CDC Private Sector Call – Update on COVID-19 Response

April 20, 2020

Transcribed by Western Growers

Janelle Dunn: Hello, my name is Janelle Dunn and I would like to welcome you to the C.D.C. private sector call. We would like to thank you for all that you have been doing to protect your communities at this time. This call will be recorded and posted on the CDC website. This is not intended for media. Media can direct their questions at media.CDC.gov. The C.D.C. COVID website has the latest guides and communication resources. Since this call last week, new documents include what you need to know about COVID-19, what pickup and delivery drivers need to know about COVID-19 and what passengers and drivers for hire need to know about COVID-19.

This call is part of a series of call to hear and respond to your questions. Thank you to those who sent questions in advanced. We batched the questions and looked for themes and common questions. Our plan today is to hear from a situational response Dr. Jay Butler and he will do questions and answers based on questions received. I'm pleased to be jointed by Dr. Jay Butler. In this capacity, he provides leadership to three C.D.C. national centers and helps to advance the cross-cutting infectious disease priorities. Dr. Butler has 30 years of experience in complex leadership and management system. He is board certified in medicine and infectious diseases and served at the federal, state and tribal government levels. I will turn it over to Dr. Butler to provide an update.

Dr. Jay Butler: Good afternoon, everyone. We continue to be in the acceleration phase, but we are seeing flattening of the curving, meaning leveling of the number of new cases that I have seen each day. This is a good indication that the mitigationists are making a difference and as more data has come out of China and other countries on the impact of their mitigation efforts, which proceeded ours, by 1-2 months, there's fairly uniform findings that these are indeed very effective ways to reduce the transmission of the virus, so anyone who becomes infected is less likely to infect someone else or they will infect a smaller number of people. The declines or the flattening is not uniform across the country, of course, we are seeing sustained declines in the number of new cases each day in places like Seattle and New York City and New York area and seeing elevated growth in Chicago, Boston, and Atlanta.

Most concerning is we think about how mitigation may begin to be scaled back, we are seeing places that have seen declines followed by recurrent increases in Denver and Philadelphia. The aspect of the national epidemiology that is noteworthy is something we touched on briefly last week and that is clusters of infections that occur in the segment of the vital infrastructure related to the food chain, particularly meat and poultry plants with outbreaks being reported from 17 different states. We learned of additional you breaks that occurred in homeless shelters and we do have an MMWR coming out on Wednesday describing the epidemiology of those outbreaks and some of the successes in being able to control infections among people experiencing homelessness and within the shelters.

Looking at what are some of the priorities this week, an important component of what we are doing in public health at the state, local, and tribal area is working on guidance to determine when it is safe to scale back on mitigation. As we discussed last week, mitigation scale back will be tiered and it will be scaled meaning, it will be different in different locations and it will not be all at once. It's very clear that if we suddenly go back to life as it was, we will once again see a rebound in cases, so we want to strike the right balance of supporting the economy, support life and the things it takes to continue what we do as a society, but not overwhelming infrastructure or the health care system.

Our byline, our catchphrase is data not dates when things open again. The White house announced last week some of these measures, what it might look like and it is really a gated process where areas that have mitigation in place, which is pretty much everywhere would begin to scale back at different steps along the way in terms of how much to open and that will be driven by three different parameters. One is the rate of systemic disease, this is detected through a number of surveillance systems that are built on the platform of how we track influenza-like illness every year and if you're new to the call, let me encourage you to visit COVID view on the C.D.C. website modeled after flu view. It isn't quite as alliterative, but you will find the same information there that looks at a number of different systemic measures of the amount of COVID activity around the country.

Also, it includes data on hospitalization rates, which would be the second parameter that we would be working with states to follow, hospitalization rates and as that relates then to bed capacity, particularly intensive care unit bed capacity, the number of ventilators available in the availability of personal protective equipment for the health care workers. Finally, also the number of cases, which includes having the capacity to be able to do testing, to diagnose acute cases. We're working with a number of states right now to pilot this event to fine tune some of the recommendations and we hope to have those available soon for states to be able to work on how to evaluate when is the right time to scale back and what is the right mitigation at the right time and to the right extent.

