



**Conversation with CDC Director Robert Redfield:  
The Latest on the DRC Ebola Outbreak**

Johns Hopkins Center for Health Security Congressional Seminar  
Monday, November 5, 2018  
Dirksen Senate Office Building

Dr. Robert Redfield, Director of the Centers for Disease Control and Prevention (CDC), joined Dr. Tom Inglesby, Director of the Johns Hopkins Center for Health Security, at a November 5 congressional seminar at the Dirksen Senate Office Building to discuss the latest events in the ongoing Ebola outbreak in the Democratic Republic of Congo (DRC). Dr. Redfield commented on the serious challenges involved and the possible trajectory of the outbreak, how CDC and the US government are involved, and what is needed to control spread of the disease. The goal of this seminar was to provide the Hill community and other stakeholders with the most current information on this outbreak and how the United States is participating in the international response.

The session began with Dr. Inglesby providing some context for the current outbreak. The DRC Ebola outbreak is currently on track to become the country's largest outbreak in recorded history, with more than 300 reported cases as of today. There has been a strong response on all fronts: The World Health Organization (WHO), international NGOs, international government agencies, and US agencies all are working to contain the outbreak. Despite these efforts, half of the cases in this outbreak have occurred in the past month alone. Tracing all case contacts has proved to be challenging. Infections in healthcare workers and the continuing discovery of community members who are dying of Ebola before being diagnosed with the disease are also serious indicators that things are not moving in the right direction. WHO has said there is a high risk of Ebola crossing borders in the region, and the security situation is also problematic.

Dr. Redfield emphasized that this outbreak is different from the 2014 West Africa Ebola outbreak for several reasons. First, there are some new tools available, such as the experimental Merck Ebola vaccine, experimental therapeutics, and rapid diagnostic tests. Second, the international community is preparing for the potential for Ebola to cross into neighboring countries, such as Uganda and Rwanda, through proactive vaccination of healthcare workers and preparedness planning with the relevant ministries of health. However, as in the 2014 outbreak, there is widespread mistrust of the government as well as recognition that healthcare workers are acting as amplifiers of disease when they become infected in the course of their work. As in the West African outbreak, it is believed that many people who are infected or who fear they might be infected are deciding to avoid medical clinics rather than seeking help.

Dr. Redfield also emphasized that:

- The DRC has been a major contributor to the response effort but cannot manage this on its own.
- The US response to the DRC Ebola outbreak is robust and as targeted as it can be within the current security constraints; this includes USAID Disaster Assistance Response Teams as well as CDC providing technical support at the WHO in Geneva, in Kinshasa, and in surrounding countries.
- Security conditions do not allow the CDC to be on the ground and responding in places where transmission is occurring.
- WHO is leading response efforts, and Médecins sans Frontières (MSF), the Alliance for International Medical Action (Alima), and other groups are also on the ground in the DRC making major contributions.



Dr. Redfield commended the DRC for recognizing the Ebola outbreak and initiating a rapid response. He also highlighted several efforts by the US government in controlling the outbreak. He noted that the CDC has been running their Field Epidemiology Training Program in the DRC for several years to train a robust and stable public health workforce. Currently, approximately 85 CDC personnel are helping with the response in the DRC Ministry of Health, in Geneva to coordinate with WHO, and in the ministries of health in neighboring countries to work on preparedness and surveillance efforts. Dr. Redfield expressed optimism about the regional ability to detect and contain any Ebola cases that cross international borders.

In response to concerns that Ebola may arrive in the United States, as it did in the 2014 outbreak, Redfield noted that the best way to prepare and protect the United States is to contain the disease at its source in the DRC. He said that the risk of overseas transmission is currently lower compared to 2014 because the areas now affected by Ebola do not encompass a large capital city or major international airport.

Security concerns were central throughout the discussion. Dr. Redfield noted that while the United States does have a robust response now, it is limited in its ability to be in the actual area because of security concerns. The epicenter of the outbreak is highly insecure because of rebel group activity in the area. To further complicate matters, negotiations for a ceasefire have not been possible due to the involvement of numerous groups with different agendas. Because of this ongoing, unpredictable violence, the US State Department's security assessment has advised against US personnel being on the ground in the response.

Dr. Redfield emphasized that he respects this security analysis, and he said that if there were an easy, safe way to have a presence in the DRC, the State Department would have figured it out already. When asked what he would like to do should the security assessment change in the future, Redfield responded that he would want to send a small contingent of the best infection control and Ebola experts from the CDC to the affected areas. In the meantime, he said, the US is doing the next best thing by embedding personnel in the DRC Ministry of Health to aid in real-time coordination and help surrounding countries prepare. He also raised the possibility that if the current efforts fail to control and contain the Ebola outbreak, it could become the first time Ebola becomes endemic in a region.

Although security issues have disrupted both the patient care and epidemiology responses, Dr. Redfield indicated that vaccines, as well as PCR and rapid testing diagnostics, are primed to be operationalized in the field and help close some of these information gaps.

In closing the session, Dr. Inglesby asked Dr. Redfield what kind of capacities the US government might need to cope with major outbreaks in insecure areas in the future. Dr. Redfield said that this outbreak should bring front and center the reality that in the future there are bound to be more difficult public health outbreaks in insecure environments that will be in the US interest to contain. In the meantime, the CDC will do what it can to work within the security constraints of this current situation.