

COCA Call: Deepwater Horizon Oil Spill**Date:** June 3, 2010 (11:00 AM- 12:00 PM ET)**Speakers:**

Rich Nickle, MPH,

Environmental Health Team Lead, CDC Deepwater Horizon Incident Management System

Renée Funk, DVM - Lieutenant Commander, U.S. Public Health Service

Medical Epidemiologist, National Institute for Occupational Safety and Health, CDC

Coordinator: Good morning and thank you for standing by. At this time all lines have been placed in a listen only mode until we open for questions and answers. Also today's conference is being recorded. If anyone has any objections please disconnect at this time. I would now like to turn the call over to Loretta Jackson. Ma'am, you may begin.

Loretta Jackson: Good morning. I'm Loretta Jackson Brown and I am representing the Clinician Outreach and Communication Activity, COCA, with the Emergency Communications System at the Centers for Disease Control and Prevention.

I am delighted to welcome you to today's COCA Conference Call: Deep Water Horizon Oil Spill. We are very excited to have Rich Nickle, team lead from the Centers for Disease Control and Prevention Deep Water Horizon Incident Management System.

Mr. Nickle is an emergency response coordinator with the US Public Health Service Agency for Toxic Substances and Disease Registry. He is responsible for identifying health issues raised on hazardous material incidents. He organizes teams to assess health impact and recommends further action.

During his 25 years of hazmat response Mr. Nickle has been involved with the clean up of roughly 225 super fund sites in the response to some 475 hazardous materials incidents. He has worked in the Coast Guard's pollution response program, EPA's removal program, remedial program, enforcement program and the Health and Human Services' emergency response program. Please welcome Rich Nickle. Rich.

Rich Nickle: Good morning. I'm the environmental health team lead within the incident management system here at CDC. I'm not the lead and if you noticed when Loretta went through my bio there I'm not a physician.

So if we get into any questions down the road that are heavy duty into medical issues, be advised I'm going to have to refer you to other sources for those informations. Mostly what I hope to do here today is talk about the response and provide resources as to where you can go for more information. And within that I'd like to start off by saying as various experts like Dr. Luanne White from Tulane have said, most oil spills are more of an ecological hazard than a human health threat.

All of the government agencies that are involved in this response and there are a lot of them through the National Incident Management System are trying to make sure that this event is the same. We have FDA who is working with NOAA and the National Marine Fishery Service in the US Wildlife and Fishery Service to make sure the seafood is safe.

CDC and EPA are working together to monitor the general environment to detect any hazards that may be there. OSHA and The National Institute for Occupational Safety and Health and the National Institute for Environmental

Health Studies are working together to support the health and safety for the workers.

And CDC is working with our state health partners to monitor, to maintain surveillance of the general population medical care to make sure that we can detect any adverse health effects that the general population are seeing. So far the environmental data does not show any potential for adverse human health effects in humans.

The surveillance data has picked up on some anomalies that I think you may have heard about. We are - the states are following up on those. The ones where the follow up has been completed have indicated that the probable cause is not due to crude oil spill but to some other environmental cause or something else in the individuals in environment.

And as health concerns have been raised by the workers efforts have been made by a very large detachment of people from health and safety experts to identify the cause of those concerns and try to make sure they are corrected. A lot of the information that you're probably interested in as clinicians is going to be available through links from the CDC Web site at emergency.cdc.gov.

If you go there you can link direct to the oil spill page and there is information up there on crude oil, the dispersants, it's all for residents, for response workers and for health professionals. Towards the bottom of the page there are links to other Web sites that can be of a lot of use.

One of the ones that I wanted to highlight is the National Library of Medicine's Disaster Information Management Research Center. They have pulled together a lot of information from the extensive National Library of

Medicine databases and focused them on oil spills - so most of the research that is available currently online is available through that link.

Another good source is the Environmental Protection Agency's Web site. That's at epa.gov/bpspill. They are posting their environmental data live almost online on there as fast as they can. The air monitoring data that they are collecting using real time instruments is being posted within 24 hours. The laboratory sample results are being posted - it takes about two or three days to get them through the lab and appropriately reviewed before they can go up on the Web site.

And we are putting information up almost on a daily basis at CDC Web site. So there is an awful lot of information out there. There are also links to the various state health departments as well. I don't think there is anything much more I have to say in the way of introductory remarks. Are there any questions I guess?

Loretta Jackson: I want to thank Rich for sharing that information. Thank you so much. In addition to Rich Nickle we also have Dr. Renee Funk available for the question and answer session. Dr. Funk is a Lieutenant Commander in the Commission Corps of the US Public Health Service.

As a medical epidemiologist in the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Dr. Funk leads the National Institute for Occupational Safety and Health field activities regarding worker safety and health issues with the oil spill. And recently she returned from a three-day *[noted: Dr. Funk's deployment was 3 weeks in duration]* deployment to the command center in Houma, Louisiana. We will now open up the lines for the question and answer session.

Coordinator: Thank you. At this time if anyone has a question please press star, 1 on your touchtone phone. Again, star, 1 if anyone has a question or a comment. One moment for the first question. Thank you. Our first question comes from (Reginald Richards). Your line is open. (Reginald), your line is open. Please check your mute button.

