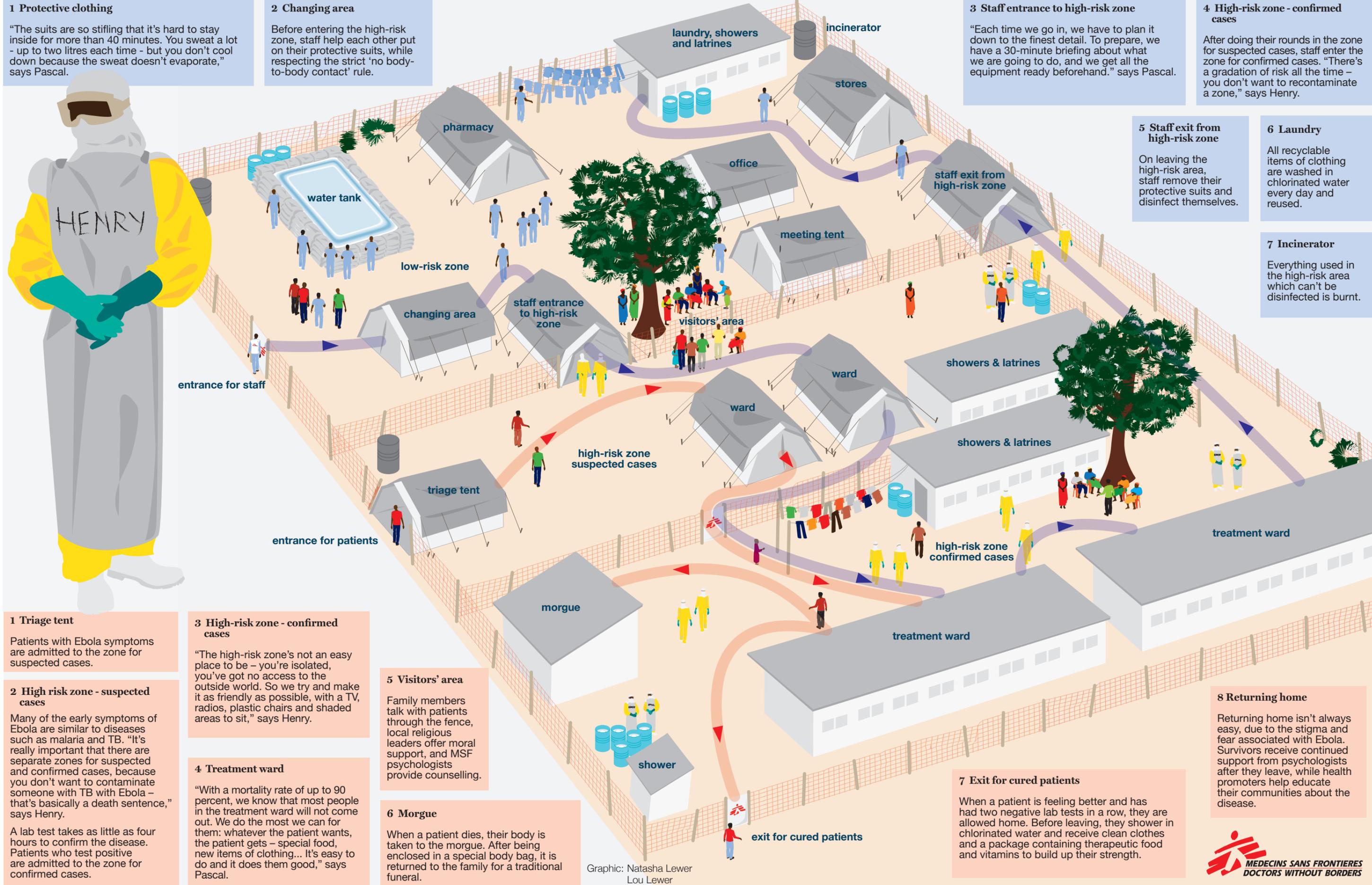


# How we treat Ebola

When Ebola haemorrhagic fever broke out recently in Guinea, west Africa, MSF set up three specialised treatment centres in the worst-hit areas. Ebola is so infectious – and so deadly – that patients need to be treated in isolation by staff wearing special protective clothing. Emergency coordinator **Henry Gray** and logistician **Pascal Piguet**, both just back from Guinea, explain why, with Ebola, every little detail counts.



