

Ebola death reported in Kenya as epidemic reaches 9,000 confirmed cases

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A Kenyan man who contracted Ebola in the Democratic Republic of the Congo died in Nairobi on Oct. 5, Kenya's first case of the disease. By Oct. 11, day 149 of the epidemic, the Congo had recorded 9,000 confirmed cases and 4,339 confirmed deaths, a case fatality ratio of 48.2 percent. The confirmed cases are about six times the number confirmed at the same stage of the West African epidemic of 2014–16, and the health ministry's latest published situation report, for Oct. 9, shows how far the virus has run ahead of the official count.

The Kenyan man had lived in the Congo for seven years and, according to Kenyan Health Cabinet Secretary Aden Duale, fell ill there about a month before he left. He traveled by road from Beni to Kampala, Uganda, on Oct. 2 and flew to Nairobi the next day. Uganda's health ministry said he had a "normal temperature" when screened at Entebbe, and Kenyan officials are investigating whether medication masked his symptoms when he was screened on arrival. He died at Nairobi Hospital on Oct. 5, and Kenya confirmed the Bundibugyo infection the next day.

By Oct. 11 Kenya's health ministry reported 122 contacts traced, 108 of them in quarantine under daily monitoring, none with symptoms. His was the only positive among 293 samples tested. Kenya already hosts a US-funded isolation center at Laikipia Air Base reserved for exposed American citizens, and police killed three people protesting against it in June.

In Ituri province on Oct. 9, 25 of the 47 new positive results came from swabs taken from dead bodies. In Mandima health zone, 14 of the 15 recorded deaths occurred in the community, and across the country 30 of the day's 40 confirmed deaths took place outside treatment centers. Stéphanie Hoffmann, who coordinates the Doctors Without Borders (Médecins Sans Frontières, MSF) treatment center in Butembo, said on Oct. 5 that more than 60 percent of Ebola deaths continue to occur in the community. The bulletin's authors nonetheless described the fall in test positivity, from 20.4 percent on Oct. 2 to 16.0 percent, as "encouraging."

The work of finding the living is just as strained. Of 473 suspected cases validated on Oct. 9, 219 were transferred to a transit or treatment center, and the bulletin does not say what became of the rest. Teams saw 83.1 percent of listed contacts, up from 74.7 percent on Sept. 26 but short of the 95 percent target, and no province reached it. In Ituri, 26 of 91 safe burials could not be carried out because of community resistance.

Where suspected patients are found, there is often nowhere to put them. At the Mabakese checkpoint in Mambasa health zone, a living suspected case was not referred to the treatment center because it had no free places. In North Kivu, treatment and transit beds are 87.2 percent full and 148 patients, nearly a third of those isolated, are being held in facilities outside the treatment centers. "It is like fighting a megafire," Hoffmann said.

In Ganga health zone in Bas-Uélé province, two newly confirmed patients had not been isolated. The province's stock of Ervebo vaccine has run out, with 1,500 people vaccinated against a target of 13,202. Ervebo was developed against the Zaire species of Ebola, and its value against Bundibugyo is still under study. In North Kivu, three of 30 recently confirmed cases were health workers, two in Katwa and one in Butembo.

The epidemic now stretches from Ituri and North Kivu west to Kisangani on the Congo River and to Bulu in Sud-Ubangi, about 1,150 kilometers from Bunia. The seven affected provinces cover about 679,000 square kilometers, more than Guinea, Liberia and Sierra Leone combined at about 429,000. The World Health Organization (WHO) added Alimbongo in North Kivu to the affected zones on Oct. 8, and MSF reported that the province accounts for nearly 40 percent of newly confirmed cases nationwide, up from 24 percent at the end of August.

West Africa's epidemic of 2014–16 was the largest on record. At day 147, counting from WHO's notification of the Guinea outbreak on March 23, 2014, it had about 1,400 confirmed cases and 800 confirmed deaths, according to WHO updates at the time, against the Congo's 8,914 and

4,315. Even West Africa's combined total of confirmed, probable and suspected cases was less than a third of the Congo's confirmed count. That epidemic ended with 28,616 cases in all categories in Guinea, Liberia and Sierra Leone, 15,227 of them laboratory-confirmed, and 11,310 deaths.

