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ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
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November 10, 2014

Dr. Thomas R. Frieden  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333

Dear Dr. Frieden:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Thursday, October 16, 2014, to testify at the hearing entitled "Examining the U.S. Public Health Response to the Ebola Outbreak."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Monday, November 24, 2014. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to [brittany.havens@mail.house.gov](mailto:brittany.havens@mail.house.gov).

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy  
Chairman  
Subcommittee on Oversight and Investigations

cc: Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachments

## **Attachment 1—Additional Questions for the Record**

### **The Honorable Michael C. Burgess**

1. We have learned a great deal about the difficulty of cleaning a room that has been utilized by an Ebola patient. What are the current standards for sterilizing a room in a healthcare or hospital facility?
  - a. When were these regulations last updated?
  - b. Will additional steps be taken to sterilize a room with an Ebola patient?
  - c. Will you be updating these guidelines to better reflect the realities of an Ebola case?
  - d. Some Veterans Affairs facilities and other hospitals are currently using pulsing xenon UV light to disinfect rooms—are any of you familiar with this technology?
    - i. If yes, do you believe this may have a higher success rate in disinfecting rooms and preventing further infection?
    - ii. Do you believe that this technology could be useful if deployed more widely in the United States?
    - iii. What about in combating the outbreak in Africa—would it be possible to utilize this technology to fight the outbreak?
    - iv. Will you please have someone on your staff review the regulations on sterilizing rooms in regards to this method?
2. Is CDC concerned about potential infection among janitors, city employees, or waste disposal employees who come in contact with Ebola medical waste?
3. Mr. Duncan's family was forced to stay in their apartment because officials had no way to quarantine the area or dispose of medical waste—did CDC provide any information or guidance on the dangers of this? If not, why?
4. What have CDC efforts been in developing a diagnostic test that provides early detection, possibly before the development of symptoms? Financially, what role is BARDA playing in fostering this development of new technologies? How are you ensuring all diagnostic options are being considered?
  - a. Please describe all efforts in this area to date.



5. Can you provide a timeline that describes the variability of the PPE being used at Texas Health Dallas in the time period from when Mr. Duncan was admitted, to his death? Please provide the rational or impetus behind these changes.
6. Where is the PPE that our hospitals are using being manufactured? Are they American companies or companies from overseas? Please outline to the best of your ability these sources of PPE.
7. We realize the focus is on Ebola at present, and rightly so. But CDC has other public health responsibilities, and as we enter the flu season I am curious how CDC is managing these other responsibilities while meeting the considerable demands imposed by the Ebola response.
8. Why aren't other patients also cured with ZMapp not donating their plasma?
  - a. Are they and is it not being publicized?
  - b. If so, is this a result of patient privacy laws?
9. Is there a way to encourage donation so that if future cases arise we can have a small reserve of convalescent serum to use for infected individuals?
10. What is the reason for the transfusions being so successful? Is it because the blood or serum donated has both immune response created antibodies and the antibodies from ZMapp?
11. We understand the guidance and protocols for health professionals are shifting in light of the recent infections of two health care workers in Dallas. How, and how quickly, are the changes being communicated to local health care providers? Do the local providers have an opportunity to provide input and feedback or ask questions?
12. What have you learned about failures of isolation and personnel protection from the experience at Texas Health Resources' Presbyterian hospital and what have you shared with other hospitals about how to avoid the same errors? Have you provided other hospitals with specific information about the failure of the procedures at THR?
13. Will the temperature screeners be maintaining the recommended distance barrier (3 ft.) for evaluation and if so, how will they use the infrared devices effectively?

**The Honorable Marsha Blackburn**

1. Dr. Frieden, are you aware of a detection system called Canary made by Isomark?

It is my understanding that this test can detect infections up to two days before current practices. It is a non-invasive and inexpensive breath test. Preclinical and clinical work has demonstrated proof of concept. The company has been awarded a \$1.7 million from NIH and is launching a human subject study.

When you speak of looking at all options to stop the Ebola epidemic, is this one of the options that you have looked at?

2. Dr. Frieden, are you aware of a kit called Film Array, produced by a company called BioFire, subsidiary of bioMerieux?

It is my understanding that this kit is currently used by the military to screen for Ebola in Africa, as well as other respiratory and gastrointestinal illnesses with a 90 percent certainty.

Further, I understand that the FDA has not allowed this product to be used in U.S. hospitals.

When you speak of looking at all options to stop the Ebola epidemic, is this one of the options that you have looked at?

#### **The Honorable Morgan Griffith**

1. Dr. Frieden, we realize the focus is on Ebola at present, and rightly so. But CDC has other public health responsibilities, and as we enter the flu season and with enterovirus cases continuing to grow, I am curious how CDC is managing these other responsibilities while meeting the considerable demands imposed by the Ebola response.
  - a. How strained are CDC's resources right now?
  - b. Will the new Ebola SWAT teams and everything else you now have to activate detract from keeping track of enterovirus and other public health threats?
  - c. With EV-D68, what can we do to protect kids who seem to be the most vulnerable to this virus?
  - d. Has CDC figured out if there is a link between the virus and the cases of paralysis that have occurred?

#### **The Honorable Ben Ray Lujan**

1. As you know, we have a responsibility to ensure that our hospitals and our front-line healthcare professionals are capable of safely handling a potential Ebola case. Recently, I heard from a constituent whose daughter had worked in a state public health lab and had experience training lab workers how to properly respond if they found dangerous biohazard threats, such as Ebola. She conveyed to my office that, in her experience, it was difficult to find protective gear that fit certain body types, particularly smaller individuals. Ill-fitting gear exacerbated the challenges associated with conducting activities that, even in properly fitting



safety gear, can be difficult for those with limited experience wearing such gear in the first place.

