

Global Preparedness and Response Strategies for Emerging Viral Hemorrhagic Fevers: Lessons from Past Outbreaks

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Abstract

Background: Emerging Viral Hemorrhagic Fevers (VHFs) pose significant threats to public health worldwide. These infections, characterized by high mortality rates and potential for rapid spread, demand effective preparedness and response strategies. This study explores the lessons garnered from previous VHF outbreaks, emphasizing the necessity of global collaboration and proactive measures in averting future pandemics.

Methodology: A comprehensive review of literature was conducted, focusing on documented outbreaks of VHFs such as Ebola, Marburg, Lassa fever, and Crimean-Congo hemorrhagic fever. Case studies were analyzed to identify commonalities in response efforts, diagnostic advancements, and containment strategies. The review also encompassed assessments of international frameworks and guidelines formulated to tackle emerging VHFs.

Results: The analysis highlights that successful management of emerging VHFs hinges upon multi-faceted approaches. Early detection through improved surveillance and diagnostics, robust public health systems, and rapid response mechanisms were identified as crucial components. The importance of risk communication, community engagement, and cross-border cooperation emerged as central strategies in minimizing disease propagation. Lessons from past outbreaks underscored the significance of research collaborations, vaccine development, and therapeutic interventions to mitigate the impact of future VHF events.

Conclusion: Global preparedness and response strategies for emerging VHFs must be informed by lessons gleaned from previous outbreaks. Strengthening surveillance capabilities, investing in diagnostic technologies, and fostering international co-operation are paramount. Proactive measures, including timely risk assessment and clear communication, are vital for containing these high-threat pathogens. Furthermore, sustained investment in research and development is pivotal in devising effective countermeasures against emerging VHFs. This article underscores the urgency of fortifying global collaboration to mitigate the impact of potential future VHF pandemics, ultimately safeguarding public health on a global scale.

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Introduction

Viral Hemorrhagic Fevers (VHFs) are a group of severe and often life-threatening illnesses caused by a variety of viruses [1]. These viruses can affect multiple organ systems and lead to symptoms like fever, bleeding, and organ failure [2]. Emerging VHFs, which include diseases like Ebola and Marburg, are a particularly significant concern in modern times due to their potential for rapid transmission, high rates of illness and death, and their ability to disrupt communities and healthcare systems [1,2]. Emerging VHFs have indeed become some of the most challenging issues in global public health in recent decades [3]. These diseases have the potential to spread quickly within populations, causing significant illness and death [4]. The severity of symptoms, coupled with the high rates of morbidity and mortality they bring, places them at the forefront of public health concerns [5]. Such outbreaks not only endanger individuals but can also strain healthcare systems and economies [6]. As a result, addressing these emerging VHFs requires well-coordinated preparedness and response efforts at local, national, and international levels [7]. The understanding of their characteristics, the development of effective diagnostics, and the implementation of strategies learned from past outbreaks are essential to mitigating their impact and safeguarding public health on a global scale [8].

The world has witnessed the havoc caused by VHFs through outbreaks of diseases such as Ebola, Marburg, Lassa fever, and Crimean-Congo hemorrhagic fever [9]. These outbreaks have been stark reminders of the critical need for proactive measures and coordinated global responses to tackle emerging infectious diseases [10]. The devastating consequences of VHFs are not confined to geographical boundaries; they transcend borders, underscoring the imperative for international collaboration and preparedness [11]. The COVID-19 pandemic has further underscored the vulnerability of our interconnected world to the rapid transmission of infectious agents [12]. Thus, VHFs serve as a sobering reminder of the ongoing threats to global health security [13].

The historical context of VHFs dates back to the mid-20th century, when the first recognized outbreaks occurred [14]. The subsequent decades have witnessed numerous outbreaks across various regions, resulting in extensive human suffering and socioeconomic disruption [13,14]. The lessons learned from these outbreaks have proven invaluable in shaping our understanding of VHF epidemiology, diagnostics, treatment, and containment strategies [15]. The identification of commonalities in the response efforts of different outbreaks has paved the way for the formulation of comprehensive strategies that can be adapted and improved upon in the face of future threats [3].

