

O.R-7_Community Engagement for Lassa and other Viral Haemorrhagic Fevers: Lessons from the Ebola Response

Ali Umoru, Akintoye Akinrinade, O.P. Adigwe, A.I. Auwal

Department of Pharmaceutical Services National Assembly Abuja, Nigeria

17th January, 2019

BACKGROUND

- ❖ From early 20th century smallpox and influenza outbreaks to 21st century Lassa and Ebola, Global health inequities continue to present as viral diseases in Africa.
- ❖ The risk of viral haemorrhagic fevers (VHFs) in Sub-Saharan Africa remains astronomic [1].
- ❖ The 2014–2016 Ebola outbreak in West Africa remains the largest and most intricate since its first discovery in 1976.
- ❖ More cases and deaths were recorded in this outbreak than all others combined [2].

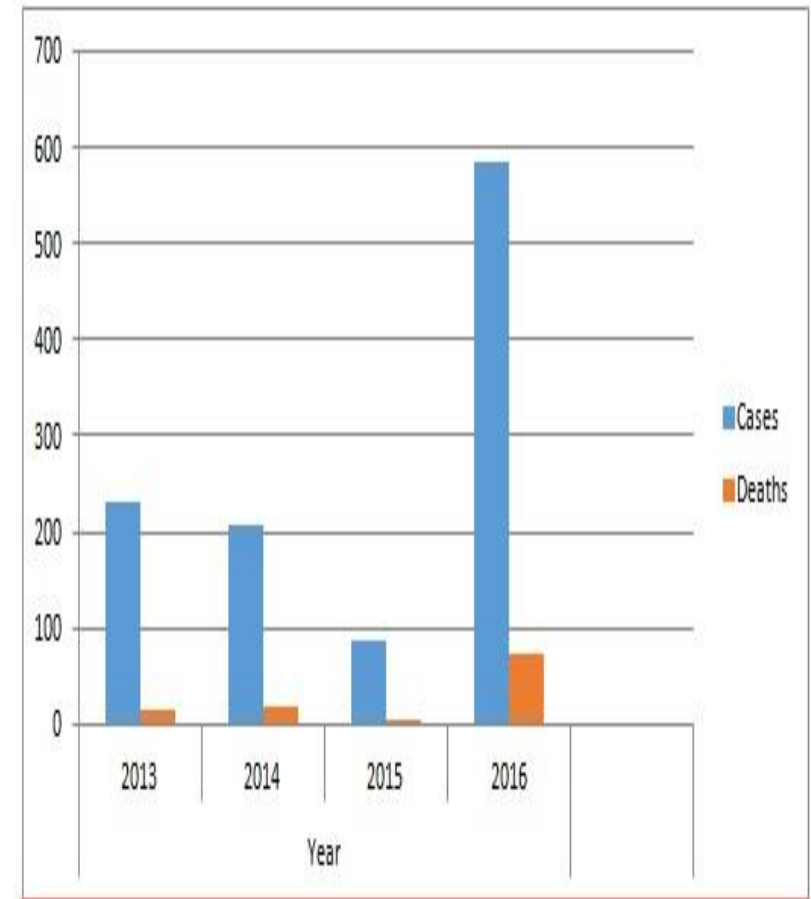
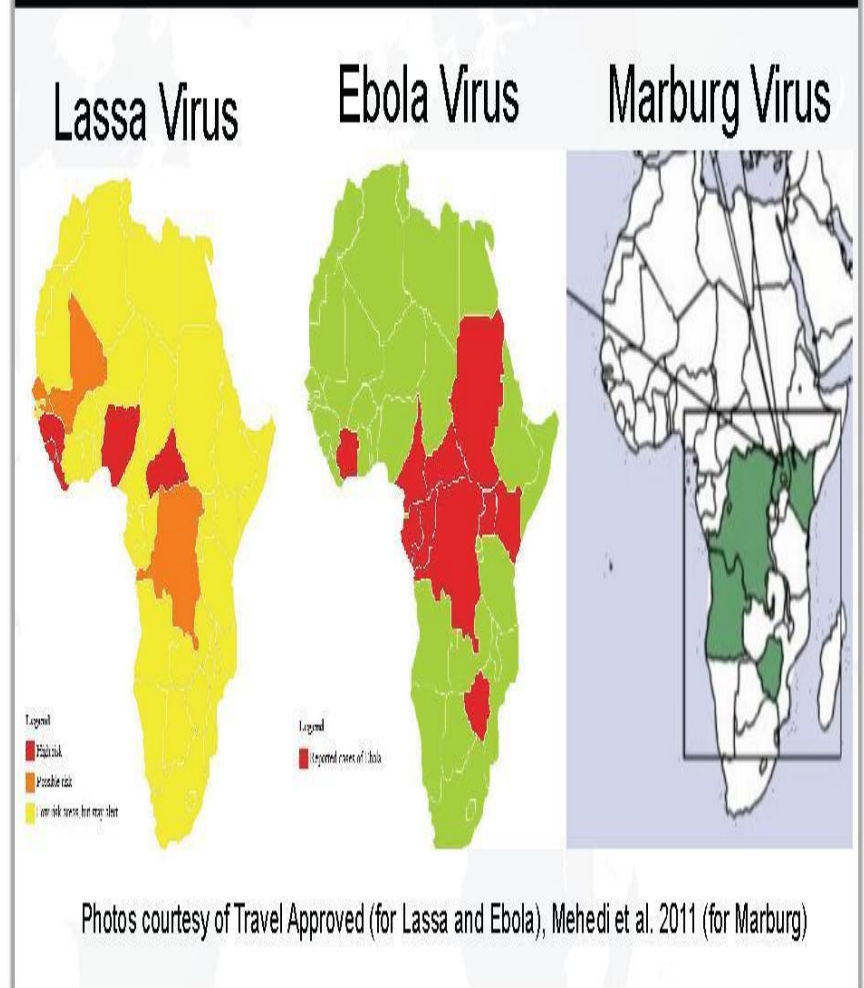


