Ebola is back

MBANDAKA
The outbreak in Congo is the most dangerous since 2015

IN A dank, unlit room in a government office in Mbandaka, a sleepy city of 150,000 people on the banks of the Congo river, Marie-Claire Thérèse Fwelo is booming out her most valuable knowledge to an assembled group of perhaps 80 health workers. “What do we look for?” she asks the class. They respond in unison: “a brutal fever”. And what else? “Someone who has been in contact with an Ebola patient?”, pipes up one.

This is the ninth outbreak of Ebola for Ms Fwelo, a 63-year-old Congolese employee of the World Health Organisation (WHO). As a young nurse she was at the hospital where the fever was first isolated in 1976. Since then she has become an expert on epidemic control. Yet this outbreak is the scariest Ms Fwelo has experienced in her own country. Most previous instances of Ebola in the Democratic Republic of Congo have been in remote towns where the disease burns out fast. This time the virus has spread onto the country’s main artery the Congo river. A little over 600km downstream is Kinshasa, the capital and Africa’s third biggest city, home to some 13m people. Opposite it is Brazzaville, the capital of the Republic of Congo. “On one boat you can have 1,500 passengers,” she says. Already 27 people have died.

This is the second outbreak in which the disease has reached large cities. The previous one in west Africa in 2014-15, it spread rapidly, killing more than 11,000 people. Most of those who died were in Guinea, Sierra Leone and Liberia but cases extended to America and Europe, leading to flight bans. Tourism and local economies collapsed. Ebola is not, in fact, a particularly contagious disease. It can be transmitted only by direct contact with the bodily fluids of somebody who is suffering symptoms: it does not spread by air, like the common flu. But it is deadly. The outbreak in west Africa killed more than 70% of those infected.

Foreign aid agencies, governments and the WHO hope that they will be able to curb the spread of the disease before it reaches Kinshasa. If they fail, this outbreak could be just as deadly as the one that occurred in west Africa.

There are many reasons for hope. Congo, which has suffered eight previous outbreaks (see map), quickly alerted the WHO when the first cases were confirmed on May 8th in Bikoro, a remote region south of Mbandaka (see box on next page). And the response has certainly come quickly. In Mbandaka, hotels are filled with workers from the WHO, Médecins Sans Frontières (MSF) and other medical organisations. Almost 8,000 doses of an experimental vaccine, first tested in Guinea in 2015, have been delivered to Kinshasa. On May 21st nurses started to vaccinate health-workers, ambulance-drivers, priests and people who have had contact with infected people. That ought to slow the advance of the disease but it does not end the need for the painstaking work of tracing those who may have been exposed to the virus. Such people must be isolated and treated before they infect others. But unless health workers gain some control over the disease, victims will keep infecting others and the number of cases could grow exponentially.

Yet even gathering data on the number of people infected, let alone isolating them, is exceptionally difficult in Congo, a huge and terrifyingly dysfunctional country, where few people trust the government. “Most of what we know right now is anecdote,” says Christopher Haskew, an epidemiologist with the WHO in Mbandaka. The WHO thinks that the epidemic originated in Bikoro, and then spread to Mbandaka through two people who attended a funeral of one of the first victims. It has listed more than 600 people who may have been exposed to the known victims. But new cases continue to emerge, which have to be investigated. Keeping people isolated is also not proving easy. MSF said that between May...
20th and 22nd three patients left the isolation ward in Mbandaka—apparently taken away by their relatives at midnight. Two later died.

Some traditional beliefs also make matters worse. In this part of Congo, washing the body is an important part of a funeral; the priestly laying on of hands is also common when people go to traditional healers. Both practices help spread the virus. In Itopo, another village affected, health workers on May 22nd failed to prevent the traditional burial of a confirmed Ebola victim, creating a whole new circle of potential victims to monitor.

“We fear but we do not panic,” says Roger Ikunka, a 65-year-old worker at one of Mbandaka’s many ports. He has heard about Ebola on the radio and knows what to do if a relative gets a fever. Pierre Formenty, the WHO’s top Ebola specialist, argues that “we know how to stop” Ebola. But he adds a worrying proviso. “We should not underestimate this virus. When I hear people say we have learned the lessons of the past already, I am even more concerned.”