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• Brief Overview of the 2018-19 Ebola Outbreak
• International Response Efforts
• U.S. Legal Preparedness/Response
• Emerging Legal Challenges and Resources
Ebola Quick Facts

• **Transmission:** direct contact with blood/bodily fluids or exposure to contaminated objects of *symptomatic* persons.

• Since Ebola virus may persist in seminal fluid up to 80 days after one is symptomatic, WHO recommends male survivors abstain from unprotected sex for 3 months

• **Symptoms:** fever, headache, joint/muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, abnormal bleeding (symptoms appear between 2-21 days post-exposure)

• **Fatality rate:** the current outbreak’s case-fatality rate is **66.7%**. The average Ebola virus disease (EVD) case fatality rate is ~50%

An Ebola vaccine is administered in DRC (May, 2018)

Women and children are disproportionately sick in the current outbreak in DRC (December, 2018)
Experimental Ebola Vaccination

- **ZEBOV**, an experimental Ebola vaccine, showed 70-100% efficacy in a December 2016 clinical trial.
- On **Mar. 14, 2019**, CDC Director Dr. Robert Redfield testified that DRC may run out of the Ebola vaccine between May and mid-September, 2019.
- As of **July 10, 2019**, 158,800 people in the DRC have been vaccinated since the start of the outbreak.
- On **July 11, 2019** DRC health minister, Dr. Oly Ilunga, refuses to approve another experimental Ebola vaccine.

Researchers at the Public Health Agency of Canada’s National Microbiology Laboratory discovered the Ebola vaccine.

An Ebola virus particle.
The outbreak, second worst in history, was first detected in North Kivu Province of the Democratic Republic of Congo on Aug. 1, 2018.

As of July 15, 2019, WHO reported a total of 2,521 cases and 1,676 deaths, with approximately 12 new cases reported each day. Actual numbers may be far higher.

On July 16, 2019, a priest died from Ebola in Goma, an urban city of roughly 1 million people and an international transport hub.
2019 Ebola Affected Areas
(Democratic Republic of Congo as of 4/7/19)

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 14 July 2019

Confirmed cases for the last 21 days
Numbers in brackets represent confirmed cases for the last 21 days
HZ stands for Health Zones; HA stands for Health Areas

- Confirmed cases in Health Areas (HA)
- Confirmed cases in Health Zones (HZ)

Number of days since the last confirmed case(s)
- < 22 days
- 22 - 42 days
- Other non-affected areas
- No confirmed cases for more than 42 days

Image Source: WHO
The Ebola outbreak is occurring in an active war zone within DRC.

- **Sept. 22, 2018**: 14 civilians killed by rebels in active Ebola region.
- **Oct. 15, 2018**: CDC Ebola experts were pulled from treatment areas amid increasing violence.
- **Oct. 21, 2018**: Congolese rebels killed 15 and abducted dozens of children in outbreak epicenter.
- **Oct. 26, 2018**: Trump Administration barred U.S. health experts from traveling to treatment areas within DRC.
- **Dec. 27, 2018**: 24 Ebola patients escaped from a treatment center; 17 had tested negative.
- **Dec. 30, 2018**: Long-delayed elections in DRC began, sparking additional violence.
Attacks on Ebola Treatment Centers

- **Feb. 24, 2019**: Attackers torched an Ebola treatment center in Katwa.
- **Feb. 27, 2019**: Assailants attacked an Ebola treatment center in Butembo resulting in 1 death and an injury.
- **Feb. 28, 2019**: MSF announces it is suspending Ebola activities in Butembo.
- **Mar. 2, 2019**: DRC’s Ministry of Health reopened the Butembo Ebola treatment center.
- **Mar. 9, 2019**: Assailants attacked the Butembo Ebola treatment center again resulting in 1 death and many injuries. WHO “received further support from UN and local police forces” to protect treatment centers.
- **As of July 17, 2019** there have been 198 attacks against HCWs or treatment centers, resulting in 7 deaths and 58 injuries.
- **MSF attributes attacks to community trust issues.**
There is no known cure for Ebola.

On Jan. 12, 2019, WHO announced a new drug trial for Ebola treatment in conjunction with DRC’s Institut National de Recherche Biomédicale (INRB) & National Institutes of Health (NIH).

The trial consists of 4 drugs -- mAb 114, Remdesivir, Zmapp, and REGN-EB3.

Currently, mAb 114 and Remdesivir are being tested against Zmapp (originally tested in 2015), the control. REGN-EB3 is scheduled for future trials.
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Aug. 16, 2018: WHO Director-General Dr. Tedros Adhanom Ghebreyesus via Twitter after visit to DRC: “I was worried before I went to eastern #DRC, and even more worried when I left. This is a very dangerous #Ebola outbreak because of the lack of access we have to the areas we need to get to, due to the active conflict there.”

Oct. 17, 2018: WHO’s Emergency Committee concluded that “a Public Health Emergency of International Concern (PHEIC) should not be declared at this time.”

Dec. 31, 2018 – Jan. 2, 2019: Dr. Ghebreyesus traveled to impacted areas in DRC. “I’m concerned about the impact of the recent disruptions at this critical moment. This outbreak is occurring in the most difficult context imaginable.”

April 10, 2019: WHO stated the DRC Ebola outbreak does not meet the criteria to declare a PHEIC.
AIDS Healthcare Foundation
“AHF urges [WHO] to immediately declare this outbreak an international emergency and bolster vaccine options before it is too late.” Dec. 14, 2018

Gates Foundation
Gates Foundation “on August 10 provided WHO with $2 million in fast, flexible funding to accelerate its response to the North Kivu outbreak.”