(Reginald Richards): Sorry. I guess my mute was on. Hi. This is Dr. Richards with OSHA. This question is for Dr. Funk. When we start talking about surveillance and potential health effects, is there a mechanism in place to actually look at the working population in addition to the general public and then separate those out?

Renee Funk: If you're talking about - this is Renee Funk answering by the way. Are you talking about what the state surveillance is doing or what some of the NIOSH activities are?

(Reginald Richards): Both actually.

Renee Funk: Okay.

(Reginald Richards): This is always an ongoing issue when we start looking at surveillance in the community is generally a little bit more robust than what we actually see in a working population and we have a hard time trying to get a lot of that data from the working population.

Renee Funk: Right. Correct. Thanks. Yeah. So I have been in contact with the state health departments. They are developing their surveillance systems for this response. Mostly what they're doing is trying to enhance their own normal surveillance

systems by making a special effort to ask the healthcare workers who normally report into their system to identify someone that they suspect to be part of the oil spill, you have exposure or something like that.

So that they can identify those cases. They are also doing the same thing with poison control center data, all the poison control center calls people have been instructed to make a special note if a caller refers to the oil spill or believes that have been exposed to it in some way. So that information will come into CDC.

Those ones who are identified as being oil spill related. We have kind of always had a traditional challenge of, regardless of the oil spill, of identifying a person as a worker or just a member of the general population. And so that problem will still probably remain an issue even in this situation.

With regards to activities NIOSH is doing - we are trying to collect some of the injury and illness information that BP is reporting as well as the other federal agencies that have workers responding to the oil spill. And we're still in the process of getting that all negotiated.

Right now, as you know, OSHA has received the information through a phone call mechanism I believe from BP on a daily basis and so we're trying to in addition to that information try to get some of the other agencies on board so we can provide a little bit more of an overall picture. Now of course those cases are not necessarily reportable and- can often times be minor.

Those are things that are reported by safety officers or medics so not necessarily something that rises to the level of having a diagnosis or that sort

of thing. So just to keep in mind that that's a little bit different, if they haven't sought care at a health care provider.

(Reginald Richards): Right. Thank you.

Coordinator: Your next question comes from (Maureen Richards). Your line is open.

(Maureen Richards): Yes. I work at a university health services so our patient base comes from various different areas of the country and I know there is not a lot of information yet but what might clinicians need to watch for as far as not only maybe respiratory symptoms but also symptoms associated with ingestion of either water that people may have been swimming in that could be contaminated or eating fish or shellfish that could be contaminated as a result of this oil spill.

Rich Nickle: This is Rich Nickle. An awful lot of the information you are looking for is going to be available at the CDC Web site. If you look at the crude oil fact sheet for clinicians, there is also one for dispersants that is focused on the dispersants in use.

For most of the information that the contaminants that we have identified in the oil and if you look at the EPA Web site it's an amazing amount of data that is being collected. We're talking several samples per day all along the coast basically from Vermillion Bay all the way over to Cape Saint (Blott). The information is presented there.

We are reviewing it with EPA. In most cases - well, in all cases to date none of the levels in the water or in the sediment are at levels for any of the contaminants detected are at levels that we would anticipate would cause

health concerns. If that changes there is a very robust process for identifying places where we do have a problem that develops.

We have there are procedures in place for like closing the beaches, which is primarily a state or a county health department decision if it occurs. The idea isn't going to be so much as reacting to the exposures as trying to prevent the exposures from occurring in the first place, which is why many of the seafood harvesting areas have been closed by NOAA and the FDA and in so far as I know right now Louisiana State has closed their waters as well to most of the seafood harvesting.

The idea is to keep any seafood that could potentially be contaminated by this oil spill off the market so that it's safe. If there is someone who goes out and violates the fishing ban on their own hook and does commercial fisheries or something like that, there are - the way that most of the fish advisories are that - let me rewind that one a little bit here.

If you look at the FDA Web site they have information up there about how to tell whether or not the fish you caught on your own is safe to eat or not. In most cases the contaminants associated with crude oil have a very distinctive odor and if you can smell it you don't want to eat it. That's pretty much the answer to that one.

So I think the idea is preventing any type of exposures rather than trying to treat them after the fact. But if we do - if something slips through there is information as we get information on the contaminant that is being posted on the CDC Web site, on the HHS Web site and on the National Library of Medicine Web site to help guide you through those efforts. Did that answer your question ma'am?

(Maureen Richards): Yes. Pretty much. Thank you very much.

Coordinator: As a reminder if anyone has a question please press star, 1. Again star, 1 if anyone has a question. I am showing no further questions.

Loretta Jackson: Dr. Funk?

Coordinator: Ma'am, I apologize. We do have more questions.

Loretta Jackson: Okay.

Coordinator: Thank you. The next question comes from (Mike Soto). Your line is open.

(Mike Soto): Thank you ma'am. My name is (Mike) and I'm representing St. Luke's Hospital in Jacksonville, Florida.

Obviously in the event that we have these isolated reports of people coming in and they are claiming to be either in the locale or where they may have been exposed. And we already know when we receive these claims that we are going to just go ahead and report them up channel as quickly as we can and obviously wait for guidance.

