

Poor health systems in Asia cause for Ebola alarm

By Chris Brummitt
The Associated Press

SINGAPORE — The longer the Ebola outbreak rages in West Africa, the greater chance a traveller infected with the virus touches down in an Asian city.

How quickly any case is detected — and the measures taken once it is — will determine whether the virus takes hold in a region where billions live in poverty and public health systems are often very weak. Governments are ramping up response plans, stepping up surveillance at airports, and considering quarantine measures. Still, health experts in the region's less developed countries fear any outbreak would be deadly and hard to contain.

"This is a non-treatable disease with a very high mortality rate. And even a country like the United States has not been able to completely prevent it," said Yatin Mehta, a critical care specialist at the Medanta Medicity hospital near New Delhi. "The government is trying. They are preparing and they are training, but our record of disaster management has been very poor in the past."

More than 10,000 people have been infected with Ebola and nearly half of them have died, according to the World Health Organization (WHO). The Ebola epidemic in West Africa is the largest ever outbreak of the disease with a rapidly rising death toll in Guinea, Liberia, and Sierra Leone. There have also been cases in three other West African countries, Spain, and the United States.

Early symptoms of Ebola include fever, headache, body aches, cough, stomach pain, vomiting, and diarrhea, and patients aren't contagious until those begin. The virus requires close contact with body fluids to spread so healthcare workers and family members caring for loved ones are most at risk.

Asia, home to 60 percent of the world's population, scores higher than West Africa on most development indexes and includes emerging or developed countries like Singapore, Malaysia, South Korea, and Japan. But countries like India, China, the Philippines, and Indonesia have vast numbers of poor, many of whom live in crowded slums, and underfunded health systems.

The Philippine government estimates there are up to 1,700 Filipino workers in Liberia, Sierra Leone, and Guinea, plus more than 100 peacekeeping troops in Liberia. The Department of Health (DOH) is suggesting a 21-day quarantine period before its citizens leave those three countries, but doesn't know how it will pay for that, said spokesman Lyndon Lee Suy.

"The DOH is doing its part, but it is downstream, it is on the receiving end," said Dr. Antony Leachon, president of the



Philippine College of Physicians. "What is important is that Ebola shouldn't be able to enter. Since we have 10 million migrant workers, we have problems containing that."

Indonesia has put 100 hospitals that have experience treating patients suffering from bird flu on standby for Ebola, said Tjandra Yoga Aditama, head of the Health Ministry's research and development board.

The only way of ensuring that the virus doesn't spread into a country is enforced quarantine for people coming from countries with an outbreak or — even more effective — a total travel ban. But those measures would mean that doctors and other experts trying to beat the virus at its source in West Africa would be less willing or unable to help, making the outbreak worse.

Airports in Asia have stepped up their defenses: screening passengers who have travelled from affected countries, taking any with high temperature for observation, and trying to keep contact with them for 21 days — the incubation period. Even assuming these measures are carried out effectively, people can and do lie about their travel history, and common drugs like Paracetamol are effective in reducing fever.

Authorities in China say 8,672 people have entered southern Guangdong province from Ebola-ridden areas since August 23.

There are more than 160 direct flights from Africa to the region's capital, Guangzhou, a reflection of the booming economic ties between China and Africa. All arrivals are subject to medical observation, which, according to guidelines from the Health Ministry, involves medical staff visiting or calling them morning and evening for 21 days to ask them about their temperature. People whose temperature is above normal should be immediately quarantined for three weeks.

POORLY PREPARED? Health workers show the proper way to don an "Ebola suit" during a media tour of the Research Institute for Tropical Medicine facility to show the government's readiness to deal with Ebola at Alabang, Muntinlupa city, south of Manila, the Philippines. The longer the Ebola outbreak rages in Africa, the greater the chance a traveller infected with the virus touches down in an Asian city. (AP Photo/Bullit Marquez, File)

job on your hands."

He said an outbreak could be brought under control with quick isolation and effective tracing of anyone who might have been in contact with the patient, citing the example of Nigeria, Africa's most populous country. It was declared Ebola free after confirming 19 cases, seven of them fatal.

Asian health systems and workers have experience in countering infectious diseases, including severe acute respiratory syndrome, or SARS, which first appeared in Hong Kong in 2003, infecting more than 8,000 people and killing about 800. The region grappled a highly pathogenic strain of bird flu around the same time that killed about 800 people in 12 countries, and new strains continue to crop up.

Sujatha Rao, a former Indian health secretary, said India's health system kicked into overdrive when confronted with a health crisis, as was seen during the 2009 H1N1 pandemic. "In India we're very good at crisis management, but we are hopeless at routine care," Rao said.

Asked whether the country was prepared for Ebola, she added: "We are not ready. But that said, there is only so much preparation that any country can do."

Associated Press writers Oliver Teves in Manila, the Philippines, Nirmala George in New Delhi, Kelvin Chan in Hong Kong, Ali Kotarumalos in Jakarta, Indonesia, and Louise Watt and AP researcher Yu Bing in Beijing contributed to this report.

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