

Ebola nightmare does not end with recovery: WHO

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People who survive Ebola continue to suffer from serious physical and psychological ailments and require care long after the deadly virus has left their bodies, the World Health Organization said Friday.

Nearly 9,000 people have died from Ebola since the west Africa-centred outbreak began 13 months ago, but many thousands more have survived the virus and are facing the aftermath.

"There's a huge need for ongoing care for people who've recovered from Ebola," WHO technical advisory Margaret Harris told reporters in Geneva.

Survivors suffer a wide range of symptoms, including muscle and joint pains, including chronic arthritis, and sight loss, she said.

In addition, they are often traumatised by their experience and face a variety of psychological problems.

"It's becoming clear that the disease doesn't just end in the acute phase," Harris said.

The UN health agency convened an international meeting of experts last week to discuss needed revisions to Ebola treatment guidelines.

The experts, including clinicians working with Ebola patients in Guinea, Liberia and Sierra Leone at the epicentre of the outbreak, had agreed

that far more attention needed to be paid to survivors of the virus, Harris said.

"There's a need to have such people on registries so they can be followed up," she said.

Children especially at risk

It was especially important to follow up children who had been infected with Ebola, she said, pointing out that it remained unclear "what the psychological effects of what they've been through are (and) if this will have any effect on their neurological development and other development."

The experts also recommended a range of other changes in the way Ebola patients are treated and managed.

They found that young children and pregnant women, who have had very high fatality rates in the epidemic, required special treatment.

Around 90 percent of children under the age of one who have contracted Ebola have died, Harris said, pointing out that there was some indication that "simply being separated and isolated ... had a devastating psychological effect on children."

Caretakers fearful of contracting Ebola may also not provide them with the assistance they need to eat and drink, or weigh them to estimate the correct amounts of medication and intravenous liquids to administer.

"The standard methods are not ideal," she said.

Pregnant women too have a high fatality rate, although Harris said at least 21 were known to have survived.

But their foetuses rarely live, since "the amniotic fluid is an immunological sanctuary" where Ebola can remain and amplify even after the mother has fully recovered.

This means "the delivery is an enormous risk" for everyone involved, Harris said.

She said some of the Liberian experts had proposed using caesarians to help control the health care workers' exposure to the mother's highly infectious body fluids.

Otherwise, the experts found that the quality of care could dramatically improve an Ebola patient's chances of survival, pushing fatality rates down as low as 25 percent.

Fluid intake was especially important, Harris said, adding that ideally intravenous fluid replacement should be given early on.

Such therapy is much more effective when salts and electrolytes in the blood are monitored to spot any metabolic problems, she added, pointing out that "where people can correct those, people have a better chance of surviving."

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