

Lesson Learned from Ebola Outbreak

Working during an outbreak of a new disease can be very stressful. Starting to work with Lassa Fever and Cholera patients in treatment units was not as stressful for me as starting work in an Ebola Treatment Unit. I believe this was due to information I already had on Lassa Fever and Cholera. The lessons learned during the Ebola epidemic, including how to be resilient in the face of difficult circumstances, may be useful during the COVID-19 pandemic and the deadly Marburg virus that surfaced in Guinea in August 2021. The very same region Ebola started in West Africa.

When the Ebola virus arose in the West African countries of Liberia, Sierra Leone, and Guinea in 2014, it took us by surprise and unprepared. But whereas Ebola-affected only a few countries, the COVID-19 pandemic has reached almost every part of the world.

COVID-19 produced a similar situation as Ebola outbreaks, which means nurses and other health workers fear exposure to a life-threatening disease, often with few resources, including a lack of personal protective equipment (PPE).

Today we again have to cope with social distancing, which is unusual for most of us health workers and caring for patients who could be a potential source of infection, which understandably makes us feel nervous, just as it did during the Ebola outbreak. Liberians felt that everyone was a potential carrier of Ebola.

During the onset of a new outbreak, people are usually denying, with misinformation coming from different sectors, this is how it was in Liberia. But with the number of cases increasing, people you know becoming infected, and dying, everyone at this time usually will start precautions.

With the arrival of COVID-19, we have gone back to not shaking hands, frequent hand washing, avoiding crowded places, distancing, and adding a mask to what we already used for precaution

Following these rules during the Ebola outbreak was not easy at first: the lack of information about the disease, and misinformation made it difficult for us all. As more information was shared about cases and deaths, then came the change in people's behavior.

Health workers realized that collaboration with community leaders and communities was the key to stopping the spread of the infection. Many suspected Ebola patients refused treatment at the treatment units because of unhelpful rumors that were circulating. But because of engagement with the community and education on the media, we succeeded.

The mortality rate of Ebola in the treatment unit I worked in was about 50%, whereas for COVID-19 it appears to be between 3% to 5% depending on the country and other factors. When we are faced with a situation like this, our strength will usually come from seeing patients recovering and leaving our care.

Ebola caught us unawares, but with the help of the international community, we learned and were able to start managing outbreaks with less international input. The last Ebola outbreak in Mambah-Kaba District, Margibi County, was contained with little international input. The knowledge from Ebola is today being used in Liberia to going about managing COVID-19

Infection Prevention and Control

We had screening and isolation units established at every health facility during Ebola, which remain functional after the outbreak. At the screening and isolation unit, everyone is screened, including staff, visitors, and patients, following the policies set by the government. Once inside the units, patients are asked questions based on the case definition of an outbreak or for other contagious diseases. Anyone suspected of infectious disease is isolated in the screening and isolation unit. The suspected patients of an infectious disease are taken via a separate exit by ambulance to a hospital or treatment center.

During the Ebola outbreak, we kept a one-meter distance rule and used risk-appropriate PPE for all clinical procedures. The rationale for this was to avoid airborne and droplet infection while ensuring that PPE was used appropriately to conserve supplies.

To avoid the stress of getting infected, it is also very important that health workers rest properly, get enough sleep, keep positive thinking, talk more about the people who recover than those who have sadly died. We have to accept the situation as it is when we do not have the power to change it, focus efforts on what can be changed, foster a spirit of fortitude, patience, tolerance, and hope. The coping strategies we developed during the Ebola outbreak are still just as valid during this COVID-19 pandemic.

By the end of the Ebola outbreak, I have been involved with teaching other health workers in Liberia in Safe Quality Service (SQS) training about the management of Ebola and management of the sequelae of Ebola. I have also been involved with the training of the management of COVID-19 patients with incorporate knowledge from Ebola treatment