

# 2019 Ebola Emergency Legal Preparedness Primer

As of July 17, 2019

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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)

- **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



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

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



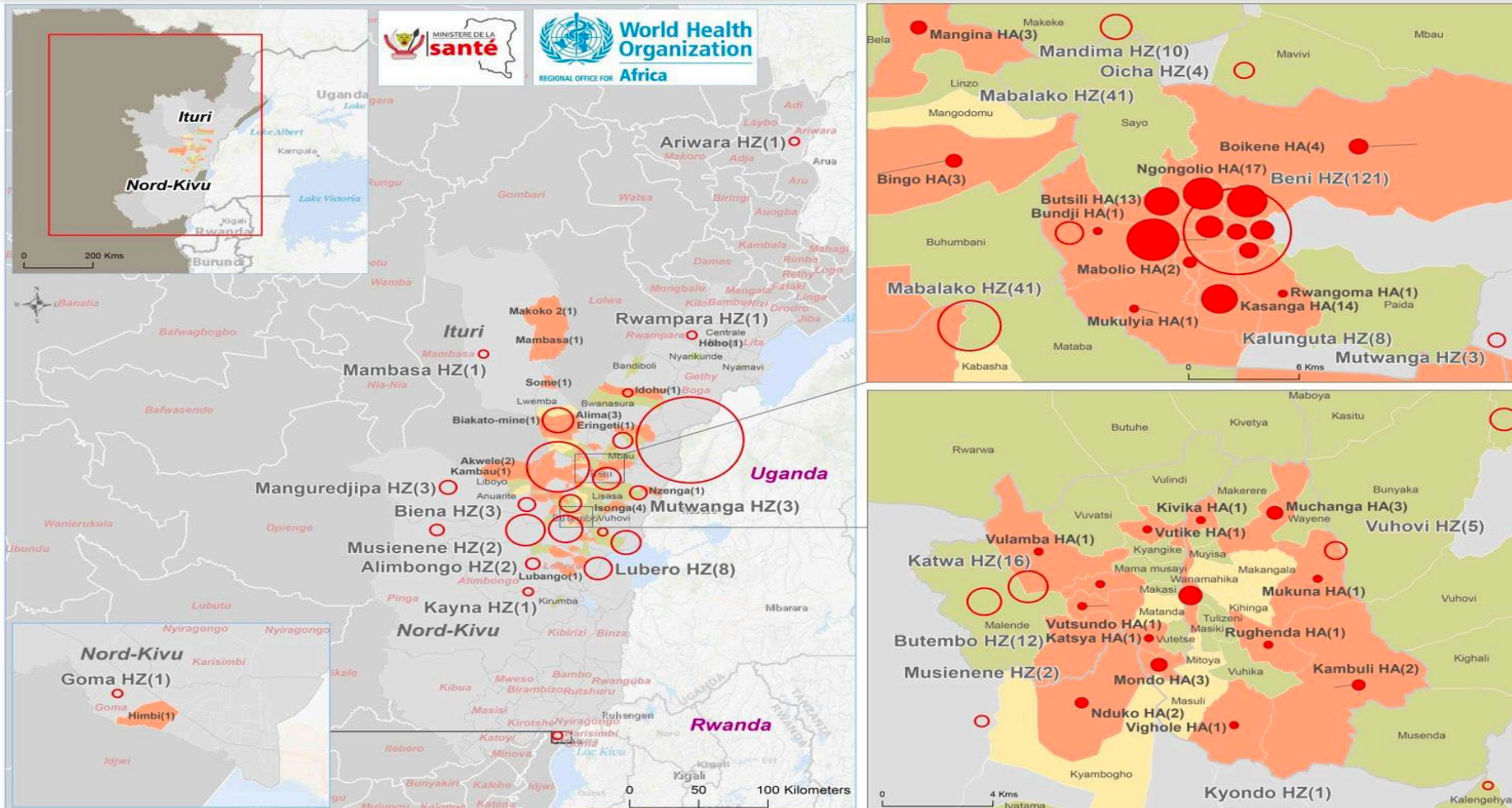
An Ebola virus particle

- 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 a 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
- No confirmed cases for more than 42 days
- Non-affected areas in affected Health Zones (HZ)
- Other non-affected areas

