

## **Preparing Your Healthcare System for Ebola**

**NWX-OS-ASPA-0608 (US)**

**Moderator: Secretaries Operations Center  
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Coordinator: Good afternoon and thank you all for holding.

Your lines have been placed on a listen only mode until the question and answer portion of today's conference.

And I would like to remind all parties the call is now being recorded. If you have any objections please disconnect at this time.

And I would now like to turn the call over to Dr. Nicole Lurie. Thank you. You may begin.

Nicole Lurie: Great, thank you Operator. Hi. My name is Dr. Nicole Lurie. I'm the Assistant Secretary for Preparedness and Response at HHS. And I want to thank you all for joining us today.

As I think you know what we're seeing in West Africa is an unprecedented situation and it presents challenges here for us in the United States as we recently saw with the case of the diseased patient, Mr. Duncan in Dallas. Our hearts go out to the family of Mr. Duncan and to the families of those impacted in West Africa as well.

You know the President has made it very clear to all of us that fighting Ebola is a national security priority and he's focused on fighting to contain and end

the epidemic in West Africa and to stop any cases that tracks here in their home.

Today we've got a group of experts across government working on all of the different aspects of the Ebola response. Because we have a world class medical system and because we've put in place pretty tough safety measures the chance of an Ebola outbreak in the United States remains extremely low.

But I know that we're always striving to be sure that our hospitals and our healthcare systems are prepared for anything even Ebola.

HHS encourages all U.S. healthcare facilities and healthcare workers along with their state and local Public Health Departments to prepare for the possibility of suspect or known Ebola cases so they can safely care for patients, respond in a coordinated manner and share information with the community.

If there are known Ebola cases the goal will be to track down every single contact as soon as possible and to stop an outbreak in its tracks.

To date there are no FDA-approved treatments available for Ebola although certainly federally funded research and development activities are underway for both vaccines and for treatments. There are however a number of checklists and guidance documents available on both the CDC and the ASPR Web sites specifically designed for U.S. healthcare settings and healthcare workers. And these range anywhere from checklists on how to suspect somebody with Ebola virus disease and what to do to checklists about specimen collection and transport, testing, (sequence) for putting on removing personal protective equipment, hospital checklists to name just a few.

And all of these can be found on the CDC Web site or on [phe.gov](http://phe.gov).

I thought for a situational update I will first turn this call over to my colleagues from CDC to share with you what's going on.

I'll then come back on and talk briefly about some steps hospitals can take to be prepared.

And then we will turn it over to you to ask questions and have a number of folks on the phone from CDC, from the Center for Medicare and Medicaid Services, and from ASPR's Hospital Preparedness Program.

So with that I'll turn this over now to my colleagues at CDC.

Dr. Brooks.

John Brooks: Good afternoon everyone. And Dr. Lurie thank you so much for organizing this call and being able to get us all together to share information and kind of get an update on what's going on and I'm glad to share.

I want to thank you also for pointing out the guidance that's available that many government agencies have pulled together and that's available on our Web site as others including [phe.gov](http://phe.gov).

And I would refer people as they - if they have questions they may be able to seek and find what they're looking for on some of these Web sites. And if people have questions we can also guide them to that if they send us a specific request.

So that's the update. A little bit about what's going on with regard to the Ebola outbreak. And really it's hard to encapsulate everything in just a few minutes. And I don't want to take up a lot of time as I'm sure many of you have questions you'd like to have answered.

But I can say a few things. This was - this began as a small outbreak sometime in the very early part of this year. And despite a very aggressive attempt in West Africa to bring the epidemic under control it's moved into urban areas where the pace of transmission really picked up.

We don't think that this represents any change in the Ebola virus. It's a strain called Ebola Zaire that's causing the current outbreak. We think that the increased rate of transmission and the large number of new cases that we're seeing and the increase we unfortunately we expect if we don't take action soon and fast is because of the population density and the fact that there's a greater opportunity of person-to-person spread when folks are close together.

Recall that in the other Ebola outbreaks and clusters that have occurred that we're aware of previously they've often been in rural areas with a disperse population and they sort of burned themselves out.

But this is an example of where this is not true and we're in a place where transmission can occur rapidly.

