

Health care providers should review response plans for Congo Ebola outbreak

May 26 2017, by Laura Bailey

With an Ebola outbreak underway in the Democratic Republic of Congo, experts say health care providers should review their Ebola response plans now to avoid repeating past mistakes.

During the Ebola outbreak in Liberia in 2014, two nurses at Texas Health Presbyterian Hospital contracted the disease and one man was misdiagnosed and discharged from the hospital.

The nurses survived, but Thomas Eric Duncan, believed to be the first person to transmit the disease on U.S. soil, later died. Ebola is a virus that causes severe bleeding, organ failure and has up to a 90 percent mortality rate. Humans spread the virus by contact with bodily fluids.

Patricia Abbott, associate professor at the University of Michigan School of Nursing, served on a national panel that reviewed the hospital's response and issued a report in 2015. Complacency – or specifically what Abbott calls lack of "[situational awareness](#)" – and poor communication were the biggest shortfalls, the report found.

"We certainly do not want to imitate chicken little and proclaim that 'the sky is falling!' but at the same time I would venture to say that many of our front line responders do not know that Ebola is flaring again in Africa," said Abbott, also the director of the Hillman Scholars in Nursing Innovation program. "Now's a good time to gather your team and ask, 'Did you know there are 40 new cases in the Congo, which has very poorly controlled borders? What might this mean for our

[emergency department](#) and first responders? We were caught off-guard in 2014, let's not repeat that.'

"What we learned in Dallas is that the theoretical can become a reality very quickly. The Democratic Republic of Congo is only a 12-hour plane ride away."

There are ways hospitals and medical facilities can prepare, Abbott said. Administrators should make [health care workers](#) aware that Ebola is active again, and to brush up on what was learned in the fall of 2014.

For example in Dallas, the first provider who cared for the patient did not suspect Ebola even though the patient reported that he recently arrived from West Africa and the Liberian Ebola epidemic story had been widely reported. It's human nature to believe it can't happen here, Abbott said.

But, this "situational awareness" is essential, Abbott said, especially in major cities like Detroit or Dallas, both home to international airports and diverse populations.

"I would venture to say that right now if you walked into an emergency department with symptoms of Ebola, it's not the first thing that would come to mind," Abbott said. "Three years ago, it might have been in the front of everyone's mind, but I suspect that now, without big news headlines, that food poisoning or the flu might be the first thing considered. Of course now, the protocols are different. The Texas Ebola incident really changed us, but out of sight out of mind is another human trait.

The Texas report also showed that health care workers failed to communicate with each other, relying instead on their computers to relay information instead of simply talking face-to-face.

"If you see something, say something," Abbott said. "If you're not sure, talk about it. Don't discount the importance of human communication and teaming."

According to the World Health Organization May 21 situation report, six suspected Ebola cases were reported from a remote area in the Democratic Republic of Congo, with two cases confirmed, three probable cases and 38 suspected cases. WHO is monitoring 365 people thought to have come in contact with the virus.

Provided by University of Michigan

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