



The Ebola Outbreak ... Possible Implications that Media Reporting may Have...

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Introduction

The 2014 Ebola epidemic is the largest in history, affecting thousands of people in West Africa and other parts of the continent. Additionally cases reported were in the US, Spain and the United Kingdom.

Background

Ebola virus is a member of the Filoviridae family. First isolated in 1976, 5 subtypes of Ebola virus are now recognized, of which 4 are pathogenic to humans. The Reston subtype infects only primates. The Zaire subtype is considered to be the most deadly form, with the natural reservoir for the virus believed to be the fruit bat. Previous Ebola outbreaks have seen fatality rates as high as 90%. The current epidemic, primarily across Gambia, Sierra Leone, and Liberia, has seen numerous confirmed cases and deaths.

Ebola virus incubates in infected humans for 2-21 days, with the majority of patients becoming symptomatic after 8-9 days. Once infected, patients can experience severe symptoms within 1-2 days.

Although Ebola is highly contagious, it is not airborne and not spread by droplets, as are measles and influenza. Only patients that are symptomatic are contagious and can transmit the virus to others through secretions and blood.

Symptoms of Ebola Include

- Sudden fever, often as high as 38.5-39.5°C
- Intense weakness, sore throat, and headache
- Profuse vomiting and diarrhea (occurs 1-2 days after the aforementioned symptoms)
- More severe symptoms, such as coagulopathy with thrombocytopenia, can develop in as soon as 24-48 hours, with bleeding from nasal or oral cavities, and hemorrhagic skin blisters
- Renal failure, with multiple organ failure and DIC, can rapidly ensue over 3-5 days.

Patients who develop a fulminant course often die within 8-9 days. Those who survive beyond 2 weeks have a better prognosis.

The clinical picture of Ebola is one that is dramatic and rapid, hence the intense fear that is associated with any talk of this deadly virus. The Ebola outbreak has claimed many lives and while many of us await for the day when it will come to an end, many still make it part of our daily lives to keep abreast of the happenings in West Africa. Hence the need for the most informative, responsible and up to dated news regarding the outbreak. Thus far the situation is as follows: (Tables 1 and 2).

The CDC together with the U.S. government agencies, the World Health Organization (WHO), and other domestic and international partners has activated its Emergency Operations Center to provide

assistance to West Africa and will continue to send experts to the affected countries.

The outbreak of Ebola has become a humanitarian crisis in West Africa. Ebola is not airborne and is transmitted through close contact with bodily fluids like saliva, feces and urine, but that hasn't stopped a minor panic from setting in affecting millions of people globally.

The media, social networks and Internet information sites are areas that are tapped into by the general population to gain as much information about the epidemic caused by Ebola. Hence it's always important for media to report information as accurately as possible and not create frenzy among the general public. Global health experts are concerned with all the publicity the Ebola outbreak has gained – this may lead to stigmatization of people from the three most affected countries in the region — Sierra Leone, Guinea and Liberia.

Other issues that have gained a lot of public attention via media and Internet information websites are issues concerning the shipping industry of ceasing shipments and the airline industry refusing flights to and from these countries. But essentially this restricts health care workers' access to the sick and inhibits the process of containing the disease.

The crucial element to the public responses lies in the portrayal of the information. While most healthcare websites will give the most accurate facts about the disease there may be some ambiguity and misunderstanding by the public and some members of the general population. Some portrayal of events may be overdramatized by the media which may generate mass hysteria amongst the public. In view of the fact that the Ebola Virus is one that generates mass fear of death and suffering, the general public is quick to latch onto anything that is likely to cause panic.

When the press gets it wrong on science, the results can be devastating. Those communication strategies which are mainly oriented to stress the emotional impact of news, typically increase audience's concern and may also change its attitudes. Miscommunication did amplify citizens' concerns and stimulate excessive reassurance seeking. (Cecaro 2012).

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Received February 20, 2015; **Accepted** February 24, 2015; **Published** March 08, 2015

Citation: Cecaro M, Ramsamy Y (2015) The Ebola Outbreak Possible Implications that Media Reporting may Have. J Mass Communicat Journalism 5: e156. doi:[10.4172/2165-7912.1000e156](http://dx.doi.org/10.4172/2165-7912.1000e156)

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| Countries with Widespread Transmission | Total Cases (Suspected, Probable, and Confirmed Total Cases (Suspected, Probable, and Confirmed)) | Laboratory-Confirmed Cases | Total Deaths |
|--|---|----------------------------|--------------|
| Guinea | 3081 | 2693 | 2032 |
| Liberia | 8931 | 3147 | 3858 |
| Sierra Leone | 10987 | 8155 | 3363 |
| Total | 22999 | 13955 | 9253 |

Table 1: Courtesy of CDC - depicts the number of cases involved in the Ebola epidemic as of 10 February 2015.

| Countries with an Initial Case or Cases and/or Localized Transmission | Total Cases (Suspected, Probable, and Confirmed) | Laboratory-Confirmed Cases | Total Deaths |
|---|--|----------------------------|--------------|
| Nigeria | 20 | 19 | 8 |
| Senegal | 1 | 1 | 0 |
| Spain | 1 | 1 | 0 |
| United States | 4 | 4 | 1 |
| United Kingdom | 1 | 1 | 0 |
| Mali | 8 | 7 | 6 |
| Total | 34 | 32 | 15 |

Table 2: Courtesy of CDC - depicts the number of cases involved in the Ebola epidemic as of 10 February 2015.

Misinformation about how Ebola itself, the spread thereof and media speculation leads to public hysteria. The public needs responsible and factual reporting.

Jennifer Kates, vice president and director of global health and HIV policy at the Kaiser Family Foundation, told *Newsweek* she worries that in the coming weeks public response to Ebola in the U.S. could mirror the fear seen during the early days of the AIDS epidemic, when some health care workers refused to treat those victims of AIDS. “In the early days of the AIDS epidemic in the U.S., fear and stigma and the refusal to treat people, to touch people, was a big challenge,” Kates told *Newsweek*. “There are already stories of fears and concerns about who has been to these countries in West Africa.

Fear leads to the likelihood of a stigmatizing public responses to the disease, hence those that need help in preventing further spread in countries like those in Africa will be left defenseless and the disease being allowed to fester within these countries.

The media and Ebola information websites are critical with regard to shaping public perception about how big a risk they face. While it's the media responsibility to inform the public, it's of utmost importance that the correct information is relayed to a public that anticipates the worst. This is to ensure that word about the Ebola epidemic is correctly reported with no misunderstanding or miscommunications. If such a miscommunication were to occur, this could have various implications and a dreadful domino effect as the public may be on the verge of major panic. A correctly informed public results in a public that is educated, well informed and protected with no unnecessary prejudices.

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