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LASSA FEVER VIRUS DISEASE
SURVEY REPORT

February 2018

1.0 Executive Summary

In 2016, NOIPolls in partnership with EpicAfric conducted an opinion survey to seek the perceptions of Nigerians regarding the awareness, mode of transmission, symptoms and to ascertain their awareness on possible preventive measures of Lassa Fever.

The poll was repeated in 2018 and revealed a sustained high level of awareness about the outbreak though with a percentage drop compared with 2016 survey. Radio provided the most awareness, a sharp contrast to the previous survey where TV topped the list of sources of awareness about the disease. Rat infected food remained the most identified source of infection even though it dropped from the number of respondents who identified it as the highest source of infection. In general, the 2018 survey results reveal a widespread decline in Nigerians' perceptions of the Lassa Fever disease. There is also a 15 percent decline in respondents' level of confidence in their local hospitals and a 9 percent drop in respondents' perceptions of the sensitization efforts being carried out by the Ministry of Health on the Lassa Fever disease.

2.0 Survey Background and Objectives

Lassa fever is a severe and sometimes deadly disease, caused by the Lassa fever virus. It has been diagnosed in patients predominantly in West Africa[1] . It is also known as Lassa Haemorrhagic Fever (LHF) although very few patients actually present with haemorrhagia (bleeding)[2] . Because the symptoms of Lassa fever are so varied and nonspecific, clinical diagnosis is often difficult. Outbreaks are initiated when a human is infected by an infected rodent. Research has shown that it is more prevalent during the dry season.

It is estimated that there are about 300,000 infections and 5,000 deaths across West Africa annually, yet, lack of resources to detect the illness on time, insufficient data and inadequate surveillance makes this estimate very uncertain. Lassa fever is widespread across West African states with established occurrences recorded in Nigeria, Liberia, Sierra Leone, Guinea, and Mali. The most recent outbreak started in August 2015 in Nigeria, and at the time of writing the 2016 Lassa Fever Virus Disease Opinion Survey Report, it had spread to 17 States with a total record of 78 deaths [3] .

From the inception of 2018, one hundred and seven suspected cases of Lassa fever have been recorded in ten States: Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo and Lagos States. By the 21st of January 2018, sixty-one cases were confirmed, and 16 deaths recorded. In four states - Ebonyi, Nasarawa, Kogi and Benue - ten health care workers have been infected with three deaths reported in Ebonyi State .[4]
Following the increasing number of Lassa fever cases reported from several States across the country, the Nigeria Centre for Disease Control (NCDC) has activated its Emergency Operations Centre (EOC) to coordinate the response to the outbreak on behalf of the Federal Ministry of Health. NCDC is collaborating with the World Health Organization (WHO), Federal Ministry of Agriculture and Rural Development, Irrua Specialist Teaching Hospital, African Field Epidemiology Network, US Centers for Disease Control, University of Maryland Baltimore (UMB), Alliance for International Medical Action (ALIMA) and other agencies, in supporting the response in the affected States[5].

On the backdrop of the 2016 Lassa Fever Virus Disease Opinion Survey, NOI Polls in partnership with EpiAFRIC conducted another survey to assess Nigerians' awareness regarding modes of transmission, and symptoms of Lassa Fever, as well as to ascertain their awareness on possible preventive measures of the disease. The same questionnaire was used for both the 2016 and 2018 surveys. The objective is to compare results from both surveys to determine how Nigerians' awareness has changed between 2016 and 2018.

3.0 Methodology

The survey was conducted in the week commencing February 5th, 2018. It involved telephone interviews of a random nationwide sample. 1,000 randomly selected phone-owning Nigerians aged 18 years and above, representing the six geopolitical zones in the country, were interviewed. With a sample of this size, we can say with 95% confidence that the results obtained are statistically precise - within a range of plus or minus 3%.

4.0 Demographic Distribution

A total of 1000 respondents were interviewed in the survey. The demographic distribution of the respondents is divided into the following groups: Gender, age-group, and geo-political zones as illustrated below. The demographic distribution remains the same as 2016.

Gender: The proportion of male and female respondents was almost equal with 51 percent and 49 percent respectively. Same percentage as in the 2016 report.

Age-Group: In the 2018 survey, the age-group with the highest frequency was 36-60 with 51%, followed by the 18-35 age-group with 45%. The lowest age-group represented was 60+ with 4%. In the 2016 report, the age-group with the highest frequency in the survey was 26-35 with 46%; followed by the 36-45 age-group with 27%. The lowest age-group represented was 60+ with 3%.

Geo-Political Zones: All geo-political zones were represented in the survey. The zone with the highest representation was the North-West with 24% while the South-East zone had the lowest representation with 12%. Same percentage as in the 2016 report.

Occupation: The majority of the respondents surveyed were self-employed traders (36%); followed by Government workers/Civil servants (21%). The lowest represented occupation in the survey were Youth Corpers and Religious Leaders/Missionaries (1%). In the 2016 report, the most respondents surveyed were self-employed traders (28 percent); followed by Government workers/Civil servants (17 percent). The lowest represented occupation in the survey were Religious Leaders/Missionaries (1 percent).