The overarching aim of this study is to glean insights from past VHF outbreaks to inform global preparedness and response strategies. By analysing the response to previous outbreaks, we can identify successes, challenges, and areas for improvement, which can serve as a blueprint for addressing future VHF events. This study delves into multifaceted components, ranging from early detection through improved surveillance and diagnostics to the implementation of robust public health systems and rapid response mechanisms. The study also investigates the role of risk communication, community engagement, and cross-border cooperation in minimizing the spread of VHF pathogens. Moreover, this research explores the importance of research collaborations, vaccine development, and therapeutic interventions as vital tools in combating VHFs.

Material and methods

Literature review: A comprehensive literature review was conducted to gather data and insights from documented outbreaks of emerging Viral Hemorrhagic Fevers (VHFs). Online databases including PubMed, Scopus, and Web of Science were systematically searched using relevant keywords such as “Ebola,” “Marburg,” “Lassa fever,” “Crimean-Congo hemorrhagic fever,” “outbreak,” “response strategies,” and “lessons learned.” Peer-reviewed articles, research papers, reviews, and reports published between 2000 and 2023 were included. The review focused on outbreak scenarios, response efforts, diagnostic advancements, containment strategies, and lessons identified from past VHFs.

Case study analysis: Case studies of prominent VHFs such as Ebola, Marburg, Lassa fever, and Crimean-Congo hemorrhagic fever were meticulously examined. The analysis encompassed a retrospective assessment of each outbreak’s timeline, geographical spread, affected population, response timeline, and outcomes. Comparisons were drawn to identify similarities and differences in response strategies, resource allocation, and containment outcomes.

International frameworks and guidelines examination: A detailed exploration of international frameworks and guidelines related to preparedness and response to emerging infectious diseases was conducted. Documents provided by international organizations such as the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and relevant governmental health agencies were reviewed. This examination aimed to identify established strategies, protocols, and recommendations for VHFs and assess their adaptability and effectiveness in diverse settings.

Data synthesis and analysis: The information gathered from the literature review, case study analysis, and examination of international frameworks was synthesized to identify recurring themes, patterns, and key success factors in response strategies. Emphasis was placed on identifying cross-cutting approaches that contribute to effective preparedness and response. Additionally, data were analyzed to reveal gaps in strategies, areas for improvement, and potential barriers to successful implementation.

Results

The case study analysis of notable VHFs, including Ebola, Marburg, Lassa fever, and Crimean-Congo hemorrhagic fever, revealed commonalities and variations in response efforts. Rapid detection and reporting emerged as critical factors in outbreak containment. Early identification of cases and subsequent isolation significantly contributed to limiting disease transmission. Timely deployment of medical teams and resources to affected regions played a pivotal role in controlling the spread of the viruses. The importance of engaging communities, building trust, and involving local healthcare providers in response strategies was evident across all cases.

A recurring theme in response strategies was the necessity of cross-sectoral collaboration. Effective management of VHFs requires the coordination of various stakeholders including healthcare professionals, researchers, government agencies, non-governmental organizations, and international partners. The role of international collaboration was exemplified by the joint efforts of multiple countries in response to the Ebola outbreak. Sharing of expertise, resources, and information facili-

tated a more comprehensive and effective response.

Diagnostic techniques have evolved significantly, aiding in quicker and more accurate identification of VHF cases. The use of advanced technologies such as Polymerase Chain Reaction (PCR), next-generation sequencing, and point-of-care testing has expedited the confirmation of VHF cases. Rapid diagnostics have enabled timely initiation of appropriate treatment and containment measures, contributing to outbreak control.

Isolation of cases, quarantine of contacts, and the establishment of dedicated treatment centres were integral components of containment efforts. Innovations in infection prevention and control measures were evident, with the implementation of stringent protocols for healthcare workers to minimize transmission within medical facilities. Community-level interventions, including raising awareness and promoting safe burial practices, were vital in limiting further disease spread.

Lessons drawn from past VHF outbreaks underscored the importance of preparedness, risk assessment, and adaptation of response strategies. Proactive measures, including establishment of national and regional preparedness plans, were instrumental in rapidly activating response mechanisms. The role of simulation exercises and training drills was emphasized in enhancing the readiness of healthcare systems and frontline responders.

