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LETTER TO THE EDITOR

Political and medical role in the last Ebola outbreak

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Dear Editor,
M.D. Drasher and G.W. Schlough in 2016 [1], presented an interesting work about the Ebola outbreak that occurred in 2014 and which represented an important challenge for public health. Previous Ebola outbreaks occurred in remote regions and were generally contained in a single country. This outbreak, in contrast, was regional in scale, spreading into densely populated urban areas and across multiple international borders [2].The countries mostly involved by the epidemics were Sierra Leone, Guinea, and Liberia, which registered almost 28,000 cases [3]; of those, 7,905 died. The fatality rate of Ebola can be as high as 90 percent when access to effective supportive therapies – replacement of electrolytes and fluids, blood transfusions, and other forms of intensive palliative care – is limited. This outbreak showed that there is a too little expertness for managing Ebola cases, because of the deficit of enough hospital beds, supplies, and well trained personnel to provide intensive care for the increasing number of seriously ill patients [2].
As Walker et al. affirmed [4], the failure of early control in the Ebola outbreak was multifactorial, and the policy and the behavioural factors played a key role. Outbreak response strategies must be guided by the epidemiology and route of transmission and the doctors on the front line should adopt a unequivocal strategy to screen patients and to identify suspected cases, because the typical presentation is not universal. Moreover, healthcare workers are extremely vulnerable and their welfare should be prioritised. Simple supportive management strategies, such as rehydration and antibiotic therapy, are likely to reduce mortality from Ebola and should be a priority in patient management.
In a so big outbreak, healthcare workers resulted essential and very vulnerable. They were indispensable to isolate and treat suspected and confirmed cases, to detect and report early cases and for continuous surveillance. Because of the healthcare worker safety was not considered a paramount, there was a high incidence of infection among the healthcare worker, with the following spread of Ebola in healthcare settings, increasing stigma associated with healthcare workers and healthcare facilities, and the increasing fear among the staff [4]. Healthcare worker infections and deaths could be easily prevented through an adequate knowledge and training of the PPE (personal protective equipment) that represent useful preventive measures also for the Lassa Fever, which is endemic in Sierra Leone.
So, it is quite wrong to identify a single factor as responsible for the epidemic and the initial delay was not a failure of surveillance because suspected cases in Guinea were soon reported after the first Ebola death. Ebolavirus was identified as the cause of the epidemic in March 2014 and subsequently this was widely publicised by Médecins Sans Frontières among others [4].
The Ebola outbreak showed the absolute need for policymakers and experts in public health to stenghten all the highlighted weaknesses in the whole management of the phenomenon, including bilateral agreements for providing health care, the adequacy of the health personnel, infrastructural, financial, and institutional barriers for an efficient public health system; and a better management of the needs of the populations living in the most affected countries [2].
Dradher and Schlough affirmed that the effects of Ebola on social, biological, and economic livelihood necessitates the provision of comprehensive care with universal coverage in West Africa and that a restructuring of international aid limitations must occur for an increase in comprehensive approaches to care for survivors [1]. As public health doctor we hope that the local and the international policy could act in order to improve the strategies of surveillance and control of this kind of infection to avoid another so big epidemics.

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Authors' contributions

GT conceptualized the letter, NN provided support and suggestions.

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