

Letter to the Editor: The Pundit Speaks

By Randolph M. Howes, M.D., Ph.D.

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“Ebola: More Things They Have Not Told Us”

Not everything is black and white when it comes to Ebola infection and transmission. There are shades of gray. There is still much that we don't know. Scientists were told at a workshop at the National Academy's Institute of Medicine that many questions crucial to preventing an outbreak in the United States remain unanswered. They said virtually all the unknowns have practical consequences, making it foolish and perhaps dangerous to base policy on weak science. Experts believe Ebola is spread when people come in contact with the virus-laden bodily fluids of those who are already sick but penetration through intact skin has not been definitively ruled out. Also, we do not know if bleach or hand sanitizers may make the skin more susceptible to viral penetration. Although health officials have insisted Ebola can not be transmitted by people who do not show symptoms, that is not a certainty or a proven fact. Dr. Andrew Pavia, chief of pediatric infectious diseases at the University of Utah, said the possibility of "subclinical transmission" remains very much an open question. Pavia said, "Nor do experts know whether the infectious dose of virus depends on how it enters the body." Also unknown is whether the time between exposure to Ebola and the appearance of symptoms depends on which bodily fluids someone contacted. Additionally, there are doubts that the outer limit of the incubation period is 21 days. That was the longest incubation time during the 1976 Ebola outbreak, said Dr. C.J. Peters, a field virologist at UTMB. But "I would guess that 5 percent of people" can transmit the virus after incubating it for more than three weeks, said Peters. Dr. Michael Hodgson, chief medical officer of the Occupational Safety and Health Administration, said, "Health officials emphasize the importance of taking the temperature of those exposed to Ebola, since people are not thought to be infectious until they run a fever of 100.4 F. (38 C). But at what temperature patients start shedding virus is not definitively known." The amount of the viral inoculum (number of virus particles) is also unknown. Environmental unknowns also remain. Scientists do not know whether foam, gas, or liquid decontaminants are most effective for cleaning surfaces that might harbor Ebola. Nor do they know whether it can survive in sewers. Now we are told that West Africans fortunate to survive Ebola may go on to develop what's being called "post-Ebola syndrome," characterized by vision loss and long-term poor health. In Sierra Leone, some patients develop clouded vision and two have become blind.

In the America that I love, it is becoming abundantly clear that we do not know as much about Ebola as they keep trying to tell us.

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