

Ebola's ripple effects

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The fight to end the Ebola epidemic is not just about saving lives, it's also about heading off a potentially broader humanitarian crisis, according to a Harvard Kennedy School panel, which included (seated from left) moderator Sheila Burke, Michael VanRooyen, director of the Harvard Humanitarian Initiative, and Dyann Wirth, Richard Pearson Strong Professor of Infectious Disease at Harvard. The epidemic already has had sweeping effects on society, added Liberian President Ellen Johnson Sirleaf, who joined the panel via video conference. Credit: Rose Lincoln/Harvard Staff Photographer

The race to stamp out West Africa's Ebola epidemic is not just about saving lives. It's also about stemming an assault on society that could include food shortages and mass migration,

morphing from a medical emergency into a broad humanitarian crisis.

With the World Health Organization reporting this week that the situation in Liberia is far worse than previously known, a panel at the Harvard Kennedy School (HKS) warned Tuesday against the [epidemic's](#) possible ancillary effects.

"The rush is to control the epidemic before there's food insecurity and population migration," said Michael VanRooyen, director of the Harvard Humanitarian Initiative.

The epidemic already has had sweeping effects on society, according to Liberian President Ellen Johnson Sirleaf, who addressed the School's John F. Kennedy Jr. Forum via video conference. Economic growth projections have been cut in half, mining activities have been halted, and cross-border trade has been closed. Some people with the means have already left the country, while many Liberians living abroad who might have returned have opted to stay away, Sirleaf said. Construction on roads, power systems, and [health care facilities](#) has slowed, said Sirleaf, who graduated from HKS in 1971.

"The consequences are enormous," Sirleaf said.

The event, sponsored by the Institute of Politics, featured VanRooyen, who is also a professor of global health and population at the Harvard School of Public Health (HSPH) and vice chairman of Harvard-affiliated Brigham and Women's Hospital's emergency department, and Dyann Wirth, Richard Pearson Strong Professor of Infectious Disease, chair of the HSPH's Department of Immunology and Infectious Disease, and director of the Harvard Malaria Initiative. The session was moderated by Sheila Burke, HKS adjunct lecturer in public policy and a research fellow at the Malcolm Wiener Center for Social Policy.

Two vaccines are being tested for safety and probably will be deployed without the full suite of

clinical trials that vaccines usually undergo, Wirth said. These vaccines have shown promise in nonhuman primate trials, but there's no guarantee they will be effective in humans.

The panelists agreed that a massive increase in medical assistance and protective gear are needed to meet the challenge presented by the epidemic. But just as pressing is an immediate scale-up of public health messages to educate the public about the disease. There is a need to get those suspected of infection into treatment centers, for effective quarantine and tracing of all contacts of infected individuals, and for changes to burial customs that can spread the virus.

Some progress is being made, Sirleaf said. The disbelief and skepticism surrounding the disease is slowly dissipating, people are leaving treatment centers having survived the ailment, and cremation, not previously practiced in Liberia, is becoming an accepted way of disposing of the dead, she said.

"It has taken a long time because there was just complete disbelief," Sirleaf said. "It remains a very grave situation."

Sirleaf said she believes the epidemic in Liberia will worsen for a few more weeks, then plateau and begin to decline. Wirth, however, said it's unclear at what stage the epidemic? which tends to start slowly, accelerate rapidly, and then level off—is in the phases identified from earlier outbreaks. The surge of cases reported in Liberia may indicate that the spread is still accelerating, Wirth said, but the disease could also be leveling off, with the rise in cases a result of increased reporting.

Wirth and VanRooyen said it's probable that untreated Ebola cases will reach the United States and other developed nations, and could even spread to a small number of individuals. But the highly developed health systems and monitoring in those nations mean it's highly unlikely the epidemic would go far beyond that.

Though Ebola was first identified in 1976, the current epidemic has highlighted gaps in knowledge of the disease, Wirth said. Work on a vaccine continues, but she pointed out that difficult

choices lie ahead about where to put limited [public health](#) resources. Though the epidemic has captured the world's attention and its size far outstrips previous Ebola outbreaks, the death toll still remains relatively small compared with other diseases.

Malaria, for example, has killed an estimated 300,000 to 400,000 children under age 5 just in the months of the current Ebola outbreak, Wirth said. She said that global health leaders are going to continue to be asked to balance priorities between existing health needs and new diseases, such as Ebola and SARS, that will continue to emerge.

"It is a question we face every day," Wirth said. "This is something we're going to continue to see."

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