So internationally the U.S. government especially with the help of USAID and other agencies has done a lot to try and bring resources to the areas, a lot of which is dedicated first to treatment and importantly infection control. Because we think infection control is one of the most important pillars to reduce the impact of this outbreak in West Africa and try to bring it under control.

The reason I mention infection control is because the infection control practices and principles that were in effect in Liberia, Guinea and Sierra Leone which rank among the world's lowest in terms of income, lowest 5%, we are in a very different situation here in the United States.

We've had one case of Ebola virus infection occur here domestically. And that case was contained in the Dallas Hospital and all the persons who had contact with that case are being followed and should there be a subsequent illness among that contact and again that those people will be followed through contact tracing. So we're dealing with a very different situation in this country.

But that doesn't make it any less frightening. And I think there is a good bit of fear as our Director said is helpful to make sure that we're prepared and thinking about how to protect ourselves and the people that we take care of from infection.

Domestically a lot of things are taking place. Yes. We have an Emergency Operation Center staffed 24/7. I'm sure that the folks at USAID have a similar operation in what's called their RMT. And we're all working very hard to manage folks' concerns and questions.

We're - as a result of the case in the United States the number of calls that we're getting about persons under investigation has increased dramatically. We're helping state and local Health Departments respond to those, assess them and then develop ways to follow those persons to ensure that if they do have Ebola virus disease we diagnose it early and bring them to attention. But reassuringly as of yet we haven't had a concerning case.

Although we encourage folks to follow our guidance online or reach out to their local or state Health Department for advice in the event they have someone they're worried about.

We also are developing guidance and response to the various needs that are coming up. Just today we began preparing advice on what to do about pets and Ebola which may have at one point seemed like a random question but unfortunately we learned with the case in Spain that there was concern about the - this is the nursing assistant. There was concern that her pet may have been a source of infection. We'd like to get to the science out there as soon as we can.

I don't know the answer to that right yet because it's not a subject I've actually researched before. But we have people working on it right now pulling the stuff together.

But the point I'm trying to make is we are able to respond to your concerns and your questions and look forward to that kind of - those kinds of queries to guide us and helping you address this epidemic.

I think I'll stop there. Other than to say that we are doing a lot and it's evolving right now with also trying to ensure that persons entering United States who may come from an infected area and possibly have Ebola virus disease are being given information to help them seek immediate care and to help us provide them with a way of being evaluated to ensure that they're safe and the people they come in contact with later may be safe.

I'll note that we estimate that approximately 6000 persons over the last couple of months have entered our country from these regions and yet we've only

had one known infection so that doesn't mean there won't be more. But I think that's reassuring.

So let me stop there and turn it back over to Dr. Lurie.

Hello. Are we still on the line?

Coordinator: Dr. Lurie your line is open.

Nicole Lurie: Hello? Okay, thank you. Thank you so much Dr. Brooks.

I'm delighted to get that update and it's actually terrific also to hear that you're working on issues of concern to many people including the one about pets since in every single emergency we go through that's one that comes up almost always much sooner than one would think.

I just wanted to make a couple comments about our healthcare system. And steps hospitals can take to be prepared.

You know I always say that preparedness rests on the back of strong day-to-day systems. And in the United States we are incredibly fortunate to have spent decades building really strong day-to-day hospitals and a strong day-to-day healthcare system.

And it's so strong that we believe that most hospitals in the United States could care for an Ebola patient if such an individual walked in the door.

And we think that every hospital has the capability to isolate such a patient. And make the situation safe.

The goal of course is to detect possible Ebola cases as quickly as possible, to protect your employees and the public and to respond appropriately.

So there are a couple of things off the bat that as asks to all of you I think I'd like to make. First of all, be on high alert and be sure that everyone in your institution is on high alert. Educate and reeducate and reeducate your staff. Be sure people know about the risks and signs and symptoms of Ebola and train staff on how to identify them.

There are really simple checklists and algorithms on the CDC Web site. They're terrific. And I think it would be terrific if you posted those checklists everywhere that patients first encounter the system including the Emergency Department, including your Ambulatory Care Clinics and other places.

