EMR countries worried of Ebola Virus Disease Outbreak in W. Africa

The confirmation of Ebola Virus Disease outbreak in the West African states of Guinea and Liberia has created a lot of fear in the countries of the Eastern Mediterranean Region. In the last two weeks, the WHO Regional Office (EMRO) has been receiving a lot of requests from the health authorities and individuals from countries in EMR, for information and technical guidance on Ebola.

Editorial note

Ebola virus disease (EVD), formerly known as Ebola Hemorrhagic Fever is caused by Ebola virus. The virus is one of the filoviridae family, along with genus Marburg virus and Cueva virus. It is a highly pathogenic virus and the case fatality rate can reach 90%. Ebola virus includes 5 species (Sudan, Bundibugyo, Zaire, Reston and Tai ebolaviruses). The first three species have been associated with massive outbreaks compared to the remaining two. The disease was discovered first in Sudan in 1976 and followed by Democratic Republic of Congo (formerly Zaire). It is now known that the fruit bats are the natural hosts of the virus. Ebola affects other wild animals like gorilla, chimpanzees, monkeys, forest duikers and porcupines. Outbreaks in humans have been linked to epizootic outbreaks in these animals.

This current outbreak was first reported from Guinea. The possible index case was detected retrospectively with onset of the disease in December 2013. The affected areas are bordering Liberia and Sierra Leone. Strengthening of surveillance system in the bordering countries and active case finding activities resulted in detection of suspected cases of the EVD and confirmation of cases in Liberia. Lab test on reported suspected cases in Sierra Leone turned out negative for EVD but two were confirmed as Lassa Fever (which is endemic in the country). At present confirmatory tests on suspected cases in Mali is still under process.

Effective response to EVD requires robust surveillance system, active case findings, contact tracing, improve lab capacity, trained health staff, specified isolation areas for treatment of the patients with full nursing barriers, strict infection prevention and control measures increased awareness among the affected and at risk populations. There is no specific treatment or vaccine for EVD.