

AFRICA

WHO Seeks Answers on Suspected Ebola in Tanzania

East African nation denies disease has reached country as health agency details possible cases



A child is vaccinated in Congo in July. Steps to control Ebola outbreaks that have proven effective include vaccination and quarantine. PHOTO: JEROME DELAY/ASSOCIATED PRESS

By Betsy McKay and Nicholas Bariyo

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KAMPALA, Uganda—More than a year into a deadly Ebola epidemic in Congo, international public-health officials suspect the government of neighboring Tanzania is hiding a spate of cases of the virus.

Tanzania, a tourist destination that is East Africa's third-largest economy after Kenya and Ethiopia, says there is no Ebola in the country and all patients suspected of suffering from the viral hemorrhagic fever tested negative.

But the World Health Organization took the unusual step on Saturday of issuing a statement detailing multiple suspected cases of Ebola in Tanzania and criticizing the government for withholding clinical samples for additional testing.

The United Nations public-health agency said that it had received unofficial reports of at least one Tanzanian patient testing positive for Ebola, while at least three others were hospitalized with symptoms of the disease in different parts of the country.

If Ebola has reached Tanzania, it would mark a serious new stage in the epidemic. Since August 2018, Ebola has killed 2,119 people and infected 3,175 in eastern Congo, where violent militias and distrustful locals have hampered the international response.

“Despite several requests, WHO has so far not received the information required to fully assess the potential risk posed by this event,” said Tarik Jašarević, a WHO spokesman in Geneva.

Tanzania has never dealt with Ebola before and deliberate efforts to conceal patients would slow measures that have been effective in containing outbreaks.

Those include tracing people who have come into contact with suspected patients, vaccinating them, and quarantining them if necessary. A recent clinical trial showed high rates of survival for patients who received two experimental treatments early on in their illness.

Lawrence Gostin, director of the World Health Organization Collaborating Center on National and Global Health Law at Georgetown University, said he believes there is credible evidence of Ebola cases in Tanzania.

“Tanzania should be honest and transparent,” said Prof. Gostin, whose center provides expertise to the WHO on matters of health law and regulation.

At the center of international efforts to figure out what is going on is a 34-year-old Tanzanian doctor who died on Sept. 9 in an Ebola isolation unit in Tanzania’s commercial capital, Dar es Salaam. The WHO said it was this patient who reportedly tested positive for Ebola.

WHO member states such as Tanzania are obligated under international health regulations to report suspected cases of Ebola to the WHO. The agency’s guidelines for diagnosing the illness also recommend secondary testing of samples at an outside, specialized laboratory—a step the Tanzania government has refused.

The U.S. secretary of health and human services, Alex Azar, last week called on Tanzania to provide “transparent disclosure of information and full cooperation with the international health community to allow for independent verification as to the circumstances of that individual’s death.” Mr. Azar dispatched Robert Redfield, director of the Centers for Disease Control and Prevention, to Tanzania to offer help.

A spokesman for Tanzania’s health ministry denied that the country isn’t cooperating with the WHO. “All suspected cases tested negative,” said the spokesman, Gerald Chami. “We do not have

any Ebola case in Tanzania.”



An Ebola vaccination site in Goma, Congo, in August. PHOTO: BAZ RATNER/REUTERS

On Tuesday, the government summoned the WHO’s top representative in the country to discuss the agency’s statement.

Officials who have tracked the movements of the doctor who died in the Ebola unit said it was unclear where she would have contracted the virus. Before falling ill, she had been pursuing a postgraduate course at a university in Kampala, Uganda, but there is no record of her having visited the border with Congo, where several Ebola patients have crossed over in recent months.

On Aug. 22, the doctor, whose name hasn’t been released, traveled to the Tanzanian town of Mwanza, where she was employed at a local medical center. A city of about 1 million residents on Lake Victoria, Mwanza is a gold-mining hub frequented by Congolese traders, including from areas at the heart of the current outbreak, according to mineral dealers and local residents.

From Mwanza, field research took her to two more Tanzania towns, Songea and Mtwara, before heading to Dar es Salaam, where she fell ill on Aug. 28, according to local government officials in Tanzania. After her death 12 days later, her burial was immediate and supervised by health authorities, these officials said. Ebola victims are typically buried immediately, usually by specialized teams.

The WHO said it has received unofficial reports of three other patients: a 27-year-old admitted to a hospital in Dar es Salaam with Ebola-like symptoms, a contact of the doctor who became ill and was hospitalized, and another person in Mwanza who displayed Ebola-like symptoms.

There have been past instances of governments trying to cover up incidents of infectious diseases, most notably China during an outbreak of severe acute respiratory syndrome, or SARS, in 2003. The WHO has no powers to force governments to report dangerous diseases or follow its guidelines, despite its regulations.

Some experts suspect that Tanzania might fear that disclosing suspected cases would damage its \$51 billion economy. Known for its palm-dotted beaches and vast wildlife parks, Tanzania relies on tourism for over 45% of its foreign revenue earnings, according to the country's central bank. Some 1.5 million tourists visited the country last year.

President John Magufuli has tightened freedom of expression since taking office in 2015, routinely jailing activists, government officials and journalists who release information that the government disputes.

International health officials in Tanzania have had difficulty getting information from their government contacts as a result, a WHO official said.

“No one is willing to speak publicly about what is going on,” the official said. “Even our staff in Tanzania have been unable to get any details from their government colleagues given their concerns about prosecution.”

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