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The second nurse tested positive, and it was found out that she had been in Ohio for a large portion of her incubation period. We had to find pretty much any person that the nurse had come in contact with while she was in Ohio. She had gone to a bridal store for the afternoon, and it was also a couple weeks before homecoming for a lot of schools, so the shop was packed with teenage girls and their mothers, and it was a small store, and so no one knew if there was sort of more casual contact, if they had brushed up against her. No one that we had in Ohio had anywhere close to the level of exposure that some people in Dallas had. But there was a lot of fear, and there was a lot of fear of letting children go to school. We were trying to help ease some of their fears. To say, you know, we can't ostracize these kids. These kids weren't at risk of getting sick. The flip side is that even though we knew that the risk for a lot of things was utterly miniscule, saying that there is a -- as an epidemiologist, a zero percent chance of something happening is really painful to say. Because you don't want to be that guy who has the horrible luck of one in a million, when something actually happens. It was interesting to try and come up with public communications that both got our points across in a coherent way, without straying too far from what we -- what was scientific fact at that point in time.