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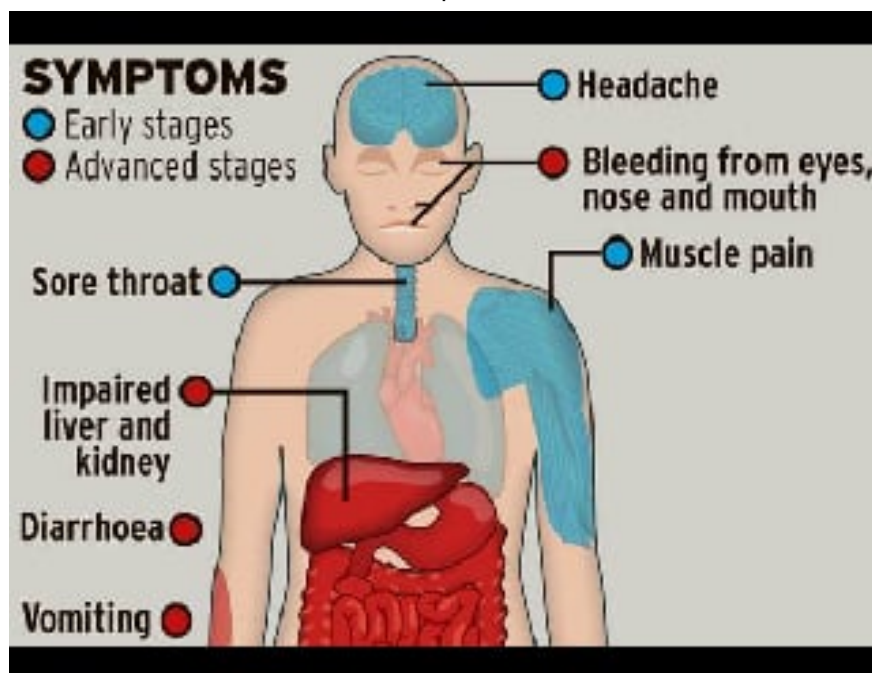


Yambuku, a village in northern Zaire (now the Democratic Republic of Congo), is the place where Mabalo Lokela was treated for what he believed was a malaria-like illness in late August / early September of 1976. This image, from the CDC (Centers for Disease Control) Public Health Image Library, depicts an aerial view of Yambuku as it appeared in 1976.

The day after his anti-malarial shot, Mabalo Lokela is feeling better. He teaches French to some older students and hoes weeds in his fields. For five days he seems fine, then his headache and fever return.

Those symptoms don't just return, they overwhelm Mabalo. He returns to the clinic where Sukato Mandzomba, a medical staffer, injects him with a full dose of quinine.

Days pass, but Mabalo's condition worsens. By September 5th, his head feels like it will explode. He retches until there is nothing left, but waves of nausea still overpower him.



As an elder and a teacher, Lokela does not want to abandon his duties. Yet the illness has such a forceful hold over him that he cannot really perform his work.

Finally agreeing to return to the mission hospital, the teacher sees Masangaya, the highly trained medical assistant. He is stunned to see Lokela's condition.

With his heart racing at 130, Mabalo has a temperature of 103.5° F (39.5° C). The whites of his eyes are red and there are blood-stained crusts in the corners of each eye. His tongue is coated with a thick, green mucous. His spleen and liver are extremely tender to Masangaya's touch.

The medical assistant knows that if Mabalo really has malaria, the shots should have helped him. Since the shots didn't help at all, his friend must not have malaria.

But what is it?

Supporting his patient with intravenously delivered fluids, Masangaya tries to re-hydrate his severely dehydrated patient. Even that does not help.

By that evening, while still in the hospital, Mabalo develops such severe abdominal pain that he cries out in agony. He starts to vomit a dark brown bile which resembles coffee grounds. His body starts to leak other nasty-looking-and-smelling fluids onto his bed.



Mbunzu, helps to care for her violently ill husband, tenderly washing his body and changing the stained sheets. Nothing she can do eases her husband's anguish.

Masangaya, who has run this hospital for about six years, is puzzled. If his friend doesn't have malaria, what is overwhelming his body?

He realizes something else which greatly bothers him. Mabalo is a teacher and a village judge. If he is dying, people will want to see him. The medical staff will be unable to keep visitors out of the hospital. The late-summer heat will make the hospital room even hotter for his extremely ill patient.

When the visitors come, they are quiet, knowing their elder is likely dying. By this time, Mabalo has bloody mucous coming from the corners of his mouth. Mbunzu tries to spoon drops of water between his very dry, very chapped lips.

One week after receiving his quinine shot, Mabalo Lokela dies on September 8, 1976. As is the custom, in his part of the world, people who had been close to Mabalo in life hug his remains in death.

