

# **World's 2nd-largest Ebola outbreak surpasses 3,000 cases**

The second-largest, second-deadliest Ebola outbreak in history has exceeded 3,000 cases and 2,000 deaths as the yearlong epidemic continues despite access to an experimental vaccine and developmental treatments.

A total of 3,004 people have reported symptoms of hemorrhagic fever in the eastern Democratic Republic of the Congo since Aug. 1 of last year, according to Congolese health officials, and 2,899 of those individuals have tested positive for Ebola virus disease, which is transmitted through contact with blood or secretions from an infected person and causes an often-fatal type of hemorrhagic fever.

There have been 2,006 deaths so far, including 1,901 people who died from confirmed cases of Ebola. The other deaths are considered probable cases. Just over 900 people sickened with the virus have recovered so far, according to Congolese health officials.

The grim milestone comes a month after the World Health Organization (WHO), the global health arm of the United Nations, declared the ongoing outbreak an international emergency. The WHO's director-general has described the outbreak as more complex than the deadlier 2014-2016 epidemic in West Africa due to the region's political and security instability, attacks on health workers, a highly mobile population and community mistrust and misinformation.



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Hugh Kinsella Cunningham/EPA via Shutterstock

A health team begins to disinfect a clinic in Ngongolio, Beni, North Kivu province, Democratic Republic of the Congo, Aug. 28, 2019. The clinic briefly treated a patient before he was sent to a treatment center for Ebola.

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This is the 10th Ebola outbreak in the Democratic Republic of the Congo and the most severe there since 1976 when scientists first identified the virus near the eponymous Ebola River. It's also one of the worst on record anywhere, second only to the 2014-2016 Ebola outbreak in multiple West African nations that infected 28,652 people and killed 11,325, according to data from the U.S. Centers for Disease Control and Prevention.

The current outbreak is now spread across three eastern Congolese provinces that share international borders with South Sudan, Uganda, Rwanda, and Burundi.

On Thursday, Uganda's Ministry of Health said that a 9-year-old Congolese girl with Ebola had traveled across the border to Uganda from the Democratic Republic of the Congo with her mother to seek medical care. The child has been placed in isolation at an Ebola treatment center that was set up in a nearby Ugandan town in preparation for cross-border cases, according to the health ministry.

(MORE: Ebola outbreak spreads to 3rd province in eastern Democratic Republic of Congo)

Although the average number of new cases reported per week in the Democratic Republic of the Congo has dipped slightly during the last few weeks, the number of affected areas has increased.

Cases have been identified in new geographical areas in recent weeks, though the epidemic's epicenter is North Kivu province, where conflict and limited infrastructure has hampered the response.

A technical committee running the Ebola response and reporting directly to the Congolese president organized two days of training this week with health workers in the country's capital, Kinshasa, to help prevent the potential spread of the virus there and prepare for the response by strengthening the city's entry checkpoints. There are currently no suspected cases of Ebola in Kinshasa, which is some 1,700 miles west of the outbreak's epicenter, according to a press release from the committee on Thursday.



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Jerome Delay/AP, FILE

A health worker wearing protective gear checks on a patient isolated in a plastic cube at an Ebola treatment center in Beni, Congo, July 13, 2019.

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Dr. Benoit Kebela, a Congolese epidemiologist on the committee, said the only effective weapon to stopping the spread of the virus is community involvement.

“It is community ownership that will stop this 10th epidemic,” Kebela said in a statement Thursday. “In the city of Kinshasa, there are community leaders such as street leaders, localities, neighborhoods, communes and the whole community with whom we can put an end to this epidemic.”

(MORE: Ebola outbreak reaches remote, militia-controlled territory in Democratic Republic of Congo)

Bob Kitchen, vice president for emergencies at the International Rescue Committee, one of the aid groups on the ground assisting Congolese health

officials, told ABC News in a statement Thursday that many people in the affected areas are “afraid to seek treatment for illnesses, worried they will be sent to an Ebola treatment center where they fear they could contract the disease.”

The “lack of community acceptance” remains the greatest obstacle to containing the outbreak, Kitchen said.

“Building trust with the community doesn’t just mean dialogue with the affected population,” he added. “It means working with the community to adapt the response and address the overall needs they are facing inside and outside of the Ebola outbreak.”



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The Associated Press

FILE - In this Friday, June 14, 2019 file photo, people coming from Congo have their temperature measured to screen for symptoms of Ebola, at the Mpondwe border crossing with Congo, in western Uganda. Ugandan health authorities on Thursday, Aug. 29,

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An experimental Ebola vaccine developed by American pharmaceutical company Merck that was tested in the West Africa epidemic was approved for use in the Democratic Republic of the Congo a week after the outbreak was declared last year. More than 206,000 people in the current outbreak zone have received the experimental vaccine since Aug. 8, 2018, according to Congolese health officials.

Meanwhile, two of four experimental treatments being tested in the outbreak are now being offered to all patients after showing promise in saving lives. Preliminary findings from a randomized controlled trial that began last November in four Ebola treatment centers in North Kivu indicated that patients receiving either of two antibody-based therapies, known as REGN-EB3 and mAb114, had a greater chance of survival compared to those receiving two other experiential drugs, known as ZMapp and remdesivir.

After a meeting to review the initial results, an independent monitoring board recommended all future patients be offered either REGN-EB3 or mAb114, while the other two treatments be stopped.

“From now on, we will no longer say that Ebola is incurable,” Dr. Jean-Jacques Muyembe, director-general of the Democratic Republic of the Congo’s National Institute for Biomedical Research, which is co-sponsoring the clinical study, told reporters during a telephone briefing earlier this month.

(MORE: New treatments show promise in the fight against Ebola in Democratic Republic of the Congo)

But the epidemic is still not under control. Doctors Without Borders/Medecins Sans Frontieres (MSF), a medical charity which is providing care for Ebola patients in collaboration with Congolese authorities, said it is “extremely concerned about the lack of visibility on the actual epidemiological situation,” since a high number of Ebola deaths are being reported from where people live, rather than from treatment centers, in recent weeks.

“Many people have died of Ebola in their communities before they could be identified, diagnosed, and admitted for treatment of the disease,” MSF said in a statement Thursday. “Roughly a third of Ebola-related deaths have been diagnosed only post-mortem, which is a clear indication the response to the

epidemic is failing in identifying and tracing people who've potentially contracted Ebola.”

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Source:

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