

Alarm grows as “mystery illness” in Congo has now killed 60 people and infected over 1,000

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On Thursday, the World Health Organization (WHO) released their latest report on the worsening outbreak of unknown disease in two separate locations in the Democratic Republic of the Congo (DRC), noting that 1,096 people have now officially been infected and 60 have died.

The first outbreak occurred in a remote Northwest village of Bikoro in the Bolomba health zone on January 21, 2025, after three children ate a bat and died shortly afterwards, prompting concerns given that bats are well-known to harbor various pathogens capable of causing spillover events. Samples from those affected were sent to Kinshasa, ruling out both Ebola and Marburg, deadly viral hemorrhagic pathogens.

The next outbreak was first reported on February 9 in Bomate village in the Basankusu health zone, located about 186 kilometers (115 miles) to the Northeast of Bikoro. By February 13, the WHO confirmed at least 419 cases with 45 deaths, placing the initial case fatality rate at over 10 percent. WHO stated that “[the] outbreaks, which have seen cases rise rapidly within days, pose a significant public health threat. The exact cause remains unknown.” In the most recent in-depth report, covering data up until February 23, the WHO estimates that the case fatality rate now stands at roughly 5.5 percent.

In addition to the unidentified pathogen causing the outbreak, health authorities are deeply concerned about the short interval between the onset of symptoms (fever, vomiting and internal bleeding) and ensuing death 48 hours later. Delays in reporting relate to near non-existent infrastructure conditions and poorly resourced facilities.

The WHO Bulletin underscores the concerns raised

by these developments, noting:

Key challenges include the rapid progression of the disease, with nearly half of the deaths occurring within 48 hours of symptom onset in one of the affected health zones, and an exceptionally high case fatality rate in another. Urgent action is needed to accelerate laboratory investigations, improve case management and isolation capacities, and strengthen surveillance and risk communication. The remote location and weak healthcare infrastructure increase the risk of further spread, requiring immediate high-level intervention to contain the outbreak.

WHO spokesperson Margaret Harris provided important details in a recent interview with *DW News*, stating:

[On] February 13, health authorities in the Democratic Republic of Congo reported clusters [of infections] in two different villages. Even though both villages are in Équateur province which are both in northwest of Congo, the remoteness and poor infrastructure means they are actually very separated, and it could be completely different things.

Harris added that although the identity of the pathogen remains to be determined, it is most likely

something already known rather than being a novel virus. Furthermore, she confirmed that rapid diagnostics of cases in Bomonte were positive for malaria. She speculated that it could be a combination of winter viruses on top of malaria, which gives a mixed picture and may predispose patients to more serious and rapidly fatal infections, especially among people who are malnourished and living in squalid conditions. She added, “At the moment we have a range of differential diagnoses, but the most important thing is to do the full epidemiological investigation and do the testing.”

Although the known hemorrhagic pathogens have seemed to be ruled out, malaria remains a likely contributor as was the case of the outbreak in Kwango Province that erupted in October 2024, several hundred miles south of the current outbreak in the DRC. In that outbreak in the Panzi health zone, WHO estimated there were 406 cases between October 24 and December 5, with a death toll ranging from 67 to 143 individuals.

As health authorities noted at the time, lack of access to healthcare, malnutrition, and poor living conditions contributed greatly to the high case fatality rate in that region. Malaria, a mosquito-borne illness, can lead to severe disease and death in a matter of hours to just a few days. Initial symptoms can include high fevers and chills, vomiting, jaundice, and low blood pressure and high heart rates. Major complications can lead to brain swelling, fluid build-up in the lungs, kidney failure, severe anemia and bleeding complications.

Meanwhile, the growing armed conflict and social crisis on the eastern part of the country has led to mass displacement of the population and violence, creating difficult conditions for the country as a whole and hampering efforts by international organizations whose resources are spread thin. The collapse of the health and public works infrastructure with lack of electricity and potable water in that region is raising the risk of cholera outbreaks, malnutrition, and disease transmission. Children and the elderly are most predisposed to these manifestations.

The WHO noted:

Medical facilities are overwhelmed, having treated over 4,260 injured people, while the Red

Cross has buried 2,000 bodies, and morgues remain overcrowded. Urgent actions include securing humanitarian access, restoring critical infrastructure, ensuring the supply of medical and food aid, and enhancing public health surveillance. Without immediate intervention, these crises will further destabilize the region, heighten public health risks, and worsen human suffering.

To date, the US has not provided any financial or material support, or personnel to assist the WHO, due to the Trump administration’s immediate severing of ties upon taking power. Public health officials in the US are barred from communicating with the WHO, while the fascist billionaire Elon Musk has orchestrated the destruction of the limited aid provide by USAID, upon which millions of Africans rely for their very survival.

The sudden disruption of foreign aid to these regions and the stalled work that had been taking place between the US and the WHO underscore the growing threat of future pandemics from numerous pathogens. Last year, the US provided the DRC with almost 70 percent of all aid to the country, including support for the response to Mpox. But now, “[from] one day to another, everything just collapsed,” said Paulin Nkwosseu, chief of field operations for UNICEF in the DRC.



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