

Several Ebola Cases Reappear in Liberia and Guinea

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Long term solutions to the crisis lies in building healthcare and educational infrastructures

Regional and international health officials are emphasizing that the Ebola Virus Disease (EVD) crisis is not over with the appearance of three new cases in Liberia, one of the hardest hit West African states during 2014-2015, when over 11,000 people died from one of the most virulent forms of Viral Hemorrhagic Fevers (VHF).

Liberia, Guinea and Sierra Leone were the most severely impacted states in the EVD outbreak which came to the broad knowledge of the international community during the early months of 2014. All three states have experienced internal conflict and unrest over the last three decades.

Nathan Gboetoe, who was 15-years-old, was taken by his father to the John F. Kennedy Medical Center in the Liberian capital of Monrovia on November 18. He was bleeding from his mouth but did not have a fever.

He was taken to the trauma ward and tested for EVD. Two days later the results returned as positive.

However, the delay in diagnosis and medical treatment led to Gboetoe's death on November 20 shattering the notion that the country had finally eradicated the dreaded epidemic. Many are now asking: how could such a situation take place in light of the experiences of 2014-2015, when the largest outbreak of EVD had a profound impact on Liberia, a country with strong historic ties to the United States?

A recent article posted on the Foreign Policy website written by Claire MacDougall stated that "Gbotoe should have been fully checked by a triage at the entrance at the hospital where health workers screen for patients who may have Ebola and need to be isolated. The doctors and nurses who handled his case didn't wear the correct equipment for treating possible Ebola cases that protects against the highly infectious virus." (Nov. 26)

Nonetheless, others have disputed this claim of possible negligence with one being Dr. Francis Kateh, the chief medical officer and acting director of the Incidence Management System that monitors Ebola cases. Dr. Kateh emphatically denied there had been a violation of protocol.

"No one would walk around with full [personal protective equipment] in this climate," he told Foreign Policy in a phone interview. Kateh contends that after the lag in the response, the mechanism for addressing an outbreak began.

All of the nine healthcare workers who interacted with Gbotoe have since been quarantined.

Approximately 150 people who came into contact with Gbotoe were identified, including patients and medical personnel, Kateh reported.

Guinea Discharges Last Known Case

In neighboring Guinea, which is a former French colony, the healthcare resources available to people are reported to be more limited than in Liberia. The first cases of EVD were identified there during late 2013.

On November 28, a one-month-old baby girl, who was Guinea's last reported EVD case, left the hospital. The medical staff was delighted after experiencing one the most challenging periods in the modern history of the country which gained its independence in defiance of French imperialism in 1958.

It will take another six weeks absent of any new cases for the state to be considered "Ebola free." The baby, named Nubia — perhaps the first infant to survive after being born to an infected mother, represented the hope of finally eradicating the outbreak inside the country.

Laurence Saily, who directs the humanitarian Medecins Sans Frontieres'(MSF) emergency team in Guinea, told Reuters news agency that "this is a very happy day for us. It was very moving for us and the family to be able to touch her without gloves." (Nov. 28)

Saily believes that Nubia was able to overcome the disease due to experimental drugs as well intensive treatment provided by twenty healthcare workers. Nubia received Mapp Biopharmaceutical's Ebola drug ZMapp in addition to an experimental anti-viral medication called GS-5734, which is being developed by the U.S. bio-pharmaceutical firm Gilead Sciences.

During the course of treatment, Nubia was connected to a monitoring system allowing physicians and nurses to track the infant's breathing and heart rate making sure that procedures were utilized to prevent further infections. Periodically the medical staff had to enter the treatment area to change diapers and perform bottle-feeding. Saily said that Nubia "is a symbol of what we are capable of doing at this stage of the epidemic."

Worse Outbreak in Nearly 40 Year History

The 2014-2015 epidemic was the largest outbreak of EVD since it was first observed in 1976 in the Democratic Republic of Congo. The recent case in Liberia underscores the importance of robust surveillance measures to ensure the rapid detection of any reintroduction or re-emergence of the disease in unaffected areas.

Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any cases of EVD and deaths from the illness.

Several other states in the West Africa region have not been impacted by the EVD outbreak or swiftly eradicated a limited number of cases which appeared in their countries. In Nigeria, Senegal and Mali, a small outbreak was immediately contained resulting in only few deaths.

The World Health Organization (WHO), an United Nations affiliated agency, came under severe criticism during 2014 for not taking decisive action during the first several weeks and

months of the outbreak, has said that Liberia, Guinea and Sierra Leone are not capable on their own to handle continuing cases.

“The response to Ebola – the national leadership, community engagement, so many people working so hard for such a long period of time with such dedication – if that can be translated into efforts beyond Ebola, then actually all these countries have a bright future ahead of them,” Peter Graaff, the UN Regional Inter-Agency Coordinator on Ebola, told the UN News Center. (Nov. 27)

This may be true in the short term but Africa cannot continue to rely on outside institutions and states to adequately monitor, prevent and treat EVD and a host of other infectious ailments. Internal structures must be developed and enhanced to bring about a healthy and productive life for the majority of citizens and residents.

In reaching this objective stronger emphasis must be placed on developing national and regional healthcare systems along with advanced educational and communication networks to eradicate the underlying causes for the outbreaks. The role of Cuba in providing assistance during the peak of the EVD outbreak provides an example of how underdeveloped post-colonial states can reverse the legacy of imperialist exploitation and alienation.

Cuba after the 1959 Revolution had to break with capitalist relations of production and move towards self-sufficiency. As a result of its relatively rapid development as a socialist state, Cuba is a beacon for international solidarity particularly towards the African continent.

Assistance provided by Cuba to Africa is viewed as a continuation of a decades-long process of reconnection with its ancestral and cultural roots as well as working towards a world where the value of human beings supersedes the drive for profits and political domination. Cuba’s contribution to the international response to the largest EVD outbreak was even recognized by the U.S. through its corporate media.

African Union member-states have praised the response of the Cuban government to the EVD outbreak of 2014-2015. AU Commission Chair Dr. Nkosazana Dlamini-Zuma, visited Cuba recently to express gratitude and to discuss ongoing collaborative projects between the continent and the revolutionary Caribbean island-nation.

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