

# WHO investigating unidentified illness which has killed at least 143 people in the Democratic Republic of the Congo

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5 December 2024

A health team organized by the World Health Organization (WHO) has been sent to the Democratic Republic of the Congo (DRC) to investigate a disease outbreak that began in late October and has claimed the lives of at least 143 people in southwest Congo. Over the weekend provincial health minister Apollinaire Yumba informed reporters there have been at least 376 confirmed cases of the yet unidentified but extremely lethal illness.

Those infected have developed flu-like symptoms with high fevers, nasal congestion, and severe headaches. Another curious symptom of the disease includes anemia, a drop in the level of the hemoglobin. Women and children, especially those between 15 and 18 years of age, have been most severely impacted.

Yumba asked the population to take all necessary precautions to avoid contact with dead bodies and prevent contamination. He also asked residents not to attend mass gatherings, maintain hygiene, and report any suspected cases to health authorities. Additionally, he made a plea to international partners for medical supplies to assist with addressing what appears to be another health crisis on top of the mpox (monkeypox) outbreak in the eastern part of the country. Since January 1, 2024, the country had reported more than 47,000 mpox cases and more than 1,000 deaths believed linked to the outbreak. The following official communique was uploaded on the BNO News social media channel.

In the same period, one of the largest outbreaks of Marburg virus disease in neighboring Rwanda affected 66 people, killing 15 patients. Health authorities haven't identified the source of the epidemic, but no new cases have been identified since October 30, 2024.

Marburg outbreaks are declared over when no new infections arise over a 42-day period after the last recovered patient has tested negative twice by PCR, separated by 48 hours, according to the Centers for Disease Control and Prevention (CDC).

One of the first reports on the current outbreak in DRC appeared on FluTracker.com on November 30, 2024, relaying that 67 deaths (from November 10 to 25) of an epidemic of unknown origin had been recorded in the Panzi rural health zone, in the southwest region of Kwango Province. The first reported death occurred on November 10, 2024. Most of the afflicted have perished at home due to lack of medical care.

Then on December 3, 2024, the death toll was revised upward to 143 fatalities prompting Cephorien Manzanza, a civil society leader, to tell Reuters, "The situation is extremely worrying as the number of infected people continues to rise."

The WHO was first notified last week of the outbreak. The international public health's spokesman, Tarik Jašarević, confirmed these developments to inquiries made by reporters. Furthermore, Jašarević added, "WHO is aware of an unidentified disease and is working with the national authorities to understand the situation. We have dispatched a team to the remote area to collect samples for lab investigations." No timeline has been set on the investigation and the identity of the pathogen is not yet known.

Yesterday, health officials raised concerns that the death toll may be higher and growing by the day. Yumba who confirmed that a team of epidemiological experts had been dispatched to the affected region had communicated that even before reaching their central office in the zone, "they found many deaths in the

health areas in the villages, always caused by this disease.”

Kwango Province’s vice-governor, Remy Saki, provided the following synopsis to Deutsche Welle (DW):

[The authorities have] sent a team to the site that is taking samples and raising awareness among the population about certain measures to be taken, so that the epidemic cannot become widespread. Among these measures, for example, immigration officials have been asked to be able to limit the movements of the population and also to record the entries and exits of the population, people who come from surrounding villages, but also to practice the barrier measures previously practiced during the coronavirus period. Wearing a nose mask is also required.

Anne Rimoin is a professor of epidemiology at UCLA, an expert in emerging infectious diseases in central Africa, specifically in Ebola and human mpox, who has worked in Congo since 2002. Speaking with NBC News, she urged caution and patience in evaluating the complicated rural and under-resourced setting in which the epidemic is taking place.

“I think it’s important to be aware of what’s happening,” she said. “And I think it’s also really important not to panic until we have more information. It could be anything. It could be influenza. It could be Ebola. It could be Marburg. It could be meningitis, or it could be measles. At this point, we just don’t know.”

The DRC is a country with more than 100 million people. Its population has almost doubled in the last 20 years. Despite being immensely rich in natural resources, it is one of the poorest countries in the world, with a per capita GDP of \$708 forecast for 2025, with half the population living below the abysmally low poverty line, and 25 percent of people lacking access to clean water. Ongoing civil wars, driven by the conflicts over minerals which are exploited by hugely profitable global corporations, have decimated the little infrastructure that had existed. Millions have died and millions more displaced over the years. Corruption is

endemic.

It is also a country of tremendous biodiversity, home to the world’s second largest rainforest. Encroachment into these regions can bring people into contact with pathogens that human beings have never previously encountered. And as the COVID pandemic has demonstrated so keenly, the globalization of the world means no place is immune from such diseases wherever they initially emerge. The DRC already is known for the second highest number of malaria cases and deaths. Measles and HIV remain major health concerns. Ebola is ever-present. Rift Valley fever is a mosquito-borne disease that affects livestock but also associated with acute and fatal disease in humans.

The urbanization of the country is already the third largest in sub-Saharan Africa, after South Africa and Nigeria, with 43 percent of the population living in cities. That figure is expected to grow at more than 4 percent per year. The capital, Kinshasa, with 17 million people is expected to become the most populous city in Africa by 2030. It is only a few hours (262 kilometers) northwest of the epicenter of the latest outbreak.

Dr. Abraar Karan, an infectious disease physician from Stanford, told NBC that the outbreak certainly “does raise alarm bells.” The interaction between humans and wildlife, he explained, raises concern for these types of spillover events: “Many animal infections that transmit from animal to human can cause pretty severe disease.”

One must add that the incoming Trump administration will exacerbate the threat to the world’s population as his public health nominees will further undermine global pandemic responses. John P. Moore, a virologist at Cornell University’s Weill Cornell Medical College, told the *New York Times*, referring to nominees like Jay Bhattacharya, David Weldon, and Robert F. Kennedy Jr., “If the worst-case scenario happens and we have a serious public health crisis, the body count is going to be enormous because these guys don’t have the skills or the will to do anything about it.”



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