

Examiner Column from Dr. Rosana Pellizzari, Medical Officer of Health Peterborough County-City Health Unit

Tuesday, November 11, 2014

Ebola: How worried should we be?

Communicating the appropriate level of risk about Ebola is a tricky business. In an era of unprecedented information access (70% of adults search for health information online), people are getting all sorts of different messages. Unless you're a conspiracy theorist, it's best to use credible sources like government sponsored websites like WHO or Public Health Ontario for timely and accurate information. I recommend checking out the Health Unit's website www.pcchu.ca to get the latest Ebola information and health updates.

We do know that the risk of Ebola in Peterborough is extremely low, because the risk of Ebola for the whole country is very low. We do not have an outbreak in Canada at the moment. And even if we did, Ebola is not easy to catch: people can only transmit once they are sick, it is only transmitted through exposure to bodily fluids, and we have a strong public health infrastructure to handle an imported case should it land here. The Health Unit and our community health partners have been busy preparing for the remote possibility of a local Ebola case. Our communication channels are well-honed and local health officials have strong working relationships. The Health Unit continues to send regular updates and clinical guidelines to local healthcare providers, including dental offices. We have sent advisories to travel agents, Trent University and Fleming College with self-monitoring instructions for travelers returning from West Africa. We are providing infection control training to our public health clinical staff and for staff of medical offices about how to screen and manage patients presenting with a travel history and symptoms.

I am a member of the Peterborough Regional Health Centre (PRHC)'s Infection Prevention and Control Committee. The hospital has been holding mock Ebola exercises since the summer. They are currently training their staff in the proper use of protective equipment.

The phone has been ringing, with calls and enquiries from other community partners. We have provided our school boards with an Ebola fact sheet to share with students, parents and staff. We will continue to respond to media calls and keep our website updated with the latest information.

This is all good work and meant to reassure you, however I also have to tell you that there is still more about Ebola that we don't yet know. The world has never seen an Ebola outbreak of this size before. Health officials have made some mistakes as they've learned how to deal with Ebola and more mistakes will be made as the learning process continues. There are things health experts know now that they wish they knew at the beginning when the outbreak started. And there is no doubt in my mind that our priority must be to contain the outbreak in West Africa - those countries need the personnel, equipment and resources to respond effectively to stop transmission.

We know that people temporarily overreact to news about a possible risk, and that this "adjustment reaction" is natural. Risk communications expert Peter Sandman describes the four stages of this reaction. First there is apathy and ignorance (where most people are now), followed by denial. Then

over-reaction takes hold, including the taking of precautions that may be unwise, ineffective or premature. Finally, there is new learning, new wisdom and new determination to take effective action.

According to Sandman, if officials don't trust the public to learn alarming information without panicking, the public will not trust officials to lead them through difficult times. Warning about an Ebola pandemic is not "damned if you do and damned if you don't". It's darned if you do (warn) and damned if you don't.

The biggest threat of Ebola is not ours to bear – it is the possibility of the disease spreading to other parts of the world that do not have the strong public health infrastructures we do. Some of the poorest regions of the world are also among the most densely populated, and we honestly don't know what would happen if Ebola reached them. As Thomas Frieden, Director of the Centers of Disease Control has said, "We had two exports in the first 2,000 patients. Now that we're going to have 20,000 cases, how many exports are we going to have?" We can guess that the impact will be dramatic, and that it will raise daunting ethical and political questions, not just medical ones. Ebola is teaching us just how interconnected we are and that only through massive international cooperation, not parochial fears, can we quell this high-stakes global threat.

775 words