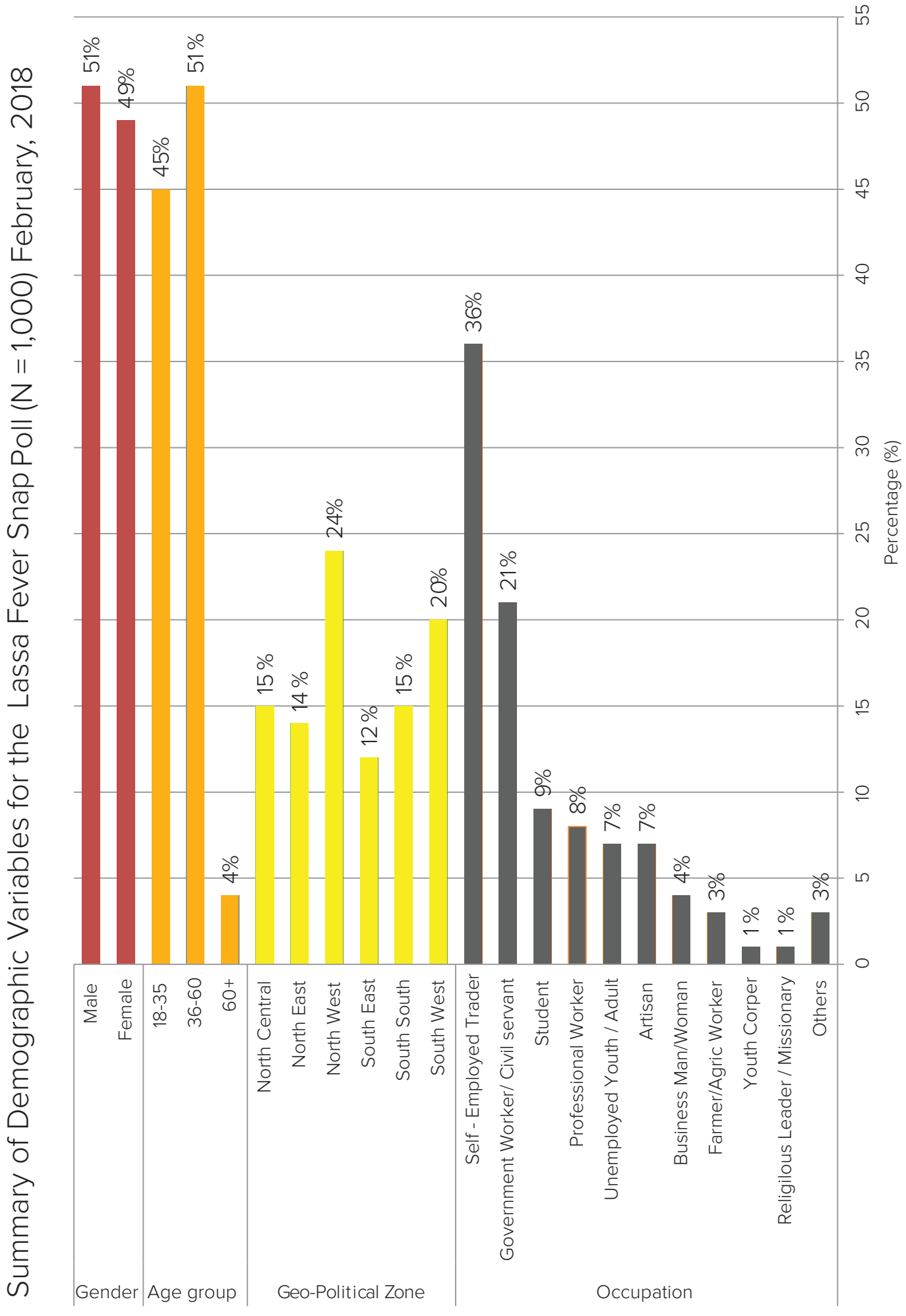


Figure 1: Demographic distribution

Source: NOIPolls – February 2018

In this 2018 survey, respondents to the survey were asked eight specific questions. This section of the report presents findings from each question and discusses them in comparison to the 2016 report.

5.1 Awareness on the Outbreak of Lassa Fever Virus Disease

In the 2018 survey, respondents' level of awareness on the Lassa Fever outbreak was assessed and 80% indicated that they are aware of the outbreak of the disease. Results from the 2016 report show that 81% of the respondents 'acknowledged that they are aware of the recent outbreak of the disease'. This shows a 1% percent drop in the level of awareness on the outbreak of Lassa Fever disease.

Analysis of the 2018 survey results, across geo-political zones indicates that the North-Central zone accounted for the highest percentage of respondents (88%) who are aware of the outbreak of the disease. This is a departure from the 2016 results which indicated that the North-East zone accounted for the highest percentage of respondents (89 percent) who are aware of the outbreak of the disease.

Further analysis indicated that in 2018, only 65% of the respondents from the South-East region were aware of the outbreak of Lassa Fever disease, ranking lowest on awareness across all regions. This depicts an 8% decline in awareness for the respondents in the South-East region as 2016 results showed that 73% of the respondents from that region were aware of the outbreak of Lassa fever disease..

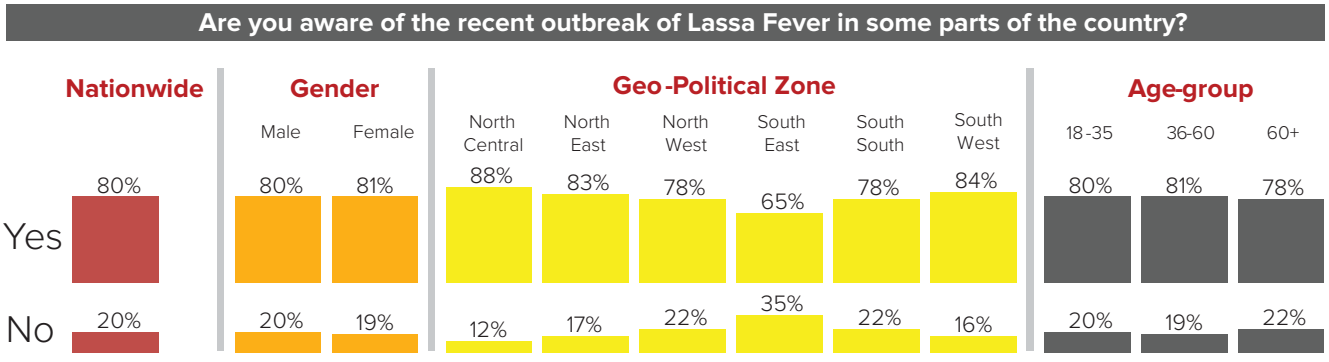


Figure 2: The level of awareness on the outbreak of the Lassa Fever Virus Disease

