

CDC Private Sector Partner Call for COVID-19 – Transcript
March 19, 2020
Transcript
Created by Western Growers Association

Coordinator: Hello, everyone. Welcome to CDC's private partner call. We're so grateful that you've joined us today. With me is Dr. Nancy Messonnier, director for national center for immunization and respiratory diseases as well as the senior official for CDC's COVID-19 response.

Nancy Messonnier: Good afternoon and thank you for joining us today. I'm happy to take a few minutes to go through an update, and then I think we have some time for questions. CDC is responding aggressively to the global outbreak of COVID-19. This is historic, unprecedented outbreak. We really haven't seen anything like this since perhaps the pandemic of influenza in 1918. Globally, there are somewhere up to 80,000 cases across 169 WHO member countries, and unfortunately more than 3,000 deaths. In the United States, there are about 10,000 cases with more cases really every day, 3,000 new cases since yesterday.

Every state in the United States has been impacted as well as the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands and there have been 150 COVID deaths reported so far. We should expect these numbers to go up over the next few days as we are really in an acceleration phase, but different parts of the country have been impacted differently. Some states are well into their outbreaks where other states are really just beginning. CDC is adapting some of our existing surveillance systems to better track COVID-19, and you'll be seeing more information on our website. We do know that the virus is capable of spreading easily and sustainably from person to person. And we also know that older people and people with severe chronic conditions are at higher risk for serious COVID-19 illness, and so we're asking them to take special precautions, and we're asking everyone to take special precautions to protect them.

I know that everybody wants to know how long this outbreak will last. But the truth is, we don't really know. What we do know is that if we act together and act now, we can bend the curve of the epidemic so that less people are impacted, and so that our health system, health sector has more time to catch up.

The duration of the outbreak depends on many factors. It depends on how well we do at social distancing and travel restrictions. It does depend a little bit on what is happening with sustained transmission in other countries. It is a new virus. We know some things about it from research here and some things about it from other countries, and we know about similar viruses, but we have some details that we don't specifically know yet. For example, the duration of immunity after infection and all the details about transmission and clinical severity. There are upwards of 50 modelers across the United States working on

these kind of questions, and we have a lot of data that we're looking at to try to make these predictions which I know we all want. The next point is what you can do. And we are at a phase where we really need everyone to come together to respond to this public health threat.

On March 16th, the White House Coronavirus Task Force and the President issued new guidelines to help protect Americans. This is called the 15 days to slow the spread. It lays out guidelines for a nationwide effort to slow the spread, and it calls for implementation of measures to increase social distancing between people at all levels of society. This is a massive proactive preventive response to COVID-19 to slow the spread and blunt the impact of the disease on the United States. But in order to do this, we need everyone's help to pitch in, everyone across all of our communities has a role to play.

We're asking people all across the country to stay home as much as possible and practice social distancing, which means that we're decreasing the opportunity to transmit between people. This includes canceling or postponing gatherings of more than ten people and closing schools in some areas as determined by local and state governments.

We've asked about -- we've been asked about guidelines for working outside, and the guidance remains the same. Stay 6 feet apart. That's about two arms' lengths, and cause and sneeze into your arm because you don't want to expose other people to your coughs and sneezes. You need to know that there is no vaccine currently to protect against COVID-19, and scientists are working as fast as they can. Even with that, it likely will be a year before we have a vaccine that we can give to everyday Americans. And there aren't any approved medications to treat it yet. There are a whole bunch of treatments being investigated, and the President announced earlier today with FDA, the rapid speed-up of all of those treatments, and we hope that we'll have specific treatments soon.

But those things are not yet widely available, and so we need to make sure that our clinicians have all the information they need to treat their patients. We do know, though, that right now the best, most effective thing that we can do is social distancing. It actually sounds to some people mundane, that is stay home, but in fact, there's a bunch of scientific research on this with more than 20 different published articles that talk about what -- how effective social distancing can be in combination with other measures, and we know that social distancing works better when it's implemented in concert with other measures. We're calling these 15 days a pause, a chance to reset, but it really won't -- will only be effective if every community across the United States takes it seriously. Now, we do have a lot of guidance on our website, and now we're really working on tools to help with implementing and translating that guidance.

