ADEQUATE KNOWLEDGE OF LASSA FEVER: A MISSING LINK IN THE CONTROL AND PREVENTION OF THE VIRAL HEMORRHAGIC DISEASE IN NIGERIA

Oloche Owoicho*1, O. Ojetunde2, D. N. Kuranen-Joko3 and A. C. Udefi4

1. Benue Sate Primary Health Care Board, Makurdi.
2. African Centre of Excellence for Genomics of Infectious Diseases, Redeemer’s University, Ede.
3. Akperan Orshi College of Agriculture, Yandev, Benue State.
4. Department of Medical Microbiology, School of Medical Laboratory Science, Usmanu Danfodiyo University, Sokoto.

•Email: olocheowoicho@gmail.com; GSM: +234 7039349091
BACKGROUND OF THE STUDY

- Despite several interventions, LF is still endemic in Nigeria and some West African countries. There is need to identify gaps in our current effort in the control of the disease. Bearing in mind that correct knowledge of LF and other VHF is required for their prevention and control, it is important to know the level of awareness and knowledge of LF among Nigerians.

Fig. 1. Map of Nigeria depicting States with confirmed cases of Lassa fever in 2018. Source: Adeoti et al., 2018.

**Objectives:**
- To determine the level of awareness and knowledge of LF among Nigerians.

**Method:**
- We conducted a literature search in PUBMED and Google for relevant studies using key words such as “Lassa fever”, “knowledge”, “attitude”, “perception” and “Nigeria”. We selected and reviewed only cross-sectional studies published in peer-reviewed journals from January 2010 to August 2018, which assessed the awareness and/or knowledge of LF in Nigeria.

**Results:**
- We found 28 studies conducted in different geopolitical zones of Nigeria.
Overall, 61.2% of health workers had good knowledge of LF, while 22.7% had poor attitude towards its prevention and control.
Overall, 93.1% of health workers were aware of LF, while 61.2% had a good knowledge of it.

There is a no significant correlation between awareness and knowledge ($r = -0.029$; $P$-value $= .956512$)

Most of the studies reported no association between designation and knowledge of LF among health workers.
Fig. 8: Knowledge of LF among students: (A) College of Education; n= 255 (Akinbodewa et al., 2016); (B) University; n=299 (Ighedosa et al., 2016); (C) Secondary school; n=561 (Tobin et al., 2015)

Fig. 9: Awareness and knowledge of LF among traders

About 77.4% of traders were aware of LF; those with at least fair knowledge constituted about 17.1%
### RESULTS

**Table 1. Awareness of LF among community members**

<table>
<thead>
<tr>
<th>S/No</th>
<th>Study</th>
<th>Number of respondents</th>
<th>Respondents aware of LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yusuff et al., 2018</td>
<td>632</td>
<td>576 (91.1)</td>
</tr>
<tr>
<td>2</td>
<td>Morgan et al., 2018</td>
<td>228</td>
<td>207 (90.8)</td>
</tr>
<tr>
<td>3</td>
<td>Awosanya, 2018</td>
<td>130</td>
<td>97 (74.6)</td>
</tr>
<tr>
<td></td>
<td>Olowookere et al., 2017</td>
<td>400</td>
<td>236 (59)</td>
</tr>
<tr>
<td>4</td>
<td>Reuben and Gyan, 2016</td>
<td>200</td>
<td>174 (87)</td>
</tr>
<tr>
<td>5</td>
<td>Adesoji et al., 2016</td>
<td>300</td>
<td>300 (87)</td>
</tr>
<tr>
<td>6</td>
<td>Olalekan, 2015</td>
<td>500</td>
<td>101 (20.2)</td>
</tr>
<tr>
<td></td>
<td>Ilesanmi et al., 2015</td>
<td>122</td>
<td>21 (17.2)</td>
</tr>
<tr>
<td></td>
<td>Aigbiremolen et al., 2010</td>
<td>349</td>
<td>255 (73)</td>
</tr>
<tr>
<td>7</td>
<td>Asogun et al., 2010</td>
<td>147</td>
<td>53 (36)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3008</td>
<td>2020 (67.15)</td>
</tr>
</tbody>
</table>

**Fig. 10: Percentage of respondents**

**Fig. 11: Awareness and knowledge of LF among community members.** *Estimated value*

Percentage of respondents aware = 67.15; those with good knowledge = *33.38%. There is no significant correlation between awareness and knowledge (r = 0.26454; P-value = .736)

*If Morgan et al., 2018 is excluded, value is about 20.7%*
Fig. 12: Level of awareness and knowledge of LF among community members
DISCUSSION

- Awareness and knowledge of LF is higher among health workers than non-health workers.
- The knowledge of LF in the country is generally poor.
- Awareness of LF in the country is higher than the level of knowledge about the disease.
- There is need to intensify LF campaign among Nigerians living in the country.

RECOMMENDATIONS

- Disease (especially VHF) prevention and control should be included in the General Studies curriculum of Nigerian higher institutions.
- Campaign on LF should be intensified through the media, religious and community leaders.
- The social media could also be used as medium of educating young adults on LF.
REFERENCES