Image Source: [WHO](http://www.who.int)



Data as of the 14th of July 2019  
By Health Emergencies Programme  
Source: MOH DRC  
Copyright: WHO 2019

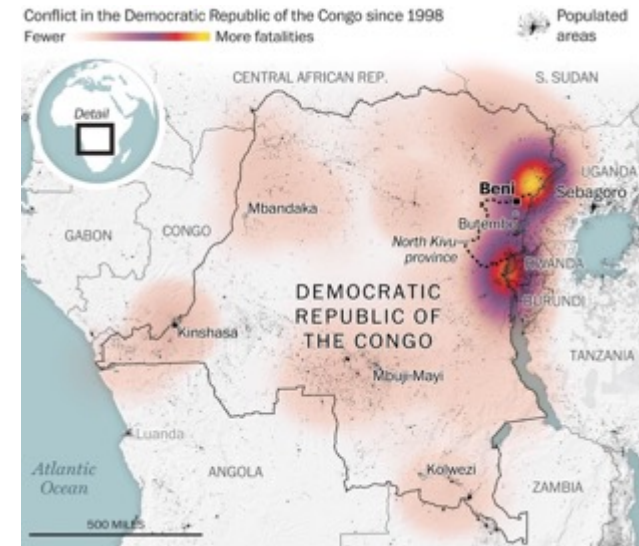
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries.  
Data presented on this map may be subject to changes

# Conflict in Outbreak Epicenter

- 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.



DRC military and civilians in conflict (October 2014)



Hotspots of violence in DRC since 1998

# 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**.



Ebola treatment center following the Feb. 24, 2019 attack



Attackers partially burned down an Ebola treatment center on Feb. 24, 2019



- 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.



Zmapp trials in Liberia (February 2015)



Ebola drug trials begin in DRC  
(November 2018)

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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.



Dr. Tedros Adhanom Ghebreyesus

# International Organization Responses

## 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


# Call for a Public Health Emergency of International Concern

## THE LANCET

COMMENT | ONLINE FIRST

### Ebola in the Democratic Republic of the Congo: time to sound a global alert?

Lawrence Gostin  · Alexandra Phelan · Alex Godwin Coutinho · Mark Eccleston-Turner · Ngozi Erondu · Oyebanji Filani · et al. [Show all authors](#)

Published: February 04, 2019 · DOI: [https://doi.org/10.1016/S0140-6736\(19\)30243-0](https://doi.org/10.1016/S0140-6736(19)30243-0) · 

#### References

The epidemic of Ebola virus disease in the Democratic Republic of the Congo (DRC) is the second largest in history after the 2014 west African epidemic. A storm of detrimental factors complicates this event: armed conflict, political instability, and mass displacement. WHO, the DRC Government, and non-governmental organisation (NGO) partners have shown remarkable leadership but are badly stretched. The outbreak remains far from controlled, risking a long-term epidemic with regional, perhaps global, impacts.

#### Article Info

#### Figures

Faced with an evolving complex humanitarian crisis, and recent elections complete, WHO Director-General Tedros Adhanom Ghebreyesus should reconvene the Emergency Committee (EC) and consider declaring a Public Health Emergency of International Concern (PHEIC). The first EC report on Oct 17, 2018, called for “intensified” action, fearing “significant deterioration”.<sup>1</sup> The EC’s fears have been prescient. Cases of Ebola virus disease have more than tripled, with an expanded geographical footprint into 18 health zones.<sup>2</sup> Governments, including the USA, have withdrawn personnel, fearing for their safety.<sup>3</sup>