Source: NOIPolls – February 2018

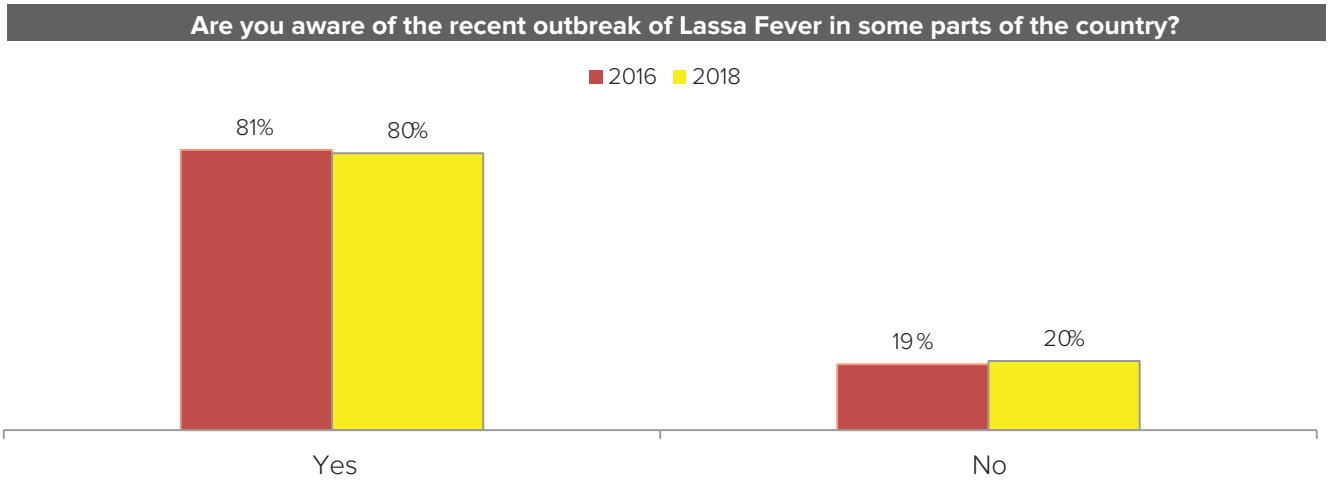


Figure 3: Level of awareness - Comparing 2016 and 2016 results

Source: NOIPolls – February 2018

5.2 Main Channels of Awareness

During the survey, it was important to note the respondents' source of awareness. The 2018 survey results indicate that, when the question "How did you hear about the outbreak of Lassa Fever disease?" was asked, 'radio' (40%) topped the list of sources of awareness and 'television' was second with 39%.

In comparison, the 2016 survey results indicated that 'television' (46%) topped the list of the sources of awareness. In general, although the same number of people were surveyed, a comparison of the 2018 and 2016 results indicate a change in source of awareness from radio to television. It further indicates a decline in information dissemination as seen in the figure below – except for 'hospital' where the results show a 2% increase.

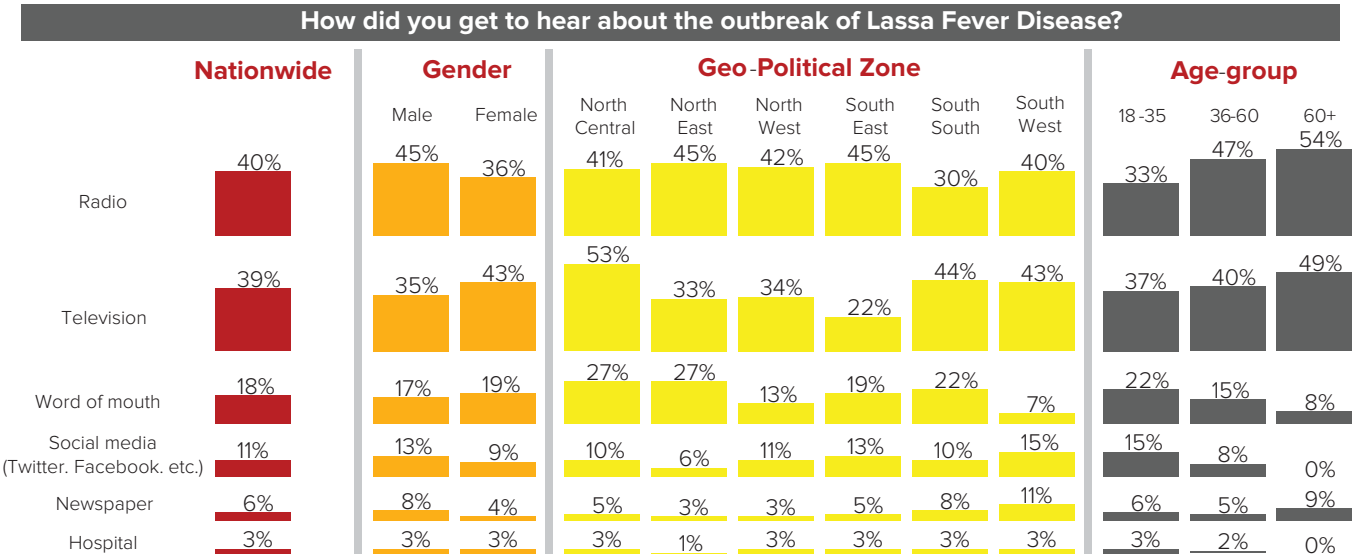


Figure 4: Source of awareness

Source: NOIPolls – February 2018

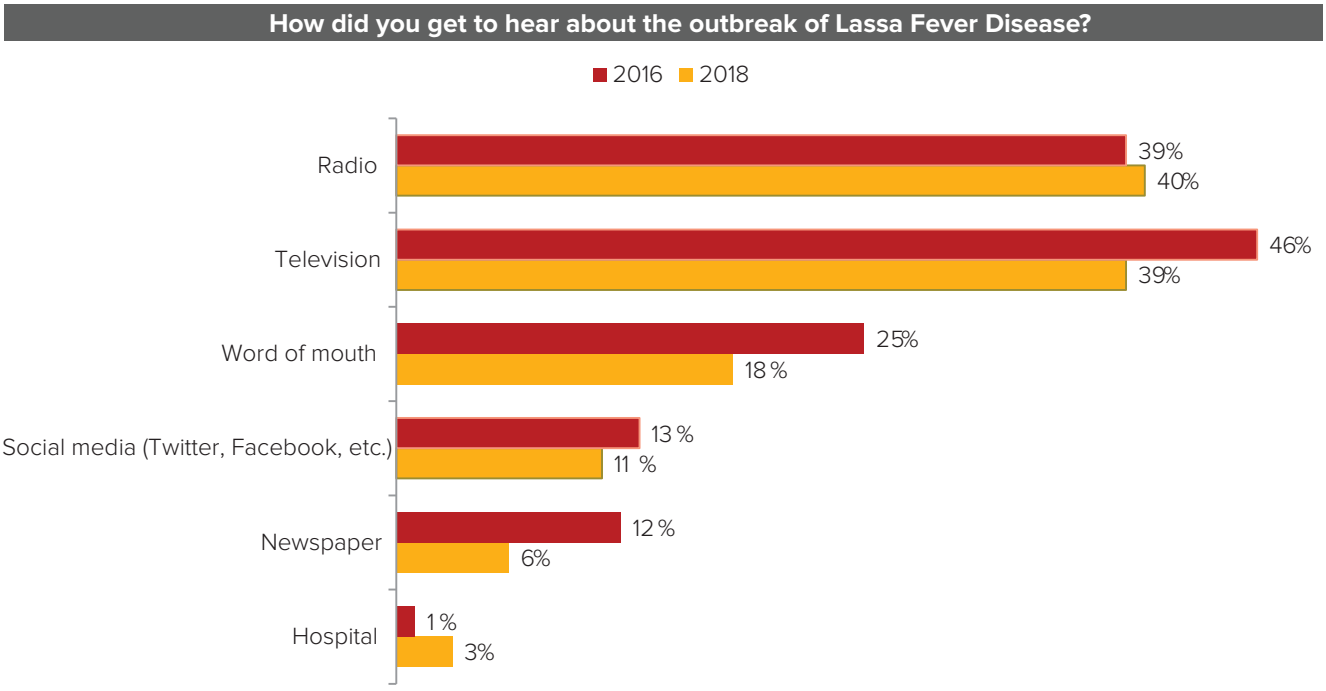


Figure 5: Source of awareness – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

5.3 Modes of Transmitting the Disease

This survey also sought to evaluate the respondents' knowledge on the modes of transmission of the disease. On how Lassa fever is transmitted, the 2018 survey results indicated that 80% of the respondents cited 'rat infected food stuff' as the main mode of transmission and across gender, geo-political zones and age groups, this was the most widely held opinion; 8% of respondents indicated that Lassa fever virus is transmitted by 'eating bush meat' and 7% mentioned 'contact with the infected persons'.

