

## **Second Precautionary Scientific Advisory Group for Emergencies (SAGE)**

### **Ebola outbreak in North-Eastern DRC**

Friday 5 October 2018

10 Victoria Street, London, SW1H 0ET

#### **Situation update**

1. There are currently 133 confirmed cases and 32 probable cases across 10 health zones.
2. The increase in numbers appears relatively constant but data are unreliable given multiple challenges on the ground.
3. The outbreak can be expected to continue for some time and to spread geographically.
4. It is proving impossible to follow all cases and contacts.

#### **Epidemiological modelling**

5. Modelling underway is projecting numbers of cases, not transmission geographically. It is unreliable for the reasons stated above.
6. The political and social context means data are patchy, inconsistent and slow to become available. Data capture and sharing in country are extremely challenging.
7. Vaccination data suggest the programme is effective but, given the situation on the ground, cases are escaping from the rings.
8. WHO is developing a new data capture tool. The UK should support the consultation process on its development.
9. The UK should emphasise internationally the importance of data specifically for the purpose of supporting the public health response in DRC.

**ACTION: DfID CSA** to draft a note stressing the importance of data to direct the local response and setting out UK suggestions, which can be used to engage with and support WHO and inform those on the ground.

#### **Vaccines**

10. The only available vaccine for which there are clear efficacy data remains Merck/MSD rVSV-ZEBOV.
11. This is the only vaccine currently being used in DRC – and for aid workers heading to DRC – and the only vaccine which will be deployed if the outbreak spreads to other countries.
12. There is no evidence of post-exposure effectiveness of the VSV vaccine under field conditions from the Guinea Ring Vaccine Trial, though it remains possible that it could have some effect if given sufficiently early.
13. It is important that further vaccines become available (and may have different indications) and that there is sufficient production of the Merck vaccine.

**ACTION: DfID CSA** to work with **Wellcome Trust** and **Deputy CMO** to ensure clarity around WHO vaccine policy and plans.

#### **Social science contributions**

14. There are significant information networks in eastern DRC (for example radio, business associations and churches) which could be used to support community engagement and public health campaigns.
15. The Social Science in Action papers are of high quality and clear relevance to operations on the ground. They have been received by WHO and other agencies. DfID disseminates them widely.

16. The key is ensuring this work is used domestically and internationally. There are no restrictions on sharing the papers, which should be made available to everyone heading to DRC.
17. Further subjects for research include advice on engagement with armed groups, for communities tackling the disease without access to medical support and advice in advance for communities in neighbouring countries.
18. It would be useful for these papers to indicate areas where there is a wide range of opinion, to enable greater qualitative understanding for the strength of the evidence base.
19. Integration of social science into modelling may be helpful.

**ACTION: DfID CSA** to continue discussions with the team producing the papers to identify emerging issues for investigation – and to consider the value of a social sciences sub-group.

**ACTION: DfID CSA** to ensure that HMG engages with WHO in a joined-up way on sharing and implementing insights from the social sciences.

**ACTION: Social Science in Action papers editor** to understand their usage within WHO and to urge that WHO combine insights from epidemiological and sociological data.

**ACTION: PHE and Wellcome Trust** to support editor in getting WHO's Global Outbreak Alert and Response Network (GOARN) to give due consideration to the papers.

#### **Triggers for HMG**

20. There are no current grounds to recommend revision to the domestic triggers prepared by PHE.

#### **AOB**

21. Research into new therapeutics is being discussed this week. However it is essential not to overlook the value of good basic management using fluids and antibiotics.

**ACTION: Wellcome Trust** to update GCSA on outcome of upcoming discussions regarding therapeutics and sequencing.

#### **List of Actions**

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**ACTION: Wellcome Trust** to update GCSA on outcome of upcoming discussions regarding therapeutics and sequencing.

**Attendees**

**Scientific Experts (10):** Patrick Vallance (GCSA), Andrew Pollard (Oxford), Charlotte Watts (DfID CSA), Chris Whitty (DHSC CSA), Dilys Morgan (PHE), John Edmunds (LSHTM), Jonathan Van Tam (DHSC dCMO), Melissa Parker (LSHTM), Neil Ferguson (Imperial), Peter Openshaw (Imperial)

**Observers and government officials (4):** [REDACTED], [REDACTED], [REDACTED], [REDACTED]

**Secretariat (all GO-Science) (5):** [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

**By phone:** Cathy Roth (DfID), Daniel Bausch (PHE), [REDACTED], [REDACTED], [REDACTED], Jeremy Farrar (Wellcome), Juliet Bedford (Anthrologica), Rachel Sweet (Harvard)