Another update on the C.D.C. website, I know everybody is wondering when this will all be over, I think the short answer is not soon Even with the modeling that is most generous in term of the undiagnosed cases, the vast, vast majority of Americans are still susceptible to infection of SARS and Coronavirus, too, so it is important to think about what ditch measures may do and how that might influence the future of the pandemic. Yesterday, it went live for the first time, but the COVID forecast website can be linked through CDC.gov/COVID-19 and it includes summary forecasts and links to other modeling groups that were doing forecasting, such at Columbia university led by Dr. Shaman has been thinking about this challenge for years of how to predict the course of epidemics and pandemics and uses a lot of technology, which is how we get our weather forecast as well using synoptic models of data input there are links for health metrics and the modeling group at Los Alamos and northeastern university.

We put out an MMWR today, which is important to note, when we talk about use of disinfectant and cleaning solutions that the sub stands have risks as well. It looks at the number of poison control center calls in 2020 compared to the last two years and during the three months, we saw a 20% increase in the number of calls compared to 2019 and 16% increase since over 2018 -1:-1:-1, --> -1:-1:-1, For calls related to exposure to cleaners or disinfectants. The calls, the increase in calls was seen in all age groups, but primarily in young people, not young children, but school-aged teens, young adults as well as older persons, so it wasn't just that toddlers were finding these things and drinking them, but rather there was a wide variety of exposures among people who were using these products. Bleaches, accounted for the largest increase followed by Nonalcoholic disinfectants and hand sanitizers.

The largest increase in the means of exposure was by inhalation and there is some descriptions of a couple of cases in the MMWR, including someone who was soaking their vegetables in bleach solution and became a bit overcome by the fumes from that. Also, there is a report of a child who drank alcohol-based hand cleaner and actually had a blood alcohol level of .723, so be careful when you use those products. They all have instructions on how to use them and I hope that this caution will be something that people will find useful. Other things that are going on this week is big emphasis on large scale testing to assess better the population that has been exposed and evaluating tests, why we think they are valuable epidemiology tools, they have limited capacity in terms of diagnosing infection with COVID-19.

Also, we don't have a lot of data that it is an immunity to COVID-19, so this is ongoing work and work that we recognize is urgent in terms of the possibility of being able to determine if we may be able to use serology for a tool for people returning to work. At this point in time, we do not have adequate data for that. Also, working on -- we should have, if it is not up already, very soon, very specific recommendations on prevention and control in meat packing facilities. There will be additional MMWR's coming out later in the week. As you already heard a number of guidelines for prevention, control, transmission, including a number of business environments. With that update, I will pause and I look forward to your questions. Thank you.

Janelle Dunn: We have a question about contact tracing and how that might inform or impact relaxing restrictions?

Dr. Jay Butler: So contact tracing can be very useful in the early phase and in the later phase of the epidemic response. It is as important once we see that leveling that we want to see or the sustained declines, it then becomes more realistic to diagnose cases, again, the prerequisite of having adequate testing available and then to be able to track people who have been contacted to be able to provide quarantine. Right now, the stay at home orders in a certain sense, everyone in some degree is in quarantine, but this would be a way to be able to focus quarantine measures on people at highest risk of potentially developing infection and transmitting it to others. The concept of quarantine, as a bit of review or new callers, quarantine is removing people who have been exposed and at

risk of becoming infectious from other people who are at lower risk of having been exposed.

Opposed to isolation, which involves someone who is infected or known to be infected and removing them from being able to expose other people all together. Of course, isolation is very common. We do it all of the time in hospital environments. Quarantine is much less common, so it is a new concept for us in public health, as well as the general public. I say new for us, it is a concept that is familiar to us, it has never been exercised to the kind of degree that we are right now and appropriately so as part of the COVID-19.

Janelle Dunn: I have a handful of questions about testing and some relate to do we have enough tests to know we can start relaxing guidelines? Another line of the testing questions are about if someone has the symptoms that is not able to get a test, should you treat them as positive and let the contacts at work know?

