Ebola Virus Disease – An Opportunity in Crisis?

The recent outbreak of Ebola virus disease (EVD) in West Africa has brought issues of emergency planning and preparedness for emerging viral threats, including Ebola, pandemic influenza and MERS-CoV into focus here in Ireland. Building on existing National Guidelines for Viral Haemorrhagic Fever, this current outbreak has necessitated the development of a range of national management protocols for specific settings. These protocols have addressed presentation, detection, infection control, clinical assessment, case management, laboratory testing and transfer arrangements to the National Isolation Unit at the Mater hospital as well as contact management in healthcare and non-healthcare settings. This work has been coordinated nationally in the HSE through the Health Protection Surveillance Centre (HPSC) and its Scientific Advisory Committee on EVD and the HSE Emerging Viral Threats (EVT) Committee, regionally through Departments of Public Health, and across government via the Department of Health-led EVD Coordinating Committee. It has involved the concerted efforts of multiple different stakeholders, both within and beyond traditional healthcare settings.

In the absence of a confirmed case of Ebola in Ireland thus far, and with the likelihood of that event receding, as numbers of new cases in West Africa decrease substantially, it could be argued that the substantial time and effort devoted to this issue since August 2014 has been misplaced. It may equally be argued, however, that this preparatory work and the experiences so gained are of enormous value, and can be utilised to advance future public health efforts and promulgate understanding across a range of disciplines and settings. This latter argument is easily made with regard to similar infectious threats. Preparatory work for Ebola has mobilised health services, and those who work in partnership with the health sector, including Ports and airports, the customs and prison services, educational institutions and social care organisations have had to consider their role in working with Departments of Public Health and the HSE in containing and managing potential cases of Ebola and other communicable diseases. HSE Emergency Planning, in collaboration with Public Health and the acute hospital services, has organised desktop training and practical exercises; these have promoted collaboration between stakeholders and have been capable of containing and managing potential cases of Ebola and other communicable diseases. The importance of the Mater Hospital National Isolation Unit, and its relationship with receiving hospitals, has been highlighted, and the roles of General Practitioners, the National Ambulance Service, Dublin Fire Brigade and An Garda Síochána have been clarified. The HSE EVT committee has coordinated significant preparedness activities in the acute receiving hospitals. The need for inter-departmental and inter-agency collaboration in preparing for Ebola has mandated stakeholders from diverse policy backgrounds, with often competing strategic objectives, to work together. This building of new and strengthening of old relationships has presented an opportunity to promote ongoing collaboration between these stakeholders. And, while the benefits of capitalising on this opportunity are obvious with respect to the management of infectious disease as discussed above, they also hold relevance for our approach to non-communicable illnesses and their prevention. As noted in the 2013 roadmap to improving the health of the population in Ontario, Canada, “effective use of public health expertise and better collaboration with both the health and non-health sectors could lead to better health at lower costs...the public health sector is uniquely positioned to create the bridge between the health sector and all other sectors that influence health.”

Our own roadmap for the prevention of non-communicable disease, Healthy Ireland, recognises the need for this bridge and mandates the adoption of a ‘health in all policies’ (HiAP) approach, one which places the public’s health at the centre of decision making across sectors. At issue now is whether all sectors of government and society as a whole can be convinced of the integral role which they must play in moving from rhetoric to action. Recent experience with Ebola preparedness suggests that, when appropriately motivated, stakeholders in Ireland can overcome the tradition of siloed thinking which has hampered cross-sectoral cooperation and development in the past. The lessons learnt and goodwill fostered through this process must now be harnessed to drive greater consideration of the public’s health and its determinants at all levels of Irish society.

R Glynn, D Igoe, M Boland
Department of Public Health Medicine, HSE-East, Dr Steevens’ Hospital, Dublin 8
Email: ronan.glynn@hse.ie

References
1. The management of viral haemorrhagic fevers in Ireland. Dublin: Health Protection Surveillance Centre (HPSC), Health Service Executive (HSE), 2012.

Expectations of General Practitioners for Patients Undergoing Elective Total Knee Arthroplasty

M Nugent, O Carmody, PJ Kenny
Department of Orthopaedic Surgery, Cappagh National Orthopaedic Hospital, Finglas, Dublin 11

Abstract
Most patients undergoing total knee arthroplasty (TKA) in Ireland are referred to orthopaedic services by their general practitioners (GPs). We aimed to evaluate Irish GPs’ expectations for their patients’ perioperative experience and post-operative return to function. A questionnaire was mailed to 350 GPs in all provinces. This included questions relating to GPs’ expectations for their patients and their knowledge and sources of information on TKA. 111 completed questionnaires were returned (response rate 31.7%). Overall expectations for functional and psychological outcomes were high, especially regarding pain relief (108 (97.3%) expected relief from most or all pre-operative pain), mobility (108 (97.3%) expected patients to walk medium or long distances), and psychological wellbeing (95 (85.5%) considered this somewhat or very important). Only 22 (20.2%) reported receiving any relevant information or training within the previous year. Overall expectations for functional outcomes were high, however greater communication between surgeons and GPs may improve GP information.

To receive CPD credits, you must complete the questions online at www.imj.ie.

CPD available online at www.imj.ie and questions on page 255.