So we have, for example, guidance for people who have been isolating at home to help determine when they can discontinue isolation. That continues to be

updated as more information is available. We're reviewing and updating our travel notices almost daily. There's currently what's called the level 2 --

[No audio]

Sorry, I understand that we lost audio. Had to regroup over here. I hate technical difficulties, says but let's see. I'll start back with we do have travel notices on our website being updated almost daily. There's currently what's called the level 2 travel notice for the whole world, which indicates ongoing community transmission. And essentially what it means it that we're recommending that older adults and people of any age with serious chronic medication conditions should consider postponing travel to most global destinations. Domestically, we don't generally issue that kind of guidance, but in general, we're saying that people at high risk should stay home and that everyone should be thinking seriously about their travel, especially globally but even domestically. Expect more information about this every day. We also have guidance documents for caring for someone at home. If you have someone sick in your home with COVID-19, of course, you should be taking care of them. But you need to be doing it safely.

We don't want you to get infected, too. How to disinfect your home if someone's sick and keep workplaces, homes or commercial establishments safe. We have guidance for child-care settings, healthcare professional fact sheets, and a new landing page on our website for those at risk specifically older adults, those with underlying conditions. And again, check back every day on our website because you'll see more information and more tools daily. Of particular interest to you may be our business guidance and the expanded guidance covering environmental cleaning and disinfection recommendations that addresses cleaning recommendations in various settings, including answering questions we've heard about the bleach solution proportions for use on surfaces, addressing linens and clothing, and personal protective equipment.

Another useful tool on our COVID-19 website home page, we now have a map of the United States. It shows the number of confirmed COVID cases state by state. You can also click on your state to be taken to the state department COVID-19 page where you can get more detailed information for your state. The intensity of an outbreak may differ according to geographic location. The local health departments will have guidance specific to your communities.

Before we open it up for Q&As, I would like to address some of the topics in areas many of you have already submitted questions on. So --

Coordinator:

Okay. Let's start by -- let's see, we're getting a whole bunch of questions in here. I'm going to try to aggregate them. Could you speak a little bit about how bad you think the pandemic will get?

Nancy Messonnier: So I think this is a really important question. Of course, we all want to know how bad this is going to get and how long it's going to last. Right now we are in an acceleration phase. That is, we've seen 3,000 new cases since yesterday. We're on the upward part of a curve, and we should expect more acceleration over the next couple days. That's why it's so important that we all act now and act together to bend that curve so that we can moderate the impact. What that means is lowering the curve so that we have less cases every day and hopefully less cases total, but also by having less cases every day, we really can help the health sector catch up.

Coordinator: How long is it going to last?

Nancy Messonnier: I don't know for sure, but I think we should expect to see at least some places have impact for this disease through the summer.

Coordinator: Great. Thank you. Okay. A question about if someone is -- tests positive, recovers, and then is -- is it possible to become reinfected again?

Nancy Messonnier: This is a great question that we've been asked a lot. This is a new disease. It's only been discovered since beginning of the year. And so there's some information that we don't have yet. In general, for most respiratory infections, getting infected leads to immunity, and that immunity protects you against either the whole disease or at least having serious disease, so we're hoping certainly that that's true for COVID-19, but this is an area where there's lots of research, and I expect there to be more information coming. So we don't know for sure yet. We certainly hope so.

Coordinator: Thanks. Okay. Many, many questions from our partners about closures such as why child-care centers and schools are closing, why some prisons are implementing restrictions while others are not. Is there any general advice you can give on closures?

