

Fear of Ebola epidemics in Bangladesh: Issues and approaches

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The Ebola virus is the cause of a viral hemorrhagic fever currently killing people in West Africa.¹ Bengali speaking people currently are living in the affected region including hundreds of military peacekeepers from Bangladesh. BGMEA is dealing with taking orders and shipments of garments in Africa.² There are business people and Bangladeshi farmers leasing agricultural lands in some parts of Africa.^{3,4} It is thus imperative that the virus might travel to Bangladesh through our peacekeepers or others currently working and living in various parts of Africa including Congo, Liberia, Guinea, and Sierra Leone. The deadly virus could spread at an alarming rate unless emergency steps are seriously taken to contain and stop it.⁵

The World Health Organization (WHO) has declared an international health emergency, since the Ebola virus outbreak leads to a fatal disease.⁶ Bangladesh, however, is on the list of least threatened countries compared to other developing countries.⁷ Until now, no Bangladeshi people have been infected according to the Institute of Epidemiology, Disease Control and Research (IEDCR). It does not, however, mean that there is no chance of getting the infection. Currently an Ebola diagnostic facility is not available in Bangladesh, however, IEDCR⁸ have the capacity of sending samples within 24 hours to CDC or to WHO Collaborative Centers.^{9,10}

The Inter Services and Personnel Recruitment (ISPR) authorities are in constant touch with all concerned authorities including the UN Mission in Africa. All UN Missions in West Africa¹¹ are provided with some form of emergency response to Ebola. And thus, Bangladeshi peacekeepers deployed in Liberia and Sierra Leone have been asked to stay in a restricted area. As a measure of precaution against the Ebola outbreak, Bangladeshi peacekeepers have already received personal protective equipment (e.g. gloves, masks, respirators, and aprons) from the national disease monitoring arm, such as IEDCR. The health directorate has been urging everyone not to spread panic because it may cause an overreaction.⁸ The Bangladesh Armed Forces is monitoring the situation and maintaining constant contact with all concerned, including the UN HQ in Nairobi.¹¹ The government has issued a 90-day health alert for the Ebola virus. In the mean time, a 20-bed unit has been opened up at the Kurmitorla General Hospital¹² to quarantine and treat suspected Ebola

patients, if any. Bangladesh does not have enough resources to establish a central disease control system like those that exist in western countries, but public health officers as well as private and government hospitals are on alert.

Clinicians understand the public's fear and anxiety regarding Ebola since the disease has no known vaccine and the known cure is uncertain.^{6,7} Thus, prevention is better than cure. It is however difficult for the public health and other concerned departments to manage the situation at the source. The risk cannot be overlooked although IEDCR may have taken prerequisite steps to prevent the deadly virus. As part of precautions and emergency response plan, medical teams should monitor all the air, land and sea ports. For this, coordinated team work is important due to its nature of surveillance. General practitioners, nurses, and community health officials are to be trained to prevent an Ebola outbreak. Till now the outbreak has not moved across the border but controlling the deadly virus will be difficult in terms of looking for infected patients among the thousands of travelers coming in and going out of the country. In the mean time, a committee has been formed, headed by the Health Secretary, to oversee the surveillance, but emergency preparedness, vigilance, and community awareness are still lacking behind. Overall, it needs coordinated involvement of various government departments and officials that is perhaps a daunting task in the context of third world culture.¹³⁻¹⁶

Against an Ebola outbreak, various measures¹⁷ were recommended by the WHO. It may require a local surveillance system¹⁸ and a proper management plan¹⁹ as quickly as possible. A national effort is also important to support²⁰ an internationally coordinated response to deal with Ebola. The officials should have high morale in this type of situation, and they should keep themselves ethically standard. Unlike the disaster at *Rana Plaza*,²¹ the garment factory that seriously collapsed in Dhaka (Bangladesh), the concerned authorities should not delay any emergency plan against Ebola.

In such an emotional climate surrounding the intense fear of Ebola,²² too many people are claiming to have cures on social media. Twitter is full of individuals claiming to know of curing Ebola.²² Fraudulent cure claims on social media and rumors of any other effective products

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or practices are perhaps false and their use can be dangerous. Recent media coverage of experimental medicines and vaccines are creating some unrealistic expectations.²² In Nigeria, for example, at least two people have died after drinking salt water that was rumored to be protective. There needs to be more reason when it comes to fervor over experimental drugs that are perhaps currently in limited supply. The public needs to understand that the majority of treatments available are not approved yet. The experimental drug 'ZMapp' is 100% effective in animal trials²³ but a licensed vaccine is not expected before 2015.

A clinical trial of an experimental vaccine is set to start by GSK (www.gsk.com). US scientists²⁴ are developing the product alongside the British pharmaceutical industry. The US National Institutes of Health (www.nih.gov) is supporting the work of Johnson & Johnson's Crucell unit on early-stage vaccines that are designed to give additional protection against Marburg^{25,26} caused by a similar family virus. The WHO²⁷ is developing usage guidelines from a panel of public health experts, microbiologists, and clinicians. The CDC is currently tracking cases to prevent further infections.^{9,28} The WHO panel deemed it ethical to use experimental drugs and or FDA approved vaccines²⁹ during the outbreak, and therefore, an increasing pressure on scientists remain to accelerate their research on new medical interventions, against Ebola. Since it is an unexplained febrile illness consistent with potential viral infection, every country should participate in all the possible means of intervention. If these interventions are still weak in any developing country due to a lack of resources and financial constraints, the national disease monitoring unit should ask for international help. Keeping a constant watch on the Ebola situation worldwide, and monitoring local health programs (ongoing doctors' training, conducting surveillance, screening and diagnosis) will thus be benefited. It is also advised that any person in a particular country with an illness consistent with Ebola should not be allowed to travel to other country unless the travel is part of an appropriate medical evacuation. The absence of direct air links with the affected countries and travel restrictions on Ebola patients could stop the deadly virus making its way to other country.

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