The best-known example of an immersion foot syndrome in military personnel is ‘trench foot’, which occurs in temperate or cold climates. However, tropical immersion foot syndrome or ‘paddy field foot’ was a significant problem in the Far East during World War II and the Vietnam War. The condition initially affects the sole of the foot and presents with discomfort, oedema and pallor, which may progress to abnormal sensation, skin lacerations and secondary infections with fungi or bacteria.

UK military personnel working in the Ebola virus disease (EVD) treatment unit (EVDTU) at Kerry Town in Sierra Leone use personal protective equipment (PPE) in the high-risk ‘Red Zone’ that includes rubber wellington boots. Red Zone operators typically lose ~1 kg in sweat per hour and so their feet soon feel damp and may end up squelching inside their boots. After doffing their PPE, they are sometimes able to pour sweat out of each boot. The end result can be a form of tropical immersion foot syndrome known locally as ‘Ebola worker’s foot’ (Figure 1). Civilian staff from other EVDTUs have been admitted to our facility with more severe forms of the condition and secondary infections. The condition can be prevented with good foot care that includes regular washing, drying, use of talcum powder and sock changes. When not in the Red Zone, staffs wear open-toe sandals and hang their boots upside down on drying racks in the sun. Shift leaders also conduct regular foot inspections.

Ebola worker’s foot may be a significant problem during the continuing epidemic in West Africa, which workers and their managers should be aware of.

Photographs and text from: E.L. Caton, 22 Field Hospital, Ebola Virus Disease Treatment Unit, Kerry Town, Sierra Leone and Ministry of Defence Hospital Unit, Frimley Park Hospital, Portsmouth Road, Frimley GU16 7UJ, UK; M.S. Bailey, 22 Field Hospital, Ebola Virus Disease Treatment Unit, Kerry Town, Sierra Leone and Academic Department of Military Medicine, Royal Centre for Defence Medicine, Vincent Drive, Birmingham B15 2SQ, UK; C.A. Bevilacqua, 22 Field Hospital, Ebola Virus Disease Treatment Unit, Kerry Town, Sierra Leone and Ministry of Defence Hospital Unit, Frimley Park Hospital, Portsmouth Road, Frimley GU16 7UJ, UK; T.E. Fletcher, 22 Field Hospital, Ebola Virus Disease Treatment Unit, Kerry Town, Sierra Leone and Department of Clinical Sciences, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, UK. email: markbailey@nhs.net

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