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Can Ebola deliver a legacy?

No apologies, but this issue is Ebola heavy. The extraordinary outbreak in West Africa, the worst in the four decades since the disease was first recorded, caught everyone unawares. In reality, given the foothold it established after going unrecognised for several months within an extremely rural and poor region, it is remarkable that only one case was carried (to Nigeria) beyond the immediate epicenter of Liberia, Guinea and Sierra Leone.

I am in Lagos as I write, where tragically one traveller from Liberia has taken out five health professionals with several more in isolation. A similar number of naïve residents have perished from what can only be described as 'paranoia and fear' having resorted to ill-advised 'prophylaxis' against the disease such as salt baths.

We can only imagine what it is like in the hub area of Sierra Leone, Liberia and Guinea, in which perhaps as many as a million people have been sealed in and quarantined from the rest of the world. Eyewitnesses from Médecins Sans Frontières used the words 'war zone' to describe what they saw.

If you know about Ebola, you will know that it is actually very difficult to catch. In crude terms: avoid fruit-bat pie, and don't touch acutely ill or dead people. For the public that should be reassuring, though the media hype against a scary haemorrhagic disease has occluded the message. But for health professionals of course the challenge is much more acute, especially bearing in mind the shortage of quality protective clothing. In all areas the Ebola crisis has really focused minds on the enormously difficult role that frontline health professionals are expected to undertake in Africa, very often without even the most

basic of resources. Many have died. Many have fled.

A myriad of issues have been raised, and maybe, just maybe, the wake up from this will provide a positive legacy. This outbreak will die back, though it may take some months, but that won't mean it has gone away. Ebola is not like Haley's comet, it might go away now, but for sure it will be back maybe in the same place, maybe somewhere else. Or it could be a resurgence of Lassa or Marburg, or an entirely new virus, all equally scary.

The diseases are not new so it was also interesting to observe the debates over whether it was ethical to use 'untested' (non FDA'd) potential cures. I recall visiting Kenema in North Eastern Sierra Leone back in the 1980s and meeting a team from a USA military-led Lassa fever research team. They explained that over 70% of the local population were carrying antibodies to Lassa, so clearly it was endemic, though maybe not at its most virulent level seen in some outbreaks. One suspects ZMapp, the 'untested' treatment which seemed to work for the two US health workers who are now discharged from hospital was an outcome of research such as this. But it does make you wonder why, thirty years on, no one has been able to move this research into tried and tested products on the ground, rather than a tiny number of treatments for a few selected cases.



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