Keep educational materials around that you can give to your patients and to your staff so that they too can get accurate information about Ebola. Not only is there a lot of misinformation out there but there is a lot of fear.

And you guys can play a really frontline role in not only helping to detect and protect and respond but also to help deal with the misinformation and to deal with the fear.

Please test your facility's ability to respond. This doesn't have to be complicated and expensive. But we suggest that you might want to have multiple, many low burden, no notice quick exercises. Have staff members report to first contact locations like an ED triage desk and pretend to be patients with signs and symptoms suggestive of Ebola and make sure that what you think is supposed to happen is really happening.

And use those kind of exercises, almost no cost, really quick to be sure that you are ready.

And then finally we have the saying in the Disaster Preparedness World that never exchange business cards during a disaster. It's true here too. So please now if you don't know the people in your local Health Department and your state Health Department please reach out to them. Please be sure that you know who they are and that you have the numbers to call so that if you need to you'll be comfortable doing this.

ASPR and CDC have developed many, many resources available on both Web sites. Professional societies and organizations have also got numerous resources available.

And obviously as John just talked to you about, we're committed to developing additional resources to help.

So one of the things I want to come back and ask you at the end of the call or by email is what are the other kinds of things that we can do to help you be more prepared, to help you reach out, and to help you educate your staff and your communities.

So with that I will go ahead and open this up to other questions.

Operator...

Coordinator: On the audio...

Nicole Lurie: ....do you want to open the line for questions?

Coordinator: Certainly. On the audio portion if you'd like to ask a question please press Star 1 on your touchtone phone. You will be prompted to record your name and please unmute your phone and record your name clearly when prompted. Once again if you would like to ask a question, please press Star 1. Once again to ask a question, please press Star 1, one moment please.

And our first question is from (Dana).

(Dana Christina): Hi. This is (Dana Christina) from Kaiser Permanente. The question I have is I have yet to find directions for donning and doffing a Tyvec suit. Do those exist? I don't see it on the CDC Web site. I see gowns but not a suit.

Nicole Lurie: Going to ask my colleagues at CDC if they want to answer that question.

Abigail Tumpey: This is Abigail Tumpey from CDC. So thank you for that suggestion. We currently do not have that available on the Web site and we'll take a look at how we can get that added.

(Dana Christina): Thank you.

Coordinator: And our next question is from (Natalie).

(Natalie): Hi. This is (Natalie Love) with Memorial Hermann Hospital in the Texas Medical Center.

I think what we really need is clear cut guidelines on the PPE that should be worn. You know we go to the CDC Web site and we're seeing the gowns and the gloves. But then our staff is watching the news and seeing the patients arrive and everyone's wearing, you know, a Tychem suit or PAPRs so could we elaborate a little more on that?

Abigail Tumpey: Yes. This is Abigail Tumpey from CDC. So, you know, we actually have been getting questions on this since the initial first patient came to Emory University Hospital. And the CDC recommendations and what Emory was wearing was a little bit different.

I think one of the things that we're trying to do on our end is to put out some updated information that really looks at what are the key considerations you need to do so for example covering eyes, nose, mouth, skin and knowing that PPE across the country is going to be different in different healthcare facilities.

But so that our guidelines can be more easily adapted into healthcare facilities, you know whatever, at the local PPE and local procedures that are being used.

So we're working on doing that and we hope to have that available in the next, you know, week or so.

Coordinator: Our next question today is from Monica.

Monica McDonald: Yes. I'm Monica McDonald with OSF Healthcare System, St. Joseph Medical Center in Bloomington, Illinois calling to ask about if you know of staff that might be volunteering in that area. What is your recommendation for staff coming back from that area?

Should they be quarantined or should they just take their temperature every day and be allowed to work?

I'm just asking. It's just, you know, a scenario that I've been thinking about and other people have asked me about.

Abigail Tumpey: Dr. Brooks do you want to answer that?

John Brooks: Yes Abigail. That'd be fine. Hi. That's a good question. We face the same issue with our staff here at CDC returning from the field.

So our recommendation is this. If a person is returning from the country whose only exposure has been simply being in the country, they are asked to pay attention to their health and how they feel, monitor their own temperature twice a day for 21 days.

