Reply

To the Editor,

We appreciate Dr. Viroj Wiwanitkit's comments[1] on our article "Overview of Ebola virus disease in 2014".[2] As a matter of fact, early diagnosis of Ebola virus disease (EVD) is exceedingly difficult. Based on the CDC website, antigen-capture enzyme-linked immunosorbent assay (ELISA) testing, IgM ELISA, Polymerase chain reaction (PCR) and virus isolation may currently be used as diagnostic tests for patients with symptoms within a few days.[3] However, false negative results may occur. Several new molecular diagnostic tools[4-6] are currently under investigation, but those tools require further validation.[7] Therefore, we believe that quarantine and symptomatic monitoring are very important for outbreak prevention. In the USA, the risk classification of Ebola virus spreading includes four grades, from no risk to high risk. Only those patients who are at risk require active (or direct active) monitoring.[8] Our country is not an epidemic area of EVD, and routine laboratory monitoring is not practical. The governmental guidelines issued by CDC Taiwan, therefore, focus on monitoring travel history and constitutional symptoms. Once suspected patients who met the criteria of clinical and epidemiologic conditions, they will be quarantined for further laboratory screening tests. If screening tests within a certain interval are negative, quarantine will be over. For those from an epidemic area who are without symptoms, self-monitoring for 21 days is recommended.[9]

References

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