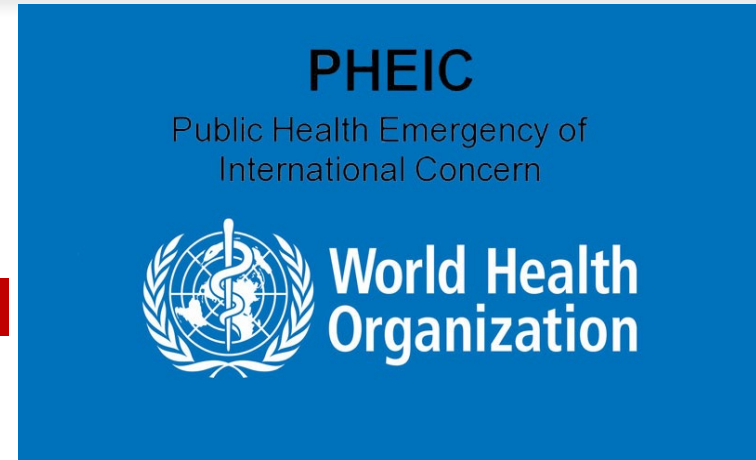
Effective mitigation requires case identification. Yet less than 20% of new Ebola cases have been on known contact lists.<sup>4</sup> This situation undercuts vital interventions, such as contact investigations, isolation, and safe burials. WHO might have to shift from ring vaccination to vaccination based on geographical location, but doing so effectively will require far more doses; limited vaccine supplies, therefore, are concerning.<sup>5</sup>

### 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**

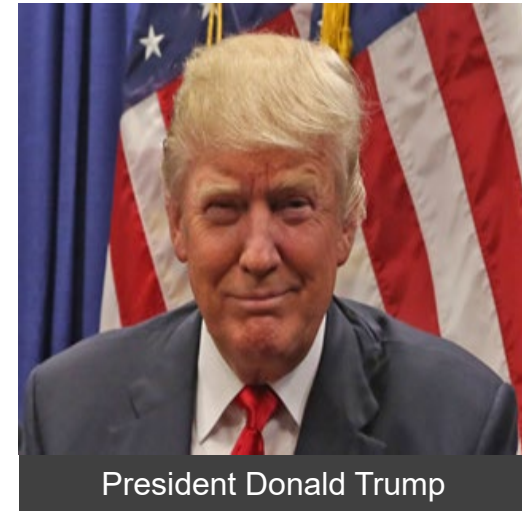


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**Aug. 1, 2014**: In response to the 2014 Ebola epidemic, Trump tweeted “Stop the EBOLA patients from entering the U.S. Treat them, at the highest level, over there.”

**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.





# HHS Response

- **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.



