

AFRICA

Guinea Confirms Fever Is Ebola, Has Killed Up to 59

By REUTERS MARCH 22, 2014, 4:08 P.M. E.D.T.

CONAKRY — Guinea has received confirmation that a mysterious disease that has killed up to 59 people in the West African country, and may have spread to neighboring Sierra Leone, is the hemorrhagic fever Ebola, the government said on Saturday.

Cases of the disease - among the most virulent pathogens known to infect humans, with a fatality rate of up to 90 percent - have been registered in three southeastern towns and in the capital Conakry since February 9. It has never before been recorded in Guinea.

"It is indeed Ebola fever. A laboratory in Lyon (France) confirmed the information," Damantang Albert Camara told Reuters.

Six of the 12 samples sent for analysis tested positive for Ebola, Dr. Sakoba Keita, who heads the epidemics prevention division at Guinea's health ministry, told Reuters.

He added that health officials had registered 80 suspected cases of the disease, including 59 deaths.

"But you have to understand that not all the cases are necessarily due to Ebola fever. Some will have other origins, including a form of severe dysentery," Keita said.

World Health Organization (WHO) officials said that cases showing similar symptoms, including fever, diarrhea, vomiting and bleeding, had also been reported in an area of Sierra Leone near the border with Guinea.

Sierra Leone's chief medical officer, Dr. Brima Kargbo, said authorities

were investigating the case of a 14-year-old boy who died in the town of Buedu in the eastern Kailahun District.

The boy had traveled to Guinea to attend the funeral of one of the outbreak's earlier victims.

Kargbo said a medical team had been sent to Buedu to test those who came into contact with the boy before his death.

"HIGHLY CONTAGIOUS"

The international medical charity Medecins Sans Frontieres (MSF) announced on Saturday it was reinforcing its medical and logistics teams in Guinea in response to the epidemic.

It is also flying in 33 metric tons of medicines and equipment and is setting up isolation units in the three affected towns in Guinea.

"These structures are essential to prevent the spread of the disease, which is highly contagious," Dr. Esther Sterk, MSF's tropical medicine adviser, said in a statement. "Specialised staff are providing care to patients showing signs of infection."

Ebola is introduced into the human population through close contact with infected animals including chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines, according to the WHO.

The disease, which is transmitted between humans through contact with organs, blood, secretions, or other bodily fluids, is most commonly found in the Democratic Republic of Congo, Uganda, South Sudan and Gabon.

Though no epidemics of the disease have been recorded among humans in West Africa, a variety of Ebola infected a colony of chimpanzees in Ivory Coast's Tai National Park, near the country's border with Liberia, in 1994.

A Swiss scientist, who performed an autopsy on one of the infected animals, contracted the disease but later recovered.

(Additional reporting by Umaru Fofana in Freetown; Writing by Joe Bavier; Editing by Kevin Liffey and Eric Walsh)

AFRICA

Ebola Victims Quarantined in Guinea

By THE ASSOCIATED PRESS MARCH 25, 2014, 12:53 P.M. E.D.T.

CONAKRY, Guinea — Health workers in protective hazmat suits treated patients in quarantine centers on Tuesday in a remote corner of Guinea where Ebola has killed at least 60 people in West Africa's first outbreak of the deadly virus in two decades.

Seven patients are being hospitalized at one isolation ward in Gueckedou in southern Guinea, while two others are being treated elsewhere, said Doctors Without Borders. The aid group said it is sending mobile teams into the surrounding countryside in search of people who may have been exposed since the first cases emerged last week.

"To confine the epidemic, it is critical to trace the entire transmission chain," said Dr. Esther Sterk, a tropical medicine adviser for the medical group. "All individuals who have had contact with patients who may be contaminated are monitored and isolated at the first sign of infection."

Six of the seven blood samples sent to France from Guinea had tested positive for Ebola, specifically the Zaire strain of the disease originating from Congo which has up to a 90 percent fatality rate, the World Health Organization said Tuesday.

Ebola has no vaccine or specific treatment. Its initial symptoms — high fever, weakness and headache — can mimic malaria, a much more common disease in West Africa. Once the virus has caused hemorrhaging, though, victims can start vomiting blood or bleeding from their nose and gums.

Some 1,500 of the 2,220 cases recorded since the virus was first discovered in 1976 have been fatal, experts say. So far the fatality rate in

Guinea has been 70 percent, according to Dr. Sakoba Keita, a spokesman with the health ministry.

