

Nutritional care for EVD patients in an ETU

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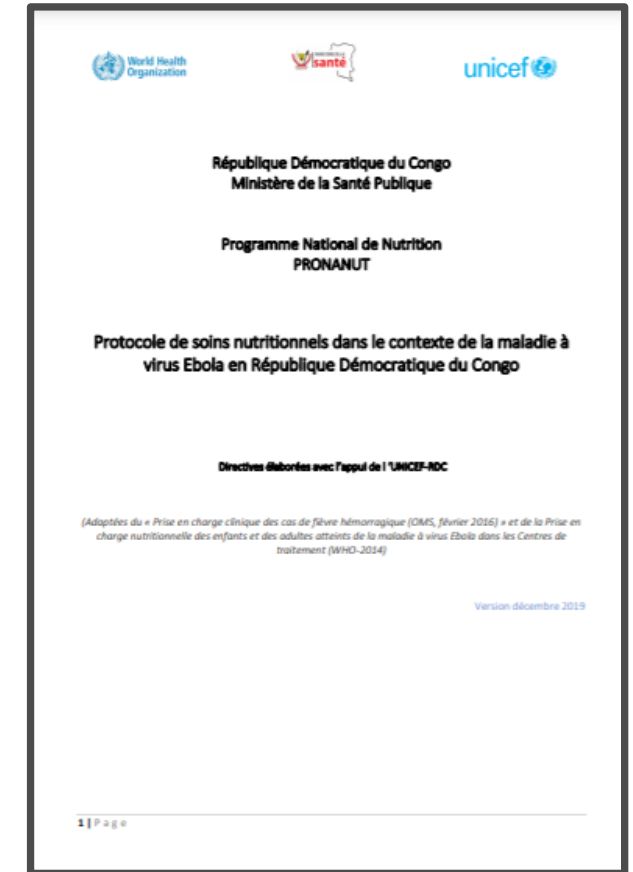
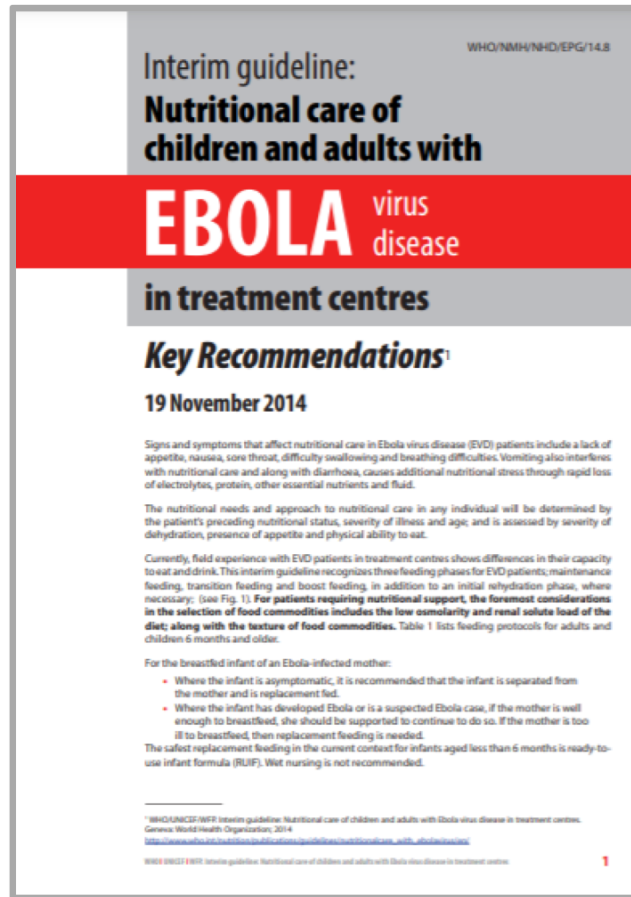
Outline

- **Intro**
- **Existing guidance and reviews on nutrition management of EVD patients**
- **Key recommendations and key lessons learned on nutrition needs and issues raised by health care personnel and EVD patients**
 - **Infants**
 - **Children**
 - **Adults**
- **Conclusion**

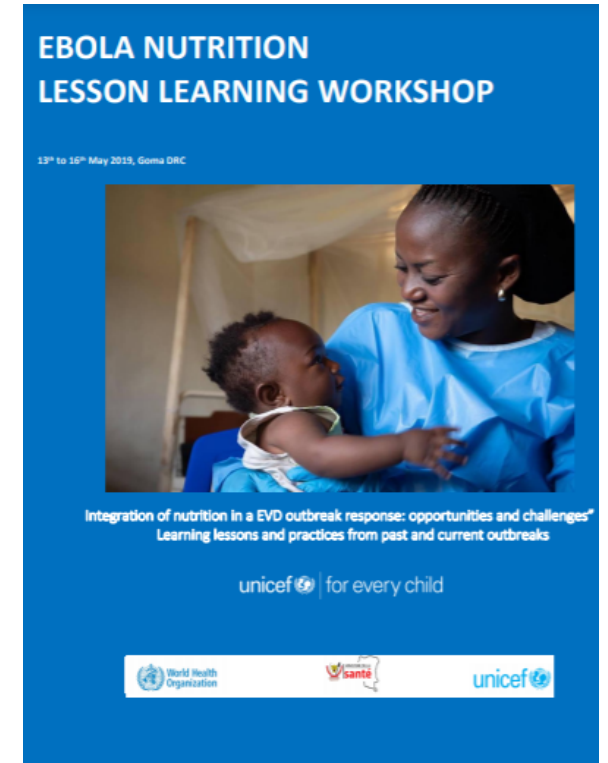
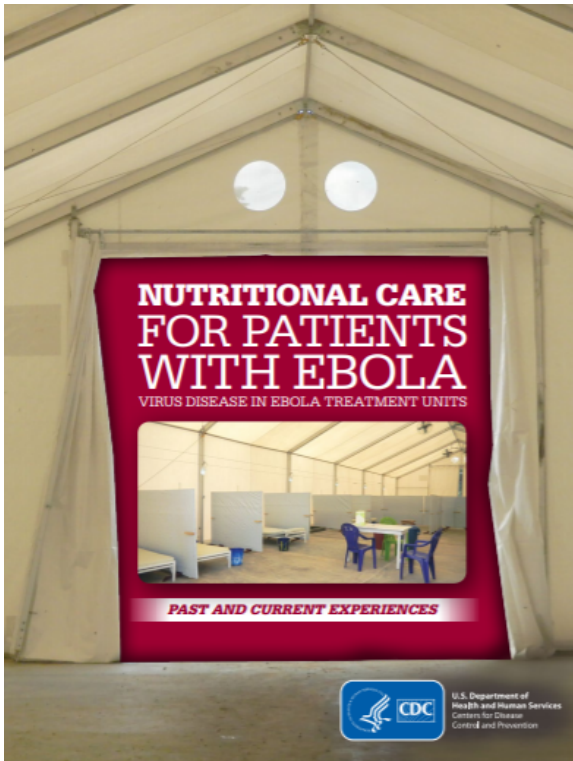
Introduction