Dr. Jay Butler: I'm not sure if we're ever going to have entirely enough, but there are differences regionally in terms of how regionally available tests are. I think it is important to realize it is not a kit is a test and that is all we're talking about. It is the reagents, the laboratory components, it is the swabs. It is a number of things that are in the global supply chain that can be challenging. A number of steps have been taken to improve the supply chains and get them out. I know this is a point of great frustration for all of us in some areas, perhaps the laboratory testing tools are in place, but the number of swabs that are available is more limited.

Other places have been able to be fairly free with the testing and promote it fairly widely, so while we're making progress, it is not where I know that we would want it to be in terms of diagnosing acute infection through nucleic tests. I think one hopeful spot on the horizon is antigen tests are likely to become available at some point in the next month. Antigen tests don't detect the genetic material of the virus, but the surface components, so this is similar to what is done for rapid influenza testing or rapid group-A strep tests and this would be a way to push the testing capacity further out through the health care system into more clinics, providers offices, qualified health centers and get it as close to the patients as possible.

The question about symptoms is a very good one and it is a decision that is going to be made locally in terms of whether or not there is a testing capacity available, but particularly in areas with high rates of disease, if someone develops symptoms and there is not availability of testing, I think it is reasonable to assume it is COVID-19 until proven otherwise. Over the past month, we have seen a significant decline in the number of infections caused by influenza that is good news because we don't have competing respiratory viruses right now and it makes it more likely that someone who becomes ill with a respiratory syndrome may have COVID-19, if that scenario develops, I think it is important, as always, we say don't go to work sick and that is important during influenza season and it is quadruply important during the pandemic of COVID 19.

If you develop symptoms of severe illness, which would be shortness of breath or chest pain, it is important to get treatment, if it is severe then call 911. We should not be diagnosing serious illness on our own, so you want to be evaluated in the case of a more severe illness.

Janelle Dunn: We have questions about when the outbreak first started, some groups didn't know the timeline, people pushed large events to September or October, can you speculate on that?

Dr. Jay Butler: Sure, when we think about community mitigation, we think about ways to separate people from one another as much as possible to reduce the risk of person-to-person transmission. One of the ways we do that is to reduce the number of mass gatherings, also the mass gatherings that we have every day in the work site, trying to do as much teleworking as possible, trying to distance people who must be able to work, those in the room here and those contributing to critical infrastructure, there are also things that make life fun like sporting events or going to the theater. These are things that we were actually talking about in late February and early March in planning ahead and there are several steps that can be taken.

It can include having event without live audiences and then it can include deferring or canceling events all together, such as happened with the masters, the NCAA's, the final four, and also the Olympics are going to be deferred for at least a year as well. In terms of things being deferred until the fall, I know my tickets for Hamilton in Atlanta have been rescheduled to August, whether or not that will happen or not, depends on what happens between now and August, so I think trying to reschedule down the road is important, but it is important to stay flexible as well. The odds of this being over entirely by the fall are very, very low particularly as we try to prevent the number of deaths as much as possible by preserving the capacity of the health care system.

Janelle Dunn: Next question, what agency will give the clear to return to work notice and when can we expect that?

Dr. Jay Butler: Yeah, so the return to work notice, it is important to know that there is not going to be a buzzer or a green light that says let's all come out and play. It is going to be a scaled clearance. For instance, I would not be surprised if there aren't some guidelines to be able to continue to support teleworking for people who are able to do that, also to continue potential stay at home for people who are over a certain age or for people who are at risk of severe illness due to underlying illnesses, so that would be scaled back as the number of cases continues to decline. While guidance for that will come from the federal level, the ultimate decision is going to be made by states, cities and counties and by tribes, because it has to be driven by the local data and the status of the pandemic in those areas. There are still parts of the country that have not been impacted in a significant way, while at the same time, New York City has been most heavily impacted to date, so while there is some degree of flattening and declines in the number of new cases every day there that is in a setting of very heavy mitigation. We're really going to defer and look to support our local partners as much as possible in making those

decisions, but we could be looking at a disastrous situation if things are scaled back too quickly or all at once.

