

## Ebola outbreak in remote DR Congo district both a challenge and a chance

September 3 2014, by Marc Jourdier

When the deadly Ebola virus struck anew last month in the Democratic Republic of Congo, the outbreak was centred in a district sufficiently remote to be both a blessing and a bane for medical staff.

The World Health Organization, quoting local authorities, said Tuesday that 31 people have died since August 11 after the disease was reported around the f Boende.

WHO, however, said the outbreak "remained contained", as more aid teams struggle to reach the area in Equateur province some 800 kilometres (500 miles) from the capital Kinshasa.

"In the DRC, logistics are a major challenge," said Jeroen Beijnberger, medical coordinator for Doctors Without Borders (MSF) in this country where decades of neglect have left minimal road and rail structure.

Boende is so isolated that the risk that the highly contagious disease will spread is low, unlike the situation in west Africa, where a raging epidemic has claimed more than 1,500 lives this year, according to the WHO.

Yet Boende's very location in the heart of dense equatorial forest is an obstacle to health workers who need swiftly to quarantine fever victims showing early symptoms like blinding headaches, muscle pain, vomiting and diarrhoea.



There is no vaccine for Ebola. And since the disease is transmitted through bodily fluids including sweat and saliva, isolating patients from the rest of the community is vital, along with treatment for acute dehydration, before the onset of unstoppable bleeding and the collapse of internal organs.

The death toll varies according to the virulence of the Ebola strain, with an average of 61 percent, based on WHO figures. But the earlier Ebola is detected and its symptoms treated, the higher the chance of survival.

The disease was first identified in DRC, then called Zaire, in 1976 in the north near the Ebola river, which gave the virus its name. The latest outbreak is the seventh to hit the country.

For Health Minister Felix Kabange Numbi, there is no connection between the outbreak in Boende and the epidemic that started in Guinea and spread to Liberia and Sierra Leone.

"In light of the isolation of the region, there has been no contact between people" from the different parts of the continent, Numbi told AFP.

Authorities said the first victim in Boende was the wife of a hunter, whom they said had contact with infected game her husband had brought in from the rain forest.

## 'Difficulties of access'

While the health minister declared the Boende outbreak "contained", he said officials were closely monitoring developments, with more <u>medical</u> <u>staff</u> trying to get in to back up personnel already on the ground.

"Given the difficulties of access to the zone," transporting medical teams and their equipment "is a challenge", said Eugene Kabambi, WHO



communications officer in Kinshasa.

Air transport laid on by the large UN mission in the DRC, MONUSCO—a multinational military, police and civilian force first deployed during a regional war fought on DRC soil—"no longer even flies to Boende," Kabambi said.

Health personnel were forced "to negotiate with the small carriers", he added, in a nation where flying and inland boat travel can be as dangerous as they are indispensable.

And from Boende's airfield, the route is a bumpy dirt track through thick jungle over several streams, where crossing fast-flowing water in the ubiquitous dugout canoes can be a perilous adventure, Kabambi said.

Some MSF and WHO staff have been working in the Boende region with specialised epidemiologists since mid-August. MSF on Monday told AFP that reinforcements had reached the area and were setting up an Ebola clinic. WHO expected to have more personnel arrive this week.

## Successive outbreaks

Last week, MONUSCO announced that the United Nations has released \$1.5 million (1.3 million euros) to help the Kinshasa government combat the outbreak, with the prospect of doubling that sum.

"The positive point in the DRC is that the country is not confronted with its first Ebola outbreak," Beijnberger said.

"The situation is different to that in west Africa, the virus isn't present in the big towns and urban centres," in contrast to the Nigerian metroplis of Lagos, he added.



While it is difficult to reach the affected area, it is just as hard to leave it, which helps to prevent the spread of Ebola and led the authorities to declare a quarantine zone of about 100 square kilometres (39 square miles) around Boende.

Kabambi said that Congolese authorities had learnt much from successive outbreaks of Ebola.

"Surveillance of epidemics is strongly reinforced" and has led to swift action, Kabambi said, adding that in almost four decades, "there has never been a large town or big urban centre affected in the country."

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