

CENTERS FOR DISEASE CONTROL & PREVENTION (US)

Moderator: Molly Gaines-McCollom
February 10, 2015
1:00 pm CT

Coordinator: Welcome and thank you for standing by. All participants will be in a listen-only mode until the question and answer session. At that time if you would like to ask a question please press Star 1.

You are only permitted to ask one question at a time. If you do have more than one question you'll need to press Star 1 again to re-enter the queue for questions.

Today's call is being recorded. If you have any objections you may disconnect at this time. Now I'd like to turn the conference over to your host Molly-Gaines-McCollom. Thank you, you may begin.

Molly Gaines-McCollom: Thank you so much and hello everyone. My name is Molly Gaines-McCollom. I work as a Health Communication Specialist in CDC's Emergency Operations Center.

And it's my true pleasure to welcome all of you to this call, which is the very first in a series that we've designed specifically for you, the members of the West African community in the United States.

And CDC has been working to respond to Ebola from the very beginning both in West Africa and in the U.S.

And wherever we go one of the very first questions we're asked is how can I help?

And I have to say I find this to be especially true. And I've worked with West African communities here in the United States so thank you so much for joining us.

Ebola is a tragic and frightening disease, particularly for those of us with loved ones, friends and family in those affected countries in West Africa.

But one of the best ways that we can all help is by learning about Ebola ourselves and sharing this good information with family, friends and colleagues.

When we have the information we need we are best able to protect ourselves and our families against Ebola.

This conference call series is really designed for you. We want to make sure that it meets your needs.

So the plan is that each session we will focus on a different topic related to Ebola. And we're asking for your help and your feedback to decide what those topics should be.

So would you like to hear about specific projects happening in one of the countries? Do you have questions about vaccine trials or how Ebola is spread

from person to person? Do you have questions about surviving Ebola or what happens to survivors? Are there any questions you have that you want us to answer or to discuss? We'd love to hear about your interests and your questions.

And the best way that you can share this with CDC is through our emergency partners email, which I'll be mentioning multiple times through this call. And that email address is emergencypartners@cdc.gov. So that's E-M-E-R-G-E-N-C-Y-P-A-R-T-N-E-R-S@cdc.gov.

Each call will give you some quick updates on the Ebola response and then a brief presentation on a specific topic. Then we'll have a question and answer period.

In addition to taking your questions on the phone, we will be collecting questions in advance through that email address, emergencypartners@cdc.gov.

And now to kick off the partnering with members of the West African community, I'm pleased to introduce our first speaker, Dr. Jeffrey Nemhauser.

Dr. Nemhauser is a Deputy Director of the Office of Science and Public Health Practice in CDC's Office of Public Health Preparedness and Response.

He's also serving as the Deployment Risk Mitigation Unit Coordinator for CDC's Ebola Response and as a captain in the U.S. Public Health Service.

He'll provide an overview of the domestic and international responses to the Ebola outbreak and address some participant's questions at the end. Dr. Nemhauser, I'll turn the call over to you.

Dr. Jeffrey Nemhauser: Hello and good afternoon from Atlanta, Georgia.

Although our call today is focusing on Ebola, I do want to make people aware of something -- an important public health action that you and your families can take, which is make sure that you and your children are all properly vaccinated against the measles as you -- some of you may know we're having a big outbreak of the measles across the country right now. And please make sure that you and your families are adequately vaccinated against this disease.

So as Molly said today's call is about Ebola. And I'd like to start out by just giving you some general background update information.

First thing that I'd like to talk about is the number of cases that have been accounted for thus far in West Africa.

And as of last week, the 4th of February, we have a case count of almost 3,000 cases in Guinea with almost 2,000 deaths.

In Liberia, the case count is somewhat higher -- almost 9,000 cases and 3,800 deaths.

And in Sierra Leone a case count of 10,700 and 3,200 deaths.

So we have an overall death rate of about 40% when you spread it out among the three highly affected countries in West Africa.

And I think it's important to keep that number in mind because prior to this particular outbreak, the number of people dying from Ebola in previous outbreaks was significantly higher than that.

