"I've worked in these types of outbreaks, but no-one has worked in an outbreak this big," says Australian nurse Amanda McClelland (at the Ebola Treatment Centre near Kenema, Sierra Leone, on Oct. 25).

McClelland provides an oral-rehydration solution to a medical staffer inside the isolation unit. The temperature inside the protective clothing can get to 48°C.

Australian EBOLA NURSE

INSIDE THE HOSPITAL

An assistant helps McClelland into her personal protective equipment before she enters the isolation ward.

"We get sprayed with chlorine," says McClelland. "It's a very strict protocol."

'I'M TOO BUSY TO CRY'

The Ebola Treatment Centre near Kenema, Sierra Leone, has 100 beds and 160 local staff. More than half the patients who enter die. "I'm too busy to cry," says Australian Red Cross nurse Amanda McClelland. "I will shed a tear at the end."

"We all wear extra material to reduce the risk as much as possible," says McClelland (on Oct. 25).

As the threat of a global epidemic persists, an Australian nurse is fighting Ebola at ground zero

Whenever new patients arrive at the Ebola Treatment Centre just outside the remote Sierra Leone city of Kenema, the odds are grimly stacked against them. "We expect a high chance of fatality, between 50 to 70 per cent," says Brisbane-born nurse Amanda McClelland, who helped build the centre 300km south-west of the capital, Freetown. "So we expect to some extent everyone who comes in to pass away. No doctor or nurse has lost 50 per cent of their patients—it's not something you ever get used to."

But it won't deter her mission. As the world remains gripped in the fear of a global outbreak, medical workers such as McClelland are fighting Ebola at its West African source. More than 10,000 people have been infected and nearly 5,000 people have died in the world's deadliest outbreak of the disease. While 12 people have been tested for the virus in Australia, including Queensland nurse Sue-Ellen Kovack, who also worked in the Kenema hospital, none has tested positive. "We are running a full hospital in the jungle," says McClelland, a senior emergency health officer for the International Federation of Red Cross and Red Crescent Societies. "It takes 160 local staff to look after 32 patients."

The 37-year-old, who lives in Geneva and whose partner is working in Ebola operations in Guinea, shares her heartbreaking and perilous daily life with WHO's Louise Talbot.

> "We expect a high chance of fatality"
> —nurse Amanda McClelland

I am the Red Cross senior emergency health officer for Africa and Asia-Pacific. I have been working on the Ebola outbreak since March. I came to Sierra Leone 12 weeks ago to build the first Ebola Treatment Centre. It's a field hospital. We have everything that you would have in a normal hospital, except surgery or

OF HORROR

Photographed for WHO by **TOMMY TRENCHARD**

"I look forward to the day where there is a vaccine or treatment," says McClelland (briefing staff at the beginning of the day on Oct. 25).

AN AFRICAN TRAGEDY

As the world remains fearful of ebola spreading, the virus has been a catastrophe for West Africa: more than 5,000 people have died as it ravages Liberia, Sierra Leone and Guinea, according to the World Health Organisation. And "ebola orphans," children who have lost one or both parents to the disease, now number in the thousands, according to UNICEF. Earlier this month, six brothers and sisters were virtual prisoners in their home in a suburb of Monrovia, Liberia. Both their parents had died from ebola. "Their community wouldn't let them drink from the well or buy coal," says Katie Meyler, founder of More Than Me, a nonprofit organisation that operates a girls' school in Monrovia. "There are orphans everywhere. It's devastating."

X-ray, in the middle of the jungle, and we built it with better infection-control measures than at home.

Today we have 32 Ebola patients inside the unit; the youngest is 5 months old. We have quite a few small children who were infected during breastfeeding. We have two young boys, 7 and 9. We put *Kung Fu Panda* on for them on Sunday night and gave them popcorn. It was the first time they'd seen it. We had a little girl who got sicker during the movie. We didn't think she would make it through and then she was up eating. But then she went into shock last week and died 24 hours later.

The majority of cases have been women, because they are caregivers and getting contaminated. We've had labourers in the past few weeks, health-care workers, a few ambulance drivers. We had a large number of patients from one funeral—one unsafe burial 15 days ago. It was 18 cases from that one burial, from one community.