And if they develop a fever or any symptoms that may be concerning for Ebola virus disease to bring that to the attention of their medical provider or to their health authority.

The reason we make this recommendation is twofold. The first is that and let me just clarify this for everyone in case they're not aware. Ebola virus disease is a very interesting infection compared to other infections like influenza or HIV that we may all be familiar with. In contrast to those infections where there's a period during which a person is able to be infectious without having symptoms, Ebola virus disease is very special. You can only transmit this infection - you're only infectious with this infection when you are exhibiting symptoms.

So the guiding principle in how we - the recommendations we make about how people should monitor themselves and either isolate themselves or other actions is based on the premise that you're not infectious till you have symptoms.

So for persons who really have no exposure and are returning to the country just monitoring your temperature and symptoms for the possibility that you have an unexpected or unrecognized exposure which we think is very rare and very unlikely is adequate. Because the way the virus is passed - is transmitted is solely by contact. Not with either infected body fluids, possibly through a percutaneous injury, to a needle stick. And then there are some rare occasions that probably don't apply to most travelers such as, you know, eating infected bush meat.

Now there are plenty of people including some of our staff and staff of other U.S. government agencies and certainly many volunteers who have generously given their time overseas to help with this epidemic who've encountered the healthcare system, they may have been people who worked in the Ebola Virus Treatment Unit or another place where they've been managing specimens in a laboratory or helping out.

Now in general, you know, if you followed the infection disease - infectious - infection control practices and recommendations for the environment in which you're working in, followed them insidiously then you should have no known risk because you've been doing the right thing.

However if you have been exposed to a patient with known illness either as a close contact, we usually refer to that as something within about 3 feet or for a prolonged period of time in a closed room, about an hour, or if you've had lived in the household of a person with Ebola virus disease but had no direct contact with a person who's infected then we recommend that a person under that sort of circumstances needs to come back and monitor the temperature for 21 days. And then we recommend depending on the circumstance that they consider controlled movement.

Controlled movement is a principle where you don't have to stay in your home or sorry, you have to be - stay in your home 24 hours a day. It's a different concept than quarantine. Quarantine is the principle of making someone stay in a fixed location like their home or a hospital or a building when they're not sick but they may develop disease.

Controlled movement says that you're able to circulate in the general population but where you may be in a circumstance that you could develop symptoms and become infectious and therefore put others at risk, you should avoid those situations.

And so what that really boils down to is not traveling on public conveyance. So not getting onto an airplane where during an 8 or 12 hour flight, if you develop symptoms it can be very difficult to manage that. It's a crowded place and opportunities for contact around.

We think that people with - who develop symptoms on say a long flight who may not have had an exposure, they can be managed but we'd rather not have to deal with that if we don't have to. And so we recommend out of an abundance of caution that people avoid public conveyance. That also includes rail travel, bus travel and local commuter travel.

For people who've had a high risk exposure, that's a different circumstance and maybe that's something we can talk about later because we think that the situation of low or some exposure or in fact no exposure applies to the vast majority of persons returning from the region.

Monica McDonald: Great. And is it also good to remind people Dr. Brooks that there is pretty clear guidance on the CDC Web site in the guidance documents about the

different levels of risk for persons returning to the United States and, you know, that's a great resource for people as well?

John Brooks: Yes. Yes and...

Nicole Lurie: Why don't we go ahead and hear some other questions?

Coordinator: Our next question is from the Ashe Memorial Hospital.

Sarah Houser: Yes. This is Sarah Houser. I was wondering if they - what about a small critical access hospital that we have the ability to contain the patient and keep the exposure down but we don't have the necessary resources for a critically ill patient?

Nicole Lurie: That's a terrific question. Do - maybe might ask first if colleagues from the CDC want to answer that question or the Hospital Preparedness Program.

Dr. Brooks?

John Brooks: Sure. I'm happy to answer that question. Just want to give some other folks a chance to speak. I don't want to occupy all the time. I don't know if Abigail had someone else in mind.

But what I'll do is I'll begin to answer the question and then if someone else has something additional they want to add please go ahead.