Is it safe to say that when folks contact these poison control centers and communicate up channel that there will be some specific how to dos and to what do next type communications that we'll be receiving? Or will we just be in fact just reporting information and then just processing and following normal protocol?

Rich Nickle: This is Rich Nickle.

(Mike Soto): Hey Rich.

Rich Nickle: That's getting a little bit out of my lane. But my understanding is that to a certain extent it depends on the state, which state you're in. Each of the states have their surveillance systems set up as they deem fit.

(Mike Soto): Okay.

Rich Nickle: In some cases for example in Louisiana, any reports that come in that talk about oil spills or anyone who comes into the healthcare system that reports their concerns are due to health, whether or not there is a diagnosis or not to oil spill exposure, whether or not there is a diagnosis to that effect or not, are being contacted by the state health department and they are being - there is a follow up involved in that.

I'm sure all the other states are doing that to that same level of effort but there will be some sort of a follow up. In addition, the poison control centers have been onboard with this since almost day one I think - April 23 or something like that.

And they have very specific guidance if you contact them about what sort of treatment options you should have and we're relying on them in many respects to deal with that since that's where most of our medical toxicologists work through. Did that help you, sir?

(Mike Soto): Yes sir. Thank you.

Coordinator: Thank you. We have a question from Reverend (Robert Lehigh). Your line is open.

(Robert Lehigh): Good morning everyone. God bless you. I'm here in Baton Rouge, Louisiana. Obviously being in Louisiana it's more a personal thing too here with what we have been going through.

But that being the case, my concerns are the long-term health effects because I must tell you I'm very, very concerned about that (business that has been provided me). So what are you guys doing in conjunction with the other federal operatives to ease that kind of thinking or to make it so that people are not have a toxic situation like a (root canal) situation for health?

Renee Funk: Rich, I can take this question from the workers' perspective if you like.

Rich Nickle: That would be great, Renee. Thank you very much.

Renee Funk: Okay. This is Renee Funk again from NIOSH. I can't say too much about the general public aspect of things. But I can tell you what we're doing for workers.

We are making a concerted effort to roster all of the workers that are involved in this activity and it's over 10,000 workers so far. And we haven't committed yet at this point to doing a long-term registry but if the need arises by doing it, collecting a roster prospectively of everyone involved in the response and their contact information and that sort of thing, we will be able to follow up with them should the need arise of issues that you are referring to, if something becomes apparent later.

(Robert Lehigh): Thank you. Do you see that this might be a boomerang effect?

Renee Funk: What do you mean?

(Robert Lehigh): In other words, okay - I say it's cleaned up but what's going to stop this from maybe this is not a question for you guys - but I'm just concerned about this becoming a long-term situation because we know here in Louisiana they can't do anything until August actually.

And it's risky what they are doing now. So there has got to be some kind of environmental health long-term effect. So I'm kind of wondering what kinds of plans did you have in place for that.

Rich Nickle: This is Rich Nickle. I think a lot of your concerns Reverend, are out of our lane if you will. And you need to really be talking to the folks at the Unified Area Command as far as how long this spill will occur and what type of mitigation will happen.

We are working with them to make sure that we are aware of any potential human health outcomes.

(Robert Lehigh): Right.

Rich Nickle: But when we look at this data that EPA is sharing with us and our evaluations are we're not quite ready to put them up on the Web site but they will be coming up soon, is that we're looking at this for in an intermediate to chronic exposure scenario.

So we're trying to evaluate this data as if it's going to be there for a while. Hoping that it won't be and I think we have got a good shot at that, but we want to make sure that we are not just looking at today or next week. We're wanting to look into that August timeframe as when we say something should not cause harm. Okay?

(Robert Lehigh): Very good.

Rich Nickle: So the way - let me go through this. A big part of this is we have a potential hazard in the crude oil. The other big part of this piece is the exposure side and as I said in one of the earlier things, one of the things we're trying very hard to do is to prevent the exposure from occurring.

We can't control Mother Nature obviously so we have to react to that. And one of the things that if you go up on the EPA Web site you will see information about the level of air monitoring that they are doing for example. They have buses that they call TAGA vans that are running along the coastline sampling for contaminants. They have sampling crews out with real time instruments that give them instantaneous readings and they are taking lab samples.

So what we're trying to do is detect a hazard and then prevent exposure to that hazard to prevent the kind of long-term health outcome that you're concerned about. Obviously we can't control again what Mother Nature is going to do to us here or what hook, what surprises we have coming down the road. We're vigilant, we're trying to identify those and we will respond to them as we see them.

(Robert Lehigh): Well, thank you so much for you informative answers everyone. Thank you.

Coordinator: Thank you. Our next question comes from (Hunter Lindville). Your line is open. (Hunter), your line is open.

(Hunter Lindville): Hello. I was just wondering what the Web site again for the physician fact sheet. If you can give me that, that's all I was – asking for. Thank you.

Rich Nickle: The Web site - this is Rich Nickle. The Web site where our physician fact sheeted is available is at emergency.cdc.gov. And what you'd see there, there is no www there but what you'll see is a hot link to the oil spill and I think there is on for H1N1 if you have concerns about that.

