

OPERATOR - GOOD MORNING 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. I WOULD LIKE TO REMIND ALL PARTIES THE CALL IS NOW BEING RECORDED. IF YOU HAVE ANY OBJECTIONS PLEASE DISCONNECT AT THIS TIME. I WOULD NOW LIKE TO TURN THE CALL OVER TO ALLISON ADLER. THANK YOU. YOU MAY BEGIN.

MODERATOR (ALLISON ADLER) - THANK YOU, OPERATOR. GOOD AFTERNOON. I AM ALLISON ADLER, DIRECTOR OF COMMUNICATIONS FOR THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, AND I WOULD LIKE TO THANK YOU FOR JOINING US FOR TODAY'S MEDIA TELEBRIEFING ON THE RESULTS FROM HOSPITAL EMERGENCY DEPARTMENT RECORD REVIEW SUPPORTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY. HERE TO DISCUSS THE REPORT IS DR. LORETTA HADDY. SHE IS THE STATE EPIDEMIOLOGIST FOR THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH. FOLLOWING DR. HADDY'S BRIEF REMARKS WE WILL TAKE QUESTIONS. AT THIS TIME I WOULD LIKE TO TURN THE CALL OVER TO DR. HADDY.

DR. HADDY - THANK YOU, ALLISON. ON JANUARY 9, 2014, APPROXIMATELY 10,000 GALLONS OF MCHM LEAKED INTO THE CANAL RIVER ONE AND A HALF MILES UPSTREAM FOR THE WATER INTAKE FOR WEST VIRGINIA AMERICAN WATER IN CHARLESTON, WEST VIRGINIA. WEST VIRGINIA AMERICAN WATER SUPPLIES WATER TO ABOUT 300,000 PEOPLE LIVING IN 100,000 HOUSEHOLDS IN NINE COUNTIES IN WEST VIRGINIA. AT 6:00 P.M. ON JANUARY 9, WEST VIRGINIA AMERICAN WATER ISSUED A DO NOT USE ORDER. THE WEST VIRGINIA POISON CONTROL CENTER STARTED RECEIVING PHONE CALLS FROM PEOPLE REPORTING RASHES, NAUSEA, VOMITING, DIARRHEA AND OTHER SYMPTOMS. EMERGENCY DEPARTMENTS STARTED SEEING AN INCREASE IN VISITS AND THE WEST VIRGINIA BUREAU FOR PUBLIC HEALTH BEGAN COUNTING THE

NUMBERS OF THE E.D. VISITS ON JANUARY 10th. PUBLIC HEALTH OFFICIALS AT THE WEST VIRGINIA BUREAU FOR PUBLIC HEALTH WANTED TO UNDERSTAND WHY PEOPLE WERE GOING TO THE EMERGENCY DEPARTMENT AND WHETHER ANY OF THE ILLNESSES REPORTED WERE SERIOUS. THE BUREAU FOR PUBLIC HEALTH ASKED EPIDEMIOLOGISTS AT THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY TO HELP WITH THE INVESTIGATION. AN EPIDEMIOLOGIST IS A PUBLIC HEALTH SCIENTIST WHO TRIES TO UNDERSTAND HOW AND WHY ILLNESS OCCURS, SO ILLNESSES CAN BE STOPPED. EPIDEMIOLOGISTS FOR THE BUREAU OF PUBLIC HEALTH PUT TOGETHER A LIST OF PUBLIC HEALTH QUESTIONS THEY WANTED TO ANSWER. EPIDEMIOLOGISTS USED ALL OF THESE QUESTIONS ON A FORM. HOSPITALS WERE ASKED TO RELEASE RECORDS FOR PEOPLE WHO WENT TO THE EMERGENCY DEPARTMENT BETWEEN JANUARY 9 AND 23rd OF 2014 AND REPORTED ILLNESS RELATED TO THE CHEMICAL SPILL. USING THE FORM THAT INCLUDED THE PUBLIC HEALTH QUESTION, TEAMS OF THE BUREAU FOR PUBLIC HEALTH AND THE AGENCY FOR TOXIC SUBSTANCES AND EPIDEMIOLOGISTS AND NURSES LOOKED THROUGH EACH RECORDS TO FIND ANSWERS FOR THE QUESTIONS. 369 RECORDS WERE INCLUDED IN THE FINAL ANALYSIS. THESE RECORDS WERE FOR PATIENTS WHO HAD SYMPTOMS AND REPORTED THAT THEY WERE EXPOSED TO THE WATER. 215 RECORDS WERE NOT INCLUDED IN THE FINAL ANALYSIS BECAUSE 41 PEOPLE LEFT THE EMERGENCY DEPARTMENT WITHOUT BEING SEEN BY A PHYSICIAN. 110 E.D. RECORDS DID NOT RECORD EXPOSURE TO THE CONTAMINATED WATER. 45 PERSONS WERE GIVEN A DIAGNOSIS THAT WAS CONSIDERED A MORE LIKELY EXPLANATION FOR THEIR ILLNESS LIKE INFLUENZA, STREP THROAT, SCABIES, SHINGLES, ET CETERA. THREE PERSONS HAD NO ILLNESS RECORDED IN THE RECORD. AND, LASTLY, 16 PERSONS WERE VISITING THE EMERGENCY DEPARTMENT FOR THE SECOND OR THIRD TIME. THE NUMBER OF E.D. VISITS WENT DOWN DURING THE SECOND WEEK AFTER THE CHEMICAL SPILL. 3.5% OF 369 PERSONS WERE HOSPITALIZED. PEOPLE WHO WERE ADMITTED HAD CHRONIC ILLNESSES SUCH AS KIDNEY, LIVER OR LUNG DISEASE. 356 OR 96.5% OF THE 369 PERSONS WERE TREATED IN THE E.D.

