

EDITORIAL

Outbreak of Ebola Virus Infection: A Public Health Concern in Bangladesh

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Ebola virus infection is declared as medical emergency¹. It was formerly known as Ebola haemorrhagic fever (Ebola HF). It is a severe, deadly disease; furthermore the case fatality rate is up to 90%¹. World Health Organization (WHO) continues to monitor the evolution of the Ebola virus disease outbreak in Guinea, Liberia, and Sierra Leone. Between 21 to 23 July 2014, 108 new cases and 12 deaths were reported from the three countries¹. These include confirmed, probable, and suspect cases². The respective Ministries of Health continue to work with WHO and its partners to implement outbreak containment measures. It is one of the world's most alarming diseases. The virus affects both humans as well as nonhuman primates like monkeys, gorillas, and chimpanzees.

The infection is transmitted by direct contact with the blood, body fluids and tissues of infected animals or people¹. When an infection does occur in humans, there are several ways in which the virus can be transmitted to others. These are direct contact with the blood or secretions of an infected person and exposure to objects that have been contaminated with infected secretions¹. The viruses that cause Ebola HF are often spread through families and friends because they come in close contact with infectious secretions when caring for ill persons. During outbreaks of Ebola HF, the disease can spread quickly within health care settings such as a clinic or hospital¹. Exposure to Ebola viruses can occur in health care settings where hospital staff are not wearing appropriate protective equipment, such as masks, gowns, and gloves. Health-care workers

have frequently been infected while treating patients with suspected or confirmed Ebola Viral Disease (EVD). This has occurred through close contact with patients when infection control precautions are not strictly practiced¹. If infection control practice will be followed strictly then there is no chance of EVD infection. It has been established that the resource constraints country like Bangladesh has less awareness about the self precaution to avoid infection. In this case workers of hospitals as well as the other health care centres should be more alert to combat the disease. Many a times it is observed that the NGOs of this country have taken strong initiatives to tackle this type of pandemic.

It is great public health concern about the outbreak of Ebola virus in Bangladesh as because it is a densely populated country. Over 1.6 billion people are living here. Maintenance of hygiene is one of the main protective measures. Proper cleaning and disposal of instruments, such as needles and syringes, is very important. If instruments are not disposable, they must be proper sterilized before being used again. Without adequate sterilization of the instruments, virus transmission can continue and amplify an outbreak¹. Severely ill patients require intensive supportive care. During an outbreak, those at higher risk of infection are health workers, family members and others in close contact with sick people and deceased patients². Ebola virus disease outbreaks can devastate families and communities, but the infection can be controlled through the use of recommended protective measures in clinics and hospitals, at

community gatherings, or at home. Environments contaminated with such fluids are also responsible for transmission of Ebola virus (EV). Furthermore, during burial ceremonies mourners have direct contact with the body of the deceased person and this can also play a role in the transmission of Ebola virus. It is interesting that men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness. Therefore, apparently cure patient is still very dangerous for the transmission of EV. Therefore, it is the vital moment to combat with virus, so that any outbreak in Bangladesh can resist from a great loss of lives.

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