

EDITORIAL

EBOLA HEMORRHAGIC FEVER: LESSONS FOR OUR STATES.

Pandemics of global proportions in modern times have included Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and Severe Acute Respiratory Syndrome (SARS). The most recent one, Ebola is associated not only with high fatality and morbidity rates but also stigmatization and desolation in individuals, communities and nations. By the close of December 2014, a total of 18 603 confirmed, probable, and suspected cases of Ebola virus disease (EVD) have been reported in five affected countries (Guinea, Liberia, Mali, Sierra Leone, and the United States of America), and the three previously affected countries (Nigeria, Senegal and Spain). There have been 6915 reported deaths³. The disease can wipe out a weak and dysfunctional public health system. However if the public health system is strong and functional, most of the dying patients can be saved. Some countries in West Africa namely, Guinea, Liberia and Sierra Leone have experienced the largest epidemic of the Ebola hemorrhagic fever ever, since the initial description of the disease in 1976 in the Democratic Republic of Congo. Following this discovery, about 20 isolated cases and outbreaks of various forms of the virus have been reported over the past 38 years in Sudan, Uganda, Ivory Coast and the Philippines with no significant public health consequences. Hardly 100 people have been affected by the disease in any of these previous outbreaks

The disease derived its name from the Ebola River in rural Congo¹ and is a zoonosis caused by a filovirus. In man, following a variable incubation period of up to 21 days, the infectious stage is characterized by acute onset of fever, abdominal pain, vomiting, diarrhoea and bleeding episodes. Fatality usually results from dehydration, electrolyte imbalance, anaemia and multiple organ failure. Prompt and aggressive rehydration with electrolyte replacement and blood transfusion prevent fatality in many cases. However, in situations where the health delivery system is in a poor state or non-existent, the fight against Ebola could be likened to an ill-equipped person facing the lion with their bare hands.

The spread of the infection has been attributed to many factors, including the phenomenon of “lack of staff, stuff, space and systems”¹. Whether the infection resulted from the alleged consumption of bush meat or contaminated fruits dropped by a fruit bat, the epidemic fears no national boundaries. As a matter of fact, in Africa, there are usually no barriers in the thick forest.

Several health workers have been murdered in their quest to go out to the communities to provide health education to various communities. Intensified health education is required to combat some of the deep-seated traditions, such as the rituals associated with funerals, including bathing of corpses by family members before burial. Such education has been shown to improve the understanding of the indigenes, leading to a reduction in the rate of spread of the disease. Corpses of victims have to be buried under safety conditions without delay, and sick persons should have to report early to the Ebola treatment centres instead of going to prayer camps or the traditional healer, a common phenomenon in many African countries.

Women should participate in decision-making and priority attention should be given to their needs². They care for, feed and bathe the sick. They may themselves get infected and die. Reproductive health services in the affected countries have suffered greatly because of the Ebola disease and access to family planning services is almost non-existent. Many of the recent gains in the MDGs have been reduced or reversed in these affected countries. More women are dying in pregnancy and delivery; there are more perinatal deaths, and more orphaned children to care for, but by whom?

The world's nations and international organizations have major roles to play in containing Ebola. The United Nations and the World Health Organization have been actively involved. The UNFPA is supplying emergency reproductive health kits to pregnant women and also equipment to midwives. Some organizations are however, getting the flak. The International Monetary Fund has been severely criticized for advocating austerity measures in these poor countries. The ultimate result has been that there is less budget provision for social services including health delivery services.

Ethical clearance for experimental treatment has been accelerated. These treatment modalities include: administration of plasma from a patient who had survived and recovered from Ebola, giving newly developed drugs, and providing vaccination. However, ethical conventions must be adhered to in the quest to contain the epidemic. Attempts to fast-track treatment and preventive methods should be strictly controlled to avoid the use of humans for experimentation.

We may have learnt a lesson: to build stronger health delivery services and systems that can cope with some aspects of these epidemics and thereby reduce the avoidable spate of mortality and morbidity. Ghana has

been putting up various measures for the prevention and treatment of the Ebola disease, should any infection be reported. The Noguchi Memorial Institute of Medical Research (NMIMR) has tested blood samples of all the nearly 130 suspected cases and all these suspected cases have tested negative for Ebola and other Viral Haemorrhagic Fevers. There is currently therefore, no confirmed case of Ebola reported in Ghana³.

Can we proceed as a nation to build a strong public health system, and also have at least a centre of excellence for managing infectious diseases? If so then the time to begin is now. Uganda did so in the wake the devastating burden of HIV/AIDS.

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References

1. Asiedu-Bekoe F. Ebola Virus Disease (EVD) Weekly Updates. Epidemiologic Week 46. Dec 2014
2. Osotimehin B. Urgent needs and participation of women must be prioritized in the Ebola response. . *Reprod Health Matters*. 2014; 22: 163
3. Framer P. The largest ever epidemic of Ebola. *Reprod Health Matters*. 2014; 22: 157-162