

Businesses In Crisis: Perspectives On Ebola Outbreaks - Past, Present And Future

Finding your business in the midst of a crisis, such as the current Ebola outbreak in West Africa, presents many problems which HR professionals are tasked with solving. Issues surrounding the protection of the worker not only have effects simply on organisational staffing, but on morale and culture, all ultimately influencing the bottom line.

And what a devastating crisis it is. Thousands of individuals have been infected, at least half of them fatally so. Healthcare provision, sketchy to begin with, is overburdened and failing. A climate of fear and uncertainty pervades, provoked in part by the occasional hyperbole of the Press.

Personnel Planning

Local healthcare provision in resource-poor contexts is often difficult and is only appropriate for the most minor of medical conditions or, somewhat paradoxically, the emergency stabilisation of an acutely unwell patient whilst an air ambulance is en route. This is when things are good. During an epidemic, when there are many more hospitalised patients, these slim services become over-stretched. Added to this is that during this present crisis, Ebola has been particularly perilous for healthcare workers, infecting many hundreds of medical professionals. Just being an inpatient can put the individual at greater risk of acquiring the virus.

It is clear that any significant pre-existing medical issue which is routinely treated in the West, such as unstable angina or even a duodenal ulcer, may become untreatable and possibly life-threatening in this context. When selecting staff to be deployed to epidemic areas, a thorough medical assessment of the employee should occur before clearance to go is given. In fact, such a review should occur for all staff in the field. This may lead to the temporary redeployment of an individual away from the affected countries, but as the consequences for that individual (if they were to become ill and untreated) and the company (in failing to provide a duty

of care) are potentially serious, it is a regrettable necessity.

Personnel Protection

A natural reaction to finding oneself working in a country gripped by an epidemic is fear and uncertainty. Effects on work are inevitable, especially perhaps if loved-ones are also perceived as being at risk. These fears can be lessened significantly by effective HR management, however. By disseminating specialist medical information and advice, an accurate assessment of the present risks can be made, steps taken to reduce them further, and fears allayed.

In the case of Ebola, for example, the experience of the previous 20 or so outbreaks has shown that those at risk from catching the virus from other humans fall into 3 groups: family, funerals and failures of personal protective equipment (PPE). **Family:** in local families, a sick individual would be cared for by another family member, often female. She would then acquire the virus by close contact with infected bodily secretions. In previous outbreaks, this was fuelled by a lack of understanding of how the disease was spread and mistrust of the available health services, leading to home-care. **Funerals:** customary funeral practices involving contact with the deceased have been responsible for the majority of virus transmission in Guinea, for example. **Failures of PPE:** more than 500 healthcare workers have been infected with Ebola, resulting in hundreds of fatalities. PPE is the combination of gowns, gloves and masks which aim to protect the medical professional from contact with a patient's bodily fluids, thereby protecting them from infection.

Evidently, the above contexts do not fit easily with the daily experiences of the expat worker. The remaining method of infection is directly from the source – the fruit bat.

In an important sense, Ebola's natural habitat is the fruit bat. They live at ease with each other – the bat not being particularly affected by the infection and living a normal life-span. This is ideal for the virus, as the symptomless bat has time

to pass it on to other fruit bats, aiding transmission. When Ebola crosses from the fruit bat to other animals such as a forest antelope, or - of course - human, it is a very different story. Disastrous consequences occur. Destruction of the immune system results. Catastrophic inflammation occurs, leading to multi-organ failure. As the blood's clotting factors become exhausted, haemorrhaging ensues which often presages death.

Individuals then can also acquire this terrible disease directly from infected animals – such as has occurred in previous outbreaks by the local practice of consuming 'bush' meat. This is something that the expatriate is not likely to do, however. It can be seen that an HR professional, in conjunction with the guidance of a medical specialist organisation, would be able to reassure their employees that the risk of catching Ebola is low by informing them of the facts and advising specific precautions.

For example, what are of particular importance are precautions for diseases which can be mistaken for Ebola. As the illness presents initially with flu-like symptoms, abdominal pain and diarrhoea, this can be confused with a range of much more common 'tropical' illnesses – arguably the most important being malaria. Expatriates who become infected with malaria are subject to its most serious consequences, as they have not built up a partial immunity to the organism which the local population have often acquired. Cerebral malaria, for instance, can be fatal and must be treated promptly, necessitating hospital admission. The problem is that the initial stages of malaria are clinically indistinguishable from Ebola and local hospitals will not admit such a patient without a negative Ebola test. Furthermore, if a patient is repatriated by emergency air ambulance, the evacuation company would also require a negative test for the virus before the plane takes off.

However, as Ebola tests are becoming more easily and quickly available in the field as international efforts increase, this situation is becoming somewhat

easier - but far better would be to avoid the malaria, or similar diseases, in the first place. Precautions such as taking anti-malarials, using a DEET containing spray, sleeping under nets, wearing long sleeved clothes and trousers are important – as are ensuring water safety and washing hands regularly. Such information to employees can clearly be life-saving.

Contingency Planning

Measures such as community education, contact tracing and quarantining have been reliably effective in controlling previous outbreaks. Following growing international presence in the field, there are early indications that this may be also starting to occur in West Africa. When this epidemic is finally controlled, pertinent questions for HR professionals will be: what is the risk that an outbreak will occur again, what are its likely characteristics and what contingency planning will be necessary?

Regrettably the evidence from previous epidemics strongly suggests that another epidemic will occur. The 21 previous outbreaks have occurred in only 5 countries, with at least 3 outbreaks occurring in each - the second outbreak

often following only a few years after the first. In fact, a paper published this year shows that isolated undiagnosed Ebola cases were present in West Africa as far back as 2006¹. This current epidemic is not the first incidence of Ebola in the region but the first that was known about. The message is clear: it has happened before, it will happen again.

What is better news, however, is that the previous outbreak numbers were far smaller than those presently seen in West Africa. This has led some commentators to suggest that the chief reason for the size of the current epidemic was due to the fact that it occurred over several country borders delaying the realisation that an epidemic was starting. With proper surveillance of cases, improved testing and the knowledge that Ebola is present in West Africa, subsequent outbreaks should be smaller. What are the likely effects of a future, smaller outbreak of Ebola? Given the global publicity and progression of this present epidemic, it is likely that affected countries will suffer similar infrastructural changes – just at an earlier stage. Airlines are still likely to cease services, travel be limited, healthcare inundated, fear and uncertainty resurface. The need for

contingency planning seems not only crucial to organisational function but to the affected countries' welfare as a whole.

Crises of some sort are inevitable. With appropriate advice, HR professionals can not only lead the way in weathering the storm, but ensure the welfare of the workforce and plan to be better prepared for when subsequent squalls arise.

Reference: *1 Undiagnosed Acute Viral Febrile Illness, Sierra Leone. RJ Schoepp et al. Emerging Infectious Diseases. 2014. 20, (7), 1176-1182.*



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