**1 Protective clothing**  
 “The suits are so stifling that it's hard to stay inside for more than 40 minutes. You sweat a lot - up to two litres each time - but you don't cool down because the sweat doesn't evaporate,” says Pascal.

**2 Changing area**  
 Before entering the high-risk zone, staff help each other put on their protective suits, while respecting the strict ‘no body-to-body contact’ rule.

**3 Staff entrance to high-risk zone**  
 “Each time we go in, we have to plan it down to the finest detail. To prepare, we have a 30-minute briefing about what we are going to do, and we get all the equipment ready beforehand.” says Pascal.

**4 High-risk zone - confirmed cases**  
 After doing their rounds in the zone for suspected cases, staff enter the zone for confirmed cases. “There's a gradation of risk all the time – you don't want to recontaminate a zone,” says Henry.

**5 Staff exit from high-risk zone**  
 On leaving the high-risk area, staff remove their protective suits and disinfect themselves.

**6 Laundry**  
 All recyclable items of clothing are washed in chlorinated water every day and reused.

**7 Incinerator**  
 Everything used in the high-risk area which can't be disinfected is burnt.

**1 Triage tent**  
 Patients with Ebola symptoms are admitted to the zone for suspected cases.

**3 High-risk zone - confirmed cases**  
 “The high-risk zone's not an easy place to be – you're isolated, you've got no access to the outside world. So we try and make it as friendly as possible, with a TV, radios, plastic chairs and shaded areas to sit,” says Henry.

**2 High risk zone - suspected cases**  
 Many of the early symptoms of Ebola are similar to diseases such as malaria and TB. “It's really important that there are separate zones for suspected and confirmed cases, because you don't want to contaminate someone with TB with Ebola – that's basically a death sentence,” says Henry.  
 A lab test takes as little as four hours to confirm the disease. Patients who test positive are admitted to the zone for confirmed cases.

**4 Treatment ward**  
 “With a mortality rate of up to 90 percent, we know that most people in the treatment ward will not come out. We do the most we can for them: whatever the patient wants, the patient gets – special food, new items of clothing... It's easy to do and it does them good,” says Pascal.

**5 Visitors' area**  
 Family members talk with patients through the fence, local religious leaders offer moral support, and MSF psychologists provide counselling.

**6 Morgue**  
 When a patient dies, their body is taken to the morgue. After being enclosed in a special body bag, it is returned to the family for a traditional funeral.