Alex Azar

- **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. . . .”*

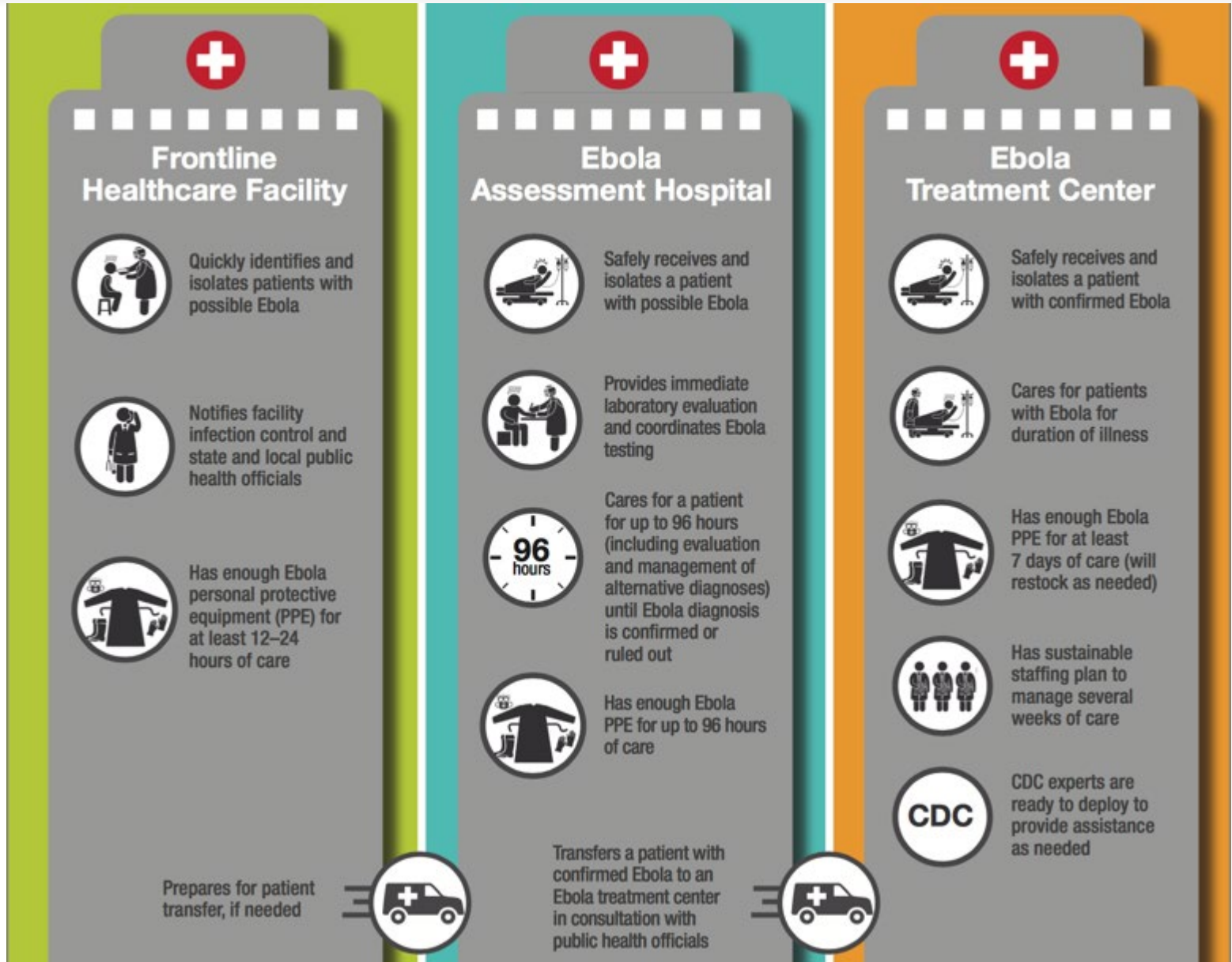
- **Mar. 4, 2019**: CDC issued an Ebola emergency preparedness reminder for U.S. health care facilities

