COMMUNITY ENGAGEMENT FOR LASSA FEVER
EPIDEMIOLOGICAL STUDIES

-FIELD EXPERIENCE IN EDO STATE
Introduction

• Recurrent outbreaks of LF with major public health impact have been reported since 1969 in West Africa.

• An envisaged mainstay of control is availability of an effective vaccine following a successful vaccine trial.

• A vaccine trial design for LF will be informed largely by current knowledge of the disease epidemiology (incidence, seroprevalence etc) which is best derived from studies in endemic communities among apparently healthy subjects.
Rationale for community engagement

• Engaging communities prior to the commencement of such studies is crucial to achieving success including activities beyond the epidemiological data collection.

• The experience reported here is from the ongoing pilot studies between ISTH & BNITM to provide valid and current epidemiological data in preparation for LF vaccine trial design.
Methodology

• Based on records at the ILFRC ISTH, 3 LF endemic communities were selected (Ihunmudummu, Egoro-eguare and Ebudin).

• Advocacy visits to PHC department of the LGAs in which the communities are located were carried out by 3 senior members of the study team.

• This was the link to community heads/opinion leaders/gate keepers in those communities. The community link then introduced 2 members of the study team to the Community head
Methodology

• An average of at least 3 meetings at various levels held in each community as follows

1st level – meeting with traditional head →
2nd level – meeting with traditional head + senior elders or opinion leaders →
3rd level – meeting with the community council of elders (who are heads of quarters or clans in the community + clan heads →

The agenda in each meeting – was the need for research on Lassa as a lasting Solution to the problem.
Methodology contd

• A convenient date to formalize collaboration involving meeting of entire research team + community council of elders + women and youth leaders was fixed.

• A lecture on LF and details of the research to be conducted was given during the meeting. Followed by questions and answers session

• In keeping with African tradition & culture: drinks, kolanuts, & food were provided during the meeting.
Methodology

• Community liaisons for the study team were selected by the elders from each quarter that worked with the study team. They were on ground most times with the study team during the data collection (questionnaire administration and blood draw).

• Duration:
Entire community mobilization to a final formalization meeting for collaboration – average of 3 weeks per community

Data collection: 10 days per community (200 subjects)
Results

• An enthusiastic community that participated 95 - 100% in the data collection

• Attendance of the elders at final formalization meeting: Ihunmudumun 56 (94%), Egoro-eguare 37 (96%), Ebudin 90 (98%).

• Lack of feedback from researchers on research findings will be a major obstacle to their continual participation.
Conclusion

• The Primary health care approach used as a community entry point enhances chances of a successful community engagement.

Recommendation

• Community based Interventions should be predated by a rigorous and meticulously guided formal engagement with community stakeholders.
ACKNOWLEDGEMENT

NCDC

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BNITM
Bernhard-Nocht-Institut für Tropenmedizin

THANKS FOR LISTENING