AND RELEASED. SOME TREATMENTS INCLUDED IV FLUIDS AND/OR, MEDICATIONS FOR NAUSEA OR ITCHING. THE MOST COMMON WAY PEOPLE WERE EXPOSED TO THE WATER WAS BATHING, SHOWERING, WASHING HANDS OR OTHER SKIN CONTACTS. RESULTS OF THE LABORATORY TESTS DONE IN THE EMERGENCY DEPARTMENT DID NOT INDICATE ANY PEOPLE HAD ANY NEW KIDNEY OR LIVER DAMAGE. PEOPLE WHO REPORTED THAT THEY SWALLOWED CONTAMINATED WATER OR FOOD WERE MORE LIKELY TO REPORT GASTROINTESTINAL SYMPTOMS SUCH AS NAUSEA, VOMITING AND DIARRHEA. PEOPLE WHO REPORTED SKIN CONTACT WITH CONTAMINATED WATER WERE MORE LIKELY TO REPORT REDNESS OR ITCHING OF THE SKIN.

WHAT DOES THIS INFORMATION MEAN? SYMPTOMS ASSOCIATED WITH EXPOSURE TO LOW LEVELS OF MCHM OF THIS PUBLIC WATER SYSTEM APPEARED TO BE MILD. MOST PERSONS WHO REPORTED ILLNESS ASSOCIATED WITH THE ELK RIVER CHEMICAL SPILL WERE TREATED FOR THEIR SYMPTOMS AND RELEASED. COMMON SYMPTOMS INCLUDED NAUSEA, VOMITING, DIARRHEA, SKIN RASH, ITCHING, HEADACHE, SORE THROAT AND COUGH. THESE SYMPTOMS ARE CONSISTENT WITH KNOWN HEALTH EFFECTS OF MCHM AND WITH DATA REPORTED BY THE WEST VIRGINIA POISON CONTROL CENTER. IT WAS POSSIBLE THAT THE SYMPTOMS REPORTED TO BE CAUSED BY EXPOSURE TO MCHM COULD HAVE BEEN CAUSED BY OTHER MILD CLINICAL ILLNESSES SUCH AS COLDS OR FLU OR OTHER VIRAL INFECTION. THERE ARE NO LABORATORY TESTS OR COMBINATION OF SIGNS AND SYMPTOMS THAT CAN RELIABLY DESTINGUISH MILD EXPOSURE CAUSED BY MCHM OR BY OTHER MILD TRIGGERS. THE DATA CANNOT PROVE THAT MCHM CAUSED THE REPORTED SYMPTOMS. HOWEVER, THESE DATA ARE CONSISTENT WITH WHAT IS KNOWN ABOUT MCHM FROM ANIMAL STUDIES.