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

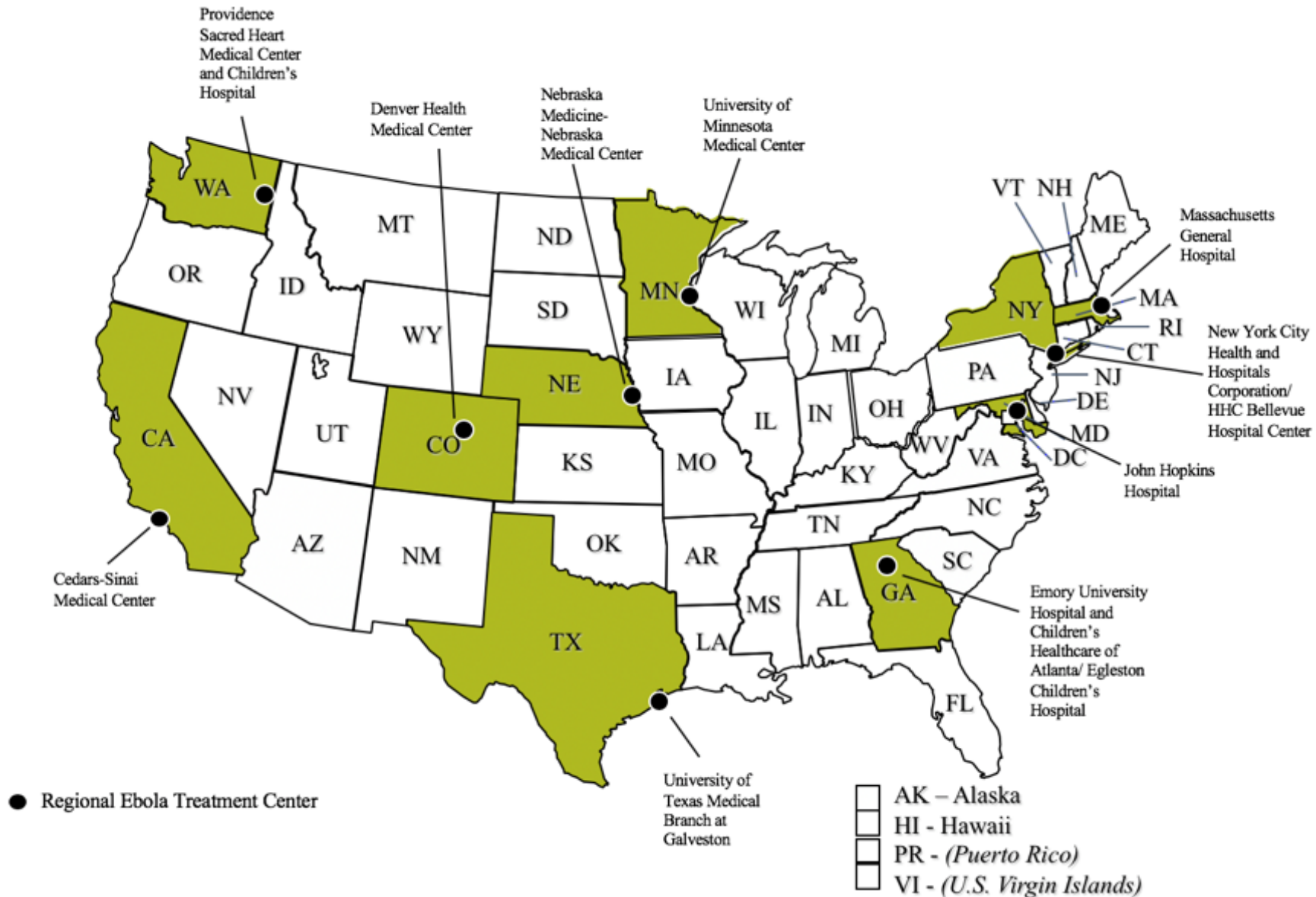
- **July 9, 2019** : CDC research shows 2 treatments effective against the DRC Ebola strain.



Dr. Robert Redfield



# Designated Ebola Treatment Centers



**Dec. 29, 2018:** U.S. healthcare worker isolated at Nebraska Medicine after *possible* exposure to Ebola in DRC; eventually cleared on **Jan. 12, 2019**