A comparison of the 2016 and 2018 survey results show a 13% decline in knowledge as in the 2016 report, when asked about how Lassa fever is transmitted, 93% of the respondents mentioned 'rat infected food stuff' as the main mode of transmission.

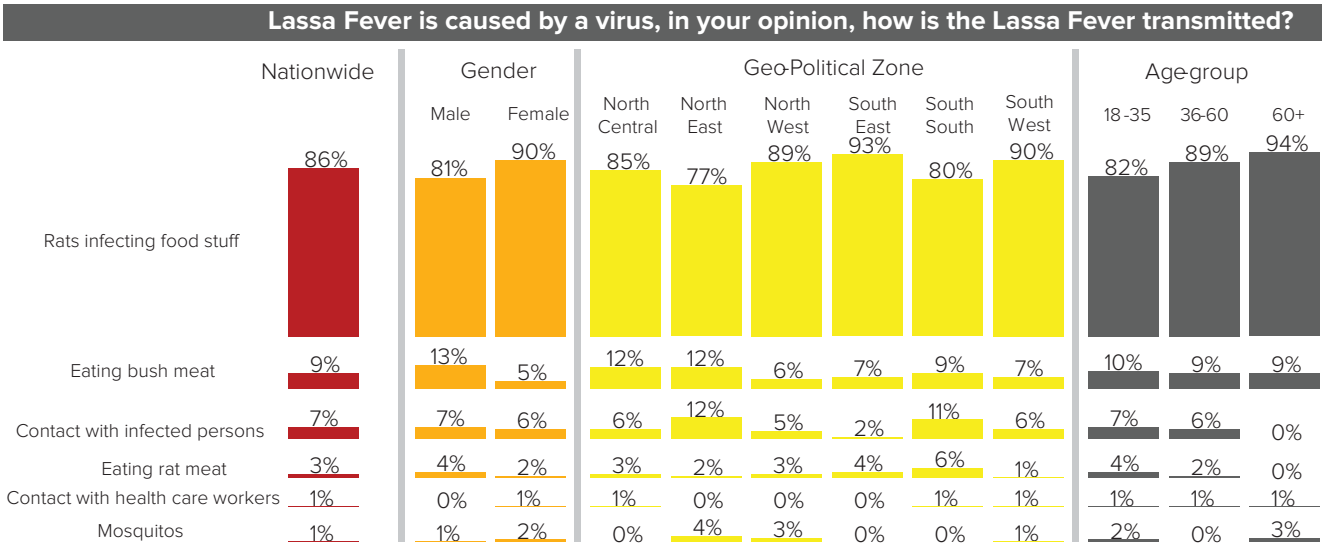


Figure 6: The mode of transmission

Source: NOIPolls – February 2018

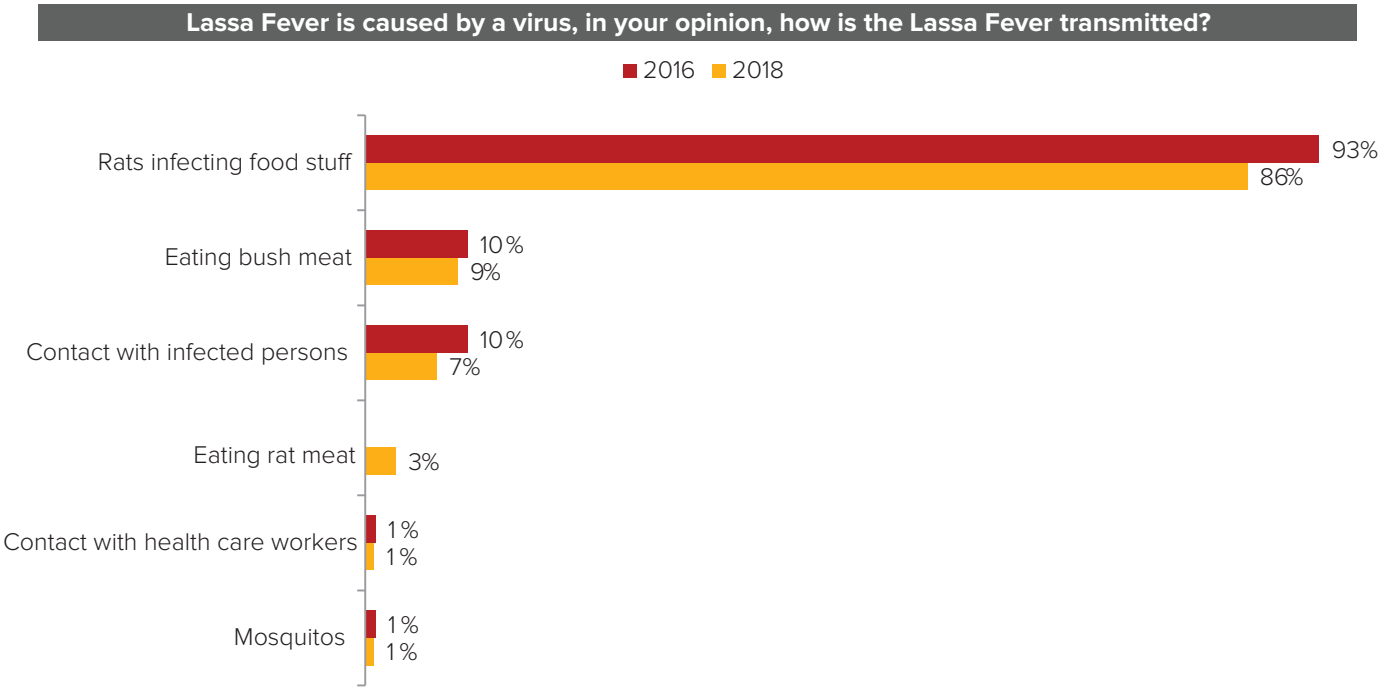


Figure 7: The mode of transmission – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

5.4 The Symptoms of Lassa Fever

Initial symptoms of Lassa Fever are very similar to malaria therefore, it is important to know the early symptoms shown by a person suffering from the disease. To determine their level of awareness, respondents were asked to identify symptoms exhibited by Lassa Fever patients. The 2018 survey results indicate that 66% of the respondents stated that 'fever' is one of the symptoms of the disease. This shows a 3% increase from the 2016 report result of 63%. Furthermore, 24% mentioned 'vomiting' and 23% 'mucosal bleeding'. This shows a marked decline from the 2016 report which was 33% and 30% respectively. Other symptoms the respondents mentioned were, diarrhoea (9%), headache, excessive body heat, cough and backpain (7%), chest pain and abdominal pain (6%), rashes and facial swelling (3%) and sore throat (2%).

