

Historical

In December 2001, the first human deaths in the Congolese territory are confirmed. Since this first wave, which lasted until April 2002, about forty people have died. Many people died across the border in Gabon also

During this epidemic, the ECOFAC program, in collaboration with the CIRMF and WCS, highlight/disclose:

- a high mortality of great apes (gorillas and chimpanzees) and the mortality of other animal species.
- the transmission of the virus from the forest near the villages following contact between hunters and the carcasses of great apes. (Samples sent to CIRMF labs confirmed virus from dead gorillas and this matches isolates from infected humans, infected hunters report eating dead gorillas, chimpanzees, multiple focal points over time – probably three on our data, maybe four)
- difficulty in isolating the patients as a result of sociocultural issues and, as a consequence, difficulty in stopping the transmission of the virus among humans.

In June 2002, new cases of human deaths are recorded in Mbomo and Oloba. A team of WHO doctors is sent, but they are forced to leave the area following aggressions and threats from the population.

In August 2002, carcasses of gorillas are found to the south of the Sanctuary Gorillas of Lossi.

Monday December 2, 2002, gorilla deaths are recorded in the district of Mbomo (at Lossi sanctuary). Six gorillas, all from one family group which was followed by researchers for ten years, had been found dead.

Contact was made with the Centre Internationale Recherche Medicales of Franceville (CIRMF, Gabon) so that a team of veterinary specialists could go to the site as soon as possible to determine the cause of the deaths. The CIRMF team confirms Ebola from dead gorillas (and maybe samples from dead chimps also).

ECOFAC informed the WHO and the Ministry of Health in Brazzaville through the European Union, of the very high mortality of animals in the hunting area of/near the town of Mbomo, which has a population of more than 3000 people. ECOFAC underlines the strong probability of a new human epidemic in the months to come.

It also calls for, with great urgency, the intervention of the Congolese Ministry of Health, not only in regards to increasing public awareness (prevention) but also to put in place the means to deal with a possible epidemic.

In the same time, ECOFAC organized a new mission to follow the evolution/progression of Ebola in the Lossi Sanctuary Gorillas. It asked the CIRMF to continue sampling the surrounding fauna. In addition, it mobilized Mrs Magdalena Bermejo, the primatologist responsible for the habituation of the gorillas, to go to Lossi to evaluate the consequences of the epidemic, not only at the socio-economic level for the benefit of the Lossi area, but also on the fauna. This plan was to proceed over a one month period and was to begin, at the latest, on Dec 15 2002, but due to administrative constraints, was initiated on Jan 10 2003.

From Jan 5 2003 to Jan 13 2003, a team made up of members of Parliament originating in the area in the Basin, experts of the Ministry for Health and WHO finally went to Mbomo on a mission of public awareness regarding the epidemic. This mission did not discover any deaths or cases of human contamination in the districts of Kélé and Mbomo.

Jan 28 2003 the primatology team at Lossi confirms the disappearance of eight families of gorillas over two months and the quasi disappearance of this species in the sanctuary, which signals the strong probability of human cases at Kélé and Mbomo.

Feb. 3 2003 the CIRMF veterinary team from Gabon returned to Lossi.

Feb. 3 2003 a crisis committee is put in place at Brazzaville. Teams should be mobilized very quickly and a budget of 20 million francs CFA was agreed upon.

The ECOFAC office in Brazzaville is in regular contact with Mbomo via the phone. Jan 31 2003 they announce more than 4 dead (humans) in the district of Kéllé and 2 deaths (human) in Mbomo, Jan 11 2003 and Jan 25 2003. The person who died in Mbomo Jan 11 2003 was in contact with a sick person in Kéllé and then went back to Mbomo. The (human) populations of Kéllé and Mbomo have had many contacts with each other and a large number of people left the village of Kéllé and its surroundings to go to Mbomo.

The Ministry was informed on Jan 31 2003 of ten deaths in Kéllé (from Jan 4th to Jan 28 2003) at the village of Ebele ngoi, of 2 people hospitalised in the hospital of Kéllé and of 2 cases of death in Mbomo.

The district of Kéllé has a doctor; on the other hand there is no doctor present at Mbomo in spite of the repeated requests by ECOFAC.

Feb 5th 2003, a team of CIRMF doctors arrived at Mbomo to make a primary assessment regarding the human aspect of the epidemic.

On Feb 6th 2003, we learned that a park guard family member died that evening. The park guard (based in Mbomo, Odzala's HQ) also begins to present with the same symptoms as his wife. There has been many other contacts within the project. We await a precise assessment from the CIRMF team.

WHO Geneva informs that a team of doctors left Brazzaville the same day to reach Mbomo (Feb. 6).

Nevertheless, the situation is extremely serious both for the local population and the project personnel. The means/resources made available (11 people + 20 million FCFA) is tiny compared to the extent to which the epidemic can take but also, and especially, compared to the sociocultural context, economic and political. The experience of last year did not have any effect on the public health system or any of the other administrations having to do with this type of crisis but which remains completely ineffective. Mbomo has not had a doctor since since mid-December.

The personnel of the project represents a fifth of Mbomo's population. Therefore, the risks are real. The absence of authority (in regards to project management due to constant political and social instability) at the site makes it impossible to ensure the management of these problems, which require a very great discipline and channeling of accurate information.

In the long term it is necessary to initiate a program of Prevention/Research on Ebola as soon as possible to recreate an acceptable framework of work in all the periphery of Odzala. The definition and the installation /formation of this type of program will require the organization of a meeting gathering the various ministries as well as the various specialized agencies.

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