

Deadly Ebola outbreak spreads in Uganda

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21 October 2000

Deaths from Ebola, one of the most deadly viruses known to man, now total 41 in Uganda. 17 new cases were reported in a 24-hour period up to October 18. The first instances of the disease were reported at one of the hospitals in Gulu, a town in northern Uganda, where three nursing students died. Both hospitals in Gulu, already overstretched and under funded, are now attempting to deal with the disease with assistance from World Health Organisation (WHO) experts.

Four cases have been reported in the neighbouring area of Kitgum. Most seriously, two cases of the disease have been reported at Atiak and Amoru, camps north of Gulu where tens of thousands of people are forced to live because of the ongoing civil war in this part of Uganda.

Schools have been closed and all funerals stopped in the area, because ritual cleansing of the dead is believed to have contributed to the original spread of the disease.

Ebola's first symptoms are a flu-like fever, sore throat, muscle pain and headache, but within days it causes internal haemorrhaging leading to bleeding through every bodily orifice, the patient usually soon succumbs. The disease is highly infectious and can be transmitted by any bodily contact. Even taking blood samples to obtain a diagnosis is dangerous. Up to 90 percent of those contracting the disease die. Patients have to be kept in strict isolation, given intensive support and fluid to prevent dehydration. Medical staff must wear masks and protective clothing that are disinfected after use. There is no known cure.

All known cases of Ebola have occurred in Africa. WHO statistics reveal a total of about 1,100 cases, of which 793 died. The first recorded outbreaks were in the Democratic Republic of Congo (then Zaire) and Sudan in 1976, which killed about 440 people. Since then there have been further outbreaks in Sudan and Gabon. The last outbreak of the disease was in 1995 in the Democratic Republic of Congo, when 244 died.

Ebola is a filovirus, a type of virus about which little is known. Another virus of the same type is Marburg, first identified in 1967 when laboratory workers in Marburg, Germany contracted the disease after working with green monkeys imported from Africa. Marburg is also highly infectious and produces similar effects to Ebola. In both diseases the original source of the infection is unknown. Neither is it known how the virus survives between outbreaks in humans (monkeys carry the diseases but are not thought to be the "reservoir").

Support from Western governments has been extremely limited. A small rapid response WHO team was dispatched to Gulu when the South African National Institute for Virology—the only laboratory in Africa with suitable equipment—confirmed that the disease was Ebola on October 16. The WHO claim that all the protective equipment needed to respond to the epidemic is available and say that the isolation units at the Gulu hospitals are "clean, well organised and well-supplied". The Ugandan government—mindful, no doubt of the possible impact on tourism and overseas investment—are also claiming that the disease is under control.

These complacent reports are contradicted by a BBC news item which states that the team of 100 health workers and Red Cross volunteers directed by the WHO to scour the region for more cases are "still having to make do with simple masks and latex gloves brought in by the army." It says that the local health workers "have had to use masks made from plain cloth and sewn by local seamstresses." An Associated Press report quoted Lt. Col. Walter Ochola, the local official dealing with the disease, saying that disinfectant, disposable gloves and body bags for burial were still needed.

Although the dangers of such diseases are well known—their impact was the subject of a best selling book "The Hot Zone" and the film "Outbreak"—there

has been little funding for research. This year scientists at the US National Institutes of Health and Centres for Disease Control and Prevention discovered the protein that is manufactured by the Ebola virus and which attacks the cells that line the blood vessel walls. Blocking the action of this protein could lead to a cure for Ebola. It is hardly likely, however, that the pharmaceutical companies will develop a vaccine. Only one percent of new medicines developed between 1975 and 1997 were designed to treat tropical, "Third World" diseases because they do not make a profit.

Latest reports indicate that the strain of Ebola in the present outbreak originates from Sudan. It is likely to have been brought into the north of Uganda by the Lord's Resistance Army (LRA), a rebel force which has been fighting the Ugandan government for the last 13 years and which is backed by the Sudanese government. This group—led by the religious cult leader Joseph Kony—carries out raids into Uganda from across the Sudan border. It has abducted thousands of local children and forced them to take part in massacres against the local villages. The involvement of the LRA means that many more people throughout northern Uganda and southern Sudan could be infected. Given the civil war conditions the medical team directed by the WHO—even though they are protected by the Ugandan army—will be unable to gain access to the large numbers of potentially infected people.



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