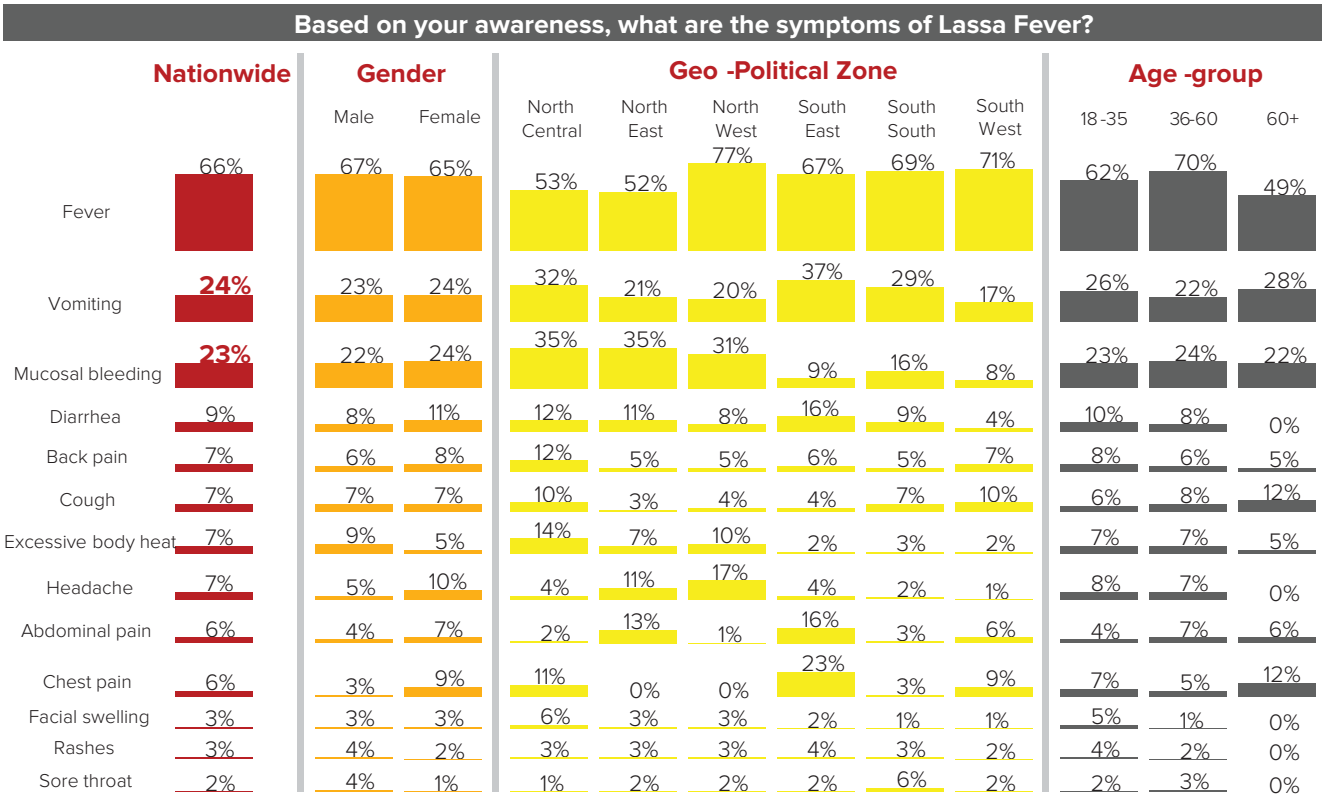


Figure 8: The symptoms of the disease

Source: NOIPolls – February 2018

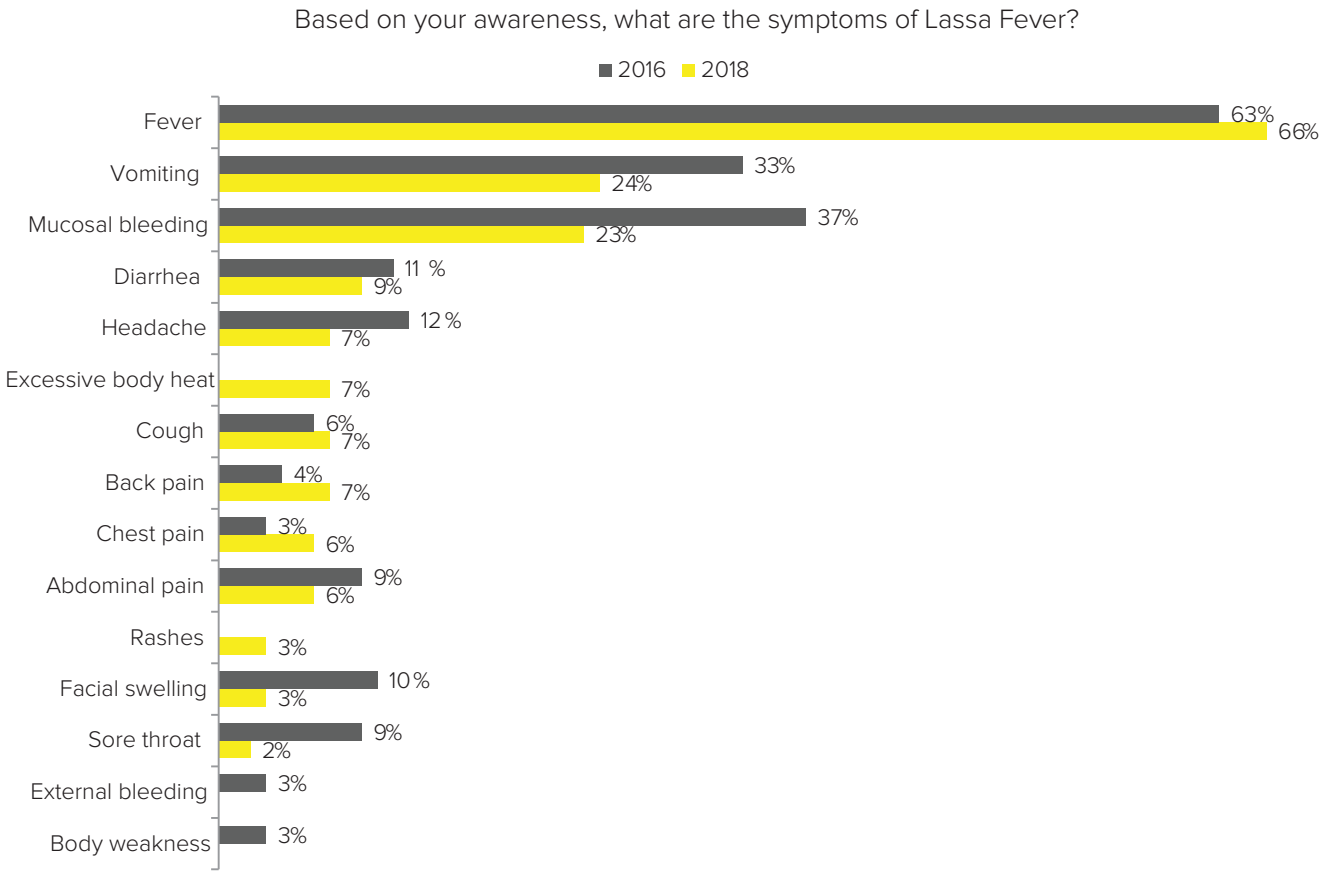


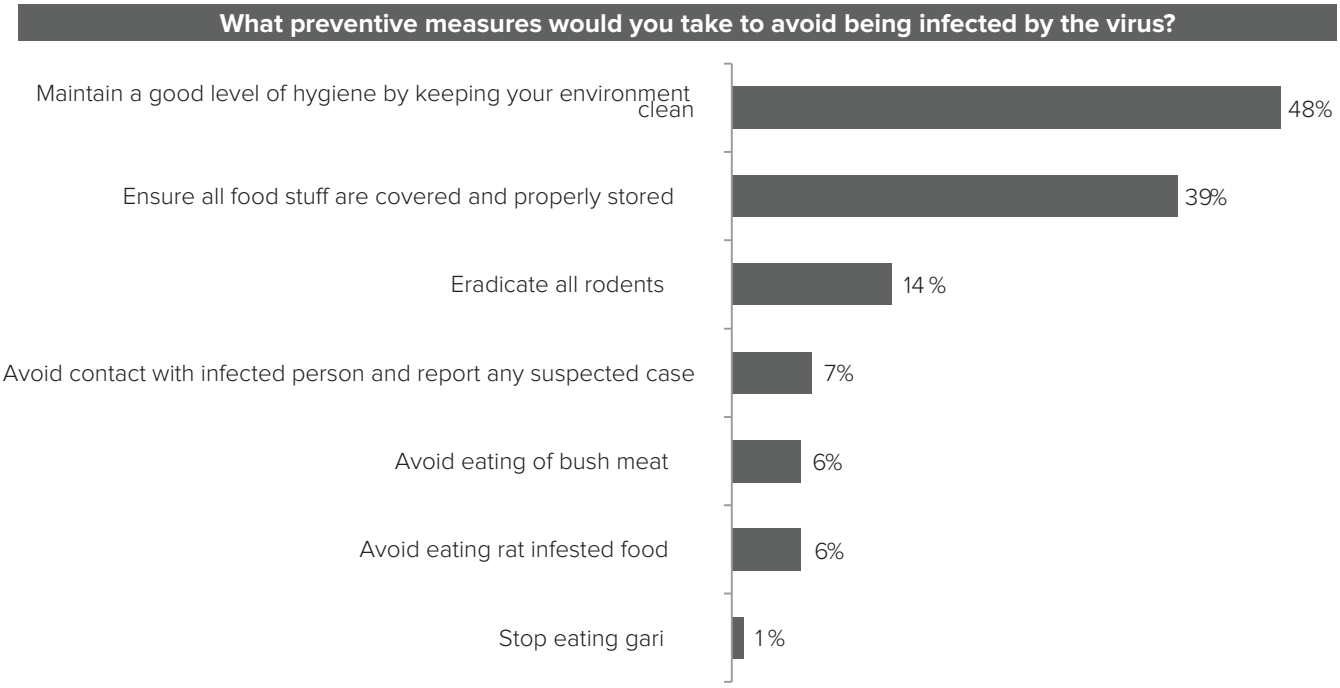
Figure 9: The symptoms of the disease – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

5.5 Perceptions on Preventing the Disease

To measure respondents' knowledge of preventive practices against the disease, they were asked the question, 'what preventive measures would you take to avoid being infected by the virus?' In the 2018 survey, 48% of the respondents mentioned, 'maintain a good level of hygiene by keeping your environment clean'. 35% said, 'ensure all food stuff are covered and properly stored' and 14% said they would, 'eradicate all rodents'.

The 2018 survey results reveal an 8% increase – up from 40% in the 2016 survey - of residents who believe that keeping their environment clean would prevent being infected by Lassa Fever virus. At 35%, the percentage of respondents who said that 'they will ensure all foodstuff are covered and properly stored', remains the same in the 2018 survey as in 2016. At 14%, there is a 10% drop - down from 24% - in respondents who said they would prevent the disease by 'getting rid of rats in their environment'.



