

Dear all.

In deepest concern we address ourselves to all of you to raise the issue of the paediatric patients' situation during the current Ebola outbreak.

As you might have heard, Sierra Leone's only tertiary paediatric hospital will not be fully functional for at least three weeks and might have to close down completely for a short period. We, who have been working at the Ola During Children's Hospital (ODCH) for the last years, are afraid of the consequences this will have and now write to you to raise awareness for the upcoming problems and hope to find a solution if all of us link together.

- Without a functioning children's hospital, there will be only few places where sick children will be seen and treated. The other hospitals and medical facilities should expect a much higher influx of paediatric patients.
- We have seen a significant decrease of patients seeking for help in our hospital (about half of them since Ebola first came to Freetown), so many sick children, infected with Ebola or not, will not be brought to a health facility, the mortality rate for children will increase dramatically.
- If sick children are not brought to the health facilities, there will be no way of detecting suspected Ebola cases and isolating them.
- Concerning the screening: now that Ebola is in Freetown, the travel history has to be excluded from the criteria. Contact history is important, but as we all know and unfortunately have experienced now at the ODCH, people are lying to avoid isolation. As we know from our colleagues working with adult patients, they isolate everyone with symptoms like high grade fever, weakness, headache, vomiting and diarrhea. For paediatric patients, this would mean that around 80-90% of all new admissions would have to be isolated, as most of them come to the hospital with typhoid fever, malaria or gastroenteritis and will meet the criteria of a suspected case.
- So we will need a better case definition for children, or isolate 80-90% of all new admissions.
- As far as we know, there are no facilities in Freetown or close by which are prepared for such a large isolation ward, and there is not enough trained personal willing to work.
- The doctors working in the other isolation units are not paediatricians, the nurses are no paediatric nurses and not trained to work with children, who have special needs and requirements concerning medication, procedures and care.

These issues should be addressed as soon as possible, as the paediatric problem is threatening to get out of hand. Solutions have to be found for the screening process, the general treatment of paediatric patients, and for setting up enough isolation facilities with qualified and trained staff.

Our team consists of two paediatricians, a social worker and one logistics expert who are in Freetown and ready to help, for example with training or anything else that might be required.

We are looking forward to working together,



Dr. Sara Hommel



Dr. Noa J. Freudenthal

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