

Lessons learnt from the 2014 Ebola outbreak in West-Africa

Sir,

The World Health Organization has declared the current outbreak of Ebola disease in West-African nations as a public health emergency on an international scale.^[1] Since the emergence of the disease in Guinea, almost 14,098 cases of Ebola disease have been reported in eight of the affected nations.^[2,3] However, the most alarming aspect of the disease is its high case fatality rate (about 5160 deaths reported), which has raised multiple questions regarding the functioning of the public health system.^[3,4]

The public health professionals have never anticipated that the 2014 outbreak of Ebola virus can result in a massive disaster, as twenty similar outbreaks have been documented in the past, and all of them were managed effectively.^[3,5] This was achievable on every such occasion as the disease has a moderately long incubation period, asymptomatic patients are not a source of infection, and there is no airborne transmission.^[5,6]

From a public health perspective, the debatable issue is that if the health authorities are dealing with a familiar disease agent, then why were they unsuccessful in containing the disease?^[1,4,6] The epidemiological assessment provided significant evidence to prove that even a familiar disease agent can easily manipulate the shortcomings in the health system.^[7] It was realized that parameters like absence of preparedness;^[8] poverty;^[9] infrastructure constraints (viz. laboratories/isolation wards/health professionals/logistics);^[2,4,9] no specified roles of health workers;^[6] questionable practice of contact tracing;^[9,10] minimal community engagement;^[11] poor awareness of the people about the different aspects of the disease;^[10] age-old rituals;^[12] development of a sense of fear among masses;^[9,12] no restrictions on the migration of people across the land borders;^[6,9] existence of no drug or vaccine;^[13] and lack of research;^[9,13] have together allowed the disease to go beyond the coping capacity of the health authorities.

The 2014 outbreak of Ebola disease has again exposed the wide range of consequences which can result because of the prevailing socioeconomic disparities in different parts of the world.^[9,14] The outbreak indirectly

emphasizes on the necessity of an effective public health system and significance of community engagement in order to successfully contain any such outbreak in the future.^[4,9,10] In fact, the international agencies have even realized the price we have to pay (in terms of disruption of social life, broken families, orphaned children, etc.), if we do not give adequate interest to the research sector.^[10,13,14] Furthermore, noncompliance to the appropriate preventive measures (viz. use of personal protective equipments, maintaining hand hygiene, use of disinfectants, etc.), has also played a crucial role in the spread of the disease across national and international borders.^[8,10,15] Finally, the Ebola disease outbreak prioritize for the development of an action plan in unaffected nations, and for the continuous support from international agencies/nations.^[1,4,7,16]

To conclude, the 2014 outbreak of Ebola disease has raised several questions about the existence of "Health for all," without achieving the basic health care services. In fact, to save the precious lives of the people, health authorities should work in a concerted manner to strengthen the primary health care services universally.

AUTHOR'S CONTRIBUTION

SRS contributed in the conception of the work, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work. PSS contributed in the conception of the work, drafting and revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work. JR contributed in revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work.

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