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Infectious Disease Outbreaks
How Should We Keep Our Communities Safe?

The outbreak of Ebola has reached the United States and this has raised concerns among many about how to respond to international outbreaks of contagious, potentially deadly diseases for which vaccines are not yet available.

Ebola spread so rapidly in parts of Africa—and its effects are so dramatic—that many Americans are understandably frightened that isolated cases in this country could turn into a more widespread epidemic. While contracting Ebola requires direct contact with body fluids from an infected person who is showing symptoms, health-care workers who had apparently been following precautions have contracted it.

Health experts say it is important to remember that the number of Ebola cases in the U.S. is minuscule, while according to the Centers for Disease Control more than 200,000 Americans are hospitalized for the flu each year. And as we work through how best to respond, many are mindful that the lack of sanitation and health-care resources is largely to blame for Ebola's deadly toll in impoverished areas of western Africa. Recovery by patients treated in the U.S. has been promising. But at the same time, what many see as obvious gaps in protection by a variety of institutions in the early stages of the U.S. outbreak have people wondering how ready we are as a society for other, similar problems. While Ebola is one example used in this issue advisory, these considerations might apply to many other infectious diseases, as well.

This issue advisory presents a framework that asks: How should we keep our communities safe in the face of infectious disease outbreaks? It presents three options that represent different ways of answering that question, along with the downsides of each possible approach.

About This Issue Advisory

This issue advisory is meant to support deliberative forums in communities of all types. In productive deliberation, people examine the advantages and disadvantages of different options for addressing a difficult public problem, weighing these against the things they hold deeply valuable. The framework outlined in this issue advisory encompasses several options and provides an alternative means for moving forward in order to avoid polarizing rhetoric. Each option is rooted in a shared concern, proposes a distinct strategy for addressing the problem, and includes roles for citizens to play. Equally important, each option presents the drawbacks inherent in each action.

One way to hold effective deliberative forums on this issue:

- Encourage participants to share their experiences about how infectious disease has affected them or their families, as well as their fears about the possibilities of such outbreaks.

- Consider each option one at a time, using the actions and drawbacks as examples to illustrate what each option entails.

- Review the conversation as a group, identifying any areas of common ground as well as issues that still must be worked through.

Option One: Enforce Safety Rules

This option holds that we must institute strong measures to contain any incidence of a deadly communicable disease.

In a world where travel is easy, diseases we have not yet begun to imagine could easily enter our communities. For instance, while Ebola can only be contracted through direct contact with bodily fluids, it is still highly contagious. People can be sick, but think they just have a case of the flu. The consequence of such a mistake can be deadly.

Such measures, including travel restrictions, quarantines, and the closing of public institutions in China, were used to contain the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS). This option supports restricting travel to and from countries where highly contagious diseases are present and examining passengers more aggressively for signs of illness. In cases where known contact with an infected individual has occurred, this option holds that quarantines should be mandatory and, if necessary, enforced. Healthcare providers who have worked with infected individuals should be closely monitored to ensure they follow proper procedures as well as remain healthy.

__But . . .__ such measures would restrict people's freedom. Some would be forced into unnecessary treatment or confinement.

Actions	Drawbacks
• Restrict all air travel from zones with the infectious disease outbreak.	• Restrictions may make it impossible to get medicines to the areas most in need and would limit the movement of crucial volunteers, who may be unable to return home.
• Institute mandatory quarantines, enforced by police or other uniformed personnel if necessary.	• People who have innocuous diseases, such as the flu, or who may have experienced only slight contact with infected people will be confined unnecessarily.
• Individuals should report friends and neighbors who may have been exposed to the disease and are showing signs of illness.	• This will create a culture of informants.
• Businesses should monitor and possibly report their employees' health after they have traveled.	• People will hide minor illnesses to avoid being reported.
• Individuals should strictly follow hygiene rules, including staying home if there is a chance they are sick.	• People will lose time at work for innocent illnesses like a cold.

Option Two: Stamp It Out at the Source

This option holds that the world must vastly increase its efforts to address public-health crises in the locations where diseases first occur, such as the African Ebola zone.

The procedures and capabilities in place in the United States are sufficient to contain the spread of Ebola and similar infectious diseases within our country. But until the Ebola outbreak is brought under control in western Africa, no place on the planet will be safe from the disease.

Similar efforts will be necessary in future outbreaks of other diseases. While the U.S. military has begun building facilities in Liberia and elsewhere, many more resources are needed, especially medical personnel. This option holds that it is not enough to simply address infectious diseases within our own borders while making only half-hearted attempts to address the crisis where it starts.

But . . . massive intervention by larger nations could make countries in that region think they don't have to bolster their own public-health systems if others will step in to solve the problem for them.

Actions	Drawbacks
• Send U.S. military medical personnel in sufficient numbers to make a real contribution to treating victims of infectious diseases.	• This action will mean those workers are unavailable to help out here at home. Some of them will get sick.
• Encourage health-care workers to spend time volunteering abroad with organizations like Doctors Without Borders and similar groups.	• Health-care workers who go to countries or regions with epidemics may be feared and avoided by friends and co-workers when they return home.
• Relax restrictions on experimental drugs and subsidize research so that a vaccine or cure can be found.	• Relaxing patient protections sets a dangerous precedent and may encourage people to risk their lives on poorly tested treatments.
• Coordinate international efforts through a coalition of countries and the United Nations to contain the disease.	• This will take time and resources away from more pressing issues, such as terrorism.
• Ask U.S. manufacturers to donate protective suits and equipment for infectious-disease care to help health-care workers protect themselves while treating those afflicted.	• Private companies may feel burdened to supply the relief effort, and it could become a precedent in future crises.

Option Three: Emphasize Prevention and Preparation in the Community

This option holds that we should get serious about prevention and preparation. As a society, we have become accustomed to modern medical treatment providing the answer to almost every ailment. This option holds that we have become too complacent, believing our society to be too "modern" and distant to be at real risk of a serious disease outbreak. As a result, on a collective as well as individual level, we have placed our communities at great risk. Health and research budgets are shrinking. Many people refuse to vaccinate their children against preventable disease, allowing previously eradicated diseases like measles to return. Despite the fact that seasonal flu takes numerous lives each year, many people do not get flu shots.

We should have the precautions, protocols, and technology in place to respond swiftly to disease outbreaks, both at the care and research levels. We should increase compliance with immunization programs (and widen their scope) to make sure that people have full and complete information about health risks they face, and we should increase efforts at planning for and preventing future outbreaks.

But . . . while we focus our energies on preventing future problems, today's outbreak may continue unabated.

Actions	Drawbacks
• Require hospitals and other local institutions to have—and demonstrate—clear containment plans, training, and equipment.	• Smaller local hospitals may not have the funds to comply with planning for an unlikely event.
• Employers could require workers to be up-to-date with all immunizations and vaccinations.	• This would make the workplace highly intrusive.
• Toughen childhood vaccination rules so diseases like measles and whooping cough do not come back. Increase the scope of seasonal flu vaccine efforts (currently fewer than half of all adults get flu shots).	• Tight rules would require some who object to vaccination on religious or other grounds to go against their beliefs. Vaccination programs may create a false sense of safety.
• Increase funding for research on infectious disease.	• This focus will take funding from more immediate priorities.
• Individuals can demand better hygiene and safer behavior from friends and family members. Those who are sick could wear surgical masks out of consideration to others—now a routine custom in Japan and Hong Kong.	• This culture shift may create divisiveness and us-versus-them attitudes. Donning surgical masks may be inconvenient for some, or even subject them to ridicule.