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Don't fear Ebola. Get facts

Published: Friday, October 3, 2014 at 1:00 a.m.

As I sat at my desk here in Rwanda and looked at an email from my son Wednesday morning before continuing teaching, I learned what was reported in this newspaper the same day, that a grim milestone had been reached in the fight against Ebola which has hit Western Africa hard: The first case of Ebola was diagnosed in the U.S. on Tuesday in Dallas at Texas Health Presbyterian Hospital, where doctors and nurses were hard at work treating the patient.



Other hospitals must learn lessons from what they did correctly and did wrong. The headlines around the U.S. said it all: "Ebola in U.S."; "Man in Dallas has Ebola"; "Ebola is diagnosed in Texas, first case found in U.S."; "First U.S. Case of Ebola Diagnosed in Texas after man who came from Liberia falls ill," and others which certainly sounded frightening and inspired fear.

This unfortunate event is historic and calls for calm and not panic. It calls for a need to learn more about the facts and to share them. Ignorance breeds fear and sometimes an excuse for discrimination.

This should not happen now against those from West Africa or what has inappropriately been called the "Ebola Hot Zone." They should not be feared. All coming to the U.S. should be treated the same, have a good travel history taken and be screened.

It is normal to be frightened about such headlines and a disease which has killed thousands in mainly three western countries of Africa, but knowing the facts about this disease will help.

As was mentioned in the report and as many experts from the Centers for Disease Control and Prevention and National Institutes of Health have told us, Ebola is not airborne or transmitted through the air. There is no reason to fear that. It is transmitted by direct body contact after symptoms appear. The symptoms include fever, muscle pain, vomiting, bloody diarrhea and bleeding and can appear as long as 21 days after exposure to the virus.

Here in Rwanda and in many other countries, all people entering the country have their temperature taken and, if there is fever, appropriate measures are taken to avoid contact with others. This needs to be done more carefully in the U.S. as well.

All health providers, especially in the emergency rooms and emergency settings, should remain vigilant and on guard. They should be asking a patient's travel history and "where have you been lately." They have been trained to do just that.

As was mentioned at the end of the article Wednesday, any hospital, including our own in the Sarasota-Bradenton area, can provide the proper care and infection control needed for these patients, and they are indeed prepared.

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Rest assured, health care providers have all been going through "Ebola preparedness." Let's hope they don't have to use what they have prepared well to do.

Feel reassured by what our health care providers and trusted health officials are doing. Remember the chances of you dying or getting sick from Ebola in Sarasota, or actually anywhere in the U.S., are far less than dying if you are texting even one word while driving.

Don't be scared or frightened about Ebola but get and understand the facts.

And, by the way, don't text while driving.

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