“There are about 45,000 Indian nationals in Africa. In rural India, hygiene standards are quite low -- both factors lead to an increased danger of Ebola in India” -- Dr Ratnakar Sahoo from Ram Manohar Lohia Hospital in New Delhi was echoing the views of Peter Piot from London School of Hygiene and Tropical Medicine yesterday, at the Indo-US workshop on “Challenges of Emerging Infections and Global Health Safety” at the Indian National Science Academy (INSA) premises, New Delhi.

Dr Sahoo also spoke about how ebola incubates for 2-22 days, with symptoms like severe headache, nausea and vomiting, red eyes, chest pain and cough and severe weight loss. After many inter departmental meetings, international airports have been given thermal scanners. Anyone with high body temperature was screened, and those travelling from Ebola areas were classified as High Risk. Staff from all over the country have been trained at Delhi for ebola management, who will in turn hold training programmes in different parts of the country. Isolation wards have been identified in government hospitals. The National Institute of Virology, Pune, has been certified for running Ebola tests; ten other labs from across the country have the necessary training to process samples.

During the previous Ebola outbreak in Africa in 1995, strict isolation procedures and protection of healthcare personnel went a long way in controlling the spread of infection. Thomas Ksiazek from Centers of Disease Control and Prevention (CDC) in the US was in Sierra Leone for a month this year, in August and September. He was sent to survey the situation and come up with numbers of affected people, and what needs to be done to remedy the situation.

He said that hospitals are the main site for Ebola transmission, more than the virus itself. Lack of basic infection control like wearing gloves, washing hands and reducing contact between the patient and healthy individuals, protective gear for healthcare personnel and so on. Lack of logistics was a main reason for ebola spread in Sierra Leone: insufficient transport, ambulance vehicles, burial vehicles, infection control agents like chemicals, and payment to workers.

He also spoke of his “Ebola Playbook”: find all cases, isolate them, find who all the patient comes into contact with, protect the staff, make burials safe. In the disease epicentres of Sierra Leone, there is now a downward dip in the number of cases simply because people have “wised up” and realised the measures they have to adopt to combat spread of infection.

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Thomas Ksiazek, director of high containment laboratory operations for Galveston National Laboratory, University of Texas Medical Branch