- Nutrition is an important component of care for EVD patients
- Good nutritional care can:
 - Alleviate symptoms
 - Boost morale
 - Improve the response to treatment

Existing guidelines on nutrition management of EVD patients



Reviews and articles on nutrition management and EVD patients



Recent reviews and recent research are highlighting a number of needs and issues not originally covered in the 2014 guideline

Key recommendations - Infants

- **Breastfeeding should be stopped if acute EVD is suspected or confirmed in a lactating woman or in a breastfeeding child.**
 - The child should be separated from the breastfeeding woman and provided a breastmilk substitute as needed.
- **If a lactating woman and her breastfeeding child are both diagnosed with EVD, breastfeeding should be discontinued, the pair should be separated, and appropriate breastmilk substitutes should be provided.**
 - However, if the child is under six months of age and does not have safe and appropriate breastmilk substitutes, or the child cannot be adequately cared for, then the option to not separate and continue breastfeeding can be considered.

WHO (2020) Guidelines for the management of pregnant and breastfeeding women in the context of Ebola Virus Disease. <https://www.who.int/reproductivehealth/publications/ebola-pregnant-and-breastfeeding-women/en/>

Key recommendations and lessons learned- Infants

- **A woman who has recovered from EVD, cleared viremia, and wants to restart breastfeeding should wait until she has had two consecutive negative RT-PCR breastmilk tests for EBOV, separated by 24 hours.**
 - During this time, the child should be given a breastmilk substitute.
- In an ETU, when a lactating woman arrives and is suspected to have EVD, she is separated from her infant or young child. In this case, health care personnel would need to remember to support and encourage the lactating woman **to continue expressing breastmilk** while waiting for the results of tests- as there might be a possibility that breastfeeding can continue once the test results are out

Key recommendations - Children

- Children **diagnosed with severe or moderate acute malnutrition and EVD should to be treated as per the national protocol for management of acute malnutrition**
- Children with EVD would benefit from **the same recommendations and lessons learned for adults** as below
- Children **need encouragement and time to eat and this needs to be factored into the care – EVD survivors can have a role to play in this support**

Key recommendations and lessons learned adults

- **Nutrition cannot cure EVD, but maintaining optimal nutrition status improves the response to treatment. The more the patient can take orally, the better.**
- **A nutritionist and or a nurse with nutrition background is essential in an ETU**
- **Ensuring that patients have a nutritious diet and lots of fluids is key**
- **Specialised products were recommended in the original guideline, however, reviews have shown that patients have not been eating them, so it is more important to **listen to the patients food preferences and needs and respond accordingly** by providing the healthiest option among the local food preferences, rather than a specialised food that will not be eaten and cause extra work (left overs need to be treated as hazardous material)**

Key recommendations and lessons learned adults

- **Keep night snacks available-** choose healthiest option among what patients prefer
- How can ORS be made more palatable, be pragmatic ! Coconut water is a good idea if this is what patients will drink
- Explore adding micronutrient sprinkles
- **Increase protein intake, such as eggs,** as hypoalbuminemia is detected in EVD patients
- Remember: uneaten food is a health hazard

Key recommendations and lessons learned adults

- **Monitoring the patient's nutritional status is important:**
 - Each patient can have their own MUAC near their bed
 - Each patient's height to be taken at admission
 - Monitor the weight and BMI every two days
- **Golden window of opportunity to feed and rehydrate the patients when a patient comes in and can still eat and drink**
- **Feeding support from EVD survivors is critical specially for patients that are very sick, old people and children**
- EVD survivors also advocate for the center in the community –the reputation of an ETU matters. and goes beyond just for caring for a patients. It has also an impact whether EVD patients in the community want to come for treatment

Conclusion

- 1) Nutrition is an important and essential part of care for EVD patients**
- 2) There is a need for partners to engage with UNICEF and WHO to generate the data that would support the evidence and help refine the nutritional support to EVD patients**

Key references

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- WHO. Guideline: Updates on the management of severe acute malnutrition in infants and children. Geneva, World Health Organization; 2013 <https://www.who.int/publications/i/item/9789241506328>

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- Ververs M, Vorfeld C (2020). **Guidance materials from 2014 to 2019 on Nutritional Care for Ebola patients in Ebola Treatment Units: an Analysis**. Public Health Nutrition. *Public Health Nutrition*, 24(1), 139-145. doi:10.1017/S136898002000261X
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