

“EBOLA IN TOWN”

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Ebola viral disease (EVD) is a severe and life-threatening disease with 90% mortality rate. The current Ebola outbreak in West Africa entered its second year and is unprecedented because it is the largest one in history, involved urban centers and affected a large number of health care workers. It quickly escalated from medical into a humanitarian, social, economic, and security crisis. Liberia is the most affected country characterized with many closed hospitals due to fear, spread of infection in capital city, weak health care system, risky funeral practices and insufficient international response. Aim of our Ebola response mission was to increase safety of frontline health care workers in Liberia.

Interventions on the field were: coordination of national and international partners in infection prevention and control (IPC), mapping of IPC activities by region with priority targets in clinics with largest number of infected health care workers; assessment of IPC capacities and practices, proceeded by on site feedback of IPC processes related to triage, PPE, disinfection and waste management; training on IPC for HCW and other supporting staff.

The primary pillars to prevent EVD are: early diagnosis, isolation of patients, contact tracing and monitoring, safe burials, infection prevention and control and social mobilization. The implementation of all these components was challenged in the field. At the end of this outbreak we require debriefing to evaluate interventions, identify institutional gaps, and address economic and social consequences and plan for the rebuilding of health care systems.

Key lessons from this Ebola outbreak are that countries with weak health care systems can't withstand the major outbreaks; preparedness to treat the first confirmed cases is a national emergency; all control measures must be coordinated together and community engagement is the great factor to combat this disease.