>> THE WEST VIRGINIA DEPARTMENT OF PUBLIC HEALTH COLLABORATED WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION ON A HOUSEHOLD SURVEY KNOWN AS COMMUNITY ASSESSMENTS FOR PUBLIC

HEALTH EMERGENCY RESPONSE ALSO KNOWN AS CASPER, TO MEASURE THE HEALTH AND IMPACT ON THE COMMUNITY AS A WHOLE. THE NUMBER OF PERSONS SEEN IN THE EMERGENCY DEPARTMENT OF 369 IS A SMALL PORTION, 12% OF THE 300,000 PERSONS AFFECTED BY THE CHEMICAL SPILL. THE HOUSEHOLD SURVEY WILL BE HELPFUL IN EXPANDING THE UNDERSTANDING AND THE IMPACT ON THE ENTIRE POPULATION. EPIDEMIOLOGISTS WILL CONTINUE TO EVALUATE THIS DATA AND FINALIZE A SCIENTIFIC PAPER. WRITING AND TALKING ABOUT SCIENTIFIC FINDINGS WILL HELP EVERYONE BETTER UNDERSTAND ALL THE ISSUES SURROUNDING THIS INVESTIGATION.

MODERATOR - THANK YOU, DR. HADDY. OPERATOR, WE ARE NOW READY FOR QUESTIONS.

OPERATOR - AT THIS TIME IF YOU WOULD LIKE TO ASK A QUESTION PLEASE PRESS STAR 1^ON YOUR TOUCH-TONE PHONE. ONE MOMENT, PLEASE.

AND OUR FIRST QUESTION IS FROM DAVE BOUCHER.

DAVE BOUCHER - HI. CAN YOU HEAR ME?

DR. HADDY - YES.

DAVE BOUCHER - THIS IS DAVE WITH THE DAILY MAIL. I WOULD LIKE YOU TO ELABORATE A LITTLE BIT. I SEE THAT YOU'RE SAYING THAT THE DATA CANNOT PROVE THAT MCHM CAUSES THE SYMPTOMS AND IT'S CONSISTENT FROM ANIMAL STUDIES. DIDN'T WE KNOW THE SYMPTOMS WERE CONSISTENT WITH ANIMAL STUDIES OR WITH THE DATA SHEET BEFORE THIS REVIEW STARTED? I'M A LITTLE BIT CONFUSED AS TO WHAT NEW CONNECTION THIS REVIEW FOUND.

DR. HADDY - THE RESULTS OF THE STUDY AND THE REPORTED SYMPTOMS ARE EXACTLY WHAT WAS EXPECTED.

DAVE BOUCHER - I'M SORRY. I DON'T UNDERSTAND WHAT THAT MEANS.

DR. HADDY - NOTHING NEW WAS FOUND OTHER THAN WHAT WE THOUGHT WOULD BE A RESULTING SYMPTOM FROM EXPOSURE TO MCHM. DOES THAT ANSWER YOUR QUESTION?

DAVE BOUCHER - I MEAN, IT SOUNDS LIKE YOU GUYS ALREADY KNEW IT WAS GOING TO HAPPEN AND THEN YOU CITED THE INFORMATION THAT YOU ALREADY HAD AS THE REASON FOR WHY THIS WAS CONNECTED TO THE LEAK. I GUESS I'M JUST CURIOUS WHAT WENT INTO THIS REPORT APART FROM WHAT YOU GUYS ALREADY KNEW.

DR. HADDY - WELL, WHAT THIS REVIEW GIVES US ARE THE ACTUAL FACTS FROM THE HOSPITAL MEDICAL RECORDS. THESE ARE THE DATA THAT WERE FOUND IN THOSE MEDICAL CHARTS.

OPERATOR - PLEASE PRESS STAR 1. PLEASE LIMIT YOURSELF TO ONE QUESTION AND ONE FOLLOW UP. OUR INCOME QUESTION IS FROM KEN WARD FROM CHARLESTON GAZETTE.