In addition, after a recent scare at the Christus St. Vincent Regional Medical Center in Santa Fe, the hospital's nurses expressed concerns with the adequacy of their training and preparation. Before this incident, the hospital had not held a drill simulating a biological or chemical disaster or provided training to emergency staff on using their protective gear since April.

Dr. Frieden, can you detail the steps the CDC is taking to ensure that our nation's hospitals and front-line healthcare workers are prepared and have the proper resources, included adequate protective gear? What lessons have you learned from the mistakes made at Texas Health Presbyterian Hospital? And, do you believe the CDC needs any additional authorities or resources?

2. Recently, the Liberian government published a list of supplies that it believes it needs to address the Ebola outbreak. That list included a request for nearly 85,000 additional body bags.

Clearly, the Ebola outbreak in West Africa represents a major humanitarian crisis – one that we have a moral obligation to forcefully address. And, as you said in your testimony, “the most effective step we can take to protect the United States is to stop the epidemic where it is occurring.”

Can you provide us with an update on what CDC is seeing on the ground in West Africa? Considering the state of these countries' health infrastructure, what challenges are you facing? And are there any additional steps that Congress should be considering to address this crisis?

3. The appearance of a handful of Ebola cases in the United States demonstrates the importance of robust investments in our nation's public health infrastructure. Unfortunately, the National Institutes of Health's budget has been largely flat for years. In addition, we've seen cuts to the Center for Disease Control and the Department of Health and Human Services' Hospital Preparedness program. Can each of you discuss if budget cuts have had any impact on our response to the Ebola outbreak in West Africa or impacted the handling of the cases here in the United States?

### **The Honorable Paul Tonko**

1. Protecting the United States population from Ebola outbreak should be the number one priority of the CDC. In light of this, many have called for a travel ban for those traveling into or out of the affected countries. In your opinion, at this time would a travel ban increase or decrease the risk of the United States being exposed to an Ebola outbreak?
2. How does the Ebola response compare to U.S. efforts to prevent other highly infectious diseases from entering the U.S., such as SARS or H1N1? Did we rely on a multi-layered approach to screen for those viruses? Was travel restricted?



3. What are the CDC's recommended procedures on the protective measures to be taken when a potential Ebola case is diagnosed? Is the patient put into isolation at this time? Is the hospital staff alerted to wear full body personal protective equipment?
4. What is the CDC doing to ensure that hospital staff is complying with best practices for preventing infection? Will there be trained compliance staff on the ground at future outbreaks to ensure compliance with safety procedures?
5. Aid groups working in Africa, such as Samaritan's Purse and Doctors without Borders have criticized the CDC's guidelines for being too lax. Has the CDC consulted with these groups as to best practices and what can be done to improve CDC's guidelines so that no cases of Ebola are transmitted within the United States?
6. Ebola is categorically different the type of airborne diseases that hospital isolation units were built to accommodate. Do we need to rethink our approach with Ebola isolation procedures and look to some of the practices on the ground in West Africa when treating these patients?
7. Your testimony states that Nigeria and Senegal have implemented proven practices such as contact tracing, monitoring, and isolation to contain the spread of the virus. With these nations on the verge of being declared Ebola free, how similar are domestic protocols to the ones successfully implemented overseas? What lessons have we learned that can be incorporated to our domestic procedures?
8. Public health experts, including yourself, have testified that the only way we will ultimately be able to keep Americans safe from Ebola is eradicating the disease at its source in West Africa. What are the major challenges for getting ahead of this disease in West Africa, and is the current response adequate to meet the needs?
9. It is estimated that Liberia has only one doctor for every 100,000 people. What are the challenges CDC has faced in training health care workers in a country with poor public health and physical infrastructure? What efforts have been made to get more personnel and resources to rural and isolated communities?
10. Can you please provide specific details about the work being done by U.S. personnel on the ground in West Africa? Is CDC directly monitoring exit screenings to identify potentially infected passengers before they attempt to leave the country?

### **The Honorable Gene Green**

1. Dr. Frieden, what is the process and timeline for updating and communicated changes in protocols to local health care providers?
2. What have we learned about failures of isolation and personnel protection from the experience at Texas Health Resources' Presbyterian hospital? And have these lessons been shared with other hospitals so we can avoid the same errors in the future?

3. I understand CDC is not a regulatory agency. Can you provide clarity over CDC's authority and responsibilities in the setting and enforcement of protocols?

## **Attachment 2—Member Requests for the Record**

*During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.*

### **The Honorable Tim Murphy**

1. Who is subject to controlled movement and monitoring requirements under the August 1, 2014 guidelines?
  - a. How, if at all, did this change under the October 22, 2014 guidelines?
2. Did Nurse Amber Vincent wear protective gear while treating Mr. Duncan during all stages of Mr. Duncan's treatment?
  - a. Was Amber Vincent told by a CDC official that she could travel on a commercial passenger plane?

### **The Honorable Cory Gardner**

1. How many commercial flights, both passenger and cargo, fly to and from Liberia, Sierra Leone, and Guinea?
2. How many flights are required daily, every other day, or weekly to get supplies and personnel to the affected areas?

### **The Honorable Morgan Griffith**

1. Has there been any discussion or consideration of the possibility of a travel restriction for dogs until we learn more about interspecies transmission?

### **The Honorable Jim Matheson**

1. How many people has CDC deployed for the purpose of conducting or supporting airport screenings in the United States and abroad?
  - a. How has CDC's support of airport screenings in West Africa impacted CDC's limited resources, including workforce capacity?