Hospitals Prep for Ebola Panic as Flu Season Starts

A young woman complaining of abdominal pain and nausea who had traveled to Africa arrived at a Long Island hospital fearful that she had contracted Ebola. She did not have the virus, but the pregnancy test was positive.

The woman had been to South Africa, more than 3,400 miles (5,400 km) from the three West African countries enduring the worst Ebola outbreak on record, and the trip ended six weeks prior, or twice the potential incubation period for Ebola infection.

“It tells you how ready for panic we can get ourselves,” said Dr. Bruce Hirsch, an infectious diseases specialist at North Shore University Hospital in Manhasset, New York. “There’s a lot of anxiety and the answer to anxiety is information and training.”

The woman’s fear was emblematic of panic across the country since Liberian traveler Thomas Eric Duncan became the first person diagnosed with Ebola in the United States on Sept. 30. Two of the nurses who treated him at a Dallas, Texas, hospital have since become infected, and several hundred more potential contacts, both direct and indirect, have been tracked.

Already dozens of false Ebola scares have been reported by hospitals even though the virus is spread through direct contact with bodily fluids from an infected person and the virus is not airborne.

With the annual flu season looming, hospitals and doctors are preparing themselves for emergency rooms that may become flooded with patients who fear Ebola but instead have influenza, which can cause similar symptoms in the early stages, such as fever and body aches.

But fear often trumps common sense, even though people should be far more worried about the flu given the toll it is known to take every year, doctors said.

“You’re far more likely to die at this point from not receiving a flu shot,” said Dr. Sampson Davis, an emergency medicine physician at Meadowlands Hospital Center in Secaucus, New Jersey.

The severity of the flu season, which varies from year to year, and any spread of Ebola in the United States, will be critical factors in how strained hospital resources may become. And while there are tests for influenza and screening protocols being put in place for Ebola, hospitals could also face patients with all sorts of ailments looking to allay misplaced fears.

“I think there will be an increase of people who want to get checked out just because of the fear factor, especially if we start to see more of a spread of Ebola,” Davis said.

Flu season typically begins in November and peaks in January or February. More than 200,000 people are hospitalized on average for flu-related complications each year, according to the U.S. Centers for Disease Control and Prevention (CDC). Annual U.S. flu deaths have ranged as low as 3,000 and as high as 49,000.

Doctors and public health officials interviewed by Reuters said many hospitals are implementing protocols that limit Ebola testing to people who had direct contact with the disease, such as healthcare workers and recent travelers to Liberia, Sierra Leone and Guinea.

Fears that Ebola may spread in the United States intensified when it became public that the second Dallas-based nurse confirmed with Ebola had traveled on two domestic commercial flights days before she was diagnosed. U.S. health officials insist the likelihood of an outbreak here remains low.

“Outside of West Africa you are just not at risk,” said Paul Biddinger, head of emergency preparedness at Massachusetts General Hospital in Boston. Travel screening “is by far and away the most important part of our frontline intervention.”

Ebola symptoms that mirror flu include fever, muscle aches, nausea and general weakness.

But most flu sufferers “also have cough, runny nose, scratchy throat, very congested,” which can help differentiate the two illnesses early on, said Dr. Michael Parry, an infectious diseases specialist at Stamford Hospital in Connecticut. Emergency room staff also have a rapid flu test that can confirm influenza in a matter of minutes.

Dr. Amesh Adalja, an infectious diseases specialist at the University of Pittsburgh, said hospitals also expect to see more of what they call the “worried well”—people who are generally healthy but believe they have a devastating disease.