



WMA Resolution on Ebola Viral Disease

Adopted by the 65th WMA General Assembly, Durban, South Africa, October 2014

BACKGROUND

A number of viral diseases have caused occasional health emergencies in parts of Africa, with local or wider spread epidemics. These include Lassa, Marburg and Ebola Viral Diseases (EVD). The 2013-14 outbreak of EVD in West Africa has proven far more difficult to control than previous epidemics and is now present in Sierra Leone, Liberia and Guinea with more than 2000 deaths. This epidemic appears to have a case related mortality of approximately 55% against a range for EVD of 50-95%.

Following infection, patients remain asymptomatic for a period of 2-21 days, and during this time tests for the virus will be negative, and patients are not infectious, posing no public health risk. Once the patient becomes symptomatic, EVD is spread through contact with body fluids including blood. Symptoms include diarrhea, vomiting and bleeding, and all these body fluids are potentially sources of infection.

Management is primarily through infection control, the use of personal protective equipment (PPE) by health care workers and those disposing of body fluids and of bodies, and supportive care for sick patients including using IV fluids and inotropes. Contact tracing is also important but may be difficult in many of the communities currently affected. Vaccines are in development as are some antivirals, but they will arrive late in this epidemic if they are proven successful.

Evidence from those treating patients in affected communities is that a shortage of resources, including health care workers and PPE, as well as poor infection control training of health care workers, caregivers and others at risk are making epidemic control difficult.

Some governments have indicated that they will build new treatment centres in affected areas as a matter of urgency, while others are directly providing personal protective equipment and other supplies.

RECOMMENDATIONS

1. The WMA honours those working in these exceptional circumstances, and strongly recommends that national governments and international agencies work with health care providers on the ground and offer stakeholders training and support to reduce the risks that they face in treating patients and in seeking to control the epidemic.
2. The WMA commends those countries that have committed resources for the urgent establishment of new treatment and isolation centres in the most heavily burdened countries and regions. The WMA calls upon all nations to commit enhanced support for combatting the EVD epidemic.
3. The WMA calls on the international community, acting through the United Nations and its agencies as well as aid agencies, to immediately provide the necessary supplies of PPE to protect health care workers and ancillary staff and reduce the risk of cross infection. This must include adequate supplies of gloves, masks and gowns, and distribution must include treatment centres at all levels.
4. The WMA calls on all those managing the epidemic, including local and national governments and agencies such as WHO, to commit to adequate training in infection control measures, including PPE for all staff and caregivers who might come into contact with infective materials.
5. The WMA calls on national and local governments to increase public communication about basic infection control practices.
6. The WMA calls upon WHO to facilitate research into the timeliness and effectiveness of international interventions, so that planning and interventions in future health emergencies can be better informed.
7. The WMA strongly urges all countries, especially those not yet affected, to educate health care providers about the current case definition in addition to strengthening infection control methodologies and contact tracing in order to prevent transmission within their countries.
8. The WMA calls for NMAs to contact their national governments to act as described in this document.