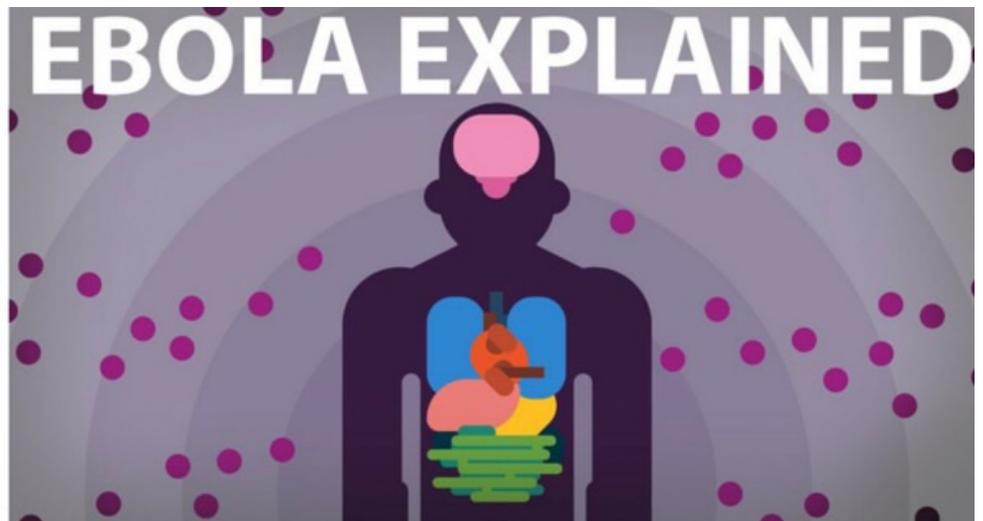


## **Ebola, a year later , Well done World Health Organisation (WHO) and Well done Zimbabwe !**

**Categories :** [Health talks with Dr Chireka](#)

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**Ebola, a year later , Well done World Health Organisation (WHO) and Well done Zimbabwe !**

### **By Dr Brighton Chireka**

One year ago, the West African Ebola outbreak shocked the whole world and was generating so many new cases which were spreading to so many countries. We feared that it will reach our country Zimbabwe and overwhelm our health system. Irresponsible journalists made us panic last year by lying to us that Ebola cases had been confirmed in Zimbabwe.

Unknown to most members of the public is that journalists were at one point taken to Wilkins Hospital for a tour to show how the country was preparing for Ebola. Sadly they did not publicise the preparation enough instead they were busy spreading the false rumours about fictitious cases of Ebola.

Now , one year later that terror has been replaced by confidence that strong leadership, adaptation of the response to cultures and environment and innovation have turned the tide. Liberia has interrupted transmission and Sierra Leone is close to achieving that milestone. Guinea is still recording cases but in low numbers.

**No case has been recorded in Zimbabwe - well done !!**

Worldwide, there have been 28,637 cases of Ebola virus disease and 11,314 deaths at 22 November. On 7 November 2015 World Health Organisation ( WHO) declared that Ebola virus transmission had been stopped in Sierra Leone.

I was impressed by the measures taken by the Ministry Of Health in Zimbabwe in deploying screening at Airports. On my recent visit to Zimbabwe this October I saw that there is now a permanent structure built within the Harare airport for screening purposes. I have been to South Africa, Botswana, Zambia, Holland and UK and I must say Zimbabwe is ahead of all these countries in screening people entering its land.

I think we need to acknowledge good practice and celebrate small victories. I invite you to join me in celebrating a job well done by the Ministry of Health in Zimbabwe.

Let's us look in detail at the virus that caused us all to panic last year.

### **Ebola virus**

The Ebola virus first appeared in 1976 in two outbreaks at the same time, one in Nzara, Sudan and another near Ebola River in Democratic Republic of Congo, from which the virus takes its name. There have been several outbreaks since 1976 and the current one in West Africa started in March 2014 and is the largest and most complex.

#### **How is Ebola virus spread?**

This is very important to understand as an informed population will play an important role in preventing the spread of this virus. I urge you to spread this information to your friends and if each person reading this article can pass this information on to at least three other people and each person continues to reach three more new people then we will get this message to a wider audience.

It is thought that fruit bats are natural Ebola virus hosts. Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest.

Ebola then spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. This means that it is not passed through air and you do not get it by being in the same bus or plane with an infected person unless you come into direct contact with the infected person or body fluids of infected people.

Health-care workers (Doctors and nurses etc.) have frequently been infected while treating patients

with suspected or confirmed Ebola Virus Disease. This has occurred through close contact with patients when infection control precautions are not strictly practiced. It is advisable that the wearing and removal of protective clothing by healthcare professionals is properly monitored. Failure to monitor this can result in healthcare professionals getting infected. There is also need for continuous training of healthcare professionals on the latest information on Ebola virus and also on preventative methods. In an outbreak, there is need to limit the number of healthcare professionals that are in close contact with infected people.

Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola. I know our African culture can make infection control difficult. We need to remember that dead bodies are still infectious; traditional burial rituals may spread the disease. Nearly two thirds of the cases of Ebola infections in Guinea during this current outbreak are believed to have been contracted via unprotected (or unsuitably protected) contact with infected corpses during certain burial rituals. There is need to understand people's traditions and find ways of preventing the spread of the virus. This needs to be done before death as approaching relatives during the funeral can be violently resisted as witnessed recently in West Africa where healthcare officials were attacked.

People remain infectious as long as their blood and body fluids, including semen and breast milk, contain the virus. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness. This means that these men that have recovered need to be supported and continue to be educated for a period of at least 2 months or else they will spread the virus through sexual contact.

### **Symptoms of Ebola virus disease**

The incubation period, that is the time interval from infection with the virus to onset of symptoms, is 2 to 21 days. Humans are not infectious until they develop symptoms. This means that unless a person has symptoms he or she will not pass the virus to other people. This is very important to understand so that people do not panic unnecessarily. This calls for personal responsibility as the infected individual can make a huge difference if he or she avoids contact with other people and calls for medical help.

At my surgery in Folkestone Kent we had a poster on the window advising patients what to do and avoid coming into the surgery. First symptoms of the virus are the sudden onset of fever fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools).

### **Diagnosis**

It can be difficult to distinguish Ebola virus disease from other infectious diseases such as malaria,

typhoid fever and meningitis. Confirmation that symptoms are caused by Ebola virus infection are made using specialised tests such as antigen-capture detection tests and virus isolation by cell culture to just mention a few tests.

Some countries such as Zimbabwe do not have facilities to carry out these tests, they rely on South Africa. This failure to have testing facilities was heavily criticised in the social media and people were panicking as they wrongly thought that failure to have testing facilities equates to inability to deal with or prevent an outbreak. This disease can be controlled by isolation of infected people, contacting, tracing and protecting the healthcare personnel looking after these patients so lack of testing facilities does not mean disaster. Samples from patients are an extreme biohazard risk; laboratory testing on non-inactivated samples should be conducted under maximum biological containment conditions. These samples, if not handled properly, can be a source of infection to healthcare workers.

### **Treatment and vaccines**

Supportive care-rehydration with oral or intravenous fluids and treatment of specific symptoms improves survival. There is as yet no proven treatment available for Ebola virus disease. However, a range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated. No licensed vaccines are available yet, but two potential vaccines are undergoing human safety testing. This means that the best way to treat this virus at the moment is to prevent it! Your input is needed and we should stop playing politics with the lives of other people as your individual choices can have a detrimental effect on others.

### **Prevention and control**

Prevention relies on a lot of interventions from proper management of infected people, monitoring the disease pattern, tracing all the contacts (people that have been in contact with infected people), a good laboratory service, safe burials and social mobilisation. The community must fully engage with the health authorities in order to control the outbreak. Irresponsible reporting and false alarms are not needed if the outbreak is to be controlled. Raising awareness of risk factors for Ebola infection and protective measures that individuals can take is an effective way to reduce human transmission. Risk reduction messaging should focus on several factors.

I urge you all to make sure that you familiarise yourselves with the following:

#### **Reducing the risk of wildlife-to-human transmission**

Avoid contact with infected fruit bats or monkeys/apes and the consumption of their raw meat. Animals should be handled with gloves and other appropriate protective clothing. Animal products (blood and meat) should be thoroughly cooked before consumption.

## **Reducing the risk of human-to-human transmission**

Avoid direct or close contact with people with Ebola symptoms, particularly with their bodily fluids. Gloves and appropriate personal protective equipment should be worn when taking care of ill patients at home. Regular hand washing is required after visiting patients in hospital, as well as after taking care of patients at home.

## **Outbreak containment measures**

There is need to promptly and safely bury our dead and identify people who may have been in contact with someone infected with Ebola, monitoring the health of contacts for 21 days, the importance of separating the healthy from the sick to prevent further spread, the importance of good hygiene and maintaining a clean environment.

I hope I have managed to cover the basics about Ebola and I believe that we have to look at what is in our hands before we cry for help. Let's take advantage of our chiefs and rural setups to spread the message and, also, let's use the social media such as Facebook and Twitter and mobile phones to spread the current information about Ebola. Econet is already playing its part in educating the nation on health issues and I urge them to include information on Ebola. Let us all remember that isolation of suspects of Ebola is not the same as an outbreak of the virus. It is this isolation that will prevent the outbreak and on that note I welcome the efforts by many countries, including Zimbabwe that are trying to prevent the spread of Ebola virus.

This article was compiled by **Dr Brighton Chireka** who is a GP and a Patient Engagement Advocate (PEA) in Folkestone Kent in UK. You can contact him on **[info@docbeecee.co.uk](mailto:info@docbeecee.co.uk)**

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Dr Chireka has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. He would like to thank the WHO for the most updated information.