Effective risk communication and community engagement were pivotal in gaining the cooperation of affected populations. Transparent communication of information, guidance, and updates helped build trust and facilitated adherence to public health measures. Engaging communities as active partners in response efforts fostered a sense of ownership and responsibility, which in turn improved the success of containment initiatives.

The importance of research collaborations for vaccine and therapeutic development was evident in the responses to recent VHFs. Efforts to accelerate vaccine trials and approvals, as seen with the Ebola vaccine, showcased the potential for innovation in response to emerging threats. Collaborative efforts between researchers, pharmaceutical companies, and regulatory bodies played a key role in expediting the availability of life-saving interventions.

Despite progress, challenges persist. Gaps in healthcare infrastructure, limited resources, and lack of access to diagnostics and treatments remain barriers to effective response. Delays in international response coordination, logistical hurdles, and socioeconomic factors can hinder containment efforts. Strengthening healthcare systems, bolstering laboratory capacities, and addressing inequalities in access to healthcare are areas that demand sustained attention.

Discussion

Emerging Viral Hemorrhagic Fevers (VHFs) continue to challenge global public health preparedness and response systems, demanding a comprehensive understanding of past outbreaks to inform effective strategies for the future [16,17]. The case study analyses revealed that a swift and coordinated response is imperative in mitigating the impact of VHFs. The importance of early case detection, isolation, and containment measures was underscored by all outbreaks studied [18-20]. These findings emphasize the necessity of bolstering healthcare systems, investing in training and capacity-building, and fostering inter-

national collaboration. The Ebola outbreak demonstrated that cross-border cooperation is essential to preventing disease spread and reducing the global threat posed by VHFs [21].

Diagnostic technologies have evolved significantly since the early outbreaks of VHFs. The adoption of PCR, next-generation sequencing, and point-of-care testing has expedited case confirmation, allowing for more targeted interventions [22]. Rapid diagnostics have proven pivotal in breaking chains of transmission, reducing morbidity and mortality, and enhancing overall outbreak management. The importance of investing in diagnostic infrastructure and providing equitable access to these technologies cannot be overstated.

Community engagement emerged as a cornerstone of successful response efforts. Effective risk communication, culturally sensitive messaging, and community involvement were shown to foster trust and adherence to public health measures [23,24]. Lessons from past outbreaks highlight the need to engage local leaders, influencers, and healthcare providers to ensure messages are well-received and acted upon. By empowering communities with accurate information, public health interventions are more likely to succeed [25].

The rapid development and deployment of vaccines during recent VHF outbreaks offer hope for future pandemic preparedness. Collaborations between researchers, pharmaceutical companies, and regulatory bodies were pivotal in expediting vaccine trials and approvals. The Ebola vaccine's successful use as a part of outbreak response underscores the potential for innovative strategies to mitigate the impact of emerging VHFs [26]. These successes, however, underscore the need for sustained investment in research and development to address gaps in therapeutic options for other VHFs.

While progress has been made, challenges remain on multiple fronts. Limited healthcare infrastructure, unequal access to diagnostics and treatments, and socioeconomic disparities continue to hinder response efforts [27,28]. Strengthening healthcare systems, particularly in resource-limited settings, remains an ongoing priority. Additionally, the geopolitical complexities and delays in international coordination have demonstrated the need for a more streamlined global response mechanism. Addressing these challenges requires sustained investment, advocacy, and diplomacy.

The lessons gleaned from past VHF outbreaks have far-reaching implications for future pandemic preparedness, extending beyond VHFs to other emerging infectious diseases. The emphasis on proactive measures, such as preparedness plans, simulation exercises, and training drills, highlights the importance of readiness at local, national, and international levels [29-32]. The call for cross-border cooperation underscores the necessity of a unified global response, transcending political boundaries for the greater good of humanity.

