

Knowledge, Attitude and practice of
post exposure prophylaxis of Lassa
fever among Health care workers in a
tertiary health institution in South
South Nigeria

Presenter

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Introduction

- Humans contract Lassa Fever virus primarily through contact with urine and excreta of the rodent *Mastomys natalensis*, but secondary transmission between humans occur through direct contact with infected blood or bodily secretions. (Enria et al, 2006)
- Nosocomial transmission and outbreaks have been described in health care facilities in areas of endemicity. (Fisher-Hoch et al, 1995; Carey et al, 1972 and Drosten et al, 2003)
- Studies have showed that ribavirin protect against fatal lassa fever infection when initiated early. (Huggins et al, 1991 ; and Hadi et al, 2010)
- In Nigeria, NCDC recommends the use of oral ribavirin at 500mg, six hourly for 10 days, for high risk exposure. (NCDC, 2017)

Objectives

□ **General Objective:**

- To assess the knowledge attitude and practice of post exposure prophylaxis of Lassa fever among health care workers with a view to minimizing hospital acquired infections among them thereby enhancing a healthy workforce.

□ **Specific Objectives**

- To determine the knowledge of post exposure prophylaxis against Lassa fever among health care workers
- To ascertain the attitude of health care workers towards post exposure prophylaxis for Lassa fever.
- To determine the extent of practice of post exposure prophylaxis for Lassa fever among health care workers

Methodology

- A descriptive cross-sectional design was used in this study.
- Information was sourced from 300 health care workers to assess KAP of PEP of Lassa fever using semi-structured self-administered questionnaire which was coded, collated and analyzed with IBM-SPSS version 22.0

Methodology cont'd

- Test of association was carried out using chi-squared test and Fischer's exact test where applicable at 95% confidence level and $p < 0.05$ was regarded as significant.
- Outcome variable such as knowledge and practice were scored as good or poor depending on the point scored on the questions asked on Knowledge and practice. Attitude was scored as positive or negative depending on the point scored.
- Aggregate score of less than 50% and 50-100% were regarded as poor and good respectively for knowledge and practice and positive or negative for attitude.

RESULTS

Table 1: Sociodemographic characteristics of respondents

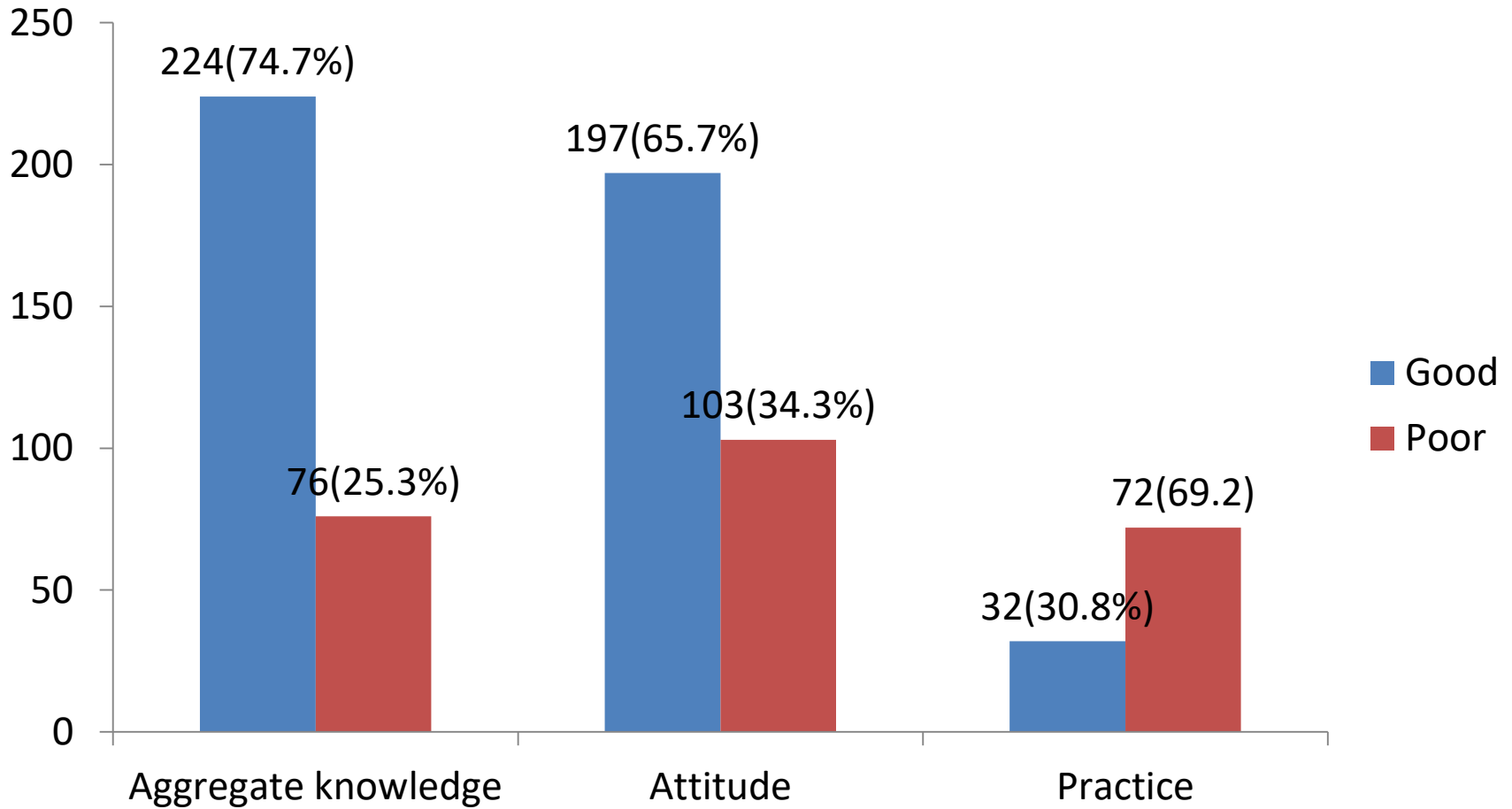
Variables	Frequency, n=300	Percent
Age group(Years)		
21-30	57	19.0
31-40	144	51.3
41-50	66	22.0
51-60	23	7.7
Mean \pm SD = 37.7 \pm 7.7		
Marital Status		
Married	211	70.0
Single	72	24.0
Divorced	9	3.0
Widowed	5	1.7
cohabiting	3	1.0

Results Cont'd

Table 1 cont'd: Sociodemographic

Variables	Frequency, n=300	Percent
Educational status		
Primary	13	4.3
Secondary	29	9.7
Tertiary	258	86.0
Religion		
Christianity	285	95.0
Islam	15	5.0
Ethnicity		
Esan	115	38.3
Igho	57	19.0
Esatsako	57	19.0
Benin	33	11.0
Yoruba	25	8.3
Others	13	4.4

Results Cont'd



Results cont'd

Table 3: Knowledge and attitude of respondents

Variable		Attitude of Respondents	χ^2	P-value
Knowledge of PEP	Positive	Negative		
Good	195(67.2%)	95(32.8%)	7.871	0.005
Poor	2(20.0%)	8(80.0%)		

Discussion

- A higher proportion of HCWs interviewed had good knowledge and positive attitude towards PEP but only a third of them had good practice of PEP.
- This is similar to a study done in Botswana where respondents had good knowledge and positive attitude to PEP but practice was inadequate. (Bereki and Tenego,2018)
- This calls for training and retraining of HCWs with regards to PEP so as to ensure that knowledge received is put into adequate use and minimize nosocomial infection.