

Liberia reports suspected Ebola outbreak unconnected to Guinea (Update)

April 3 2014, by Zoom Dosso

Liberia said on Thursday it was dealing with the first case of suspected Ebola to have originated within its own borders, unconnected to the epidemic raging in neighbouring Guinea, as Mali also detected three suspected victims.

If confirmed, the case in Liberia's eastern town of Tapeta would mark a worrying development in the fight against Ebola, as cases so far have been attributed to people returning with the infection from Guinea, where 84 people have died.

"We have a case in Tapeta where a hunter who has not had any contact with anyone coming from Guinea got sick," chief medical officer Bernice Dahn told AFP.

"He was rushed to the hospital and died 30 minutes later. He never had any interaction with someone suspected to be a carrier of the virus and he has never gone to Guinea. This was an a isolated case."

The fruit bat, thought to be the host of the highly contagious Ebola virus, is a delicacy in the region straddling Guinea, Liberia and Sierra Leone, and experts suspect bush meat caught by hunters may be the source of the outbreak.

Tapeta, a small town in the eastern county of Nimba, is 400 kilometres (250 miles) from the epicentre of the Ebola outbreak in southern Guinea, at least a five-hour drive and much further from the border than

other suspected cases.

"The huntsman has 500 traps in the forest. He felt sick in the forest and was rushed to the hospital," Dahn told AFP, adding that seven new patients brought the total suspected Ebola cases in Liberia to 14.

The tropical virus leads to haemorrhagic fever, which causes muscle pain, weakness, vomiting, diarrhoea and in severe cases, organ failure and unstoppable bleeding.

'I am scared'

Seven people have died, Dahn said, since Liberia reported its first cases of haemorrhagic fever last month, raising the previous toll by three.

Of the deaths, two are laboratory-confirmed Ebola cases—a woman who died in hospital in the northern county of Lofa, and her sister who visited her.

The sister was allowed to return home to Monrovia and was pronounced dead in the morning at hospital in nearby Margibi county, where the authorities were monitoring her, her family and others with whom she may have had contact.

Ebola can be transmitted to humans from wild animals, and between humans through direct contact with another's blood, faeces or sweat. Sexual contact, or the unprotected handling of contaminated corpses, can also lead to infection.

No treatment or vaccine is available, and the World Health Organization said on Wednesday the fatality rate in Guinea so far stands at 65 percent, with the virus mainly hitting adults aged 15 to 59.

Liberia's health authorities say they are monitoring 44 people thought to have come into contact with confirmed or suspected Ebola patients.

"If the case in Tapeta is confirmed then we will have to worry because so many people might have eaten or touched the animals killed by the hunter. I am from Tapeta, I am scared," said Peter Dahn, 54, who had come to a public meeting in Monrovia.

Mali's Health Minister Ousmane Kone meanwhile told AFP that three suspected cases of haemorrhagic fever had been detected in the country.

"Samples have been taken and sent abroad for analysis," Kone said.

Pending results from the US Centers for Disease Control and Prevention, where the samples were sent, the patients were isolated and receiving appropriate medication.

The government said in a statement the patients' condition was currently improving.

The results of the tests are to be made public as soon as they are known.

In Guinea, health authorities have reported 134 suspected Ebola cases since the beginning of the year, most in the southern cities of Gueckedou and Macenta.

"Our efforts are aimed at containing the outbreak, which is accomplished by detection of the sick and isolating them from the rest of the population," said Anja Wolz, emergency coordinator of health charity Medecins Sans Frontieres (MSF) in Conakry.

"Although there is no cure for this disease, we can reduce its very high mortality by addressing the symptoms. This includes administering a

drip to patients who have become dehydrated from diarrhoea and by confirming that they do not have a different disease, such as malaria or a bacterial infection like typhoid."

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