

**Additional Questions for the Record  
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**"Update on the U.S. Public Health Response to the Ebola Outbreak"**

**House Energy and Commerce Committee**

**Subcommittee on Oversight and Investigations**

**November 18, 2014**

**The Honorable Michael C. Burgess**

- I. USAID is reporting a reduction in cases and a slowing in transmission. Simultaneously, the WHO has come out and explained that recent declines in cases from certain areas are a result of limited reporting activity and do not reflect a reduction in cases. Which is the accurate statement?**

Response: The situation is different by country. In Liberia, during November and December, we have seen a decrease in new cases. In Guinea and Sierra Leone, unfortunately, this has not been the case. Reporting is imperfect, and while the capacity to report accurately is improving, it requires complex systems to link laboratory results to clinical reporting, and to update initial case reports with information about lab results and outcomes. An increasing number of suspect cases have had diagnostic testing done, allowing an improved focus on "confirmed cases" enabling verification in reporting, particularly important when many other diseases that can cause illness and death would raise suspicion of Ebola.

- 2. Can you speak to the flexibility of the American response in West Africa? It has been reported that Ebola Treatment Units are opening with much smaller capacities than originally planned. Who has decided these smaller numbers are appropriate?**

Response: The choice to reduce the numbers of beds in Ebola Treatment Units (ETU) was made jointly by Government of Liberia leadership and partners (United Nations, United States Government, others) through the Incident Management System. The lead U.S. Agency that participates in the system is USAID, through the U.S. Office of Foreign Disaster Assistance's Disaster Assistance Response Team (DART). CDC provided technical advice to DART as the lead for public health and medical response within the USG regarding the details of such decisions.

**The Honorable Ben Ray Lujan**

- I. What's happening in West Africa is a tragedy. Recently, the World Health Organization announced that this unprecedented Ebola outbreak had claimed the lives of over 5,000 people and that more than 14,000 have been infected. Meanwhile, the public health infrastructure in these countries, which was already poor, is increasingly strained. The World Bank reports this outbreak could cost West Africa \$33 billion over the next two years.**

**Clearly, we have a moral responsibility to address this crisis. But defeating Ebola at its source is also vital to ensuring the safety of the American people. The Administration has correctly asked for a robust funding package to address this crisis. It is my hope and expectation that Congress will act on this request quickly.**

## **CONTENT ACCURATE AS OF DECEMBER 15, 2014**

**However, the current Ebola crisis also demonstrates the importance of robust investments in our nation's public health infrastructure and in our research and development institutions. In my home state of New Mexico, our National Laboratories have developed genetic sequencing, low cost rapid pathogen assays, and computer models for how diseases spread.**

**Can you speak to the present and future role the National Labs play in our response to the Ebola crisis and similar outbreaks? Do you expect any of the funding in this request to go to National Laboratories –either directly or through partnerships?**

Response: In addition to the work of the Biomedical Advanced Research and Development Authority (BARDA) work with the Department of Energy (DOE) (see ASPR/HHS response to QFRs), the Centers for Disease Control and Prevention (CDC) is working closely with partners at the National Institutes of Health, the Department of Defense, and the US Agency for International Development (USAID) to create a cohesive strategy for building sustainable laboratory capacities in West Africa, particularly the hardest hit countries of Guinea, Sierra Leone, and Liberia. As part of this collaboration, CDC and the DOE's Sandia National Laboratory (SNL) coordinate and leverage expertise and resources to respond to laboratory needs in the affected countries. A senior CDC medical officer is assigned as a Liaison Officer (LNO) to SNL and supports coordination of activities and projects between the institutions. SNL, within the framework of a DoD-CDC-NIH laboratory synchronization collaboration for West Africa, is a partner on improving laboratory services through:

- Deploying DTRA-funded field laboratories to Sierra Leone and Guinea to enhance diagnostic capacity.
- Attempting to minimize the time required for diagnostic testing by modeling sample collection and transportation strategies to improve testing turn-around time.
- Geospatially analyzing Ebola transmission in a quarantined village, Sierra Leone.