Everyone who has come in has come through a triage system. They get allocated into one of three areas of the hospital: suspected, probable and confirmed. We keep them separated based on their level of confirmation. So if we put someone without Ebola inside the unit we don't contaminate them; we reduce the risk as much as possible.

When patients first come in they get given paracetamol, pain medication—depending on how sick they are—antibiotics and anti-malarial medication. The rest of it is symptomatic treatment. We use IV drips if people are dehydrated or going into shock. We had one young man with hiccups for nearly two days, a common symptom of Ebola.

We have hundreds of health workers affected inside the hot zone inside West Africa, and it's happening for a lot of reasons. Several health workers in a government hospital got sick from caring for a baby whose parents both died of Ebola. The baby had basic symptoms and the nurses were caring for the orphaned baby at the nurses station on the outside. There were five nurses contaminated and four of those nurses died. So it's a terrible thing.

> "We have 32 Ebola patients, the youngest is 5 months old"

We have five babies inside the Ebola unit who are not sick, but whose parents are sick with Ebola and no-one else in the community will care for them, and there is no safe way to manage them. So we have to have them inside the unit, even though they're not positive. It's very difficult as a medical professional to know that the likelihood is that they will become sick, and it's a difficult decision to put your own safety ahead of a small child.

We expect a high fatality, so every time we get a discharge we call it the "happy shower," which is the shower we use to disinfect when you come out of the unit. You have to be completely disinfected. We take all your clothes and all your belongings. It's a huge amount of work to disinfect but it's the favourite part of everyone's day. We focus on the unexpected wins. Essentially anyone who comes out the other end is a success story, and we focus on those ones who make it through.

When a patient starts to recover they get extremely hungry. We provide soft drinks and four meals a day and then snacks. We have coconuts, so they can have as many coconuts as they like a day.

Once I am inside the unit we use a very high level of protection. Basically, if you don't get someone else's faeces, blood or vomit into your mouth or into your eyes you won't get Ebola. We wear a set of coveralls which are very hot—48°C inside and 95 per cent

McClelland (at work on Oct. 25) has been in the field for five months.

Inside the hospital's isolation ward.

humidity—so you can only stay inside them for about 60 minutes. When you come out of them you are very wet. We wear a full-head hood that covers our shoulders and head, as well as a mask and goggles and gumboots—and we wear two pairs of gloves. When we do heavy work—moving dead bodies or soiled material—we wear very heavy kitchen gloves as well, so three pairs of gloves.

Outside the unit there is no special clothing. I wash my hands a lot. I smell like a swimming pool all day, because we wash in chlorine. It's enough to limit this disease. In addition to social distancing, you have to be thinking all of the time.

We found a nice place to live [at the Kenema Pastoral Centre] where we can all live together. There are 28 of us. We have our own rooms. You bond very heavily with people here but we don't shake hands, we don't hug, we keep personal space in the team at all times. At first it's strange, but you get very used to it. We have funny pretend handshakes. A team left yesterday and it all looks very strange giving fake hugs with a metre distance between us.

I had a very sore throat over the weekend. A sore throat is one of the first symptoms of Ebola. I then woke up with a runny nose and a headache, and I was very happy because it meant I had the flu [Ebola would have involved a fever]. I told the senior medical officer that I had a sore throat and then I checked my temperature three times a day.

People ask me why I come to these regions. But why wouldn't I come? We are asking people with much less training and experience to take all the risks. I have students and taxi drivers working inside the unit, looking after their families. How, with all my training, all my expertise, could I ask them to do it and not do it myself? This is my permanent job, we're not even in the worst of it. We still have a long way to go. ■

To donate to the Australian Red Cross Ebola Outbreak Appeal, visit redcross.org.au

All personal protective equipment must be disinfected and dried after use. Staff wear up to three gloves for protection.

EVADING A KILLER

Left: A medical staff member monitors McClelland (centre) and another nurse as they don their personal protective equipment. "We have strict protocols," says McClelland. "Someone is watching all of the time, telling you what to do next."

McClelland signs death certificates at the Ebola Treatment Centre on Oct. 25.