Nancy Messonnier: So closure decisions are made at a state and local level. CDC does provide guidance, but ultimately the decision to close is made at the state and local health department level, and for your businesses, the decision should be made in conjunction with state and local health departments. I talk about the acceleration of bend the curve, and that is true nationally, but this really does look differently in some communities compared to others.

Some communities are already seeing a whole lot of disease, and some communities are seeing very little. And that may explain why guidance differs in different places. But in general, we are asking everybody across the country, even in places that haven't yet seen a lot of disease, to take this seriously and act now. I know it's disruptive. It's certainly disruptive for my family. It's certainly disruptive for my colleagues here at CDC as we all figure out how to cope. But working together is the best way for us to impact this disease right now.

Coordinator: Thank you. Okay.

We're receiving a lot of questions from individuals unsure about continuing their regular doctor and dental appointments. What advice do you have for them?

Nancy Messonnier: Yeah. It's really important right now that we take into account how much work our healthcare sector needs to do to take care of patients with COVID-19, to be able to make sure that those patients are taken care of, a lot of doctors' offices and a lot of communities are recommending that individuals postpone their regular doctor and dentist appointments. And that's things like routine visits, cleaning, checkups, elective procedures. I would also say, though, that there are some things that we don't want to delay. And if you have questions, you need to call your healthcare provider. For example, childhood infant vaccines, it's important that we still get those vaccines in. But it's important that we do it safely. And so if you have questions about your routine care, you should contact your own healthcare provider who's best equipped to come up with recommendations for your particular situations.

Coordinator: Great. And in the inverse, there's some questions from dentists or doctors wondering if they should continue to see patients.

Nancy Messonnier: Yeah. I know that many dentists have elected to postpone routine visits, cleanings, checkups and elective procedures. And I think that is partly also to make sure that the healthcare sector can focus on COVID-19 and also to make sure that the personal protective equipment that our healthcare doctors need is reserved for those at high risk, that is those that are taking care of COVID-19 patients.

Coordinator: Thank you. So a lot of people are asking questions related to when things will open again, like restaurants, when they'll be able to hold a conference or when they'll be able to go back to work?

Nancy Messonnier: Yeah. I mean, I want to know when things will go back to normal as well. And I think the answer is for now, we all need to be in this together, and we all need to be pausing. How long it will take, I don't know. I think we need to expect there to be disruption through the spring. But it will look differently in different communities. It is going to be something that we all need to be working on together, both pausing together and then making decisions together about when to reopen. And that's difficult to see, but I do want to reassure everybody that, you know, as disruptive as this is going to be, we need to know that this is going to end. Pandemics will end. And how disruptive it is, partly depends on us working together to bend that curve to make sure that our healthcare sector can catch up.

But I can't tell you that it's going to end by next week until we start really impacting this disease, we have to expect that we're going to have to ask a lot of

each other and our communities and things that we consider to be routine may look a little differently for a while.

Coordinator: So a question from people in an area where community spread has occurred. Should staff be wearing masks, and also what is CDC's stance on gloves?

Nancy Messonnier: Well, yeah. I think the really important thing right now is to make sure that those who need masks have masks. And that really is folks who are in the healthcare sector taking care of patients with COVID-19. So part of the reason that I would ask you and your employees to not try and go out and purchase masks is that we need to make sure that those who really need them have them. Healthcare workers are at highest risk, and we need them to continue to be able to do their jobs. So I'm asking you to please not go out and purchase masks and make sure that those who have them need them.

In terms of gloves, most people in most jobs don't need gloves, but that is something that if there's questions, you should be asking – looking at your -- what the specific job is and what the specific situation is in your community. But in general, this is something where what we're asking people to do is to do good hand hygiene. Just like your mom told you growing up. You need to be washing your hands, not touching your face. And for most people, those are the right guidelines. Wash your hands. Don't touch your face. Stay away from other people. That should protect you and also protect our communities.

Coordinator: Thank you. What do we do if we have a sick employee or if an employee has a sick family member?