So yes, you know, and I think Dr. Lurie said early in this, we think every healthcare facility in the United States that practices the infection control practices recommended for healthcare facilities have the capacity to manage a person who shows up with Ebola virus disease.

However not every facility necessarily is able to manage complex medical care. And some of these patients do require higher levels of care. Sometimes renal dialysis, extended periods of ventilation and so in a circumstance like that and that's when it's reasonable to transfer someone to a higher level of care.

I wanted to see if someone else may have something else they wanted to add to that.

Abigail Tumpey: Yes. And this is Abigail Tumpey from CDC. I think just to add to what Dr. Brooks said, I think we don't want fear to prevent individuals from treating patient symptoms.

And so we want to make sure that facilities do, you know, isolate the patient, isolate other individuals who may have come in with the patient for example, not together but in separate rooms. And certainly we think even ambulatory, you know ambulatory type centers or clinics do at least have the capability to do that and enough PPE to protect yourself for that initial evaluation.

And then call, you know, public health for assessment and potential transfer of that patient to another facility.

Nicole Lurie: Great. And it's Dr. Lurie. I might just add a couple of other points. For those of you in critical access hospitals, you deal with the issue quite frequently of having to transfer and transport critically ill patients.

And so the process of identifying people to a place to transfer your patients to is something that is familiar to you. In these situations some important

additional steps would be to call your Health Department, to get their help working you through the policies and procedures for safe transport.

Just as we've been reaching out to all of you. There's been a lot of reach out to the EMS community and others. But if you're anticipating the transfer and transport of a patient obviously best to be prepared with a review of all the PPE and everything that's required and to be sure that a receiving hospital is ready to accept the patient.

I'll say that we've been working very aggressively to identify other facilities around the country that are able to take care for Ebola patients largely because of people becoming medically evacuated back.

And so I anticipate that there will be additional hospitals in the not too distant future that will be readily able to and willing to receive such patients just as is the case for the work that CDC and ASPR have done for all of you with checklists. There are checklists in the making for those sorts of facilities as well. And those should be available soon.

Why don't we go to the next question?

Coordinator: And our next question is from (Sue Mason).

(Sue Mason): Hi. I had a question about the PPE also. And you said you would come out with guidelines.

But could you just talk for now a little bit more about the respiratory precautions and what kind of masking you're recommending? I've heard, you know, some Health Departments, their officer is recommending N95. Some

people are looking at PAPRs, if you could just talk about respiratory protection in particular.

Abigail Tumpey: Yes. This is Abigail Tumpey from CDC, so Dr. Alison Laufer is going to talk about that in a little bit more detail.

But I think we also want to remind people that Ebola is not an airborne virus and it's not transmitted via airborne mechanisms.

And so Dr. Laufer is going to talk in a little bit more detail regarding PPE and when you would need to have appropriate respiratory protection.

Alison Laufer: Thank you Abigail. I think as Abigail mentioned the important thing to remember is this is not transmitted through air. What we're most concerned about protecting are your mucous membranes so your eyes, nose and mouth plus your skin.

So what we - based on this evidence for transmission the - what people should be wearing when they enter a patient room or patient care area are gloves and fluid resistant or impermeable gowns, eye protection so goggles or a face shield to protect your eyes and a face mask to protect your mouth.

Additional PPE may be required if you think you're going to be dealing with copious amounts of blood or bodily fluids, vomit, diarrhea such as you may want to consider double gloving, disposable shoe covers and leg covering.

We are discouraging the use of aerosol generating procedures if possible but if the treating team decides that it is necessary to treat the patient we are recommending that facilities use what they're trained on whether it's an N95 or a PAPR. And again this is out of an abundance of caution.

Abigail Tumpey: I think and this is Abigail Tumpey again from CDC. I think also to elaborate on this and to go back to the original question on PPE of the discrepancies between what's happening at different facilities across the country and what type of PPE they're using, our recommendations are the minimum that healthcare workers need to be wearing in order to keep them safe.

Certainly facilities if they would like to add additional levels of protection or additional types of PPE that is okay. The issue is that you really need to practice with that PPE in advance.