At that location that will link you redirect you to the Web page and you probably if you're in one of the areas that are potentially affected by the crude oil. You probably want to check these Web sites frequently because there is an awful lot of updates. We are continually working on information and presenting it as fast as we can.

There are links from that Web site to our partner agencies at EPA to the Coast Guard area command to National Library of medicine and to other important responders such as NOAA, which would include the fisheries issues that may be coming up for some folks here in the new future.

So it's emergency.cdc.gov - no www.

(Hunter Lindville): Thank you.

Coordinator: Thank you. Our next question comes from (Ken Chase). Your line is open.

(Ken Chase): Thank you. I'd like to ask if anybody knows what the discharge diagnoses were on the, I believe nine boatmen who were hospitalized last week at West Jefferson General Hospital in Louisiana.

Renee Funk: Yes. I don't know their specific discharge information - this is Renee Funk. But I'm sorry - I'm trying to look at something else for a second. I do, all I know is what was reported on some of the BP safety officers and granted they don't actually have access to the discharge diagnoses from the hospital.

But I do know - I guess I only know about the first seven workers. I don't know anything about the additional two. But of the initial seven workers that were taken to the hospital four were held for observation and released without treatment, two refused treatment, one was held for treatment for hypertension and was discharged the following day.

I believe that the investigation of what exactly happened is still ongoing but one of the things that I heard was that they had recently changed to a different vessel cleaning product and were following the instructions for the previous cleaning product and not the one they were currently using.

So I think it was relatively undiluted. It was at a higher concentration than it was supposed to be.

(Ken Chase): The dispersants?

Renee Funk: No. A cleaning product on the boat - just a regular cleaning product.

Rich Nickle: This is Rich Nickle. If you go to the Deepwater response Web site, the incident command one, you'll see references being made there to

decontaminating ships, which is a pretty big effort when you start talking about some of these larger deep draft ships.

And some of the cleaning products that are involved in that are the ones that we're talking about here we think. Again, the incident is still under investigation so it's still not clear exactly what is happening with that. There is follow up in process both through the worker health and safety side of the house and also through I understand the state health department. And hopefully we will know more about that in the coming weeks. Did that help you sir?

Coordinator: Our next question comes from (Susan Walsh). Your line is open.

(Susan Walsh): Hi. Thank you. I just want to say that we're here at the Department of Health in New Jersey and clearly my team here just wants to send out our heart felt, concerns and prayers to the gentleman from Louisiana and to all his colleagues along the Gulf.

Having said that, we know this is your tragedy. It's also an American tragedy so if you need to reach out to us for any reason please find us. That having been said, I also wanted to add a little bit to his question about chronic effects. We do have some history and we should have some science by now by other oil spills such as up in Alaska where we're years away from that point.

Do we have any kind of idea maybe from Alaska if they have a robust disease registry or death certificate data that tells us what we may be looking at five, ten, 15 years down the line for a tragedy like this? Or is there any information from Russia, Norway?

We had to do strategic planning. I know we're all concerned now with what we're doing acutely but what can the CDC help us with as we try to plan where we're going as health departments in the next decade?

Rich Nickle: This is Rich Nickle. Actually one of the first things that we have done is go back and look at those historical documents. You'll find a link on the CDC Web site to the health hazard evaluation at NIOSH to the workers on Exxon Valdez.

We are looking down the road for that. Again, we're hopeful that we're going to be able to prevent issues. If we can't we're obviously going to be using that historical references to begin to take a look at those sorts of things. Right now there is nothing in the data that would indicate that we have that kind of a problem looming for us out of this event.

The oil that's involved here out of southeast Louisiana is different from the oil that was spilled in Prince William's Sound and is different from what was spilled in Norway for example or in the Shetland Islands, which is another historical event that we have been looking at for to help us guide us here.

The other side of the coin is as has been stated is this is a much larger event even than the Exxon Valdez. So we have to be in many ways we are going to be breaking new ground with this one. And we need to be alert for that and we're trying very hard to make sure that we have the mechanisms in place, that they are sensitive and robust enough to where we can detect those sorts of problems and go from there. Did that answer your question ma'am?

(Susan Walsh): Actually that was helpful and we appreciate it and we look forward to your leadership in that area. That is going to help us. Thank you.

Coordinator: Thank you. Our next question comes from (Peg Seminerio). Your line is open.

(Peg Seminerio): Thank you. This is (Peg Seminerio) from the AFL-CIO and I want to thank you at the CDC and NIOSH for your work on this. We have been in communication with the agencies trying to get a better handle on potential for exposures and the control measures that need to be taken.

One question that I have relates to the surveillance that is going on on the potential health effects and exposures among workers. One of the things that we saw very severely and acutely and tragically at the World Trade Center was there was a lot of reliance that was put on the air exposure monitoring and not as much put on what was coming from worker reports of symptoms and potential health effects and diseases, is that the exposure levels were telling us that there wasn't a problem and the health effects were telling us there was a significant problem.

And now we've got more than 15,000 workers who are very sick as a result of exposures that, you know, occurred at that site. And that was a fairly contained and controlled site.

So one of the questions that I have here is looking at the surveillance mechanisms that have been set up, I think it really is critical that they be set up in a way that they can pull the information out quickly about what is going on with the workers since they are the ones that will have the highest exposures and mechanisms be set up to follow those back.

