Michael Jhung: Hi, (Dan). It's Mike Jhung here. The training course is at a FEMA center in Anniston, Alabama, which is a 90-minute drive west from Atlanta, Georgia. What we're asking participants to do is work with their organization and NGO, or the government, to secure travel to and from the Atlanta airport and from that point on travel to the site in Anniston, Alabama. Meals, lodging and the instruction will be provided by CDC. So if you can get there, to the Atlanta airport, we can take you the rest of the way.

(Dan Neil): Excellent. And in that information, how do I find it on the CDC Website about the training course?

Abbigail Tumpey: So if you go to the CDC Website, go to [CDC.gov/Ebola](http://CDC.gov/Ebola), there's a large box right at the top that says Healthcare Workers. And if you click on that box and scroll halfway down the page you'll see a subsection that says Protecting Healthcare Workers and it's one of those links underneath there. There's actually several pages of detailed information so we have a list of the exact

course dates and when people need to register. There's also more detailed information than what Dr. Jhung has provided here, including a sample syllabus as well.

Also folks can find, the actual criteria of what they need, the kind of the prerequisites prior to registering for the course on the Website as well.

(Dan Neil): Okay, thank you very much.

Coordinator: There are no further questions in queue at this time.

Taka Allende: All right, thank you operator. I just want to circle back to our experts and see if there were additional comments or information they would like to share before we close out today's call.

Kelly Holton: So feedback from humanitarian workers is very helpful for us. If anyone has any concerns or difficulties they bring into involving travel or other issues it would be helpful to know about those. So even if you don't have questions if there are concerns or things you would like to discuss we would be happy to do so.

Nicole Cohen: And with regard to the training we will be providing that as a follow-up email after this call as well.

Taka Allende: All right good deal. If any of you have questions or comments, again, as (Abbigail) mentioned we can certainly send a link to the training for those who are interested. If you want to email us at [emergencypartners@cdc.gov](mailto:emergencypartners@cdc.gov). And again if you have extra questions we can get those to the appropriate CDC expert and provide a response.

A special thank you to our experts for sharing this valuable and timely information with us today and thanks to all of you for participating. As mentioned, the call has been recorded and it will be available on the CDC Website. We will send a link of the recording to participants as well.

So thank you for joining us and have a great day.

Coordinator: This now concludes today's conference. All participants may disconnect at this time.

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