And where it can really become challenging is when healthcare providers are taking off the PPE when, you know, at that point in time the PPE is contaminated. You have been in contact with the patient. If you take off the PPE and have a lapse in taking it off you could potentially expose yourself to blood or bodily fluids.

And so we want to make sure that if you're using additional levels of PPE that you practice - have all of your healthcare providers practice with those in advance.

Nicole Lurie: So Abigail it's Dr. Lurie. Can I just ask for a little bit more clarification for our listeners? You know obviously as they pointed out we've seen the first patients medically evacuated back in Tyvec suits. There was a caller at the beginning of the call who asked about instructions for putting on and taking off Tyvec suits.

Does the CDC guidance call for Tyvec suits?

Abigail Tumpey: That's a great question Dr. Lurie. No. At this point we do not recommend Tyvec suits. What we have - what we are recommending is gowns that are waterproof. If - again if facilities are using Tyvec suits they can be very challenging to get off. And so you really need to practice with those in advance.

I think the other issue to bring up as well is that part of the reason that Emory was wearing full Tyvec suits and the PPE that you saw broadcast nationally on television when the first couple patients came over is that that was their practice protocol. The facility was set up for patients who have infections that maybe we don't know the modes of transmission or maybe an infection that may have been, you know, weaponized for example.

And so their staff had trained and drilled with that particular PPE. If they were to have changed that PPE or changed some of those procedures there could have been a risk for their staff to be exposed.

So we think it's, you know, perfectly adequate if they have practices, that if that's part of their procedure in doing that, then they should continue to do what is their practiced procedure.

Nicole Lurie: Great, thank you very much for that.

Can we go onto a couple of other questions?

Coordinator: Our next question is from (Deborah Burst).

(Deborah Burst): Hi. Thank you for this opportunity. My first question was actually the PPE as well. I just wanted to kind of state that I think all of us working off that

checklist, we are kind of well past the screening point. We're now into the responding and preparing to respond.

And so we're trying to get, you know, really nitty-gritty details about PPE donning and doffing. Our hospital has chosen to use the suits only because we already have staff verbalizing that they're uncomfortable with just the minimum requirements of the, you know, gowns, gauze and mask.

So we really do need some, you know, help with proper sequencing and method of removing, you know, suits.

And then the second question is there is a recommendation of using a buddy system because we know that taking off PPE is a critical period. Is there any recommendation of what that person who - should be wearing as far as themselves for PPE when they're assisting the person coming out of the room?

Thank you.

Abigail Tumpey: So a great - this is Abigail.

((Crosstalk))

Nicole Lurie: (Unintelligible) take that too.

Abigail Tumpey: So this is Abigail Tumpey. To start with your first question, so we did have information on our Web site and it's still there with regards to there's a flyer that has how to put on and safely take off PPE.

So I think we would be interested in hearing what other resources you think would be helpful. And we would be more than happy to make those available.

With regards to the second issue, I don't think we have a standard recommendation on what the buddy should be wearing. I think buddies can also be helpful to, you know, in that practice session in advance to make sure that individuals know how to appropriately, you know, put on and take off.

And, you know, one thing that we've used here, one idea that we've done here when we're deploying our CDC staff is we teach them how to put on the PPE. And then we cover their hands and their gloves in chocolate syrup. And then they have to figure out how to, you know, get off their PPE without getting chocolate syrup on themselves.

And so it very clearly demonstrates to them, you know, how easy something on your glove could spread and how important it is to have that sequenced appropriate.

Nicole Lurie: And we heard at the beginning, I know a request for some pictures or videos on taking on and taking off a Tyvek suit.

And I know that that's something our CDC colleagues have committed to working on.

(Deborah Burst): Thank you so much.

Coordinator: Thank you. Our next question is from (Melinda Hartley).

(Melinda Hartley): My question has already been answered.

Coordinator: Thank you. We'll move onto the next question, our next question is from (Rebecca Beecroft).

(Rebecca Beecroft): I have a question about decontaminating the EMT. When they bring the patients in if they haven't had on the appropriate PPE I'm going to have them stay outside of our ER. But what do I have them wash with to be correctly decontaminated, just soap and water?

Alison Laufer: This is Alison Laufer. That is sufficient.