Those grim statistics are fueling fear amid the first outbreak in this part of West Africa in 20 years. So far at least 60 people have died in Guinea, a desperately poor country with limited health facilities, Keita said.

The outbreak has raised alarm in neighboring countries. Across the border in Liberia, officials are already investigating eight cases — including five deaths — suspected of having links to the Guinea cases. Those patients traveled across the border into Liberia in search of medical treatment, health officials said there.

Authorities in Sierra Leone and Ivory Coast say they are closely monitoring along their borders for possible cases.

The last case reported in West Africa was in Ivory Coast back in 1994. More recent outbreaks have emerged in Congo and Uganda.

It is unclear why the virus has now emerged in Guinea though Dr. Armand Sprecher, a public health specialist with Doctors Without Borders, said the virus is carried by bats in the region.

"It comes out of its reservoir when people eat bats or when bats share a tree with chimps or gorillas who are eating fruit," he explained. "The chimps and gorillas become sick and become easy targets for bush meat hunters."

Grieving relatives also can contract the virus when they come into contact with the bodies of victims during communal funerals, health officials say. Other victims have included health workers who treated the patients before the Ebola outbreak was identified.

Larson reported from Dakar, Senegal. Associated Press writer Jonathan Paye-Layleh in Monrovia, Liberia also contributed to this report.

HEALTH

Ebola, Killing Scores in Guinea, Threatens Nearby Nations

By DONALD G. McNEIL Jr. MARCH 24, 2014

The first outbreak of Ebola fever in the West African nation of Guinea has killed at least 59 people and may be spreading into nearby countries, international health agencies warned on Monday.

Guinea's Health Ministry said most of the 80 known cases of the disease were in border areas near Sierra Leone and Liberia; early reports of three cases in Conakry, Guinea's capital, were unfounded, experts said.

There were reports of patients with symptoms in both Sierra Leone and Liberia, but no laboratory-confirmed cases, said Dr. Armand Sprecher, an Ebola expert with the medical aid group Doctors Without Borders.

The dead include some workers who treated early cases.

Most Ebola outbreaks have been in Central African countries. The first, in 1976 in Zaire, now the Democratic Republic of Congo, killed 280 people. The most recent, in 2012 in Uganda, is thought to have killed fewer than 50.

The outbreak in Guinea is of the Zaire strain, which has a 90 percent mortality rate.

Death is caused by fever and internal bleeding. Human outbreaks usually start after hunters eat the carcass of an ape that died of Ebola — possibly after eating fruit contaminated by bats, which are the virus's natural reservoir.

But inhabitants of the affected villages in Guinea also eat bats, "so it's possible for it to skip the apes and go straight from bats to people," Dr. Sprecher said.

Once humans are infected, the virus spreads easily in bodily fluids from

the sick or the dead.

Outbreaks are contained by isolating the ill and making sure that those treating them wear gloves, masks, goggles, hazardous material suits and other barriers against infection.

Medical teams also take over burials, since some traditional practices, like washing bodies by hand, can lead to infection.

Searching for the sick and educating the public about the danger are also crucial measures, because some people panic and flee during outbreaks and may carry the virus from town to town.

There is no cure, but many patients survive with supportive care.

Doctors Without Borders and the World Health Organization both have teams in Guinea working with the Health Ministry to contain the outbreak.

Unicef has also sent supplies, including intravenous fluids, oral rehydration solution and bleach, said Dr. Mohamed Ag Ayoya, a Unicef representative in the country.

The outbreak was confirmed on Friday, “and the government has taken leadership and cognition,” he added.

The countries threatened by the outbreak are among the world’s poorest and cannot mount large public health efforts on their own.

Sierra Leone is the only one of the three nations with a laboratory that can test for Lassa fever, a lethal tropical disease that requires a similar containment response. And “you have to step it up for Ebola,” Dr. Sprecher said.

A version of this article appears in print on March 25, 2014, on page A3 of the New York edition with the headline: Ebola, Killing Scores in Guinea, Threatens Nearby Nations.



The Ebola virus as of July 24

- Confirmed cases
- Suspected cases

200 Miles

AFRICA

Survivors of Ebola Face Second 'Disease': Stigma

By THE ASSOCIATED PRESS APRIL 27, 2014, 7:05 A.M. E.D.T.

