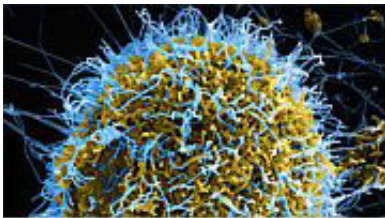


# Viewpoint: Getting united states prepared for ebola outbreak

October 20 2014

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Ebola virus. Image courtesy CDC

(HealthDay)—A case of delayed Ebola diagnosis in Dallas and subsequent infection of health care workers has highlighted the lack of preparedness for a U.S. outbreak of the disease, according to a viewpoint piece published online Oct. 17 in the *Journal of the American Medical Association*.

Noting that the first domestically diagnosed Ebola case was poorly handled in Dallas, Lawrence O. Gostin, J.D., from the Georgetown University Law Center in Washington, D.C., and colleagues discuss national public health preparedness.

The researchers note that according to the Institute of Medicine, investment in key health system functions has recently been in decline, with the potential for confusion, chaos, and flawed decision-making in a [public health emergency](#). Known infectious patients should be isolated,

and quarantine can be used even without a confirmed diagnosis. Additional powers can be provided by use of formal emergency declarations; Connecticut designated an emergency in response to Ebola on Oct. 6, 2014. Entry screening for international passengers coming into the United States from affected countries represents a measured response, but is likely not to materially increase border protection. International spread can only be minimized by controlling Ebola in West Africa.

"Domestically, Ebola prompts the recognition that preparedness depends on the core strength of health systems," the authors write. "Not enough has been done to support well-functioning health systems in West Africa, but the United States also needs to invest more in domestic health system capacity."

**More information:** [Full Text](#)

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