



SUCCESS STORY

AXxes Promptly Responds to Ebola (Again)



Above: Treating a patient of suspected Ebola Virus in isolation with material provided by USAID and Project AXxes (Bulape ZSR Oct 07)

Below: Kampangu Health Center/Ground Zero (Mweka ZSR) site of Ebola Epicenter in 2007 outbreak.



Photos by Bill Clemmer, AXxes

In November 2008 AXxes project personnel were alerted to an outbreak of hemorrhagic fever in the health zone of Mweka in Kasai-Occidental. AXxes supports four health zones in the same province, of which Bulape is a neighboring health zone to Mweka.

The index case for the outbreak was reported to be an 18 year old woman who died from hemorrhage shortly after child birth. Her baby subsequently died along with nine family members who assisted at her burial. A total of 49 clinical cases of hemorrhagic fever and 15 deaths have since been reported. Samples sent to the reference laboratory in Gabon confirmed Ebola as the etiologic agent.

AXxes personnel, in Kinshasa and Kananga, maintained daily contact with medical authorities. One suspect case was identified in the AXxes-assisted reference hospital in Tshikaji. That individual died from fever and hemorrhage within 24 hours of hospitalization.

Project AXxes was prepared with materials strategically located to assist in the response to this outbreak. AXxes immediately moved assistance from Bulape to Mweka health zone, e.g., 40 protection kits, 100 bottles of chlorine, and 100 masks with face visors. AXxes Kinshasa shipped additional materials to the Kasai Coordination office for at-risk health personnel. This included 50 personal protection units, 50 kilogram drum of chlorine powder, a chlorine industrial sprayer, and antibiotics (6000 ciprofloxin) due to past history of concurrent febrile diarrhea epidemic.

AXxes also helped distribute CDC training materials to at-risk health facilities, and provided other support materials that included IV fluids, rehydration fluids, gloves, gowns, masks, standard WHO essential medicines and other hospital supplies.

No further cases have been reported in AXxes-assisted health zones or in case-to-case transmission as frequently occurs in outbreaks, e.g., the Kikwit outbreak of 1995 or the Mweka outbreak of 2007. The success of this story is that through a combination of preparedness, training and prompt availability of isolation and protection materials, AXxes was able to contribute to preventing further spread of this highly infectious.