CONAKRY, Guinea — The doctor has beaten the odds and survived Ebola, but he still has one more problem: The stigma carried by the deadly disease.

Even though he is completely healthy, people are afraid to come near him or to have anything to do with him.

For example, the man was supposed to give an interview on Guinean radio to describe his triumphant tale. But the station would not allow him into the studio.

"We'd prefer he speak by phone from downstairs," the station's director told a representative of Doctors Without Borders, while the survivor waited outside in a car. "I can't take the risk of letting him enter our studio."

The Ebola outbreak in West Africa has claimed more than 145 lives so far. More than 240 people, mostly in Guinea, are suspected of having caught the illness, which causes horrific suffering, including bursting blood vessels and bleeding from ears and other orifices. There is no vaccine, no treatment and the disease is almost always fatal.

But a handful of the infected do survive. About 30 patients have survived in Guinea so far, according to Doctors Without Borders. Liberia has not recorded any cases of survival.

Unfortunately for the lucky few, the stink of stigma lingers long after the virus has been purged from their bodies.

"Thanks be to God, I am cured. But now I have a new disease: the stigmatization that I am a victim of," said the Guinean doctor, who spoke to The Associated Press but refused to give his name for fear of further problems

the publicity would cause him and his family. "This disease (the stigma) is worse than the fever."

Several other people who survived the disease refused to tell their stories when contacted by the AP, either directly or through Doctors Without Borders.

Sam Taylor, the Doctors Without Borders spokesman who had taken the doctor to the radio station, confirmed that the man had been infected and survived.

The doctor believes he caught Ebola while caring for a friend and colleague who died in Conakry, Guinea's capital. At the time, he said, he did not know that his friend had Ebola.

Shortly after his friend's death, the doctor got a headache and came down with an intractable fever. And then the vomiting and diarrhea began.

"I should have died," the doctor said, but he responded to care, which includes intensive hydration, and unlike most other Ebola patients, he lived.

Surviving Ebola is a matter of staying alive long enough to have the chance to develop enough antibodies to fight off the virus, said David Heymann, a professor of infectious disease epidemiology at the London School of Hygiene & Tropical Medicine.

That's because it's typically the symptoms of Ebola — severe fever, hemorrhaging, dehydration, respiratory problems — that kills a patient.

Even though he has been cleared of Ebola, the doctor says that people avoid him.

"Now, everywhere in my neighborhood, all the looks bore into me like I'm the plague," he said. People leave places when he shows up. No one will shake his hand or eat with him. His own brothers are accusing him of putting their family in danger.

Stigma often accompanies the spread of deadly, poorly understood diseases, said Meredith Stakem, a health and nutrition adviser for Catholic Relief Services in West Africa, noting that the terrified reaction to Ebola recalls the early days of the HIV epidemic.

Ebola may incite an even more severe reaction because health workers responding to it wear head-to-toe protective gear that look like space suits,

Stakem noted.

In this outbreak, the homes of some of the infected in Liberia have been attacked and Doctors Without Borders briefly abandoned a clinic in Guinea that was targeted.

The families of those who die from Ebola face similar problems.

Aziz Soumah, who lives in a suburb of the Guinean capital of Conakry, said his family was forced to move after his brother died, apparently from Ebola.

"I went to pray at the mosque. As soon as I entered, all the worshippers left the mosque," recounted Soumah, a 30-year-old engineer. "I was alone. No one around me."

International health organizations are doing extensive community outreach to explain how the disease is transmitted — only through direct contact with the bodily fluids of symptomatic people — and to explain that those cured are no longer contagious.

The most powerful tool to combat stigma is the way health care workers treat a discharged patient, said Corinne Benazech, the representative in Guinea for Doctors Without Borders in Guinea.

"The patient never leaves alone," she said of when Ebola survivors leave their isolation wards, and health care workers individually shake hands with the survivor.

Discharged patients receive a certificate from the minister of health that states they are no longer contagious, said Tom Fletcher, an infectious disease physician with the World Health Organization who is working in Guinea. However, the virus may linger in a male patient's semen, so men are given a three-month supply of condoms, he added.

The Guinean doctor was treated for about a week before he was declared cured. Fletcher said that's typical for the miraculous few: "These people should be celebrated, really, as opposed to stigmatized."

DiLorenzo reported from Dakar, Senegal. Jonathan Paye-Layleh in Monrovia, Liberia, contributed to this report.

