

## **Jurre van Kesteren, MD**

Jurre van Kesteren finished his specialization in international health and tropical medicine. He is trained in general surgery and gynecology/obstetrics and gained this experience at Haga ziekenhuis, The Hague, The Netherlands. In December 2013 he graduated at the Royal Tropical Institute after completing his degree on infectious diseases and public health. Together with his colleague Bart Waalewijn he is stationed at Masanga Hospital Rehabilitation Project, Tonkolili district, Northern Province in Sierra Leone since early 2014. Jurre is the medical officer in charge and provides hands-on clinical work, teaching within CapaCare's surgical training program and he is responsible for daily management of the hospital. Bart functions as the international coordinator of the surgical training program CapaCare. During the first 5 months of the outbreak both of them were responsible for the Ebola preparations at Masanga Hospital in a serious attempt to give best resistance to this emerging epidemic.

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**Title: The impact of Ebola, a personal experience.**

**"It has been a joy"**

In memory of

**Joseph Heindilo Ngegba** | 21 August 2014

CapaCare STP student, Masanga Hospital

### **Abstract**

"These are extra-ordinary times, and extra-ordinary times require extra ordinary measures." With these words the Sierra Leonean President Dr. Ernest Bai Koroma referred to the three-day 'stay at home campaign' during the Ebola Virus Disease (EVD) outbreak. The EVD epidemic is unprecedented in scale and ongoing in Sierra Leone and neighboring Guinea and Liberia. With limited resources Masanga Hospital Rehabilitation Project (MHRP), in Northern province Sierra Leone, started to prepare itself months before global interventions of major international organizations and governments. Preparations commenced directly after the announcement of a local EVD outbreak in Guinea, as declared by the World Health Organization at 23th of March 2014. Besides the daily struggles of working in a low resource setting; absence of running water, three hours a day electricity, scarce qualified staff, crowded wards, no telephone coverage and financial constraints, Masanga Hospital managed to set up a functioning EVD isolation unit in the middle of the jungle. The MHRP medical team faced numerous challenges while setting up the isolation unit, the implementation of a screening area and the training of international and local health care workers. The scale of the outbreak and the non specific clinical presentation of a possible Ebola patient forced the medical doctors to make difficult decisions whether or not to perform (emergency) surgical procedures. As a consequence some emergency procedures were postponed until test results irrefutable demonstrated a negative RT-PCR for Ebola. Patient care was under pressure and good medical practice was at direct risk.

Despite all delivered efforts on hospital, district and national level, evacuation of the expatriate health care workers – and consequently temporarily closure of Masanga Hospital – could not be prevented.