(Rebecca Beecroft): And just every area of exposed skin.

Alison Laufer: Correct.

(Rebecca Beecroft): Terrific. And I don't have to have them - should I have them put on hospital scrubs and then burn their uniform or can they just take it home and wash it?

Alison Laufer: I think it will be sufficient to have them take it home and wash it.

(Rebecca Beecroft): Okay. Thank you.

Coordinator: Thank you. Our next question is from (John Shurberger).

(John Shurberger): Good afternoon. I have a couple of questions. One, has the CDC modified the recommendation to destroy all textiles that were potentially contaminated by the EVD such as the bed linens and the wipers that they - and mops?

And has the CDC and DOT (provide) an understanding regarding the transportation and processing or disposing of contaminated materials?

Nicole Lurie: So CDC do you want to answer the first question and either you or I can answer the second?

Abigail Tumpey: Yes. This is Abigail Tumpey from CDC. No, we have not changed the recommendation with regards to disposal of linens.

Dr. Lurie, do you want to answer the second question?

Nicole Lurie: Sure. I think HHS and the Department of Transportation have been working quite hard on it. There is now a process in place for how you get a permit. It has been used now in Texas with Stericycle and can serve as a template for other waste haulers and other hospitals in other states to obtain a permit.

I expect in the next day or two you should see something easy and straightforward to use about the processes going forward.

(John Shurberger): Thank you.

Coordinator: Thank you. Our next question is from (Linda Smith).

(Linda Smith): Thank you. Can you hear me?

Nicole Lurie: Yes we can.

(Linda Smith): Okay. A couple things, on the PPE it's good to hear that you're allowing institutions to make their own decisions.

But my concern is that if CDC keeps publishing different ways to take on and off PPE and we see different types of PPE being used it's going to confuse institutions on what is required to be used.

So I guess if you're going to publish specific ones for different institutions that prefer or want to use the Tyvec that you just keep reiterating to the rest of us that it's fine to be using the fluid impermeable gowns, etcetera and that the first donning off instructions are appropriate to use.

I also think - have you considered making a public statement so that people that come into like for example our hospital, they don't see what's going on on the TV but our PPE looks different to reassure them what's going on with that? Because I think if they see these heavy suits and then they come into a hospital and it looks different than what they see on TV they're going to get concerned.

Abigail Tumpey: Yes. This is Abigail Tumpey so I can start and others can jump in.

So certainly but the way you - regardless of the PPE the way you put it on or take off is not going to change because you're going to want to go from the dirtiest to clean and I think that is really based on CDC - overall CDC recommendations that we've developed with our Advisory Committee, Healthcare Infection Control Practices Advisory Committee.

And so that will not change. I think, you know, the question with regards to the Tyvec suits I think, you know, we're willing to look into, you know, providing something that explains how to appropriately put on and take that off. Particularly if facilities are using that type of PPE we want to make sure that we have educational materials out there that does meet the need of other facilities.

With regards to the public statement of, you know, the differences between PPE in different facilities I think what we would like to do, I don't think our infection control recommendations at this point are out there. And they've been out since end of July, they're not going to change.

But what we want - would like to update is provide to the healthcare community some principles, meaning here's things to consider. Here's what you need to do to protect yourself. If you're going to do a certain procedure these are the steps you're going to need to take to protect yourself.

And I think what we want is to make sure that all healthcare workers, you know, from frontline individuals who are triaging to individuals who are cleaning, they understand what they need to protect - do to protect themselves, why they need to do it and how to do it safely.

So that will be some of the communications that we're trying to do in the next several weeks. Certainly the events in Dallas have demonstrated to us that a patient could show up at any U.S. healthcare facility and so we want all the U.S. healthcare facilities to one, feel prepared; and two, you know, have their facility employees feel prepared to protect themselves and also to appropriately manage a patient.

I'll pause there and see if anyone else has anything else they want to add.

(Linda Smith): I just wanted to ask also just a few more things. The duct tape between - on the wrists, is that - I'm concerned about staff being able to remove that duct tape without cross-contaminating themselves as well as that'll stick. Is that a standard recommendation and we got to take the risk?

Abigail Tumpey: This is Abigail Tumpey. We do not recommend taping (unintelligible).

