Background to the outbreak

A new strain of the deadly Ebola virus emerged in the West African countries of Guinea, Liberia and Sierra Leone in early 2014. By July 1st, the World Health Organisation had identified 759 cases and 467 deaths since March. By the end of July over 1,300 cases had been identified (NY Times). The map on the right highlights the stricken areas within named countries where people suffering from the Ebola virus have been identified as of July 24th 2014.

On Aug 2nd, Dr. Margaret Chan, the W.H.O. Director General, when speaking as she met with the leaders of the three most affected countries in Conakry, the Guinean capital, stated that the outbreak was “caused by the most lethal strain in the family of Ebola viruses.”, and on August 8th the W.H.O. declared the situation a "public health emergency of international concern."
How can its spread be confined and eradicated?

Limiting Travel & Access:

As stated, the only way to stop the transmission of Ebola is to identify and quarantine infected persons. Where possible in infected areas, schools should be closed to assist the supervision of children. If children travel, they risk spreading the disease at a faster rate than otherwise. Similarly, adult travel for whatever reason should be limited where possible.

In Africa, during Ebola virus outbreaks, the W.H.O. advise that public health messages for risk reduction should focus on several factors as follows:

Reducing the risk of wildlife-to-human transmission from contact with infected fruit bats or monkeys/vapes and the consumption of their raw meat. Animals should be handled with gloves and other appropriate protective clothing. Animal products (blood and meat) should be thoroughly cooked before consumption.

Reducing the risk of human-to-human transmission in the community arising from direct or close contact with infected patients, particularly with their bodily fluids. Close physical contact with Ebola patients should be avoided.