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Ebola 2014-2016 outbreak: Lesson learned

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n March 29, 2016, WHO Director-General declared the end of the Public Health Emergency of International Concern regarding the Ebola virus disease outbreak in West Africa. A total of 28610 confirmed, probable and suspected cases have been reported in Guinea, Liberia and Sierra Leone with 11308 deaths since the onset of the Ebola outbreak (WHO). The majority of these cases and deaths were reported between August and December 2014, after which, case incidence began to decline as a result of the rapid scale-up of treatment, isolation and safe burial capacity in the three countries. Seven countries (Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission. In order to effectively interrupt remaining transmission chains and manage the residual risks posed by viral persistence, WHO, as lead agency within the interagency collaboration on Ebola and in coordination with national and international partners, designed the phase-3 Ebola response framework. The first appeared in 1976 in 2 simultaneous outbreaks, one in what is now, Nzara, South Sudan and the other in the Ebola virus causes an acute, serious illness which is often fatal if untreated Ebola virus disease (EVD) Yambuku, Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name. The diagnosis of VHF is based on 3 components: History of exposure, detailed clinical assessment and laboratory investigations. Evidence from outbreaks strongly indicates that the main routes of transmission of VHF infection are direct contact (through broken skin or mucous membrane) with blood or body fluids and indirect contact with environments contaminated with splashes or droplets of blood or body fluids. Avoiding transmission dictates strict adherence to standard precautions as well as droplet and contact precautions for health care, environmental and laboratory workers. Moreover, while epidemiology during VHF outbreaks does not suggest airborne transmission, precautions should be taken to avoid procedures or protect health workers, family members and other patients during procedures that might aerosolize virus. The Ebola epidemic showed the need to be better prepared in order to face efficiently the next major health emergency. Elements such as coordination, risk assessment processes and intersectoral cooperation are paramount for a good preparedness planning. The Ebola outbreak also highlighted the need for action in areas which usually do not always get sufficient attention, such as border issues (exit and entry screening), medical evacuation, the mobilization of specific expertise for EU and the affected countries, transport facilities for big amount of waste related to the laboratory and clinical activities in the EU, the sample sharing and contact tracing.

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