And so while not to minimize the seriousness of the disease, we found that with early intervention and with good medical care, we've been able to do a lot in terms of decreasing the death rate as a function of Ebola.

And I think that's why, again, having this education and having this knowledge and information is so important so that people obviously first and foremost don't get infected but those who do, do seek proper medical attention so that they can receive the medical care that they need in order to try and survive the disease. I think that's a very important piece of information to share.

In terms of what's going on right now, the CDC itself received emergency funding in fiscal year 2015 in order to support the Ebola response. And this money is going to help implement global health security activities primarily in Africa and will address some important actions in those three countries of Guinea, Liberia and Sierra Leone.

The money will be used to support those countries as well as those countries that surround it and will be used to help prevent, to detect and to respond to infectious disease threats that may emerge in those countries.

We're really trying to reach zero cases. It's important that we do this so that there isn't a persistent reservoir or a persistent risk for spread of the disease within those countries.

And we can achieve that but it's going to require time and it's going to require effort. It means that CDC and its partners need to find all of the cases that are in these countries, to find the contacts of those people that are sick in those

countries and to trace everyone to its end and make sure that those people who have been exposed don't themselves become a source of spread of the disease.

So it's time-consuming. It's challenging and it's - and very important.

We know that the virus is spread through direct contact with blood or body fluids of someone who is sick with the disease.

You can't get the disease from someone who isn't sick. So I think that's again an important piece of information that people should take with them is that as long as someone is not showing signs or symptoms of the disease they cannot spread it to others.

We also know that you can't spread Ebola through the air, so for example, by coughing or by sneezing. You can't - it can't be spread by water or by food.

But we do know that there are certain wild animals that are sometimes taken for food in West Africa, things like bats or other infected meat, bushmeat, that can be a source of infection.

So it's important that people avoid the handling or the consumption or the eating of wild animals hunted for food because that can be a source of spread.

We also know that the people that are most at risk for Ebola are the healthcare workers, the doctors and the nurses and the others who are taking care of people who are sick with the disease, people who are preparing the bodies of those who pass away from the disease.

Those who are preparing the bodies for burial are highly at risk for the disease. And people who come into close contact with individuals are also at risk for the disease.

Although we have learned some interesting things about Ebola. So for example there was a case last year in Dallas, a Mr. Duncan who was sick with Ebola.

None of the people that lived in the house with him themselves became sick. It was only a couple of nurses in the hospital who took care of him when he was in the very last stages of the disease who themselves became sick.

So although these - although people who are in close contact are at high risk, it doesn't necessarily mean that they're going to go get it.

So again, it's important to maintain an appropriate distance from individuals that you know are sick and most importantly to get them into proper medical care.

As I said, people who are preparing bodies for burial are also at risk. That's because as the disease progresses all the way through the time that a person actually succumbs or dies from the disease, it's at that point when somebody is the most infectious.

And so, again very important that burial is handled properly and carefully so that the disease cannot be spread from the person who had it to those that are helping to prepare them for burial.

Things that can be done to kill the Ebola virus, things like hospital - things like household bleach or other hospital grade disinfectants can be used to kill the virus.

And as I said at the beginning of this section Ebola is only contagious if someone is experiencing active disease.

So if someone is not sick, if someone doesn't have a fever, if someone doesn't have vomiting or diarrhea, they cannot transmit the disease to others around them.

In terms of what CDC is doing right now in the various countries that have been affected by the outbreak, almost 200 CDC people are currently deployed. So they're in West Africa as part of the Ebola response.

And they are primarily in Guinea, Liberia and Sierra Leone although we do have people working in the countries around in order to assist them with preparing in the event that the disease would spread to one of those countries.

Right now Guinea, Liberia, and Sierra Leone are the only countries that we know of where there is active disease transmission that's going on.

We are doing things, CDC is doing things, as I said, earlier on like looking for people who have the disease, finding people who have been exposed to those people collecting the information.

They're working in laboratories in those countries and they're doing a lot in the way of educating the people who live in those countries about what they can do to protect themselves, how to avoid coming into contact with the disease, and what to do should they or their loved ones become sick.