UNICEF
“[T]he outbreak remains active.” UNICEF expressed concerns about Ebola spreading to major urban areas and overburdened staff members. Feb. 17, 2019

Doctors Without Borders (MSF)
 “[T]he Ebola response is failing to bring the epidemic under control . . .” March 7, 2019
In response to the DRC Ebola outbreak, WHO should:

• “[R]econvene the Emergency Committee and consider declaring” a PHEIC
• Address limited vaccine supplies and cross-border spread of Ebola, specifically to South Sudan
• “[T]ake active steps to prevent unlawful and harmful” trade or travel barriers
July 17, 2019: WHO declares a Public Health Emergency of International Concern (PHEIC)

- WHO recommends all effected and neighboring countries should:
  - Increase risk communications & community engagement
  - Strengthen surveillance & community awareness
  - Enhance coordination & collaboration with UN and other partners
  - Continue cross-border screening
- WHO advises against trade or travel restrictions
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**Aug. 1, 2014:** In response to the 2014 Ebola epidemic, Trump tweeted “Stop the EBOLA patients from entering the U.S. Treat them, at the highest level, over there."

**Oct. 15, 2018:** Trump administration withdraws U.S. medical personnel from the Ebola outbreak zone in DRC. CDC director advocated to HHS that CDC should not withdraw workers from the outbreak area, but was overridden by the State Department because of security concerns.

**June 13, 2019:** Trump Administration activates the CDC Emergency Operations Center (EOC) to provide enhanced support to Ebola response teams in the DRC.
Nov. 7, 2018: Sec’y Alex Azar delivered a video speech at the Global Health Security Agenda in Bali, Indonesia.

“Whether health threats are naturally occurring, accidental, deliberate, or, as in the case of the DRC, complicated by armed conflict, we must face up to these challenges and work together to overcome them.”

“As the continuing Ebola crisis in the Democratic Republic of the Congo reminds us, it is vital that we all work together to support countries struggling to combat these frightening threats.”

March 3, 2019: HHS develops and deploys medical countermeasures to protect individuals in the DRC and stymie the spread of Ebola.
Jan. 9, 2019: CDC issued Level 2 travel notice (to practice enhanced precautions) for DRC.

Nov. 5, 2018: CDC Director Dr. Robert Redfield attended a meeting in Washington, DC that concluded:

“[I]f the current efforts fail to control and contain [EVD], it could [mark] the first time Ebola becomes endemic in a region. . . . The U.S. response to the DRC Ebola outbreak is robust and as targeted as it can be within the current security constraints. . . .”

Mar. 4, 2019: CDC issued an Ebola emergency preparedness reminder for U.S. health care facilities

Mar. 14, 2019: Dr. Redfield testified to a Senate subcommittee that the Ebola “outbreak is not under control at this time.”

July 9, 2019: CDC research shows 2 treatments effective against the DRC Ebola strain.
CDC Guidance on Ebola Patient Care

Frontline Healthcare Facility
- Quickly identifies and isolates patients with possible Ebola
- Notifies facility infection control and state and local public health officials
- Has enough Ebola personal protective equipment (PPE) for at least 12–24 hours of care
- Prepares for patient transfer, if needed

Ebola Assessment Hospital
- Safely receives and isolates a patient with possible Ebola
- Provides immediate laboratory evaluation and coordinates Ebola testing
- Cares for a patient for up to 96 hours (including evaluation and management of alternative diagnoses) until Ebola diagnosis is confirmed or ruled out
- Has enough Ebola PPE for up to 96 hours of care
- Transfers a patient with confirmed Ebola to an Ebola treatment center in consultation with public health officials

Ebola Treatment Center
- Safely receives and isolates a patient with confirmed Ebola
- Cares for patients with Ebola for duration of illness
- Has enough Ebola PPE for at least 7 days of care (will restock as needed)
- Has sustainable staffing plan to manage several weeks of care
- CDC experts are ready to deploy to provide assistance as needed
Designated Ebola Treatment Centers

- Providence Sacred Heart Medical Center and Children’s Hospital
- Denver Health Medical Center
- Nebraska Medicine-Nebraska Medical Center
- University of Minnesota Medical Center
- Cedars-Sinai Medical Center
- Emory University Hospital and Children’s Healthcare of Atlanta/ Egleston Children’s Hospital
- University of Texas Medical Branch at Galveston

- AK - Alaska
- HI - Hawaii
- PR - (Puerto Rico)
- VI - (U.S. Virgin Islands)
Dec. 29, 2018: U.S. healthcare worker isolated at Nebraska Medicine after possible exposure to Ebola in DRC; eventually cleared on Jan. 12, 2019

Feb. 6, 2019: A patient at the UPenn Hospital was tested for Ebola after possible exposure in Africa; cleared same day
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Emerging Legal Issues

Topics

- Testing & Screening
- Isolation & Quarantine
- Treatment
- Travel
- Liability
- Licensing
- Scope of Practice
- Allocations
Select Legal Issues

Privacy
Potential infringements of health information/bodily privacy

Liability
Of HCWs, hospitals, officials, volunteers?

Testing & Screening
Due process procedures and 4th Amendment protections

Social Distancing
What’s lawful as contrasted with what actually works?
Emergency Preparedness Resources

• Network for Public Health Law: Emergency Legal Preparedness Response
• Georgetown Law O’Neill Institute: The Ebola Outbreak: A Global Conversation and Resources
• Johns Hopkins University: Center for Health Security
• CDC: Emergency Preparedness and Response
• ASTHO: Ebola Virus Disease: Information for States and Territories
• NCSL: State Quarantine and Isolation Statutes
• NACCHO: Emergency Legal Preparedness Training Kit
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- Questions, comments – ask the Network for guidance or assistance on legal or policy issues

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