And so whatever can be done in that regard, relying on the existing surveillance systems, but modifying them so that the exposure is part of that report and that there are follow-up mechanisms that take place.

You know, I'm on the Deepwater Horizon Response Site now and there's a report on the incidence for oiled shore line, there's, you know, a line for making, you know, call-in for reporting oiled wildlife but there's no place - central place that a worker individual can call about health effect.

And so one of the things I think the Federal Government needs to think about is there's some way to begin to capture that information, not only through your surveillance systems but for actively taking reports from the public and workers about potential for exposures or potential for the - or the fact that people are seeing health effects and is there any thought being given to that by the agencies.

Renee Funk: Thanks (Peg), this is Renee Funk. Yes, we certainly are, and I mean fortunately BP and all the federal agencies responding have been extraordinarily cooperative in reporting everything that they're aware of including minor cases that would not normally be OSHA reportable.

And so we've been able to use that information to, you know, follow up on things immediately as necessary and, you know, of course NIOSH isn't necessarily the lead investigator on these things, but, you know, both OSHA, us, the State Health Department and Louisiana, I've been working very closely with them, has followed up on, you know, any of the people seeking medical treatment, you know, that sort of thing.

And so with all those people working together, I do feel like we've been able to follow up on any cases that we've become aware of quickly.

Rich Nickle: This is Rich Nickle. And in addition to that, you know, you need to - you should be advised that besides the normal - the surveillance systems that are in place in each of the states, you know, the CDC is also monitoring information coming into the Poison Control Centers and we'll also monitoring information through a program called BioSense.

And we're being very aggressive in collecting our data with our State Health Departments. I can't guarantee you that we'll catch everybody but we're trying as hard as we can.

(Peg Semanario): Thank you.

Coordinator: Thank you. Our next question comes from (Dennis Chesterman). Your line is open.

(Dennis Chesterman): Hi. Is my mute off?

Coordinator: You can go ahead sir.

(Dennis Chesterman): Okay. Is the mute off? Can you hear me?

Coordinator: We can hear you.

(Dennis Chesterman): Okay. Yes, I'd like to actually second what (Peg Semanario) had to say and advocate some analogous situation that I've been in with the state dealing with hazardous materials spill.

When you're dealing with multiple municipalities, it's very important to provide them with a uniform ascertainment instrument. And in this case it probably would involve syndromic surveillance.

Essentially my question is whether either environmental level or at the occupational level any uniform questionnaires have been put together to distribute to the state agencies and to the employers who are involved so that you'll have consistent data that you'll actually be able to tabulate when this is all over.

Rich Nickle: This is Rich Nickle. I'm not on the epidemiological surveillance team but the - there - the syndromic surveillance is in place in two of the four states. I'm not sure I can - I know which two. Louisiana has a system in place that they're using. I know that.

They also have a standard questionnaire that they're using to collect data in their follow-up. CDC has developed a drop-in questionnaire process that we've offered to the states if they feel they need to have that.

And of course, as always they can ask for assistance from CDC with any epidemiological investigation they want to use.

So if you need more information about that, probably the best thing to do would be to contact our epidemiological team through CDC Info, the toll free number; 800-232-4636 or via email at cdcinfo@cdc.gov.

(Dennis Chesterman): Okay. Thanks very much.

Coordinator: Thank you. Our next question comes from (Jessie Connell). Your line is open.

(Jessie Connell): Good morning. My name is (Jessie Connell). I'm a paramedic in the state of North Carolina. This is more of a medical question for Dr. Funk.

As a paramedic, are there any delayed effects from either crude oil exposure or dispersion exposure or latency periods for either one of those that paramedics specifically should pay attention for in patients that have already been treated and discharged?

If so, should they receive modified care or are standard national protocols still efficient and ideal?

Renee Funk: Well I'm a doctor of another sort, so I apologize. I actually don't know the answer to your question, but I believe those sorts of things are addressed on our Healthcare Professional Fact Sheets on the Web site so I would suggest looking there.

(Jessie Connell): Okay. That would be emergency.cdc.gov?

Renee Funk: Yes.

(Jessie Connell): Thank you Dr. Funk.

Rich Nickle: This is Rich Nickle. If you don't have a - if that doesn't answer your question, please make sure that you drop us an email or a phone call through CDC Info and we'll try and get you the right answers since, you know, you kind of strayed out of our lane here.

(Jessie Connell): Thank you Mr. Nickle. Could you repeat that number for CDC Info again, please?

Rich Nickle: It's - well it's the 800-cdc-info is...

(Jessie Connell): Okay.

Rich Nickle: It's, you know, you type it out so it comes out to being 232-4636.

(Jessie Connell): Thank you sir.

Loretta Jackson-Brown: Hey, this is Loretta Jackson-Brown with the COCA, I would also add that you may email us at coca@cdc.gov with questions and we will be able to address them, as well.

Coordinator: Thank you. Our next question comes from (Lynn Oven). Your line is open.

(Lynn Oven): Hi. I am a registered nurse and I am running the urgent care center in Fort Sulphur, Louisiana which is about 40 miles from Venice. And my question is is that we are reporting incidents of workers' comp and the residents in the area.

