

## Dangerous practices spread Ebola in Sierra Leone

December 4 2014, byRodney Muhumuza



In this photo taken Tuesday, Dec. 2, 2014, Ugandan doctor Michael Mawanda, who contracted Ebola in September while working at a hospital in Sierra Leone's capital, speaks to The Associated Press in Kampala, Uganda after returning from Germany where he received medical care and is now cured of Ebola. Dr. Michael Mawanda saw some disturbing behaviors when he was in Sierra Leone helping fight the Ebola epidemic, including relatives removing patients from the hospital where he worked, and their actions made it nearly impossible for health workers to track new Ebola infections and risked spreading the virus further, said Mawanda, who despite taking precautions came down with Ebola himself and barely survived. (AP Photo/Rodney Muhumuza)



Dr. Michael Mawanda saw some disturbing behaviors when he was in Sierra Leone helping fight the Ebola epidemic, including relatives removing patients from the hospital where he worked.

The family members who removed the Ebola patients couldn't bear to be separated from their loved ones, but their actions made it nearly impossible for health workers to track new Ebola infections and risked spreading the virus further, said Mawanda, who despite taking precautions came down with Ebola himself and barely survived.

The Ebola outbreak, which is stabilizing in Liberia and Guinea, is spreading fastest in Sierra Leone. In a recent 21-day period, Guinea had 306 new Ebola cases. Liberia had 278. Sierra Leone had 1,455, according to the World Health Organization.

Mawanda believes that clinging to dangerous practices is the reason why. So does Sierra Leone President Ernest Bai Koroma, who on Tuesday urged Sierra Leoneans to desist from washing of corpses, from secretly burying the dead at night instead of calling for Ebola burial teams and any from other practices that could accelerate infections.

"Naturally what happens is that as more and more people get infected, people learn lessons. Unfortunately, that takes a long time," Mawanda, a 38-year-old Ugandan physician, said in an interview with The Associated Press.





In this Saturday, Sept. 20, 2014 file photo, a health worker volunteer marks a home with chalk to identify that it has been visited, as they distribute bars of soap and information about Ebola in Freetown, Sierra Leone. The Ebola outbreak, which is stabilizing in Liberia and Guinea, is spreading fastest in Sierra Leone and unsafe burials are believed responsible for 70 percent of new infections in the country, according to the country's Chief Medical Officer. (AP Photo/Michael Duff, File)

Unsafe burials are believed responsible for 70 percent of new infections in Sierra Leone, Chief Medical Officer Dr. Brima Kargbo told reporters Wednesday. The bodies of people who have died from Ebola are particularly contagious and must be handled carefully, but throughout the region, many people continue to bury their dead using traditional methods, including washing and touching the body. Ebola is spread through contact with bodily fluids of an infected person or corpse.

Mawanda said sensitization campaigns have not been widely successful



in West Africa largely because many locals seem unwilling to break with age-old customs such as communal dining. He saw people eating from the same plate even as Ebola was claiming victims in the capital. The WHO says saliva may carry some risk but that "the science is inconclusive." According to the WHO, the most infectious bodily fluids for spreading Ebola are blood, feces and vomit.

"Tracing contacts and isolating them as early as possible is not happening in Sierra Leone," Mawanda said. "What that means is people are getting infected and they are infecting others and there is this great multiplication factor. It is all about capacity and Sierra Leone needs help to effectively do contact tracing."

Malaria is a common disease in parts of West Africa, and many who show up in hospitals with a fever could be suffering from such a tropical disease. Mawanda said he that amid the chaos in hospital wards, many health workers make wrong calls, possibly leading to Ebola patients infecting health workers and others with whom they come into contact.





In this Wednesday, Oct. 8, 2014 file photo, health workers collect samples from a body suspected to have died from the Ebola virus, as it lies on the street covered in leaves in Freetown, Sierra Leone. The Ebola outbreak, which is stabilizing in Liberia and Guinea, is spreading fastest in Sierra Leone and unsafe burials are believed responsible for 70 percent of new infections in the country, according to the country's Chief Medical Officer. (AP Photo/Tanya Bindra, File)

Mawanda had worked in Sierra Leone since 2011. He is one of many Ugandan doctors who were deployed on the Ebola front lines as local authorities sought the expertise of health workers from countries that had experienced Ebola. Uganda and Congo have been hit by previous outbreaks. At least two Ugandan physicians have died of Ebola in the unprecedented West Africa outbreak. Mawanda feels fortunate to be alive.

He recalled that local <u>health workers</u> at Emergency Hospital near Freetown, the capital, had to deal with a disease about which they knew



little or nothing, sparking a response "characterized by fear" among medical workers often ill equipped to protect themselves from Ebola.

After he tested positive for Ebola in September, he felt "helpless and hopeless" and believed he faced certain death. By the time he was put on a charter flight to Frankfurt for medical care, his organs were shutting down. In Germany, he was put into an induced coma. He spent seven weeks in intensive care at Frankfurt University Hospital before he was declared cured of Ebola.

Last month he returned to Uganda and does not plan to immediately return to Sierra Leone, a country in desperate need of more foreign aid, especially doctors and other medical workers.

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