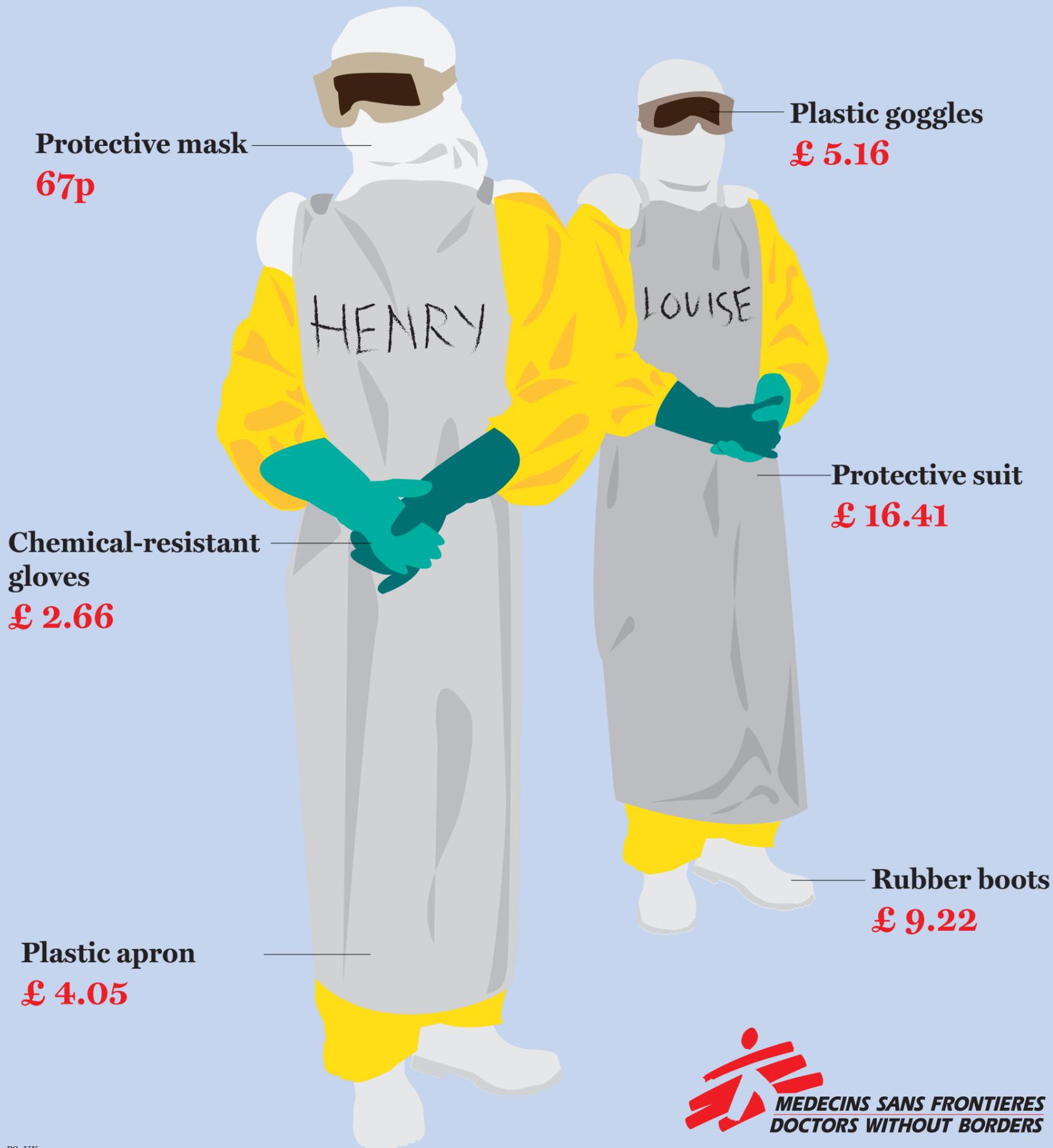
**7 Exit for cured patients**  
 When a patient is feeling better and has had two negative lab tests in a row, they are allowed home. Before leaving, they shower in chlorinated water and receive clean clothes and a package containing therapeutic food and vitamins to build up their strength.

**8 Returning home**  
 Returning home isn't always easy, due to the stigma and fear associated with Ebola. Survivors receive continued support from psychologists after they leave, while health promoters help educate their communities about the disease.

Graphic: Natasha Lewer  
 Lou Lewer



# Fighting the killer virus



## The Ebola 'spacesuit'

Health staff are at particular risk of catching the disease, so everyone entering the high-risk zone wears special clothing. To combat the risk of infection, each suit worn is destroyed at the end of every shift. "The most difficult thing about working in the Ebola ward is wearing the suit," says water and sanitation manager, Rob D'Hondt. "It's very heavy, you begin sweating immediately and it is very hot."

"We like to call it the Ebola spa, because you're basically having a sauna two or three times a day," says Dr Carissa Guild. "It takes a little bit of getting used to, but if your goggles are clear, you almost forget you are wearing it. You can sit down with the patients, put your arms around them and see how they are doing."

## What is Ebola?



The Ebola virus is thought to live in fruit bats and to spread to humans through contact with sick animals. Highly infectious, the disease is passed from person to person through bodily fluids including saliva, sweat, blood and semen. The current outbreak involves the Zaire strain, which kills up to 90 percent of people infected. There is no vaccine against Ebola, and no cure, but good medical care can help patients develop antibodies to fight the disease and can bring the mortality rate down by 10 or 15 percent.