And it's self-reporting so it's by voluntary that you report what's happening, and of course, I am doing that. But my concern is is that once the companies see that we are reporting because the State is calling the individuals, is there's going to be some push back not to use our facility any more because of us doing what we're supposed to do.

Rich Nickle: This is Rich Nickle. Well, you're out of my lane again, but I don't think that's in the cards. You know, there would be a significant downside to that for many people involved in that so I would not expect that to happen.

If it does happen, there are probably avenues that we can explore to readdress that situation.

Renee Funk: Yes, this is Renee Funk from NIOSH. I would totally agree. I mean, just from my interactions with BP and the State Health Department, it seems like, you know, everyone is working together to protect the workers.

Any time an issue has been identified, BP has, you know - with all these heat stress issues that have come up, they have created a heat stress plan and they'll have heat stroke monitors at each staging area and things like that.

So they seem to, you know, be very responsive to anything that comes up, so I wouldn't anticipate them discouraging you from reporting.

(Lynn Oven): Yeah, well, the thing is that a lot of it is contractors. It's not exactly coming from BP themselves. So it's a lot of contract employees.

It's just, you know, I'll monitor the situation and report it, but it just seems to me that it could be a problem. And I don't necessarily trust BP.

Rich Nickle: This is Rich Nickle again. I think if that occurs, if you hear about it occurring, the thing you need to do is make sure you let your Parish Health Department and health director know about it so they can pass that up to the state because we - there are direct - there's direct communication between the state and the area command and directing who's - that's directing BP's operations.

So I think that's that avenue if that becomes an issue and I really hope it doesn't, but if it does, that would be the way to address that I think.

(Lynn Oven): Okay, thank you.

Coordinator: Thank you. Our next question comes from (Russell Egert). Your line is open.

(Russell Egert): Yes. I'm not sure if you can answer my questions, but I'm wondering about the underwater plumes that have been reported and how can those be tracked and what are the potential long-term effects of those underwater plumes.

My understanding is that the fishery closures are pretty much based on, you know, visualization of the surface oil, but what about the underwater oil? Is there potential for bioaccumulation in the food chain there? How long will water sampling and seafood sampling be conducted if these underwater plumes are going to persist for a lengthy period of time?

Rich Nickle: This is Rich Nickle. That question is best addressed by our colleagues at NOAA. You know, they're still sampling and evaluating Prince William Sound and this is what? 21 years after the spill there.

So I think they're going to be following it for a long time. But that's who you really need to talk to about that.

(Russell Egert): Okay, thanks.

Loretta Jackson-Brown: And again, this is Loretta Jackson-Brown, you can send your questions to coca@cdc.gov and we will make sure that it gets to the appropriate individual to provide you with an answer.

Coordinator: Thank you. As a reminder, if anyone has a question, please press Star 1. Again, Star 1 to ask a question.

(Joann Chambers), your line is open.

Cynthia Lewis-Younger: Thank you. Yes, actually this is Dr. Lewis-Younger from the Florida Poison Information Center in Tampa. And I just wanted to shed some light on - I don't really have a question. I wanted to shed some light on the role of the poison centers on this outreach - I mean, in this response to effort.

Because I know some of you have stated the fact that there's no system in place for gathering data systematically. That is not true. The poison centers have in place a comprehensive way of collecting data on all calls that we receive where we gather data about occupational exposures, about symptoms, protective health information so the patients can all be followed up.

And we are already advertised on the Coast Guard and the EPA sites as the response for health concerns.

So - yeah, and we already have our temporary codes in place so that we can follow up on the data. And I think it's really important to know that, you know, a lot of concerns that you've expressed, our system is set up to be able to handle that and have handled that for other issues in the past and can continue to do so in the future.

Rich Nickle: This is Rich Nickle. Thank you very much.

Coordinator: Thank you. We do have another question from Amy Liebman. Your line is open.

Amy Liebman: Hi, my name is Amy Liebman. I'm with the Migrant Clinicians Network and that explanation from the Poison Control Center was really helpful, as well as this conversation.

And I'm on your um, Web site looking at information for health professionals, and I'm just wondering if it would be possible perhaps put a little bit more information for health professionals to address the occupational concerns that have been raised.

Are there screening questionnaires specific for health professionals to assist in identifying occupational exposures and also information to assist health professionals with dealing with workers' compensation?

Rich Nickle: This is Rich Nickle. The - one of the resources that would be useful to you would be some of the other guidance that's out there on some of the other Web sites. For example, at the ATSDR Web site that you can link to, there's a case study on environmental - on taking an exposure history which offers CMEs if that's a concern.

It also will - it also provides some information about collecting information about the exposure history of a patient who comes walking into your office.

There's also information on - with greater treatment information in the - at the National Library of Medicine if you get a specific contaminants that you're concerned about.

So those are two pieces to the pie in the answer here.

Renee, do you want to talk about anything else?

Renee Funk: Sure. We do have a fact sheet for workers that we've posted about the dispersants. And I guess I'd just be curious from your account, we're happy to create more information to put on the Web site if you feel it's needed.

I would just be curious to know more what you're looking - what you'd be looking - what you'd like us to add.