Janelle Dunn: I have some questions, as usual, about face coverings and the question notes conflicting reports whether you are protecting others or protecting yourself?

Dr. Jay Butler: The vast majority of data for face coverings it is that it is source control. You're preventing the spread of droplets that are produced when you're talking, singing, coughing, sneezing and it is something that -- I mean it is an old tool in the tool box. It is fairly routine for people who have had respiratory illnesses, if they have to be in public, such as transport to a health care setting or moved around in the hospital to wear some type of mask to be able to limit the amount of respiratory droplets that are produced. That was a part of early on the recommendations for community mitigation for people who are systemic and had to see a health care provider to put some type of mask or face covering on to do that.

About, it was nearly a month ago now that recommendation was broadened to more general use in the community based on the emerging data suggesting that COVID-19 can be transmitted, not just by people who are systemic, but people who are asymptomatic or people who are infected, but not yet developed symptoms. That recommendation has focused on cloth face coverings, not because surgical masks don't work for that purpose, buzz there are shortages of surgical masks in certain parts of the country and we want to make sure those devices are available to our health care providers. Distinguishing masks and face coverings and respirators are important as well. Respirators are proven to be protective to the wearer in event of exposure to airborne pathogen. The data for COVID-19 suggests the most likely mode of transmission is through respiratory droplets, meaning the larger droplets produced during speaking or coughing or sneezing, but are basically brought to the ground under the effects of gravity are probably the most likely ways it is transmitted, because the virus can survive in the environment there's also concern about touching contaminated surfaces, so hence the difference between cleaning and disinfecting and hand hygiene, so the way it can pass to the respiratory tract is through the hands.

In laboratory settings, there is evidence that the air can be aerosolized, we have less certain evidence that happens in real life, but we suspect that it is very plausible in health care settings, where there is a number of procedures that produce arrow sos. N95 respirators have remained in the health care environment. We do worry about whether or not airborne transmission can occur, but the epidemiology is not strongly supported that at this point. We do know in the SARS epidemic in 2003 there was a few unusual instances, one in particular in a building that suggests perhaps there was a role of aerosolize spread into the building, but we haven't seen that yet with COVID-19, but something we're monitoring closely.

Many of our health care colleagues would like to not wear respiratory, particularly because they are hard to come by, but we felt it was very prudent given the possibility that the virus, particularly in a health care environment and I want to say that we

recognize that has been different from W. H. O. recommendations until fairly recently, which focused more on use of masks even in health care settings.

Janelle Dunn: For businesses that interact with the public, so maybe retail or have customers that come in, do you -- should customer be wearing masks? Should employees be wearing face coverings or do you have other suggestions?

Dr. Jay Butler: I always put a mask on if I'm going into a store or getting some takeout. I noticed a number of people who work in the stores seem to appreciate the fact I do that because they know I'm doing that for them, not for me, so it is for, I think the business has to decide together with the employees whether or not they want to make that a requirement or in some way encourage that among the customers that come into the store.

Janelle Dunn: And then maybe for general employers who maybe bring people back to work, do you have suggestions on procedures that we can recommend? Is the handshake gone?

Dr. Jay Butler: Yeah, I think the handshake is taking a holiday right now and even the elbow bump may be a little much for getting within six feet of someone else. When businesses reopen and this is why it is important to scale the reopening, to consider things like temperature checks, as well as symptom checks, requiring face coverings while in public areas and also seating, if people have to be in a room together, at least six feet apart. All of these things that are steps that we have taken here at the C.D.C. Some of the things that may not be on our website that we have been able to do right now is encourage one person on the elevator at a time and we recognize as things loosen up, it will require increased capacity to be able to do the screening and more planning for how to keep people separated as much as possible. At some point, when transmission is documented to be decreased enough these things may very well become things of the past and we'll be shaking hands once again, but for the time being, this is how business is done.