Finally, in all three countries, the national laboratory system has to be essentially rebuilt with the assistance of partners, including select National laboratories. There are funds requested in the CDC's portion of the emergency funding request to address this laboratory capacity building.

### **The Honorable Jan Schakowsky**

- I. I want to make sure federal dollars are being used properly to prevent the spread of Ebola. Education and training front line hospital staff about how to protect themselves from Ebola exposure is vital for nurses and other workers at high risk of workplace exposure to Ebola. Protecting workers at risk of exposure will protect the public safety and strengthen the confidence of the public.**

**How is CDC involving the federal Occupational Safety and Health Administration in its certification or review of hospitals being designated as one of the 50 Ebola treatment centers?**

Response: CDC has worked closely with Occupational Safety and Health Administration (OSHA) throughout the Ebola response to share information and collaborate on ongoing activities to help ensure that employers and affected industries are accurately following applicable health and safety standards, including those in the healthcare settings. Examples of CDC and OSHA collaboration

## CONTENT ACCURATE AS OF DECEMBER 15, 2014

throughout the Ebola Response include:

- CDC is sharing information with OSHA on how CDC provides technical assistance to prepare hospitals to receive Ebola patients via the Rapid Ebola Preparedness (REP) Teams. The REP teams are multidisciplinary teams of experts—including infection control practice specialists, personal protective equipment specialists, worker safety experts, clinical care and diagnostics experts, and experts in laboratory processes—who assess a facility’s infection control readiness and support them in developing a comprehensive infection control plan. OSHA has attended several REP visits with the agreement of hospital and state officials.
- CDC has established a process to share CDC guidance that is in development with OSHA and the labor unions for their review and comment. Similarly, OSHA has provided CDC draft guidance for review prior to posting.
- CDC is collaborating with OSHA to co-brand multiple guidance documents that are currently in development. Recently, the fact sheet “Safe Handling, Treatment, Transport and Disposal of Ebola-Contaminated Waste” was released. This fact sheet was co-branded with OSHA, CDC NIOSH, and EPA.
- CDC also has standing weekly meetings which include representation from OSHA, CDC, CDC NIOSH, and labor to update on ongoing Ebola Response activities and to receive feedback from the labor unions on issues of concern
- OSHA has informed CDC that they are considering how best to formulate their role and function going forward, especially with respect to designation by state officials and listing as Ebola Treatment Centers on the CDC website.

**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 Morgan Griffith**

- 1. During the hearing you acknowledged that the Secretary of HHS is authorized to transfer funding from your department to other departments, and when she does so she is required to tell you that she has transferred those funds. Has Secretary Burwell transferred funds in 2014 from the National Center for Emerging and Zoonotic Infectious Disease?**
  - a. Similarly, has the Secretary transferred money from the CDC's global health programs?**
  - b. Has the Secretary transferred funds from CDC's Public Health Preparedness and Response Division?**
  - c. If funds were transferred from any of the above mentioned divisions, were any of them transferred to help support Obamacare?**
  
  - d. If funds were transferred from any of the above mentioned divisions, were any of them transferred for children and families to care for increasing number of unaccompanied children who arrived in the United States?**
  
  - e. For all of the above questions, please provide the origin and destination of the funds, the date the transfers were made, and the amounts that were transferred.**

Response: HHS reallocated resources to support activities that are vital to accomplishing the mission of HHS in 2014. Funds were transferred from CDC accounts in April 2014 to the CMS Program Management account and the ACF Refugee and Entrant Assistance account. Specifically, transfers were made of (1) \$0.792 million out of the Emerging and Zoonotic Infectious Disease account; (2) \$1.056 million out of the Global Health account within HHS; and (3) \$3.647 million out of the Public Health Preparedness and Response account within HHS. CDC defers to CMS and ACF on the uses of funds in their accounts.

- 2. How many sit-down, face-to-face meetings have you had with Ron Klain?**
  - a. Please provide the dates that you met with Mr. Klain and the topic of discussion.**

Response: I would regularly meet with Mr. Klain, as well as talk with him by phone and video conference, to discuss the response to the Ebola epidemic in West Africa and cases of Ebola and Ebola preparedness in the United States.