Amy Liebman: I'm just looking for some very simple information for the front-line providers who may have workers come into their health centers and some guidance.

Obviously the way that it's worded on your Web site is the Poison Control center is responding to informational calls and potential exposures.

It might be something to consider to add some stronger language to encourage frontline providers to report this information and perhaps give them some very simple tools so that as they come in for an initial visit that they can gather the data so that they can communicate effectively with the Poison Control Centers.

Renee Funk: Okay, great. I will report that back and see what we can do.

Amy Liebman: And also the workers' comp part of it making sure that it's correctly documented that they are, you know, 51% certain that this is an occupational exposure. That's a very big deal in how you document an occupational issue versus how you document a clinical diagnosis.

Renee Funk: Got you.

Coordinator: Thank you. As a reminder, if anyone has a question, please press Star 1. Again, Star 1 if anyone has a question.

At this time I'm showing no further questions.

One moment, please. (Maureen Frishers), your line is open.

(Maureen Frishers): Yes. I had another - well it's not so much a question but I'm wondering insofar as we have now entered hurricane season, I know we can't control Mother Nature but I'm wondering if the National Weather Service is doing anything as far as setting up any kind of a new protocol if there's a severe storm whether it's a tropical storm or hurricane.

Usually you're told okay, you've got three days to prepare. I'm wondering if the Weather Service is going to change that protocol.

We're at a university health services here, and so you know, if we would need to evacuate students that come from all over the country and some from international locations, it would be, I think important to know if those protocols are going to possibly change.

Rich Nickle: This is Rich Nickle. I can't really answer that. That's a little bit out of our lane. NOAA is a very big part of the response and the National Weather Service is part of that obviously.

And there's probably a meteorologist on the staff at the area command monitoring situations.

And if there's an issue with that and the hurricane, then it would come out fairly quickly.

I can tell you that there's an awful lot of contingency planning, people are thinking about the hurricane at just about any place that you want to think about people responding to this, they're in the back of their mind thinking about what's going on with the hurricane.

There is active planning for that and what that planning will result in as far as changing protocols because of the oil spill, I can't predict at this time, but it's being looked at.

(Maureen Frishers): Okay, thank you very much.

Coordinator: Thank you. (James Rochester), your line is open.

(James Rochester): Yes, thank you. Very interesting discussion. As an occupational medicine physician in Pennsylvania in monitoring this and listening to the conversations, a couple of points and then a question.

You know, regarding the issue that brought up of workers' compensation, one has to remember that workers' compensation is individualized state to state. It's not a federal program. It's a state monitored program.

And so Texas, Louisiana, Mississippi, Alabama, Florida, probably all have different types of programs, different types of rules in place.

And so if the front line providers out there are experiencing workers coming in and there are concerns that this is an occupational exposure or work-related exposure, make sure you get in touch with our local occupational physicians in your area to help you navigate that process if need be.

Secondly, a concern I have regarding the clean-up, normally in these clean-up operations a lot of people become involved that aren't normally doing this type of work, and so concerns about personal protective equipment, respiratory protection, etc., you know, is there appropriate training for these people, is there appropriate documentation, are they being appropriately screened with respirator questionnaires if they're in fact doing this type of work.

And who is monitoring that process for these workers to make sure that we're doing it in a safe manner, especially in light of the fact that I'm assuming a number of these people do not do this type of work for a living.

Rich Nickle: Renee, I think that one is yours.

Renee Funk: Sorry, can you repeat just the last part of your question?

(James Rochester): Sure. The issue with the cleanup, normally in these types of massive environmental catastrophes, there are a number of people involved in the cleanup who do not do this work for a living, you know. My understanding is in listening to the media that there are, you know, fisherman who are out of work, who are hiring on to try and help assist with the cleanup, etc.

You know, these people don't do this for a living, so are they being appropriately counseled in terms of personal protective equipment, respirator protection, how is that being done, are they being appropriately trained.

We all know that these byproducts of crude oil have a number of fairly volatile chemicals associated with them and we understand, you know, the risk with exposure and there are protections in place in the normal petroleum industry.

Now you've got this issue going out, you know, out in the environment and people who don't normally do this work. You know, how is that process being handled to have these people appropriately trained, given appropriate personal protective equipment, respirator training, etc?

Renee Funk: Yes, thank you. I'm with you now.

So all - everyone who works on this event has to have at least four hours of training. They do have a separate one for shore work versus, you know, marine work.

So you were referring to the Vessels of Opportunity Program I believe that they call it where the out of work fisherman and shrimpers and things like that are contracted to use their boats for some of these activities.

And those workers are generally putting out boom or retrieving boom. You know, they have this absorbent boom that they have to periodically change out and things like that. And they are actually not working in areas where there's either oil or dispersant. So, you know, they're generally laying boom ahead of that.

(James Rochester): So their risk is minimal exposure.

Renee Funk: Right. And - but during the training, they do get counseled about the personal and protective equipment and things like that. Really there's very few jobs on this response right now that require respirators. I can't tell you what it is right off the top of my head but there is a whole job PPE matrix that they're following that OSHA and BP put together for this event.