Fig 1: Estimated Lassa fever Cases and Deaths January to March / April 2013-2016 in Nigeria (13, 17-20)

BACKGROUND

- ❖ Lassa virus is a single-stranded RNA virus belonging to the Arenaviridae family and has been classified as a category A bioterrorism agent^[3].
- ❖ There are approximately 300,000 cases and 5000 deaths annually.
- ❖ About 10%-16% of people admitted to hospitals annually diagnose for Lassa fever in parts of Sierra Leone and Liberia, for instance.
- ❖ Unfortunately, these estimates do not account for all (unreported) cases, considering the limitations of surveillance.

Distribution in Africa



METHOD

- ❖ This survey analysed first-hand ethnographic data and response pattern to the 2014–2016 Ebola outbreak in West Africa.
- ❖ Reports were assessed through documents from Epidemic response Anthropology platform.
- ❖ Summary of epidemiology, response and impact were recorded and discussed by the research team.
- ❖ It is hoped that we can devise novel approaches to contain this labyrinthine subject from this episode.

RESULTS

- ❖ The public health community lagged in working closely with affected communities and trusted members from the onset of the Ebola outbreak.
- ❖ Factors include lack of mutual understanding, communal engagement, language barrier, cultural gaps amidst others.
- ❖ It is obvious that isolating incidences, bulking medical services and therapeutic treatments only were insufficient in controlling outbreaks.



RESULTS

- ❖ Social and behaviour change interventions increased knowledge over the first six months of outbreak.
- ❖ Regardless of plausible technological innovations, outbreak control remains hinged on human interaction and amenity to cultural gap.



RESULTS

- ❖ Reports indicate that across the 30 affected countries till present, socio-cultural norms remain crucial to appropriate communication responses.
- ❖ The response should be a partnership between communities, public health workers, policy makers, governments, and researchers.

CONCLUSION/RECOMMENDATION

There are reproducible evidences of the impact of community-based participatory approach in addressing Lassa and other VHF.

Participatory and health promotion approaches from the onset can save lives and are as crucial as biomedical interventions.

Community engagement also becomes all-essential as a disease prevention strategy in containment and prevention of episodes of communicable diseases.

Consultations, public opinion research and collaborating local organizations/external advisory bodies can be engaged in achieving public health intervention goals.

REFERENCES

1. Kickbusch I, Reddy KS. “Community matters – why outbreak responses need to integrate health promotion.” IUHPE Global Health Promotion. 2015. DOI: 10.1177/1757975915606833.
2. <http://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease>
3. Darling RG, Catlett CL, Huebner KD, Jarrett DG. Threats in bioterrorism. I: CDC category A agents. Emerg Med Clin North Am 2002; 20:273.

THANKS
FOR
LISTENING