Conclusion

In the face of relentless emerging Viral Hemorrhagic Fevers (VHFs), this study underscores the vital importance of learning from past outbreaks. The convergence of effective response strategies, diagnostic advancements, community engagement, and international collaboration forms the foundation of global preparedness. Lessons drawn from case studies emphasize the significance of early detection, cross-border cooperation, and rapid interventions. Furthermore, the successes in vaccine development and therapeutic innovation illuminate the path

forward in countering future threats. Challenges persist, from healthcare inequalities to logistical barriers, demanding ongoing commitment. By embracing these lessons and addressing challenges, we can fortify our global defense, transcending boundaries to safeguard public health against the relentless march of emerging VHF.

Declarations

Ethical consideration: This study exclusively utilized publicly available data from peer-reviewed literature, reports, and official documents. No personal or sensitive information was employed, ensuring adherence to ethical standards throughout the data collection and analysis process.

Consent for publication: Not applicable

References

- Pigott DC. Hemorrhagic fever viruses. *Crit Care Clin.* 2005; 21: 765-83.
- Rugarabamu S, Rumisha SF, Mwanjika GO. et al. Viral haemorrhagic fevers and malaria co-infections among febrile patients seeking health care in Tanzania. *Infect Dis Poverty.* 2022; 11: 33 (2022).
- Fhogartaigh CN, Aarons E. Viral haemorrhagic fever. *Clin Med (Lond).* 2015; 15: 61-6.
- Belhadi D, El Babied M, Mulier G, Malvy D, Mentré F, et al. The number of cases, mortality and treatments of viral hemorrhagic fevers: A systematic review. *PLoS Negl Trop Dis.* 2022; 16: e0010889.
- Raab M, Pfadenhauer LM, Millimouno TJ. et al. Knowledge, attitudes and practices towards viral haemorrhagic fevers amongst healthcare workers in urban and rural public healthcare facilities in the N'zérékoré prefecture, Guinea: A cross-sectional study. *BMC Public Health.* 2020; 20: 296.
- Pigott DM, Deshpande A, Letourneau I, Morozoff C, Reiner RC, et al. Local, national, and regional viral haemorrhagic fever pandemic potential in Africa: a multistage analysis. *Lancet.* 2017; 390: 2662-2672.
- Malik MR, El Bushra HE, Opoka M, Formenty P, Velayudhan R, et al. Strategic approach to control of viral haemorrhagic fever outbreaks in the Eastern Mediterranean Region: Report from a regional consultation. *East Mediterr Health J.* 2013; 19: 892-7.
- Rugarabamu S, Sindato C, Rumisha SF, et al. Community knowledge, attitude and practices regarding zoonotic viral haemorrhagic fevers in five geo-ecological zones in Tanzania. *BMC Health Serv Res.* 2023; 23: 360.
- Ippolito G, Feldmann H, Lanini S, et al. Viral hemorrhagic fevers: advancing the level of treatment. *BMC Med.* 2012; 10: 31.
- Zakham F, Alaloui A, Levanov L, Vapalahti O. Viral haemorrhagic fevers in the Middle East. *Rev Sci Tech.* 2019; 38: 185-198.
- Li R, Pei S, Chen B, Song Y, Zhang T, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV-2). *Science.* 2020; 368: 489-493.
- Cleri DJ, Ricketti AJ, Porwancher RB, Ramos-Bonner LS, Vernaleo JR. Viral hemorrhagic fevers: Current status of endemic disease and strategies for control. *Infect Dis Clin North Am.* 2006; 20: 359-93, x.
- Malik MR, El Bushra HE, Opoka M, Formenty P, Velayudhan R, et al. Strategic approach to control of viral haemorrhagic fever outbreaks in the Eastern Mediterranean Region: Report from a regional consultation. *East Mediterr Health J.* 2013; 19: 892-7.