Speaking from Bunia to Democracy Now! on Oct. 6, the Congolese journalist Akilimali Chomachoma, who was himself tested at a treatment center nearby, said officials insist the situation is under control while he can see no sign that it is. He praised the staff but described watching patients die around him and likened conditions to being "in prison." Lydia Combe of the Ituri Journalist Syndicate told the program that "there is no presence of local journalists, including those living in Bunia or the Ituri province" in the response, which she said "creates a certain mistrust within the community." In Beni, community leader Alberto Lusenge told Al-Jazeera that mistrust could keep people from reporting illness.

The state's own forces have added to the danger. On the evening of Sept. 29, an Ebola transit center burned down at the Kigonze displacement camp on the outskirts of Bunia, which had sheltered about 19,000 people, after soldiers entered the camp searching for weapons and suspected members of non-state armed groups. A senior United Nations (UN) official told the Associated Press that the soldiers burned the site, and thousands of displaced people have fled. "When we lose a center, that means we lose capacity, we lose investment, and we have to start again," said Julien Harneis, the UN senior Ebola coordinator.

Attacks on responders continue. On Oct. 9, residents assaulted a burial team in Bundji quarter in North Kivu, and teams in Bas-Uélé needed a security escort to reach Dakwa. In Butembo, Marie-Celestin Karondwa, a local official of the ruling party who had urged Ebola prevention on the radio, died on Sept. 27 after residents beat him and set his house on fire. In Bunia, health workers have protested wages unpaid for August and September. "The reason for our frustration is that the authorities still owe us," said Biongi Beiza, an investigator in the Bunia health zone, who added that a WHO transport allowance covering 75 days has not been paid.

South of Butembo, on Lake Edward, the Rwandan-backed AFC-M23 rebel movement acted by decree. On Oct. 5, Éphrem Kabasha, the administrator it installed in Rutshuru territory, suspended fishing at Vitshumbi and Nyakakoma, halted all movement on the lake and closed roads until further notice, citing only "preventive measures." The order came three days after the first cases were confirmed in neighboring Alimbongo. "We're going to have trouble getting food. It's a nightmare," a Vitshumbi resident told Friends of the Congo.

In August, WHO Director-General Tedros Adhanom Ghebreyesus said that at its current pace the outbreak would "eclipse" West Africa's, Harneis called its progress "exponential," and WHO Africa director Mohamed Janabi appealed for a humanitarian truce of at least six months. Jean Kaseya, director-general of the Africa Centres for Disease Control and Prevention (Africa CDC), now says the outbreak will be brought under control only "once the last chain of transmission has been broken." The bulletin for Oct. 9 shows those chains running through community deaths, untraced contacts and full beds.

Craig Spencer, an emergency physician at Brown University who survived Ebola in 2014, told Democracy Now! that the US, long central to Ebola responses, effectively withdrew within days of the second Trump administration taking office, when the US Agency for International Development (USAID) was gutted. Staff of the US Centers for Disease Control and Prevention (CDC), he said, are "staying in the capital or far away," relying on secondhand information.

Donors have pledged about \$2.9 billion since the outbreak was declared on May 15, about \$700 million of it at a Sept. 23 meeting convened in New York, and \$886 million of the total from the US itself. Two days later the Trump administration blocked a UN declaration on pandemic preparedness. A pledge is not a disbursement. On Oct. 4, Africa CDC was still demanding that "every dollar must be traceable from the donor's commitment to the services delivered to communities."

For five months, WHO and UN officials have issued warnings and recited formulas while the imperialist powers withheld the resources that would put beds, vaccines, paid health workers and laboratories where the dying are. The money exists, and so does the productive capacity to meet the need. What is lacking is any willingness on the part of the capitalist governments to subordinate profit and their strategic interests in the Congo's minerals to the lives of its people. Ending this epidemic and preventing future pandemics requires taking the pharmaceutical industry out of private hands and building a global public health system organized around social need. The only social force capable of carrying this out is the international working class.



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