We're also doing a lot in the way of training people in those countries themselves how to deal with it. So we've trained almost 700 master trainers, almost 20,000 healthcare workers.

And we've gone into almost 250 healthcare facilities in order to assess their ability to properly care for people who become ill and come into those centers for treatment.

We're also staffing laboratories. And we've tested more than 10,000 samples for Ebola and again training people in those countries how to properly do that testing themselves.

Our communicators are working on developing training messages for communities about how the disease is passed from one person to the other, how to properly and safely bury individuals and also giving people the kind of support that they need because of the severe emotional trauma that goes along with an outbreak of this size and of this magnitude.

CDC is working with the ministries of health in all of the countries as well as with the World Health Organization and other partner organizations to help the system and the kind of work that they're doing.

I think I'm going to leave it at that point there but I'm open to questions at the end of the call. And we'd be happy to take any questions at that time.

Molly Gaines-McCollom: Great. Thank you so much Dr. Nemhauser for that presentation.

Let me take just a couple of moments to highlight some of the Ebola materials that we do have available through CDC's website.

CDC has an entire page that's dedicated to West Africans in the United States. I'm going to briefly describe how to get there. But we'll also be happy to send out the direct link to everybody on our distribution list.

And if you're not on that distribution list or you'd like to be added, you can be added by emailing emergencypartners@cdc.gov.

So to get to the West Africans in the United States page you go to CDC's main Ebola website, which is <http://www.cdc.gov/ebola>. And you're going to scroll down to Information for Specific Groups and click on the link for Communication Resources for West African Audiences and then select West Africans in the United States.

And if you go to this page you're going to find a number of different resources and different formats.

We have three fact sheets available, information for West Africans living in the United States, information for volunteers working with West African communities in the United States, and information for leadership of volunteers working with West African communities in the United States.

And all three of these fact sheets provide some basic information about Ebola, some advice for reducing stigma around Ebola, which as Dr. Nemhauser had noted is an incredibly important topic, and also some information about travel.

And those fact sheets are designed to either be viewed on the Internet or you can print them out as a double-sided sheet of paper.

So if you're looking for something to print and hand out at a community center, a church or a mosque or school, these might be useful tools for you.

Also on this page you're going to find links to some audio PSAs that you can either listen to or you can download in over 20 different languages including English, French, Fulani, Kissi, Krio, Susu, and Wolof, and many others. So we invite you to take a look at those.

And then finally there are links to webpages where you can find resources that were specifically created for Guinea, Liberia and Sierra Leone, the three countries that were most affected by Ebola.

So again we ask that you share everything that you've learned or these resources with your friends and family particularly if you do have folks who might be affected by Ebola in West Africa.

Also we ask for you to forward our announcements to anyone who might be interested in these calls moving forward.

And again, and if you'd like to receive these call announcements directly from CDC you can send an email to emergencypartners@cdc.gov and we'll add you to that list.

So we're now going to move into the question and answer portion of the call. And we do ask that you keep to one question only so we can get to as many questions as possible.

And I'll mention that in addition to Dr. Nemhauser we are joined by Rob Sorenson from the State Department's Ebola Coordination Unit. So thanks to

him as well as CDC's Loren Cadena, Deputy Policy Lead for Ebola Response.
So operator if you would please open the lines for questions.

Coordinator: Thank you. At this time if you would like to ask a question please press Star 1 on your phone. Be sure to record your name clearly when prompted.

Again if you'd like to ask a question please press Star 1. One moment while we wait for the first question.

Molly Gaines-McCollom: Great. And while we're waiting let me go ahead and ask one question that we received from our email.

And that is, does the CDC have any plan to maintain a permanent presence in the countries that were discussed in this conference? And how do they intend to manage them?

And I'm going to ask Loren to answer this question.

(Lauren Cadana): Good afternoon. This is Loren Cadena from our Policy Unit for Ebola Response.

What we know currently on the ground is we do have directors heading to or at the country offices of the three most affected countries.