Nancy Messonnier: So I'll start with this. Information about who among your employees is sick, actually may have issues around confidentiality in terms of you disclosing that to other employees in the workplace. You have to balance that, of course, against wanting to make sure that individuals that are exposed to that patient with COVID-19 are safe. And we do have guidelines on our website about how to conduct a risk assessment. Employees who are exposed to a coworker with COVID-19 can use those guidelines in order to look at their potential exposure. Now, it's different if it's an employee who has a sick family member at home with COVID-19. In general, employees who are well themselves that have a sick family member should notify their supervisor and refer to CDC guidance, but at this point, if you have somebody that you live with in your family home who has COVID-19, you really should be staying home with them. We don't want to risk you passing the disease along to your coworkers.

Coordinator: Thank you. Okay. This question -- let's see. Is from an employer who's not working in the medical field. Should or can employers check workers' temperatures? Is it legal to do so?

Nancy Messonnier: That's a private company decision. I would definitely check with your counsel on the legalities of doing that because it really will differ. But we are at a place when

we're asking all of you to really consider your policies on teleworking, social distancing. You have clearly a lot of folks on the phone are in different businesses. And maybe you need to have your employees physically at work. But if at all possible, we're asking you to have your employees teleworking to the greatest extent possible. That is part of social distancing, not coming in contact with other people.

Coordinator: Okay. If an individual is sent home because they have a fever, when should they be allowed to return to work? The question -- oh. So normally we ask if they have a doctor's note. However, given that the healthcare system is so overloaded, is that necessary? How should this be handled?

Nancy Messonnier: Yeah. So it brings me to something that I want to talk about, which is that we are having a pandemic of COVID-19, but it's also respiratory viral season. We're at the end of influenza season, so there is still influenza circulating. And at this time of the year, there are a variety of other viral respiratory diseases that are circulating. And I say that because if you have a runny nose and a sore throat and a cough, it's possible that you have COVID-19, but it's also possible that you have any of the myriad of other viral respiratory diseases that are circulating. We don't want people going into healthcare unless they need to. For most individuals who are at low risk, that is who are young, who don't have chronic medical conditions, if you have a fever, a mild fever, a cough, a sore throat, we want you to stay home. We don't think you generally need to go in for diagnostic. We think you can ride this out at home. For people who have chronic underlying conditions or who are older, you need to contact your healthcare provider because you may well need to go in for a diagnostic.

And, of course, if you have, you know, serious illness and you're getting progressively worse, you need to call 911. But in general, we really do want people who are otherwise healthy to ride this out at home. And we do have guidance on our website about when you can discontinue home isolation. It's a little complicated. So I would say go through it on our website. But if it's been at least three days since you've recovered, that is resolved your symptoms, or at least seven days since the symptoms first appeared, we think it's safe for you to go back to work. But, again, as I said before, what we're really asking is for everyone to telework as much as possible. So if you don't need to come back to work, you can do your work from home, we would definitely prefer that you do that.

Coordinator: Thank you. Okay. This question is from someone in a retail office with about 10 to 13 people there. If someone is confirmed positive for COVID-19, what are the guidelines for self-quarantine? Is it automatic that everyone in the office would just self-quarantine, or if we are practicing social distancing, would the others be able to continue working?

Nancy Messonnier: So social distancing does mean that we want people to be home as much as possible. Of course, it depends whether the bank branch has closed, what the

operations are. You know, again, our gathering guidance says we want people to be as far apart as possible so we stop this thing and we slow it down. In specific answer to your question, they should self-quarantine, those with close and frequent contact. We do have guidance that allows you to assess risk, and it looks a little different depending on how much contact you had with somebody with COVID-19. You need to clean and disinfect high-touch areas, and we need to stay apart as much as possible. You know, there are some other questions that we're getting asked a lot, and it reminds me to go back to that, which is how is COVID-19 spread? People are wondering if it's spread through the air, if it's spread through surfaces. In general, it's spread through respiratory droplets. From what we know about the virus, it's not airborne. It doesn't spread through vents and airport buildings or in condominiums. It's spread through respiratory droplets.