I think most importantly for people who are able to telework and can remain productive in that way that really is a great option to be able to limit your exposure to others. I do recognize in many aspects of work that is not possible, certainly in some of the critical infrastructure work, but if someone works primarily through the day at a computer screen those are the types of things that are well suited to telework. If not every day, at least having a generous tune to have the opportunity to telework would be a way to reduce the risk and limit the burden on the business as you're trying to implement controls to limit spread among employees.

Janelle Dunn: A couple questions about sunlight, they are a little bit different, so one is about sunlight as a disinfectant and the other is sunlight, summer is coming, do we think this will back down?

Dr. Jay Butler: Yeah, in general U. V. light, it does deactivate a lot of micro-organisms, I don't have specifics on SARS COVI-2. I can't answer that with great regard of specificity. Regarding this summer, will we see COVID-19 cases decline, this is the question, it seems. We can

hope for the best, but plan for the worst. While most pandemic respiratory viruses become less common during the summertime and many viruses, including the Coronavirus are less stable in situations of heat and humidity, this is a brand-new virus and the human population has no preexisting immunity to it, so I doubt it is just going to go away during the summer. I think as we look at the southern hemisphere, it is important to note that there has been significant transmission in places like Australia, South Africa, Chile and Argentina, so certainly in areas where the virus first emerged during the summer months in the southern hemisphere, in no way protected from the impact of the pandemic.

Janelle Dunn: After thinking about the workforce population, can you say what we're learning related to underlying conditions?

Dr. Jay Butler: So there are some additional data and I think everybody is aware that the underlying conditions that were first observed in China were being risk factors for more severe illness, which is heart, lung, kidney disease and diabetes and hypertension, risk factors for more severe illness and we observe similar things here in the United States. There is one analysis that has been completed by the Veterans Administration that has now posted online looking at all cohort of two million veterans, of whom several thousand developed COVID-19 and they found similar trends and risk factors, but they did not find any particular drug treatment such as use of converting enzyme inhibitor or receptor blockers for treatment for hypertension, either protected or made the infection worse.

The other factor we mentioned on the call last week and is as addressed in the V.A. paper is that we have seen evidence of rates of hospitalizations, severe illness and the risk of death and in a number of locations is higher among African Americans. Some of the evidence coming from, at least one part of the country suggests American Indian people may be at higher risk of infection and more severe infection as well. The V.A. study was a little different than the analysis that we have done in that it found African Americans were at higher risk of infection, but not more severe illness or a fatal outcome.

I think we're still putting the pieces together on that and two things we might be able to conclude based on the data we have seen so far is that people with higher risks of the chronic conditions that we mentioned earlier, which are more common, which is part of the sad health disparities in this country, chronic heart, lung, kidney disease, diabetes are more common among African Americans and American Indian people, so that may be part of what we're observing. The other is people who live in more crowded conditions, people who are able to -- need to keep working because of the nature of their work and the fact that they live paycheck to paycheck may be at higher risk of exposure and higher risk of developing COVID-19 as well. I think that is a puzzle we're still putting together, but it is very concerning.

The bottom line for us is to make sure we're moving towards a greater level of health equity that we have never really achieved in this country and specifically for COVID-19 to think about the access to treatment. In poor neighborhoods, urban areas, working with tribal governments and the Indian health service to provide the availability of

testing and care to native peoples all over the country and also making sure there's -- we're addressing the needs of people who are without health insurance. Big issues that existed before COVID-19 emerged and which are in no means going away during the pandemic, so issues that we want to be very upfront about that are concerning to us and that really require special effort to address.

Janelle Dunn: So going back to the virus a little bit, if an asymptomatic employee tests positive, how long should they self-isolate for?

Dr. Jay Butler: Yeah, boy, that is million dollar question this week. At this point in time, we don't really know, so we are working on coming up with the best answer to that question. At this point in time, our sort of general recommendation has been to retest in a week and get to negative tests that is assuming testing is available. I think the final answer to that is something that is still in process, though. Very challenging question and there is a lot of varieties on that. You may have seen things in the news about patients who were suspected of having re-infection in China and Korea, you know, we reached out. There is not a lot of data in terms of what those instance are and they may be a reflection of what is being described here, people who are asymptomatic and maybe PCR positive.

