

Ebola hits health care access for other diseases

November 4 2014, by Jonathan Paye-Layleh



In this photo taken on Monday, Nov. 3, 2014, mothers wait inline for their children to be vaccinated by health workers at the Pipeline Community Health Center, situated on the outskirts of Monrovia, Liberia. The Ebola outbreak has spawned a "silent killer," experts say: hidden cases of malaria, pneumonia, typhoid and the like that are going untreated because people in the countries hardest hit by Ebola either cannot find an open clinic or are too afraid to go to one. (AP Photo/ Abbas Dulleh)

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cases of malaria, pneumonia, typhoid and the like that are going untreated because people in the countries hardest hit by the dreaded virus either cannot find an open clinic or are too afraid to go to one.

Evidence of what the World Health Organization calls an "emergency within the emergency" is everywhere in Guinea, Liberia and Sierra Leone, the West African countries worst hit by the Ebola epidemic.

It can be seen in a decline in the number of kids being vaccinated for preventable diseases. It can be seen in the mother who crosses Monrovia, Liberia's capital, searching for an open clinic that will treat her 3-year-old daughter who has a fever and is vomiting, both signs of Ebola but also of many other diseases. It can be seen at the hospital in Kissidougou, Guinea, which sees not even a tenth of the patients it used to.

It can also be seen at the hospital outside Sierra Leone's capital run by the medical charity Emergency. It is inundated with patients because nearby hospitals are closed or only partially operating.

"There's this incredible [silent killer](#) health crisis behind the Ebola crisis," said Eric Talbert, the executive director of Emergency's U.S. branch.

None of roughly a dozen experts interviewed by The Associated Press could say how many people might be sick or dying for lack of health care. Tracking the diseases that usually plague Guinea, Liberia and Sierra Leone—[malaria](#), pneumonia, cholera and diarrhea diseases—is difficult even in the best of times. Now the countries' already weak health systems are broken down amid the Ebola epidemic.

In July, only about half the health facilities in Liberia were reporting data to the Health Ministry. That doesn't mean half the facilities were closed, but it shows many were at least not operating fully. Hospitals and clinics in Sierra Leone have also been forced to shut or curtail their

activities.

There are signs of improvement. In Guinea, many facilities were open in September but they were waiting for patients. The hospital in Kissidougou, near where Ebola outbreak began, was seeing only 12 to 15 patients a day at the end of September, compared to the typical intake of 200 to 250 patients, said Dr. Franco Pagnoni, who at the time was WHO's Ebola field coordinator there.



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"If we don't pay attention, we will have thousands of deaths because of Ebola, but we will have tens of thousands of deaths for other diseases," said Pagnoni.

WHO noted simply that there are "high numbers of deaths" from other diseases.

Mariama Bary's 3-year-old daughter risked becoming one of the fatalities. Bary took the girl around Monrovia, looking for treatment as she had a fever and was vomiting, according to SOS Children's Villages, a charity that runs a medical center there. Bary struggled to find a clinic that was open or that would accept a child with symptoms of Ebola. She was finally able to get treatment at the SOS center, where the girl was diagnosed with malaria, the charity said.

In an effort to encourage more clinics to open and accept patients, WHO has developed a set of "no-touch" guidelines for community health workers who work in small, basic clinics. With little protective gear, they are supposed to keep their distance from patients and ask, for instance, a mother to feel her child's forehead to see if he has a fever.

But there is no way to vaccinate someone without touching, and so vaccinators require protection. Vaccination rates have suffered at least in part because immunization campaigns—large events organized to vaccinate children who have missed their routine check-ups—have been on hold in all three countries since May. There won't be any before the end of the year because large gatherings could serve as hotbeds for Ebola transmission.

This could have devastating effects, WHO warned recently, noting that cases of measles have been reported in Ebola-affected countries and that there is a "growing risk of significant measles outbreaks." A full-blown outbreak could create another public health emergency.

To boost confidence in the safety of vaccination, UNICEF, the U.N. Children's Fund, plans to provide gloves and other protective gear like gowns and face shields to all vaccinators in Liberia in the coming weeks



In this photo taken on Saturday, Nov. 1, 2014, a woman prisoner suspected of suffering from the Ebola virus, from Tubmanburg central prison, is carried by female correction officer who volunteered to assist her with getting into the medical vehicle, to be taken to a Ebola treatment center in Monrovia, Liberia. The Ebola outbreak has spawned a "silent killer," experts say: hidden cases of malaria, pneumonia, typhoid and the like that are going untreated because people in the countries hardest hit by Ebola either cannot find an open clinic or are too afraid to go to one. (AP Photo/ Abbas Dulleh)

Docas Kollie, a 24-year-old mother, walked for three hours this week to get to the Pipeline Community Health Center for a vaccination for her 3-week-old infant. When she gave birth, it was away from the care of

medical professionals.

"Because of the Ebola situation, there was no hospital for me to go to deliver. I delivered in the community," she said.

Because the community clinic is closed in the U.N. Drive section of Monrovia, some mothers do the diagnosing themselves and get whatever they think their children need at a pharmacy.

Last week, Doctors Without Borders announced it will hand out anti-malarial medication—which can be taken either as a treatment or preventively—to families in the poorest parts of Monrovia. The group will eventually hand out enough medication for 300,000 people to treat themselves for three months. It plans a similar program in the Sierra Leone capital of Freetown. Typically, sick people would seek treatment for malaria at a clinic, but with so many facilities closed and people wary of them, the medical group wants to blanket communities with malaria protection.

Anti-malaria programs have been trying for years to get countries to test before treating malaria because giving drugs unnecessarily raises the strains will become drug-resistant. But Thomas Teuscher of Roll Back Malaria says malaria treatment has been so severely neglected amid the Ebola epidemic that even giving medication to those who might not have malaria is justified.

"We're so concentrated on this very scary Ebola thing—because we don't understand it, we don't see it very often, it is just very worrisome—and so we forget about the very common things," said Teuscher.

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