In general, the virus seems to be spread mainly from person to person, but it's also possible that a person can get COVID-19 by touching a surface or object that has a virus on it and then touching your own mouth, nose or eyes. And so what that means is if you're standing next to somebody who has COVID-19 and they cough on the table in front of you and then you touch that surface right away and touch your own face and mouth and nose, you could be exposed to COVID-19. We don't think this is the main way it's exposed. We need to learn more about it. And there are studies ongoing about the survivability of the virus on surfaces, and that's why, again, it's important to cover your cough, to not touch your face, and to wash your hands a lot and to disinfect surfaces. That should be part of everyone's actually routine practice all the time, but especially now when we're faced with a pandemic like this.

Coordinator: So we've talked a lot about social distancing, and I'm wondering if you can share really what the purpose is. Does it really reduce the number of total infections, or does it simply slow the pace of infection or spread it out over a longer period of time?

Nancy Messonnier: So this virus is new, but it's not the first respiratory virus that we've dealt with as a country or that we've thought through. And so we do know a lot about how these kind of viruses spread. And therefore, what we're talking about is both of those things. If we can bend that curve, we can decrease the overall number of people that are sick, but we can also decrease the number of people that are sick week by week. And both of those things are important. Obviously, having less people overall get sick would be great. But also, if we can decrease the number of new cases week by week, it can really help our healthcare sector have fewer patients to have to treat and make it easier for them to treat the patients that they have. And so both of those things are true, and both of those things are the goal of this mitigation strategy, staying apart is the most effective thing that we can do right now.

Coordinator: In terms of vaccine development, can you tell us what the status is and when these vaccines will realistically be available to the general population?

Nancy Messonnier: Phase 1 clinical trials are starting now, and that's the earliest clinical trial where the vaccine is given to a small number of people. But the vaccine development process takes a while, even with so many researchers across the world working on vaccines. We expect it will be 12 months, maybe even 18 months before the vaccine is ready for most Americans to get it. And that's because before a vaccine is given to the population, we need to make sure that it works and we need to make sure it's safe. And what that means for you all is that right now our toolkit doesn't have a vaccine in it. That's why we are so focused on social distancing.

Coordinator: So if the government requires a mandated lockdown for an extended period of time like two months or more in order to do what you were speaking about, flattening the curve and preventing the spread of the virus, how likely is it for the virus to resurface? Months or years from now? Even though these extreme measures were in place?

Nancy Messonnier: So I think that we're going to learn a lot from other countries that have had to deal with this before we do. But remember that this is a new disease, but we know a lot about diseases like this. And our goal to mitigate is the thing that makes the right sense, the most sense now, if, for example, we mitigated it now and it came back a year from now, it would look a lot different because we'd likely have a vaccine and also people would have been already exposed and we would have better tools, better treatment, better diagnostics. So things could look a lot better even if we have to face this again.

Coordinator: One more question. How long should employees remain at home if they're no longer showing signs of illness, especially if they were never tested?

Nancy Messonnier: So this depends a little bit on what your community is doing. And so I would say that what you need to look to first is what's going on in your local community in terms of rates of disease and guidance. We do have guidance for how quickly people who are -- who have had COVID-19 should remain at home, basically isolated. And in this context isolation is really what we do when somebody who is sick stays at home. So we do have guidance on our website for how long somebody should stay at home if they have signs of illness, even if they were never tested. And guidance is on our website. Even if you get better, if you can stay home and socially distance, we're still recommending that you do.

Coordinator: Thank you. Thank you so much for joining us today. Unfortunately Dr. Messonnier has to go. If we didn't get a chance to answer your specific question, please go ahead and check out our website, which is www.cdc.gov/COVID, C-O-V-I-D. Thanks again for joining us, and let's work together to flatten the curve.