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Lessons from the Outbreak of Marburg Virus

TO THE EDITOR: We believe that Ndayimirije and Kindhauser’s characterization of Watsa and Durba, the Democratic Republic of Congo, the locations of the first Marburg outbreak in Africa, as “two sparsely populated villages in a remote corner of the country” (May 26 issue)1 is misleading. Watsa is a town. In Durba, there was a gold rush, with thousands of young men, often from an urban background, living in crowded conditions; there was a lot of traffic toward Uganda. Watsa and Durba are not cities, like Uige, but are different from the truly rural, remote, and sparsely populated border areas of Gabon and Republic of Congo that have been plagued by regular Ebola virus outbreaks.

The main differences in the Marburg virus outbreak in Watsa as compared with that in Uige are that in Watsa the outbreak was maintained by repeated introduction of the virus into the human population2; iatrogenic transmission (e.g., in pediatric services) had a minor role, so that the proportion of affected children was 10 percent,3 as compared with an initial 75 percent rate in Uige4; the Watsa population was familiar with outbreaks of hemorrhagic fevers; and isolation of probable cases was achieved by persuasion; nobody attempted to enforce isolation. As a result, panic levels were low and hostile reactions against medical teams an exception. Lessons can be learned from the Watsa outbreak that are relevant for urban settings such as Uige.

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