

Ebola outbreak in West Africa: Bridging the gap between the public health authorities and the community

Sir,

The 2014 outbreak of Ebola virus disease has been declared as an international public health emergency and since inception, the disease has accounted for almost 27,550 cases and 11,235 associated deaths till the end of June 2015 in the affected countries.^[1] A wide range of factors like lack of preparedness,^[2] weak public health system,^[3] ineffective diagnostic and case management services,^[4] absence of an effective vaccine,^[3] and minimal community participation^[4,5] have allowed the current outbreak to grow to epidemic proportions. In fact, the retrospective assessment of the outbreak indicated that the disease could have been tackled much better, provided the public health authorities had not failed to build a level of trust and involve the members of the community.^[2]

Community refers to a social group, the members of which know and interact with each other, and which is determined by geographical boundaries and/or common values and interests.^[6] In the current outbreak of Ebola disease, the community comprises all the people staying in the affected regions.^[2] The program managers have realized that universal coverage of primary health care cannot be achieved without the involvement of the local community and, thus, continuous efforts should be taken to ensure meaningful involvement of the community in the planning, implementation, and maintenance of health services.^[6] In order to significantly reduce the burden of the disease, all stakeholders including program managers, the World Health Organization, health/nursing professionals, and members of the community work in a concerted manner.^[4,5]

It was observed that multiple risk behaviors and parameters from the community viewpoint, such as consumption of improperly cooked meat products,^[4] questionable hand hygiene practices,^[3] limited awareness about the disease attributes (viz. symptoms of Ebola, mode of transmission, prophylactic measures, etc.),^[2,5] practice of intensive contact with the body of the deceased at times of cremation,^[7] and migration of people across the borders of affected countries (so-called hot zones),^[2] have played a crucial role in both the emergence and amplification of the disease. Thus, the role of community becomes crucial as the majority of the cases result owing to the adoption of high-risk behavior and non-adherence to the preventive measures.^[4,8]

Moreover, due to the ignorant behavior,^[2] risk of stigma or outcast from the society,^[3] lack of trust on public health authorities,^[4,5] and fear among the local residents,^[5] the people have shown poor treatment-seeking behavior. Furthermore, some sections of the community have even approached traditional healers for their symptoms, which has thereby enhanced the rate of complications and case fatality.^[7] In addition, the practice of contact tracing has also received limited support from the community, and thus, case load in the community has remained significantly high.^[9]

In order to counter the disease and bridge the gap between the public health authorities and community, the international welfare agencies have proposed a comprehensive package of interventions to neutralize the influence of community-related factors.^[4,5] These recommendations, in general, advocate for the development of a community-based approach to manage the disease, as evidenced in Sierra Leone and Liberia.^[8,10] However, integration of the community participation in the existing institutional mechanisms for managing the disease has also been recommended.^[4,5] It is of utmost importance that the health/nursing professionals should realize the importance of community engagement and, thus, plan and implement targeted measures to address the identified risk behaviors.^[2,4,5]

In addition, strategies like alterations in the traditional funeral procedures till the disease is active in the specified area;^[7] sensitization of community about the modes of transmission, high-risk behavior, and essential preventive measures;^[3,11,12] orienting health/nursing staff about the need and importance of contact tracing;^[9] adhering to the standardized recommendations during travel;^[13,14] and encouraging people to extend full support to the health/nursing staffs^[3,4,9,14] have also been advocated to counter the rising trend of the disease.

To conclude, in order to enhance the extent of community participation in the affected nations, the need of the hour is to develop culturally sensitive interventions so that the burden of the disease can be significantly decreased.

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Conflicts of interest

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