With CDC in general, we plan to have offices but it doesn't mean that they last long term.

We're focused for the three most affected countries of course is Ebola, building capacity and standing up laboratories. And this is something that can take several years to do.

Again we prefer to build capacity and train folks in their home countries in order to do the work themselves.

Currently we do have three offices that are getting stood up at the moment.

Molly Gaines-McCollom: Great. Thank you so much. And operator do we have another question?

Coordinator: We do. The first question comes from Jeff Dowana. Your line is open.

Jeff Dowana: Yes okay, first of all start out by saying thank you to all of you, your leadership and your effort in trying to eradicate Ebola from West Africa particularly in Liberia, Sierra Leone and Guinea.

What I would like for the CDC to talk about or maybe let's say what is CDC's plan for post-Ebola? Anything that CDC will let us know today and during this conference call concerning post-Ebola.

Molly Gaines-McCollom: Great. Thank you for that question. I'm going to ask Dr. Nemhauser to respond.

Dr. Jeffrey Nemhauser: Thank you for the question. I think it's an important one because certainly we are working very hard to get to zero. But once we get to zero the question is what happens next?

And the answer is that as Loren just said we are establishing a permanent presence in each of the countries. We're establishing a CDC country office in each of those countries so that we will be supporting the ministries of health in Guinea, in Liberia and in Sierra Leone with additional scientific subject matter

expertise so that the - and to train the people that are in those countries to work with the Ministry of Health to have systems in place where they can look for new diseases that come up should Ebola return, and we hope it does not, but should Ebola return they will have people already present in the country to identify those diseases as they come up and so that there's not such a prolonged time, a delay or a lag time between the identification of the disease and the response.

This way we can shorten that time, we can quickly identify when these diseases come up. We can get it under control much more quickly than we were able to do with the Ebola response and provide that kind of support on an ongoing basis to the three countries.

Robert Sorenson: Hi. This is Bob Sorenson at state. May I add to that?

Dr. Jeffrey Nemhauser: Yes.

Robert Sorenson: Well, I just wanted to note that Washington from the President on down, I should say in addition to Atlanta, is looking at this problem.

I mean I think we're acutely aware that this Ebola outbreak should not have spread as fast and as far as it did and that the reason it did was because the healthcare systems and the public health systems in the three most affected countries were in such very bad shape, in Sierra Leone and Liberia in particular with the aftermath of a civil war. I think we realized that need a broad effort to restore the economies and restore the health systems and restore the public health systems.

You can't have the kind of disease detection capabilities that Dr. Nemhauser was talking about without a basic public health system which in fact does not

have to be all that advanced to prevent Ebola from spreading the way it did in this case.

So we have a lot of people and not just in Washington but in New York and Geneva, by which I mean the United Nations, in a lot of capitals around the world.

We're all aware that we need to do something to prevent this kind of thing from happening again.

There are a couple of vehicles. One is the administration's Global Health Security Agenda, which we'll be working on which is meant to prevent, detect and respond to any kind of infectious disease threat eventually anywhere in the world and improve our own, you know, our own protection from those kind of diseases and help all the other nations who have those capabilities at the same time.

The World Health Organization has its international health regulations, which require countries to be able to detect and report infectious diseases quickly as well as other public health threats.

So one thing that Ebola has reminded us of here in, you know, the Washington and Atlanta and elsewhere is that we need to get those things in place to prevent this kind of thing from happening because as the old proverb has it prevention - an ounce of prevention is worth a pound of cure.

And if we can maintain and sustain a steady capability for basic healthcare and basic disease detection, we're much better off as a world and even as a nation here in the United States than we would be if we let this kind of thing happen in the future.

So there are a lot of people working and thinking about this. And I hope we'll - I hope we can look back 10 years from now and say maybe something good came out of this Ebola epidemic.

Molly Gaines-McCollom: Great. Thank you so much. Operator do we have another question?

Coordinator: The next question comes from Ronke Luke. Your line is open.

Ronke Luke: Oh hi. Thank you very much. Like my previous callers I do want to thank the CDC for their work on this effort.