Source: NOIPolls – February 2018

Figure 10: Preventive measures

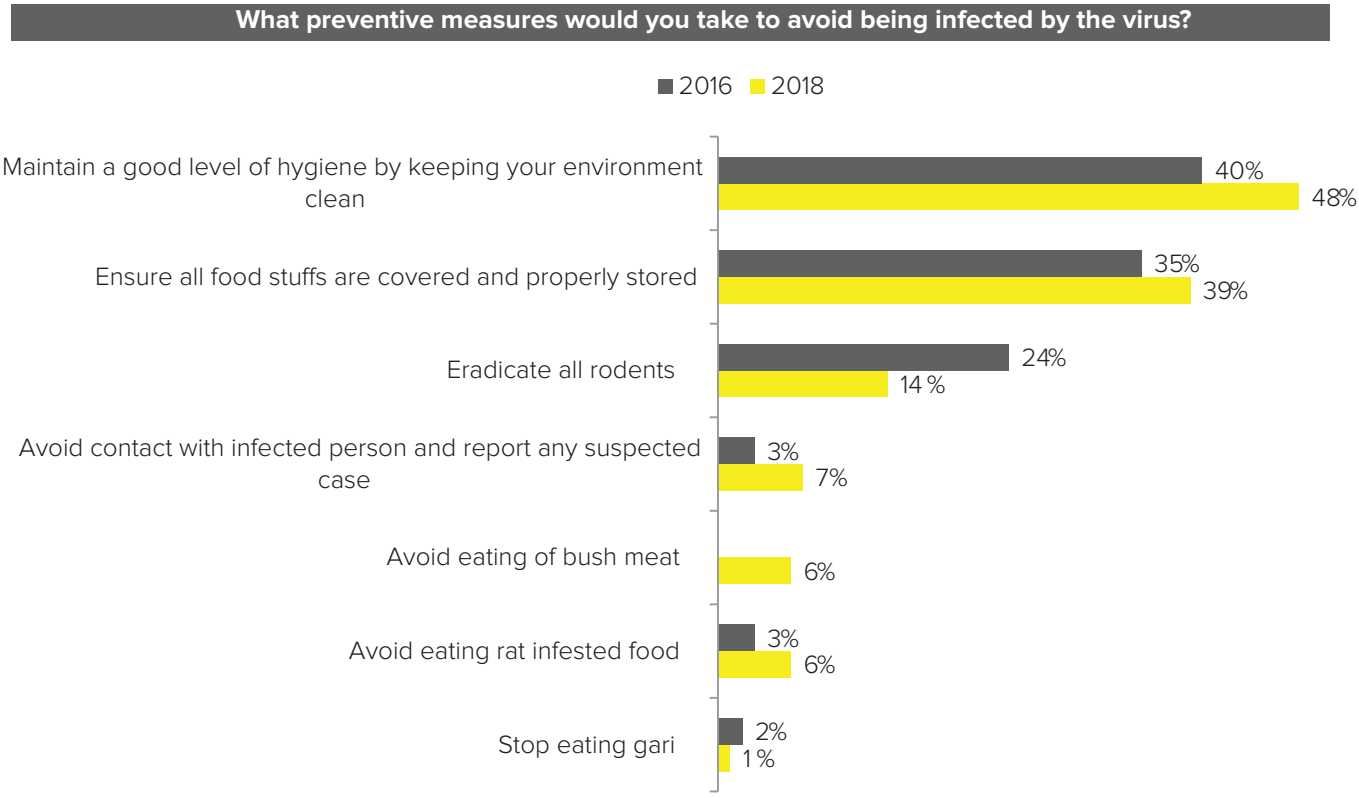


Figure 11: Preventive measures – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

5.6 Willingness to Seek Assistance

The survey sought to determine respondents' willingness to seek medical assistance, if infected. The 2018 survey revealed that 92% of the respondents were willing to go to a public hospital/primary health centre to seek medical assistance if infected. This opinion cuts across gender, geopolitical zone and age-group. A comparison of the 2018 and 2016 survey reveals that the percentage of respondents who are willing to seek medical assistance remained the same.

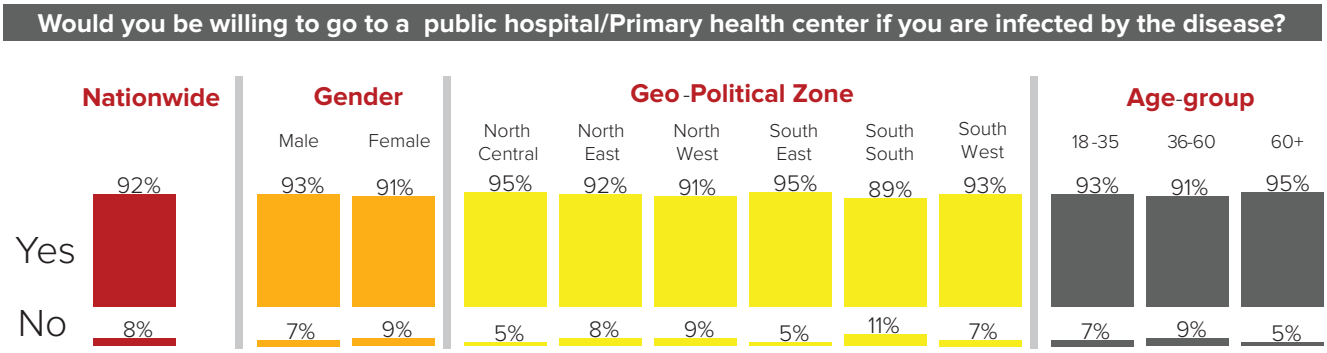


Figure 12: Willingness to seek assistance

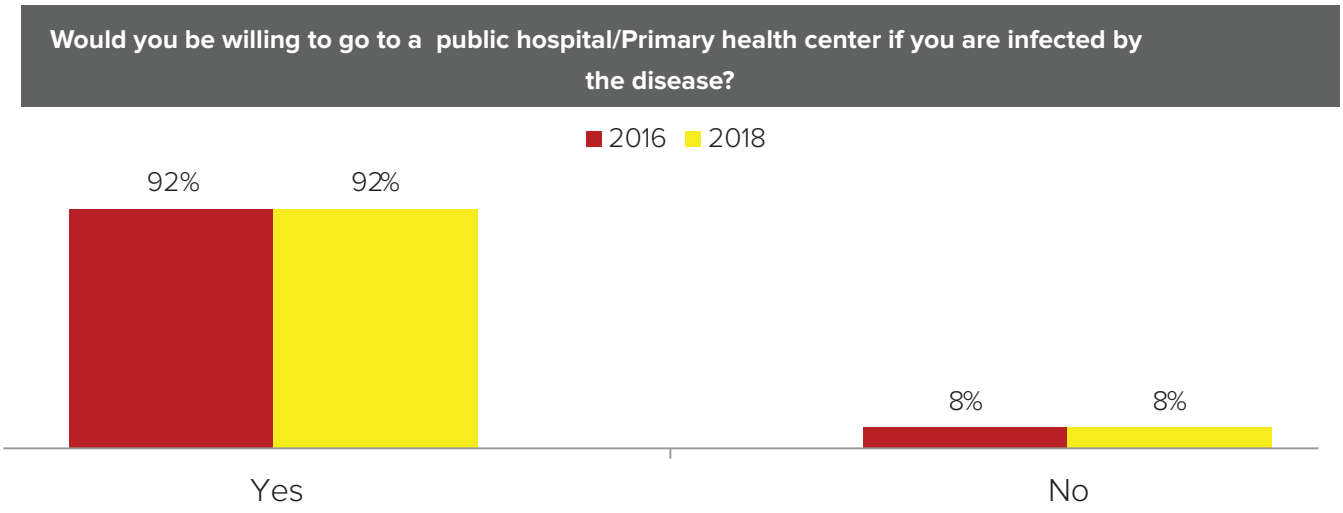


Figure 13: Willingness to seek assistance – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

5.7 Level of Confidence

The level of confidence respondents place on the ability of local hospitals to manage the outbreak of the disease was evaluated. In the 2018 survey, 63% revealed that they are 'confident' that their local hospitals had the capacity to provide the needed care and manage cases of Lassa Fever. This result, compared to the 2016 survey results where 70% of the respondents expressed confidence on the ability of local hospitals, shows a 7% decline in confidence.

