“Ignoring global health issues puts everyone at home at risk”

Media reports often draw our attention to outbreaks of tropical diseases in faraway destinations. In Guinea, Liberia and Sierra Leone the number of cases of Ebola has exceeded 950 and the death toll has surpassed 600.

This can appear distant and removed from us but we need to take notice. According to the World Health Organization, the Ebola virus has a case fatality rate of up to 90% and it may only be a matter of time until we are exposed to it. Far easier access to previously remote destinations and cheaper foreign travel, combined with non-specific incubation periods, make these viruses extremely challenging to detect rapidly or to contain easily.

The H5N1 bird flu and H1N1 swine flu pandemics caused a worldwide alert in 2009 and, although some suggested the healthcare community overreacted, we did prevent it from becoming a larger catastrophe. More recently, Middle East respiratory syndrome or coronavirus has left the Middle East and entered the UK and US. These diseases need to be of critical concern to us. Monitoring and vigilance are key requirements for the global health community and nurses looking after patients with these diseases are doubtless at risk. Health employers have to ensure the right resources and strict universal precautions are implemented. Those affected need to take on the responsibility to reduce the risk of cross contamination and transmission to others. The camel may well be the MERS vector; the recent trend for posting “camel-kissing” tweets has not done any favours for this public health campaign and gives a different meaning to the term “going viral”.

Elsewhere, the resurgence of polio is hampering the WHO’s efforts to achieve its pledge of worldwide polio eradication. Polio can be prevented by vaccination; incidence plummeted in the 1980s and the annihilation of this deadly disease was within sight. Porous borders and the constant flow of displaced peoples (due to civil unrest) have deflected many efforts to tighten immigration control measures. The efforts of health officials and international volunteers immunising children in airports and refugee camps have gone a long way towards polio risk reduction. However, some radical extremist groups are hampering efforts by sabotaging aid workers and their polio prevention programmes.

Wider dissemination of the risk realities that viruses can present needs to be more visible in places such as airports and polio risk reduction. However, some radical extremist groups are hampering efforts by sabotaging aid workers and their polio prevention programmes.

Tropical diseases are no longer confined to far-flung places or behind the locked laboratory doors of the London School of Hygiene and Tropical Medicine. As many prepare to embark on well-earned, longhaul holidays, we should remain mindful of virus vulnerability and take precautions as part of holiday preparations for ourselves and our patients. NT

New guidance outlines best end-of-life care

When it was first introduced, the Liverpool Care Pathway was a much-needed initiative giving structure to how patients are cared for in their last days of life. It clarified many issues nurses already considered and offered a way to ensure the whole team worked to the same principles.

It did improve care of the dying but, sadly, over time, it became clear it was not being used as intended. After media attention, a review by Julia Neuberger – More Care Less Pathway – tried to add clarity to a complex debate around the problems of providing end-of-life care. The LCP has been now been phased out and replaced by One Chance to Get it Right, developed by the Leadership Alliance for the Care of Dying People. It recommends five priorities of care.

When preparing to embark on well-earned, longhaul holidays, we should remain mindful of virus vulnerability and take precautions as part of holiday preparations for ourselves and our patients. NT

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