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For more on the Ebola outbreak see http://www.who.int/csr/don/ archive/disease/ebola/en/

Although fears were raised about the possible spread of Ebola virus to the UK and USA last week, the real concern remains in west Africa. Unlike previous outbreaks in east Africa that were brought under control fairly swiftly, the west African outbreak has become the worst in history. 1603 people have had suspected or confirmed Ebola virus disease in the four affected countries (Guinea, Sierra Leone, Liberia, and Nigeria) and 887 died between March, 2014, and Aug 1, 2014.

Ebola: protection of health workers on the front line

On Aug 1, WHO Director-General Margaret Chan and the presidents of the affected countries launched a new joint US\$100 million plan to bring the outbreak under control. The intensified response is much needed. The plan rightly recognises the need for several hundred more personnel, including clinical doctors and nurses, epidemiologists, and social mobilisation experts, to be deployed to the affected countries. Domestic and foreign health workers on the ground dealing with the outbreak have been overstretched. On June 24, Médecins Sans Frontières warned that its teams had reached the limits of what they could do. More than 60 health workers have already died from Ebola while helping others, including doctor Sheik Umar Khan who is credited with treating more than 100 patients with the disease in Sierra Leone.

Health workers on the front line are at increased risk of contracting Ebola by coming into contact with the bodily fluids of infected patients. Use of adequate personal protective clothing and equipment when caring for patients or the deceased, thorough cleaning, and effective waste disposal, can substantially reduce the risk of infection. Worryingly, last week the World Medical Association reported that many of its junior doctor members dealing with the outbreak had not been provided with essential protective equipment.

The situation is disturbing and unacceptable. Governments, WHO, and the international community have a collective responsibility not only to fully staff the effort to bring Ebola under control, but also to provide adequate protective clothing, training, and support for anyone coming into contact with patients.
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Skin cancer: prevention is better than cure



For more on The Surgeon General's Call to Action to Prevent Skin Cancer http://www. surgeongeneral.gov/library/calls/ prevent-skin-cancer/call-toaction-prevent-skin-cancer.pdf

Skin cancer is now the most commonly diagnosed cancer in the USA with about 5 million people treated every year. In Germany, the Federal Statistics Bureau reported last week that treatment for skin cancer in hospital has risen more than that for any other cancer. Some of this increase can be explained by better treatment options. For many years, there were only very limited choices to treat disseminated melanoma, in which median survival time was only about 6-9 months. In recent years, two distinct new therapeutic pathways have emerged with initially very hopeful survival benefits: immunomodulation with anti-CTLA4 monoclonal antibodies-eq, ipilimumaband targeted treatment with BRAF inhibitors, such as dabrafenib. Initial excitement, however, has become more muted because immunomodulation can have longterm responses but only in very few patients, and the development of resistance to BRAF inhibitors means that overall the long-term prognosis of metastatic melanoma remains poor.

90% of melanomas are caused by UV exposure, and are therefore eminently preventable. In an in-depth report—The Surgeon General's Call to Action to Prevent Skin Cancer-released last week, the Acting Surgeon General in the USA and dermatologist Boris Lushniak, urges people to think about skin cancer as a major public health problem. The report sets out five goals to make prevention a reality: increase opportunities for sun protection in outdoor settings; provide information for individuals to make healthy choices; encourage policies to advance national goals; reduce harms from indoor tanning; and strengthen research, surveillance, monitoring, and assessment of skin cancer prevention.

Australia has led the way and much can be learned from the campaigns in that country. Yet, New South Wales in Australia and Brazil are the only places where indoor tanning is completely banned. To change behaviour and provide opportunities for protection outdoors is much harder than stopping indoor tanning and requires concerted efforts from many players. But with a cure still a long way away, all efforts should be concentrated on prevention.
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