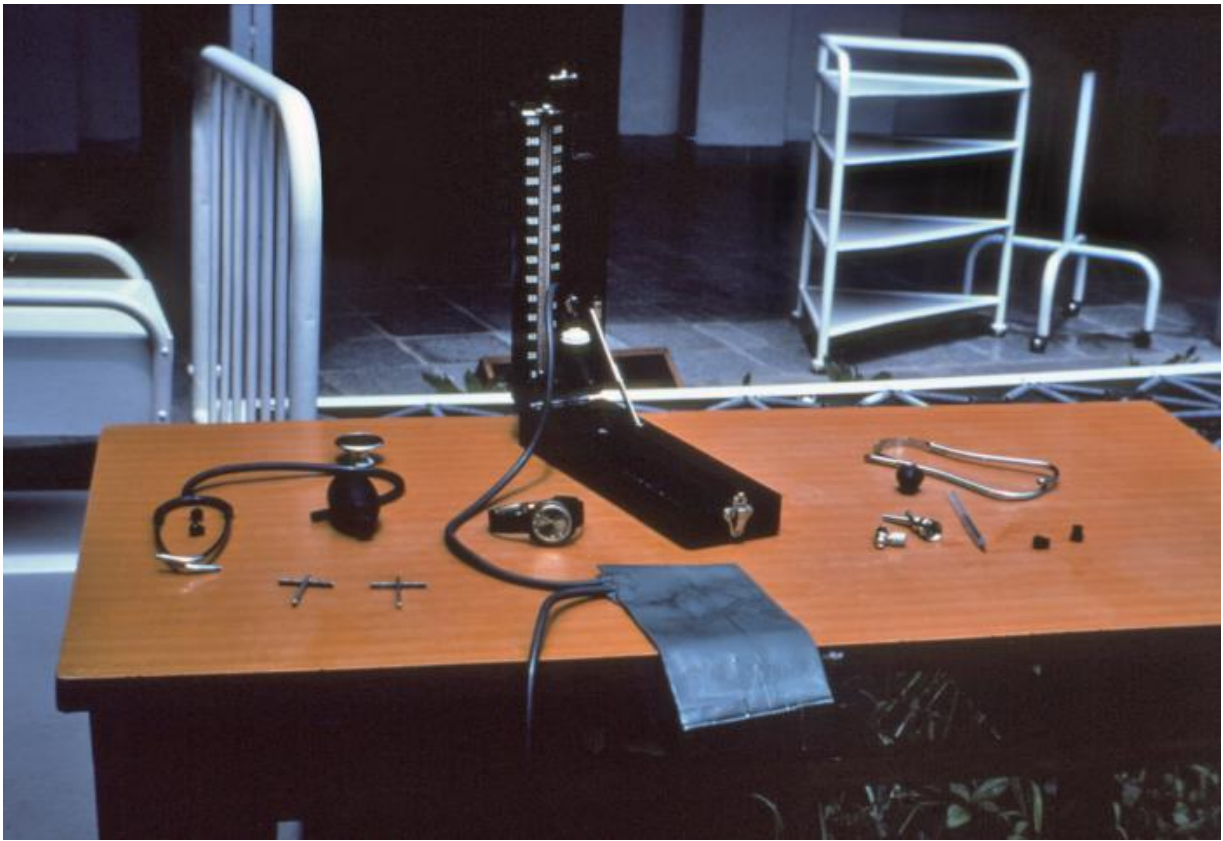
No one knows that Mabalo's bodily fluids still contain a deadly, highly contagious virus. No one even knows what has killed him.

No one *will* know until the contagion has nearly run its course.

Between the 1st of September and the 24th of October, 318 people who live or work within a sixty-kilometer radius of Yambuku become ill; 280 of them die.

Several of the victims are young mothers who have received injections during their natal or pre-natal care (together with members of their families).

At the Yambuku Mission Hospital, where all 17 staff members have helped patients and have contact with instruments used to treat those patients, 13 people become sick and 11 die. This image, from the CDC, depicts some of those Yambuku-hospital instruments.



Credits:

In-text images and credits:

WHO (World Health Organization) graphic of Ebola symptoms. At the time of Mabalo's symptoms, no one knew he had the yet-unnamed disease.

Interior of the Yambuku Mission Hospital in 1976, online via the CDC Public Health Image Library. CDC description:

This photograph shows the inside of a Yambuku, Zaire mission hospital surgical theatre prior to its conversion to an ICU for Ebola patients during the country's the 1976 outbreak.

Hospital instruments, and patient personal items, used during the 1976 Yambuku outbreak. Curators of the CDC's Public Health Image Library describe the image:

This 1976 photograph, which was taken during the 1976 Zairian (now known as the Democratic Republic of the Congo) Ebola outbreak, [shows] hospital instruments, along with a number of personal patient items that were disinfected, in order to help control the spread of the deadly virus. Among these personal items [are] crucifixes from ill nuns, who were some of the early victims of this outbreak.

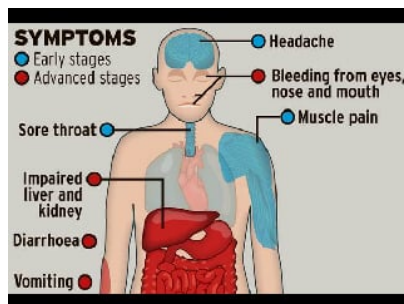
See Alignments to State and Common Core standards for this story online at:

<http://www.awesomestories.com/asset/AcademicAlignment/A-DEADLY-UNKNOWN-DISEASE-Ebola-Past-Present-and-Future>

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Media Stream



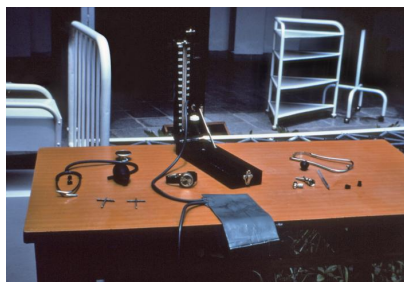
Ebola Symptoms

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Yambuku Hospital Interior

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Yambuku Hospital Instruments

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