

Community Burial Practices in Nigeria and Lassa Fever Control

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Introduction

- Lassa fever is endemic in Nigeria. Case fatality is found to be higher in pregnant women (21%) as opposed to (13%) in non-pregnant women (Price ME et al, 1988).
- The corpse of a positive Lassa fever patient remains infective after death and should be buried in a non-contagious method that is culturally acceptable. (Nigeria Centre for Disease Control(NCDC), 2017)
- It is considered a taboo to bury a pregnant woman with the foetus in situ in most traditions in South-East and South-South Nigeria.
- Human cultural behavior is a key factor to be considered in understanding disease transmission dynamics and control. (Alexander KA, McNutt JW, 2010)
- In this presentation, we reported 2 cases of pregnant women, confirmed to be positive for Lassa fever, who died in Federal Medical Centre (FMC), Asaba.

Case Presentations

- Case A:
- A 23 years old farmer in her third pregnancy from Nzam Community in Anambra State
- She was confirmed positive for Lassa fever and subsequently succumbed to the disease on the second day of admission.
- Buried by the Anambra State Ministry of Health after interfacing with the Delta State Ministry of Health.
- Was reported to have been exhumed by the community the same day for crude separation of the baby from the mother.
- This was done without observing standard precautionary measures

Case Presentations...

- Case B
- A 27 years old housewife in her second pregnancy from Igbede community in Imo State presented at 31 weeks of gestation
- She was also a confirmed Lassa fever patient who had died on the second day of admission
- The corpse was subsequently left at the morgue for three (3) months because the community refused to bury her with the pregnancy.

Materials and Methods

- The study reviewed the impact of cultural consideration in achieving the control of Lassa fever spread
- Sample population consisted of all stakeholders. (Those involved in the care of the patients, implementation of disease control, patients' relatives and community leaders).
- Comparators interviewed were leaders and title-holders in different communities in Delta, Anambra and Imo states.
- Data was collected with direct interviews and telephone calls.
- Several stakeholder meetings were held to address the challenge of burying pregnant women who died of Lassa fever and a decision to the right approach to solving this challenge was reached.

Results

- One of the outcome of the stakeholder meetings is the conduct of a post-mortem caesarean section on the second confirmed case (Case B) to separate mother and baby into two separate body bags.
- They were buried in two separate graves in compliance with NCDC guidelines.
- The community was also sensitized about Lassa fever and were pleased that the mother and baby were buried separately.

Results...



Baby delivered via Post-mortem Caesarean Section in a Lassa fever confirmed case.



Burying a Lassa fever confirmed case in a culturally acceptable method.

Conclusion and Recommendation

- Traditional burial rites were not put into consideration during the burial of the first case (Case A), thus putting the community at risk.
- However, in the second case (Case B), community burial rites were observed which led to a mutually acceptable outcome and helped in contributing to Lassa fever control.

Recommendation: Cultural belief and practices should **always** be taken into consideration in planning and implementation of Lassa fever control measures / programmes.

References

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Thank you!