Unfortunately, the amount of data available on those patients is fairly limited, so we have been focusing on how to get that kind of information, including things like viral load, viral culture data on persons that fit the description here in the United States. To answer that question, the person who has completely recovered or never had symptoms tested and found to be positive to determine when it is safe to return to the workforce.

Janelle Dunn: Questions and maybe similar to what we had last week about temperature checks for employees and if you have asymptomatic employees is there value in doing this?

Dr. Jay Butler: Not everyone who develops COVID-19 will have a fever at all times during the infection there are some people who may actually have no temperature at all. However, if someone comes to work and has a fever of 101 that's a good reason to turn them around at the door and to send them back home or to a health care provider depending on the level of contact they have and their baseline health characteristics, someone more at risk of severe infection is someone you want to encourage to see a health care provider.

Janelle Dunn: So we talked about sort of high-touch surfaces, do you have any concerns about carpets and floors?

Dr. Jay Butler: There are some data from health care environments that suggest the virus can be present on the floor that's raised lots of questions about shoes becoming contaminated, so these are good questions to raise. In general, the Coronaviruses and, in fact, most respiratory viruses don't survive as well on cloth as they do on hard surfaces, particularly stainless steel seems to be well suited for the survival of viruses. Some of the basic cleaning of floors should continue and use of a disinfectant in areas with high

exposure of someone with COVID-19, such as a health care environment or work environment where someone was symptomatic will be a good idea.

Janelle Dunn: Is the risk greater for current or former smokers and or vapors?

Dr. Jay Butler: That is a really good question and that is one of the questions that came up early on, as we began to get the epidemiology data from China that showed the risk of severe illness among older men was greater than older women. In China, 50% of men who spoke, particularly among older people smoking is much less prevalent among women in China, so that certainly was an interesting hint that smoking may play a role. Being able to pick apart smoker without lung disease and a smoker with lung disease is something we have not yet been able to do. Of course, someone who is older and smoked for a number of years is likely to have changes. We don't have data on vaping and I guess since this is 4/20, I guess I should say we don't have data on marijuana smoking if that will increase your risk of COVID-19. I have seen in my hometown paper, since it is in a marijuana legal state, a lot of claims that seem to suggest that somehow marijuana smoking will be protective, there is no data on that and I don't find it plausible either.

Janelle Dunn: Maybe last question for today, any particular considerations or thoughts for employers that have close contact with their customers, so maybe you're a hair stylist or health care worker or returning to routine visits?

Dr. Jay Butler: These are situations where it is important to think about hand hygiene. It is important to think about face covering and symptom screening. Your customers are valued and I think that has to be communicated to them, but also you would like them to come back when they are well, so your workers or you, yourself are not at risk. Similarly, you don't want to put your customers at risk, so the same measures apply, so I would encourage you, just thinking about my own practice as a physician, specifically as an infectious disease physician and the one that ran the infectious control program at one time, after speaking to the patient, I made sure they saw me wash my hands and I would explain that I'm down that to protect them and do it again after the encounter or use a gel. Patients seem to appreciate that and I think because where we are at with the pandemic, customers might appreciate that as well, at least the vast majority would.

I saw some polling despite some of the protests around the country, over two-thirds of Americans still do believe that the community mitigation efforts are worthwhile and protecting the populous. I think even as we begin to scale back some of the mitigation efforts, it is important to highlight what is being done to protect people.

Janelle Dunn: Any closing comments?

Dr. Jay Butler: Closing comments, is this is going to be a marathon. I think we have said that before, maybe around the seven mile point. The other date this represents is it is patriots day in Boston and there is no Boston marathon today, so we have several more cardiac hills coming up as we look at the summer and the upcoming fall, so it is going to be something that is not going to just go away, but I know working together as Americans, we will get through this. We will minimize the loss of life and we will minimize as much

as possible, the impact on business and the economy. Thank you for joining us today. It is humbling and a learning experience as we all go forward together in terms of how we address this pandemic across the country. So thank you for taking the time to join us today and I look forward to talking to you again.

Janelle Dunn: Thank you all. We look forward to you joining us next week.