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AFRICA

Prayers, Precautions in W Africa Amid Ebola Threat

By THE ASSOCIATED PRESS JUNE 10, 2014, 11:07 A.M. E.D.T.

CONAKRY, Guinea — One preacher advocated fasting and prayer to spare people from a virus that usually leads to a horrible death. Some people pray that the Ebola outbreaks, which are hitting three countries in West Africa, stay away from their home areas. Others seem unruffled and say it will blow over.

But more than a month after Guinea President Alpha Conde told reporters the Ebola outbreak that originated in his country was under control, the death toll continues to climb in his country as well as in Sierra Leone and Liberia.

At least 231 people have died since the outbreak of the fearsome disease, which causes bleeding internally and externally and for which there is no known cure. Guinea has recorded just over 200 deaths, along with about a dozen each in Sierra Leone and Liberia.

The head of a non-governmental health organization in Sierra Leone said on local radio on Tuesday that the death toll is double the number officially reported in that country. Charles Mambu, chairman of Health for All Coalition, also called on the government to declare a public health emergency. Asked to comment, Amara Jambai, the director for disease control and prevention in the Ministry of Health, told The Associated Press that "the spread of the disease is serious. Ebola is with us and we must come together as a nation to fight it."

Experts say the outbreak may have begun as far back as January in southeast Guinea. Ebola typically begins in remote places and it can take several infections before the disease is identified, making a precise start date

virtually impossible to pin down. It's one of the worst outbreaks since the disease was first recorded in 1976 in simultaneous outbreaks in Sudan and Congo, said Dr. Armand Sprecher of Doctors Without Borders. It may wind up being the worst outbreak ever.

The West Africa Ebola situation is especially challenging because of the number of "satellite outbreaks" that have cropped up, said Sprecher, who has worked on the emergency responses in Guinea as well as in Uganda in 2000 and in Congo in 2007. There have been at least six satellite outbreaks elsewhere in Guinea — including the sprawling seaside capital of Conakry — and in Sierra Leone and Liberia, Sprecher said.

In each outbreak, health workers must identify patients, trace and monitor everyone they've been in contact with and teach people how to avoid the disease.

"Family members and traditional leaders are strongly advised to work with health teams to avoid dead bodies and their body fluids and prevent spreading of Ebola and deaths of member of communities. The public is also urged to wash their hands with soap and water or use sanitizer, ashes, avoid eating bush meat (monkeys, fruit bats), and to chlorinate their water before drinking," Bernice Dahn, Deputy Minister for Health Services in Liberia, said in a June 7 news release.

One preacher in Sierra Leone called for divine intervention.

"Even though the virus is said to have originated from birds and other animals, I believe the virus could be contained through God's miracle," said pastor Balogun Macauley, chairman of the Coalition of Religious Youths in Sierra Leone, which has called for a 21-day period of fasting and prayer.

Jambai, the Sierra Leone health official, said the country has "not reached that level as yet to declare unilaterally the disease a Public Health Emergency.

"We have to get the approval of WHO and other development partners," he added, referring to the World Health Organization.

Some people take the threat seriously in Sierra Leone and heed advice put out on radio and TV stations and in newspapers by the Ministry of Health and Sanitation. There is fear that Ebola might get to Freetown, the capital. Some

note nervously that while the outbreak has been restricted to eastern Kailahun District next to the border with Liberia, that is the same district where on March 23, 1992 war spread to Sierra Leone from Liberia. That war wound up engulfing Sierra Leone for more than ten years.

Fear of the first outbreak of Ebola in West Africa has even bred violence.

Doctors Without Borders was forced to suspend activities at one treatment center in Guinea after it came under attack by protesters in April. The mob accused Doctors Without Borders health workers of bringing Ebola to Guinea, where there had never previously been any cases.

Doctors Without Borders cycles health workers out after three or four weeks because of concerns about fatigue, Sprecher said.

"Given that there are only so many people experienced with Ebola in the world, you get stretched thin," he said, noting that some have undertaken multiple tours.

The number of Ebola cases in the three countries has risen above 400, according to the World Health Organization. The most devastating outbreak on record came in Uganda's Gulu district 14 years ago, with 425 cases and 224 deaths.

"By the time this thing is done it will probably be one of the longer outbreaks, if not the longest," Sprecher said.

Roy-Macaulay reported from Freetown, Sierra Leone. Jonathan Paye-Layleh in Monrovia, Liberia contributed to this report.