KEN WARD - HI. THANK YOU. I WANTED TO ASK^-- IF YOU LOOK AT THE FLOW CHART YOU ALL HAVE THAT SHOWS THE TIMELINE FOR THE ADMISSIONS AND THE TREATMENTS, YOU OBSERVE IN YOUR NARRATIVE THAT THE NUMBER OF VISITS WENT DOWN DURING THE SECOND WEEK AFTER CHEMICAL SPILL. I'M WONDERING IF YOU CAN LOOK AT THE DATES OF JANUARY 15th AND 16th AND COMPARE THOSE TO THE 13th AND 14th AND DESCRIBE WHETHER YOU SEE AN INCREASE AT ABOUT THE TIME THAT THE WATER WAS BEING DECLARED SAFE AND PEOPLE WERE FLUSHING THEIR SYSTEMS AND IF YOU COULD EXPLAIN

WHAT MIGHT HAVE LED TO THAT INCREASE IN PEOPLE SEEKING TREATMENT AT A TIME WHEN THEY WERE TOLD THE WATER WAS SAFE.

DR. HADDY - OKAY. I THINK THE BEST WAY TO EXPLAIN THAT IS THE SECOND SPIKE ON THE GRAPH IS FOLLOWING THE FLUSHING, AS YOU POINT OUT AND INCREASED SKIN CONTACT ON JANUARY 13th. SO THAT'S WHEN AFTER THERE WAS INCREASED SKIN CONTACT AFTER THE FLUSHING WE SAW AN INCREASE IN THE NUMBER OF SYMPTOMS THAT WERE RASHES AND ITCHING AS OPPOSED TO THE EARLIER PART OF THIS DRAFT THAT WAS MORE FOR THE GASTROINTESTINAL SYMPTOMS.

KEN WARD - OKAY. TO FOLLOW UP, THE NEXT TABLE INDICATES AND THE NARRATIVE INDICATES THAT THE MOST COMMON WAY PEOPLE WERE EXPOSED AND FOR OTHER SKIN CONTACT. DOES THAT INDICATE TO YOU THAT WHEN THE ONE PART PER MILLION SCREENING LEVEL WAS DEVELOPED THAT IT WOULD HAVE BEEN PRUDENT WITH WHAT YOU KNOW NOW TO HAVE CONSIDERED DERMAL AND INHALATION ROUTES OF EXPOSURE IN THE DEVELOPMENT OF THAT SCREENING LEVEL?

DR. HADDY - THIS WILL REQUIRE A LITTLE MORE DETAILED RESPONSE AND INFORMATION. WE'LL BE HAPPY TO GET BACK TO YOU ON THAT QUESTION.

OPERATOR - THANK YOU. AS A REMINDER, TO ASK A QUESTION PLEASE PRESS STAR 1. OUR NEXT QUESTION IS FROM ALANA ATWAR FROM WOWK.

ALANNA AUTLER - HI, THIS IS ALANNA. I WAS WONDERING WHAT TOOK SO LONG TO RELEASE THIS EPI STUDY? WE HAVE BEEN WAITING FOR IT SINCE EARLY FEBRUARY WE WERE TOLD BY THE DHHR THAT THIS WAS GOING TO COME OUT IN A MATTER OF DAYS AND IT LOOKS LIKE NOT MUCH ANALYSIS WAS DONE HERE AND THE INFORMATION IS ONLY GOING TO JANUARY 23rd. WHAT TOOK SO LONG IN COMPILING AND PRESENTING THIS INFORMATION?

DR. HADDY - THERE IS NO STANDARD OR AVERAGE TIMEFRAME TO RELEASE RESULTS OF THE EPI-AID. IN THIS CASE WEST VIRGINIA AND THE CDC WORK WITH HOSPITALS AND EMERGENCY WORKERS SAW PEOPLE RELATED TO THE SPILL AND THE REVIEW OF THOSE RECORDS DRAFTED IN THE REPORT, REVIEW OF THE FINDINGS HAVE PROCEEDED AS EACH PHASE OF THE EPI-AID WAS COMPLETED.

ALANNA AUTLER - AND HOW MANY HOSPITALS^-- CAN YOU SAY HOW MANY HOSPITALS PARTICIPATED IN THIS? I KNOW NINE COUNTIES WERE AFFECTED. HOW MANY HOSPITALS DID YOU COOPERATE WITH?

DR. HADDY - THERE WERE TEN HOSPITALS.

OPERATOR - THANK YOU. OUR NEXT QUESTION IS FROM KEN WARD FROM CHARLESTON GAZETTE. YOUR LINE IS OPEN.