(Linda Smith): Oh you don't recommend.

Abigail Tumpey: We do not recommend.

(Linda Smith): Okay, that's helpful to hear. And then two other things finally, I think there was mention on one of the webinars that I listened to, there was going to be some guidelines for physician offices and outpatient settings.

Has that been released yet to guide them more?

Nicole Lurie: This is Dr. Lurie. It's in the final stages of preparation and hopefully you will see it quite shortly.

(Linda Smith): Okay, wonderful. And then my final, I'm sorry. One of the things I think may have disturbed the American public is that the patient actually died in Texas.

And I think we keep reassuring the United States that we're capable of handling these patients.

So certainly we have and we stress high levels of isolation and infection prevention controls. I know you probably can't disclose in detail but how do we reassure the public when that person was housed and cared in a United States hospital that we can handle patients if they - he died?

Abigail Tumpey: So this is Abigail Tumpey. Ebola is a very deadly disease. And certainly this particular strain and the current outbreak and in past outbreaks has been shown to have, you know, upwards of a 70% fatality rate.

And I think, you know, the events of this week of the passing of the patient in Dallas is a reminder of how serious this virus is. And certainly something that CDC has been very aware of given what we've seen, you know, on the frontlines of this outbreak in West Africa.

(Linda Smith): Okay, thank you so much.

Nicole Lurie: Great.

Coordinator: Thank you.

Nicole Lurie: I know that we're coming up on 5 o'clock Eastern Time which is the designated time for us to end the call.

So why don't we take one more question.

Coordinator: Thank you. Our final question today is from (Ann Carr).

(Ann Carr): Can you hear me?

Woman: No. You have to hit Star 1.

Nicole Lurie: We can.

(Ann Carr): Oh. Hello?

Coordinator: (Ann) your line is open. Go ahead with your question.

(Ann Carr): Hi. What I was wondering as far as telling the public like they're saying it's not airborne, but don't you think that's a little confusing to the public when

they don't understand like droplets because they're saying to use droplet precautions and all that?

And then my other question is, you know, for the little hospitals I think you touched on this, wouldn't you come and get them from the little hospitals because I think we'd deplete our staff so fast, you know, if they're in a hazmat suit and, you know, they can become sick wearing those, you know, just getting dehydrated and hot and that in those.

But wouldn't you come get them and take them to Emory or Omaha or something?

Nicole Lurie: Well as I said I think that we would anticipate that you would handle things the way you would handle the transfer of any other critically ill patient. And we'd anticipate that you would do that with the guidance of your local Health Department as well as the CDC.

(Ann Carr): Okay. And then what do you think about the airborne and the droplet part?

Nicole Lurie: So CDC do you want to comment?

Abigail Tumpey: Yes. This is Abigail Tumpey from CDC. So certainly there's been a lot of misperceptions with regards to Ebola, you know, both in West Africa and herein the United States.

And I think we've been trying to put out as much information as possible about how Ebola is spread and how it's not spread.

And we've done that through a variety of channels both, you know, media, our Web site. We've done numerous Twitter chats for example including, you

know, one last week that reached like 160 million people and one yesterday that reached 100 million people.

So we really are trying to get, you know, solid information out to the public about this virus and also how they can, you know, protect themselves.

(Ann Carr): Okay, thank you.

Nicole Lurie: Great, thank you so much. And I know it's 5 o'clock. And it's time to conclude our call.

As I do maybe just pick up where the last questioner was and I had said that one of my asks for all of you was to work on getting clear and accurate information out to your staffs and your public and the communities you serve.

And so feel free to use the material that CDC has prepared and those messages to help with getting accurate information out there.

And when you have questions, you know, call or email the CDC or if you have additional questions from today's call, also you can feel free to submit them to the ASPR mailbox. That's A-S-P-R @hhs.gov and they'll come to my attention and I'll get - be sure that they all get answered.

So with that I want to thank all of the speakers and all of the participants on today's call as well as the organizers and the organizations that help get the word out to all close to 6000 of you to join for today's session.

Thank you.

Coordinator: Thank you. And this does conclude today's conference. You may disconnect at this time.

END