In January I heard Director Frieden publicly support the reopening of schools in Guinea, Sierra Leone and Liberia.

And there's a lot of concern for those of us who are involved in front-line operations with schools regarding training and preparation.

Quite frankly the silence is deafening after the announcement for school to reopen.

And so I've been searching desperately in terms of what training and guidance is in place or will be in place to ensure that schools operate safely and can be reopened.

Because honestly, you know, once Director Frieden said, "Oh schools should reopen," it's like okay, well it's been endorsed. But those of us on the front line who operate schools haven't heard from anybody else. And we're all trying to figure out public health as lay people without any official guidance.

So what guidance is CDC giving with regard to how schools can operate safely?

Molly Gaines-McCollom: Great. Thank you so much for that question. I'll pass you to Dr. Nemhauser.

Dr. Jeffrey Nemhauser: I think that - thank you for the question. And it's actually it's an interesting question because I think it's been a question of debate for some time as to whether or not the schools should have even been closed in the first place.

And there are some people who feel that in fact that the schools should not have ever been closed because they are a terrific source of information and education obviously not only for the children themselves but for their parents and their families.

Obviously we understand the risk of congregate gatherings and understand why the decision was made. But just so that you're aware in fact there was a whole spectrum of opinion as to what was the proper approach with regard to schools.

In terms of the specific guidance for schools, CDC is developing that kind of guidance. And we - and we'll have that kind of information available for people.

I don't have the actual URL at my fingertips. But again it's an opportunity. CDC sees this as an opportunity for the children in the communities to, first of all, to continue their education, obviously critically important, but also to learn about the disease and to share that information with their families and to make

sure that the guidance and the education and the materials that CDC has been developing can be properly shared within their individual communities.

So I don't have specifics for you at this exact point in time but I do know that CDC is developing those materials and will have something that we can share.

Molly Gaines-McCollom: Great. Thank you Dr. Nemhauser. And I will say that once that guidance becomes available I'll be very happy to include that in the call announcement. And we'll send it out to this distribution list.

So as soon as that's posted I'll make sure that that gets out to this list.

And again if you'd like to be added to the list it's emergencypartners@cdc.gov.

Can we have the next question?

Coordinator: There currently are no questions in queue. As a reminder if you would like to ask a question please press Star 1.

Molly Gaines-McCollom: Great. So let me take another question from email. And the question is, I've seen some of the materials that were created for this response. Is CDC accepting feedback on these and if so how can I do that?

And as I've mentioned, CDC is creating materials and we really do want them to be useful and we want them to be used by you.

So if you do see any of our materials including the ones that I've mentioned and you have feedback or you have some suggestions for improvement we'd be more than happy to take those.

And we have certainly revised some of our materials using feedback from audiences. And again the best way to do that is through our email address. And that is emergencypartners@cdc.gov.

Right, so I have another question by email. Dr. Nemhauser said on the call that Ebola is not airborne and you can't get sick by someone coughing or sneezing. But I thought that if someone coughed or sneezed on you, you could get sick. Could you clarify?

Dr. Jeffrey Nemhauser: Yes a good question. As I said, the virus, the Ebola virus lives in the fluids of the body. So, that would be primarily in the blood, but in other bodily fluids, we're not finding that Ebola is found in respiratory secretions or in droplets. And that these are not good sources of contagion or of infection.

It's unlike something like the flu for example or, you know, disease that I had mentioned at the outset, measles, chickenpox, other disease like that that are very efficiently spread via the airborne route. Ebola is not one of those diseases.

So that it would - it is not a common or it's not understood to be a way that the disease can be spread but that in fact the disease needs to be spread through direct contact to bodily fluid.

So whether that is through when someone has vomited or if someone has had diarrhea and someone is providing nursing care or is assisting the individual and is cleaning up the mess or as I said, somebody who comes into contact with perhaps the blood or other secretions from an individual that would be the more effective way or the effective way of transmitting the disease.

Simply being in a room where someone sneezes is not an efficient way or is not accepted to be a way of transmitting the disease from one person to another.