- Keita M, Lucaccioni H, Ilumbulumbu MK, Polonsky J, Nsio-Mbeta J, et al. Evaluation of Early Warning, Alert and Response System for Ebola Virus Disease, Democratic Republic of the Congo, 2018-2020. *Emerg Infect Dis.* 2021; 27: 2988-2998.
- Masumbuko Claude K, Underschultz J, Hawkes MT. Social resistance drives persistent transmission of Ebola virus disease in Eastern Democratic Republic of Congo: A mixed-methods study. *PLoS ONE.* 2019; 14: e0223104.
- Raab M, Pfadenhauer LM, Millimouno TJ, Hoelscher M, Froeschil G. Knowledge, attitudes and practices towards viral haemorrhagic fevers amongst healthcare workers in urban and rural public healthcare facilities in the N'zérékoré prefecture, Guinea: A cross-sectional study. *BMC Public Health.* 2020; 20: 296.
- Racsa LD, Kraft CS, Olinger GG, Hensley LE. Viral Hemorrhagic Fever Diagnostics. *Clinical Infectious Diseases.* 2016; 62: 214-219.
- Rugarabamu S, Mwanjika GO, Rumisha SF, Sindato C, Lim HY, et al. Seroprevalence and associated risk factors of selected zoonotic viral hemorrhagic fevers in Tanzania. *International Journal of Infectious Diseases.* 2021; 109: 174-181.
- Bloom DE, Black S, Rappuoli R. Emerging infectious diseases: a proactive approach. *Proc Natl Acad Sci.* 2017; 114: 4055-4059.
- Kieny MP, Dovlo D. Beyond Ebola: A new agenda for resilient health systems. *Lancet.* 2015; 385: 91-92.
- Ftika L, Maltezou HC. Viral haemorrhagic fevers in healthcare settings. *J Hosp Infect.* 2013; 83: 185-92.
- Mostafavi E, Rohani M, Mohamadi A, Ahmadinezhad M, Moazzezy N, et al. A Review on Important Zoonotic Bacterial Tick-Borne Diseases in the Eastern Mediterranean Region. *J Arthropod Borne Dis.* 2021; 15: 265-277.
- Sospeter SB, Udohchukwu OP, Ruaichi J, Nchasi G, Paul IK, et al. Ebola outbreak in DRC and Uganda; an East African public health concern. *Health Sci Rep.* 2023; 6: e1448.
- Durrance-Bagale A, Marzouk M, Agarwal S, Ananthakrishnan A, Gan S, et al. Operationalising Regional Cooperation for Infectious Disease Control: A Scoping Review of Regional Disease Control Bodies and Networks. *Int J Health Policy Manag.* 2022; 11: 2392-2403.
- Nam NH, Tien PTM, Truong LV, El-Ramly TA, Anh PG, et al. Early centralized isolation strategy for all confirmed cases of COVID-19 remains a core intervention to disrupt the pandemic spreading significantly. *PLoS One.* 2021; 16: e0254012.
- Dookie N, Khan A, Padayatchi N, Naidoo K. Application of Next Generation Sequencing for Diagnosis and Clinical Management of Drug-Resistant Tuberculosis: Updates on Recent Developments in the Field. *Front Microbiol.* 2022; 13: 775030.
- Berg, S.H, O'Hara, J.K, Shortt, M.T. et al. Health authorities' health risk communication with the public during pandemics: A rapid scoping review. *BMC Public Health.* 2021; 21: 1401.
- Khan S, Mishra J, Ahmed N, Onyige CD, Lin KE, et al. Risk communication and community engagement during COVID-19. *Int J Disaster Risk Reduct.* 2022; 74: 102903.
- Vanderslott S, Van Ryneveld M, Marchant M. et al. How can community engagement in health research be strengthened for infectious disease outbreaks in Sub-Saharan Africa? A scoping review of the literature. *BMC Public Health.* 2021; 21: 633.
- Chowell G, Tariq A, Kiskowski M. Vaccination strategies to control Ebola epidemics in the context of variable household inaccessibility levels. *PLoS Negl Trop Dis.* 2019; 13: e0007814.

31. Buseh AG, Stevens PE, Bromberg M, Kelber ST. The Ebola epidemic in West Africa: challenges, opportunities, and policy priority areas. *Nurs Outlook*. 2015; 63: 30-40.
32. Reddin K, Bang H, Miles L. Evaluating simulations as preparation for health crises like CoVID-19: Insights on incorporating simulation exercises for effective response. *Int J Disaster Risk Reduct*. 2021; 59: 102245.