KEN WARD - HI. YES. THANKS FOR TAKING MY QUESTION. I WANTED TO ASK REGARDING THE 16 PERSONS WHO WERE DUPLICATES WHO VISITED THE EMERGENCY DEPARTMENTS FOR A SECOND OR THIRD TIME. I WANTED TO^-- IF YOU COULD CLARIFY WERE THOSE PEOPLE COUNTED ONCE AND COULD YOU ALSO EXPLAIN WHAT, IF ANY, ADDITIONAL FOLLOW-UP DID YOU ALL DO TO DETERMINE IF THERE WAS SOME ADDITIONAL EXPOSURE AND WHAT MAY HAVE LED TO A GROUP OF PEOPLE NEEDING TO GO BACK SEVERAL TIMES TO SEEK MEDICAL ATTENTION.

DR. HADDY - I THINK WE WOULD HAVE TO GO BACK AND LOOK AT THE MEDICAL RECORDS TO ANSWER THAT DIRECTLY, BUT THEY WERE ONLY COUNTED ONCE IS THE MOST IMPORTANT POINT IN THE ANALYSIS.

OPERATOR - THANK YOU. OUR INCOME QUESTION IS FROM DAVE BOUCHER FROM CHARLESTON WILL DAILY MAIL AND NEWSPAPER.

DAVE BOUCHER - HI. I WAS HOPING IF YOU CAN CLARIFY HERE, WHERE IT SAID 110 EMERGENCY RECORDS DID HAVE EXPOSURE. I'M CONFUSED AS TO WHY THEY WOULD HAVE BEEN INCLUDED IN THE FIRST PLACE. WHAT IN THOSE RECORDS INDICATED AT ALL THAT THERE WAS SOME SORT OF CONNECTION TO THE CHEMICAL?

DR. HADDY - WELL, I THINK THE BEST ANSWER TO THAT QUESTION IS HOSPITALS REPORTED ANYTHING THAT WAS LIKE A RASH OR A SYMPTOM THAT THEY THOUGHT MIGHT BE ASSOCIATED, BUT ONCE WE ACTUALLY REVIEWED THE MEDICAL CHART IN DETAIL, WE DID NOT^-- THERE IS NOTHING IN THE CHART THAT DOCUMENTED THE EXPOSURE TO THE CONTAMINATED WATER.

DAVE BOUCHER - SO, JUST TO CLARIFY. I JUST UNDERSTAND WHAT YOU'RE SAYING WHILE THE SYMPTOMS MIGHT HAVE MATCHED YOU'RE SAYING THAT THE REPORT DIDN'T SAY THAT THE PERSON HAD SOME SORT OF EXPOSURE TO THE WATER.

DR. HADDY - THAT'S CORRECT. AND WE HAD TO GO WITH TOTALLY WITH WHAT WAS IN THE MEDICAL CHART.

OPERATOR - WOULD LIKE TO TURN IT OVER TO THE SPEAKER FOR CLOSING REMARKS.

DR. HADDY - WELL, I DON'T HAVE ANY CLOSING REMARKS UNLESS THERE ARE OTHER QUESTIONS. WE CERTAINLY WANT TO THANK EVERYONE FOR THEIR INTEREST IN THIS MOST IMPORTANT STUDY, AND WE WILL BE AVAILABLE IF THERE ARE OTHER QUESTIONS THAT MAY ARISE AFTER THE CALL AND PLEASE

FORWARD THOSE THROUGH THE PUBLIC INFORMATION OFFICER ALLISON ADLER AND THE BUREAU OF PUBLIC HEALTH WILL DO OUR BEST TO GET YOU A QUICK RESPONSE.

MODERATOR (ALLISON ADLER) - THIS IS ALLISON. YOU CAN ALSO VISIT OUR WEBSITE, WVDHHR.ORG FOR THE REPORT AND OUR PRESS RELEASE AS WELL. LATER TODAY THERE WILL BE A TRANSCRIPT OF TODAY'S TELEBRIEFING AVAILABLE IF YOU HAVE FOLLOW-UP QUESTIONS AND YOU MAY REACH MY OFFICE AT 304-558-7899. IF YOU HAVE QUESTIONS SPECIFIC TO THE CDC PLEASE CALL THEIR MAIN PREP OFFICE AT 404-639-3286. AND THIS CONCLUDES OUR MEDIA TELEBRIEFING. THANK YOU FOR JOINING US TODAY.

OPERATOR - THANK YOU. AND THIS DOES CONCLUDE TODAY'S CONFERENCE. YOU MAY DISCONNECT AT THIS TIME.

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