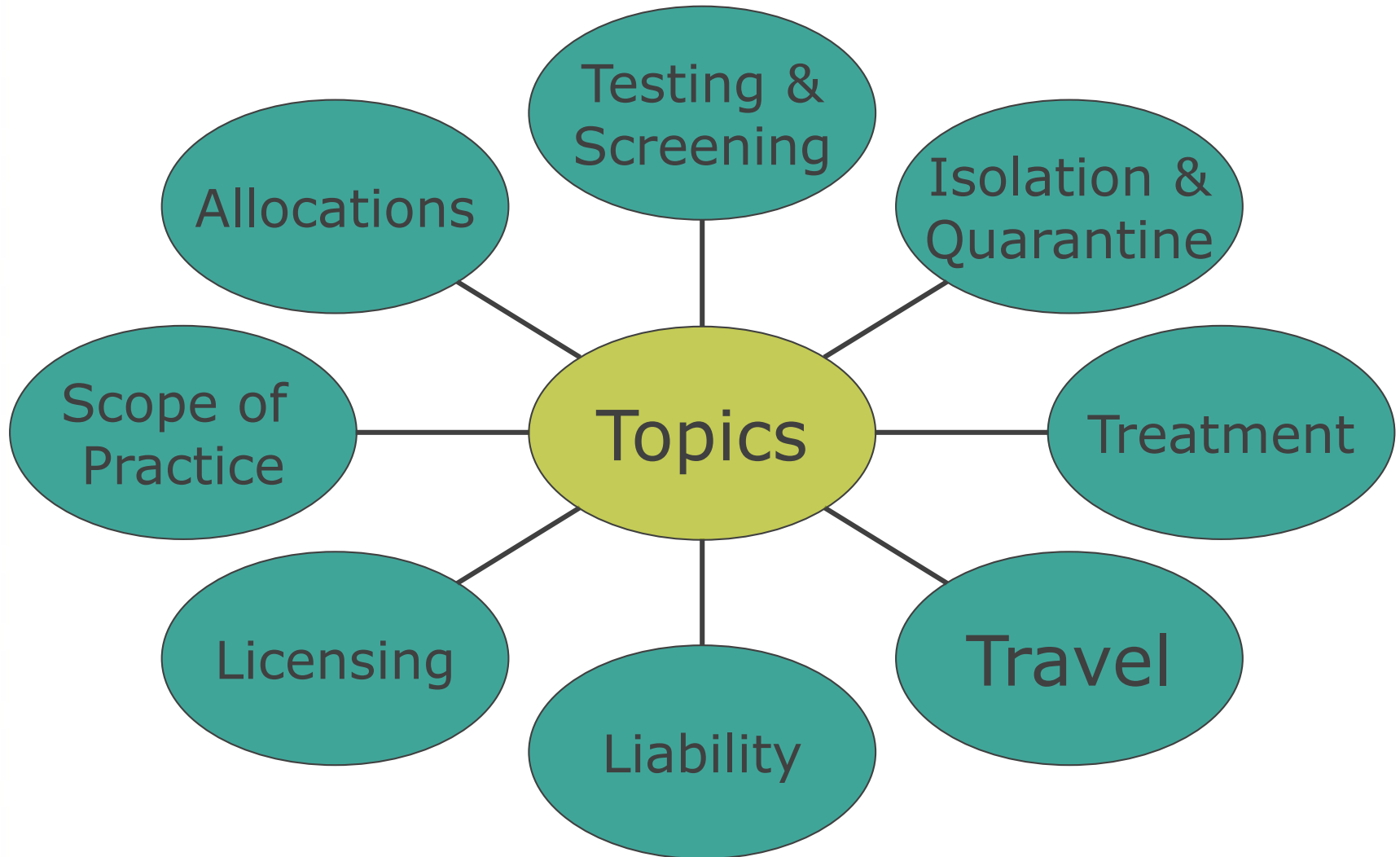
Nebraska Medicine in Omaha, Nebraska

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



University of Pennsylvania Hospital

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# Select Legal Issues

## Privacy

*Potential infringements of health  
Information/bodily privacy*

## Liability

*Of HCWs, hospitals,  
officials, volunteers?*

## Testing & Screening

*Due process procedures and  
4<sup>th</sup> Amendment protections*

## Social Distancing

*What's lawful as contrasted  
with what actually works?*



- **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**

# Acknowledgements

- ❑ Special thanks to **Hannah-Kaye Fleming** at the Network – Western Region Office for her assistance with this Primer.
- ❑ *Questions, comments* – ask the Network for guidance or assistance on legal or policy issues
- ❑ [james.hodge.1@asu.edu](mailto:james.hodge.1@asu.edu)