Molly Gaines-McCollom: Thank you. Do we have any more questions by phone?

Coordinator: There are currently no questions.

Molly Gaines-McCollom: All right, we have another email question. It says, I used to work for a CDC-based organization to prevent HIV in Rwanda. Faith-based organizations had moral authority on the population and became resistant to the HIV prevention activities. The prevention programs became more successful when the church was involved. And so the question is how is CDC involving faith-based organizations to eradicate Ebola in West Africa?

And I'd like to take the first stab on this one if you will. I'll say that CDC recognizes that we cannot work on Ebola on our own and we really do value our partnerships at every level.

So we partner with governments. We partner with larger organizations. But we also do look at these smaller community-based organizations and certainly faith-based organizations to help eradicate Ebola. And we do that both here and the United States through our partnership activities.

But we also do it through partnerships on the ground in West Africa. So as Dr. Nemhauser mentioned we have about 200 CDC folks who are currently deployed.

And one of the things that they do is work with faith-based organizations to make sure that those organizations have all the information that they need in order to spread the message.

I also know that there is also some guidance that has been developed or will be developed surrounding specific guidelines for Ebola for faith-based organizations and also some guidance on dealing with stigma.

So again I don't have those web addresses right at my fingertips but I'd be happy to send out those resources to our distribution list.

Let me ask Rob Sorenson do you have anything to add from the state department's perspective on faith-based organizations?

Robert Sorenson: No, not directly. We have worked with a number of faith-based organizations. And we're certainly appreciative that many of the organizations providing direct patient care are in fact faith-based organizations.

But that I should, you know, having said that I always feel I have to mention the incredible role played by Doctors Without Borders, Médecins Sans Frontières, which is in fact not a faith-based organization but has by all accounts been, you know, in there early and in there a lot and in there with a lot of skill throughout this crisis.

So while some other organizations like Samaritan's Purse and certainly others I don't know about have also played major roles. It's been I think we can look at the charitable organizations providing care in this case as really one group that have provided a great deal in this response.

I think the case with HIV-AIDS might be a little different because of what, you know, what seems to be that personal behavior dimension. We don't have that kind of moral consideration with Ebola.

So I think that the analogy may not be exactly right in this case.

Molly Gaines-McCollom: Great. Thank you. Do we have any questions from the phone?

Coordinator: There are no questions. Just as a reminder if you would like to ask a question over the phone please press Star 1.

Molly Gaines-McCollom: Great. And I have one final question via email which is just, are the resources that you mentioned available in French?

So I'll take that one.

A number of our resources are available in French. And if you go to that main Ebola website and look on the right-hand side you'll see a list of a bunch of different communication resources some of which are available in French.

And most of the infographics, the posters that we use most often are available. Not everything has been translated yet.

So if there is something that you would find particularly useful in a different language that's another thing that we'd love to hear about at emergencypartners@cdc.gov and see if we can't make it a priority.

And then as I mentioned we do have those audio public service announcements that are available in English and French and then just a variety of other languages that are spoken in the three affected countries.

Great. So if there are no other questions those are all the questions I've received by email. So if there are no other questions by the phone I think we can go ahead and end this call.

So I just want to thank everyone again for joining us for today's call. If you do have additional questions or you think of something later you can email us again. That's emergencypartners@cdc.gov. I told you I'd be mentioning that email address quite a bit.

Today's presentation was recorded and a recording and transcript will be posted on CDC's website. And once that is posted then I would be happy to send out the direct link to everyone on our distribution list.

So again if you'd like to added to that list let us know.

Our next conference call is tentatively scheduled for Tuesday, February 2[4] at 2:00 PM. And again if there are specific topics that you would like to hear addressed or you'd really like us to focus on anything having to do with Ebola we'd love to hear about it so that we can make sure that we meet your needs. And we will send that call announcement out shortly.

So again, thank you to everyone. Thank you again to Rob Sorenson from State Department for joining us and to our presenters and have a wonderful day.

Coordinator: Thank you for your participation in today's conference. Participants you may disconnect at this time.

END