So anyway - and then there are different levels of training. There are certain jobs that require, you know, HAZWOPER, 40 hour and things like that, but those generally aren't the commercial fisherman and shrimpers that you're referring to.

(James Rochester): You'd hope not.

Renee Funk: Yes.

(James Rochester): Thank you.

Coordinator: Thank you. Our next question comes from (Ken Chase). Your line is open.

(Ken Chase): Thank you again. Follow up to my Occ-Med colleague from Pennsylvania and my previous question, so we don't have our hands on the discharge summary so the seven or nine boatmen, my - from last week who were hospitalized.

I know that from what I've read and heard from other colleagues in Louisiana, East Jefferson, rather than West Jefferson General Hospital, two of these guys, they came from four different boats, they were under the supervision of the Coast Guard, they were wearing PPE except for respirators purportedly because air sampling -- and I don't know where that air sampling was taken or when -- was negative.

So they didn't require the boatmen volunteers to wear respirators, but when their symptoms broke out, it sounds abruptly on four different boats, the Coast Guard sent 130 boats back to the shore rather quickly.

These seven guys were hospitalized. Two for more than a night. And even if we don't have the discharge summaries, based on what we know about - what little we know about crude oil, tar balls, (moose), etc., what would you speculate, Renee, if I could ask - point it at you, as the most likely explanation for their symptoms of - according to the L.A. Times from Washington Post the symptoms included dizziness, cough and headache at a minimum.

Renee Funk: Yeah. Hi (Ken), nice to speak with you again. It - actually we talked about this earlier in the call. Maybe you missed it, but I'm happy to repeat it. From what I have heard, and the investigation is still ongoing so this is not final, was that they're suspecting that actually there - that it was a vessel cleaning product.

So not a dispersant but a cleaning product that they use on the boat that they had recently changed cleaning products, and I believe they were using the

dilution instructions for the old cleaning product and not the new one, and so it was inadequately diluted and so that is what they're suspecting at this time.

But like I said, they're still investigating.

Rich Nickle: This is Rich Nickle. And I think the concern was that the response of the Coast Guard to pull the boats out of that area is more in the way of an abundance of caution, if you will, until they know exactly what transpired until the investigation is complete.

So I think they did that, again, to prevent exposures and that's why they're doing that until they can figure out exactly what transpired and how these events that have been so widely reported in the media took place.

Loretta Jackson-Brown: Operator, this is Loretta Jackson-Brown. We have time for one more question.

Coordinator: Thank you. Our final question comes from (Karen Gorgale). Your line is open.

(Karen Gorgale): Hi, this is (Karen Gorgale). I have a question that is a follow-up on the surveillance. You had mentioned that BioSense is being used as part of the surveillance system and I wondered what it had picked up related to this.

And I also wanted clarification. I'm hearing from Poison Control that they already have a uniform system for collecting and coding related information, but then I also heard it mentioned that there's a drop-in questionnaire process that's offered to states from CDC. So is there more than one surveillance system going on?

And also there's syndromic surveillance, so I'm wondering how it is that this is going to be collated and how it's going to be kept uniform so it can be collated and get some meaning from it.

Rich Nickle: This is Rich Nickle. I think that some of those questions are best answered through our epi team and I'm not part of that. The general answer to your question is we are employing any tool we can to gather as much information as we can.

There is some syndromic surveillance in place in at least two states. Dr. Lewis-Younger mentioned the - explained what's going on with the Poison Control Centers and CDC is linked into that.

There is also as I mentioned the BioSense and I'm - you need to find out from our Epi's exactly what that's showing.

I think some of the anomalies that the states have been asked to follow up came out BioSense but I'm not good on the details. So, you know, if somebody tells you something else about the - that besides me, then they're right and I'm wrong, okay?

The drop-in tools were made available to the states if they choose to use that, but all of this information is being shared coming up through the states being collated here at CDC, as well as at the states who are collecting the data, as well as at Poison Control Centers.

So there's folks who are looking at it at the local - close to the local level in the regional poison controls and at CDC to look for patterns and hopefully the

idea, I think is with that many professionals looking at the data, we'll pick up on any issues as fast as we can.

Did that answer your question ma'am?

(Karen Gorgale): Yeah.

Rich Nickle: Thank you.

Loretta Jackson-Brown: I want to share with our callers that specialists in poison information at state and local poison control centers are skilled at assisting the public and identifying concerns related to real or potential exposure to chemicals and that you may contact Poison Control Centers at 1-800-222-1222. And that number again is 1-800-222-1222.

I also want to thank Mr. Nickle and Dr. Funk for providing our listeners with this information and I would also like to thank our participants for joining us today.

If you have additional questions for Rich Nickle or Dr. Funk, please email the Clinician Outreach Communication Activity, COCA, at coca@cdc.gov. Put Rich Nickle's or Dr. Funk's name in the subject line of your email and we will ensure that your email is forwarded to them for a response.

Again, that email address is coca -- C-O-C-A -- @cdc. G-O-V.

The recording of this call and the transcript, as well as additional resources related to the oil spill will be posted to the COCA Web site at emergency.cdc.gov/coca.

Again, thank you for participating in today's COCA conference call and have a great day.

Coordinator: Thank you. That concludes today's conference. You may disconnect at this time.

END