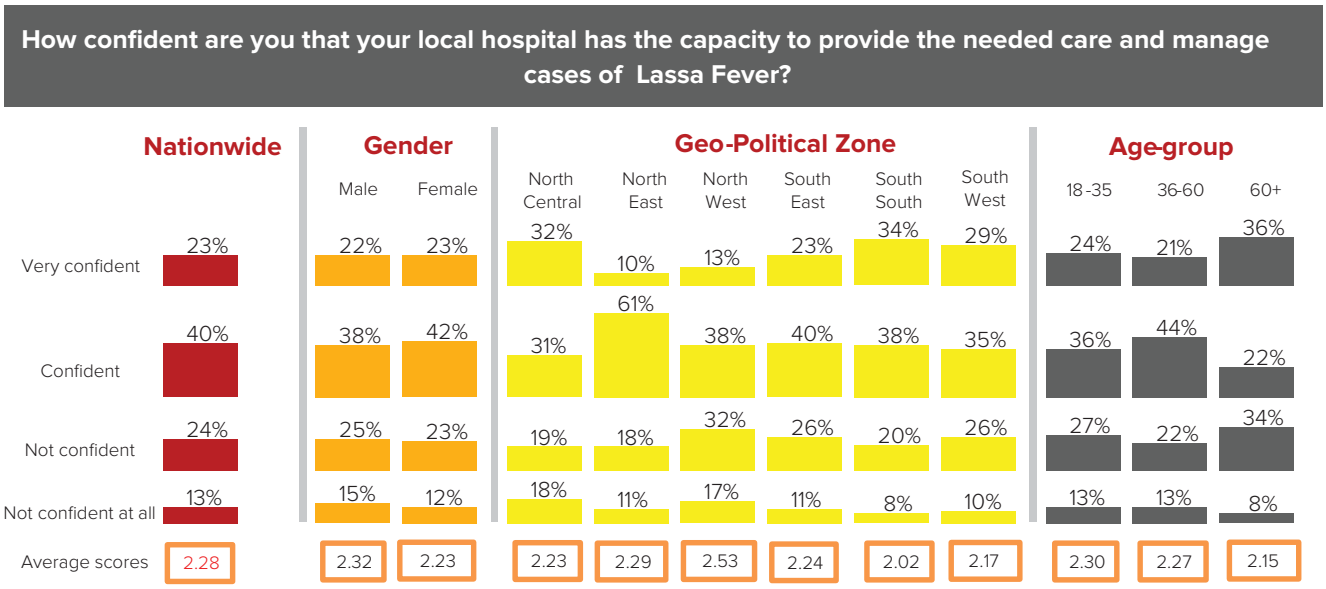


Figure 14: Confidence in local hospitals

Source: NOIPolls – February 2018

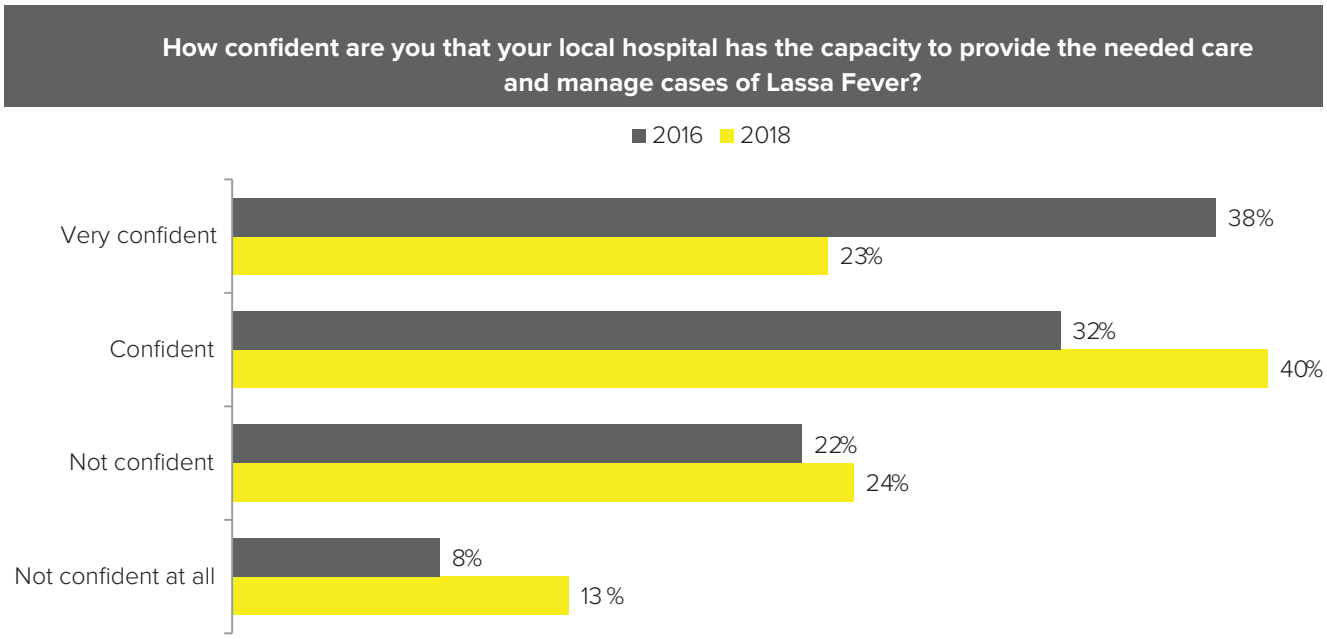


Figure 15: Confidence in local hospitals – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

5.8 Degree of Sensitization

The survey sought to determine respondents' perception of the level of sensitization efforts being carried out by the Ministry of Health on the Lassa Fever disease. The 2018 survey revealed that 74% of the respondents believe that the ministry of health is carrying out enough sensitization. This represents a 9% drop in opinion as the 2016 survey indicated that 83% believed that the Ministry of Health was carrying out enough sensitization. Although there is a 5% decline (2016 survey showed 91%), the North-East zone (83%) showed the highest level of acceptance of the sensitization carried out by the Ministry of Health. At 63% the South-South zone still accounted for the lowest response.

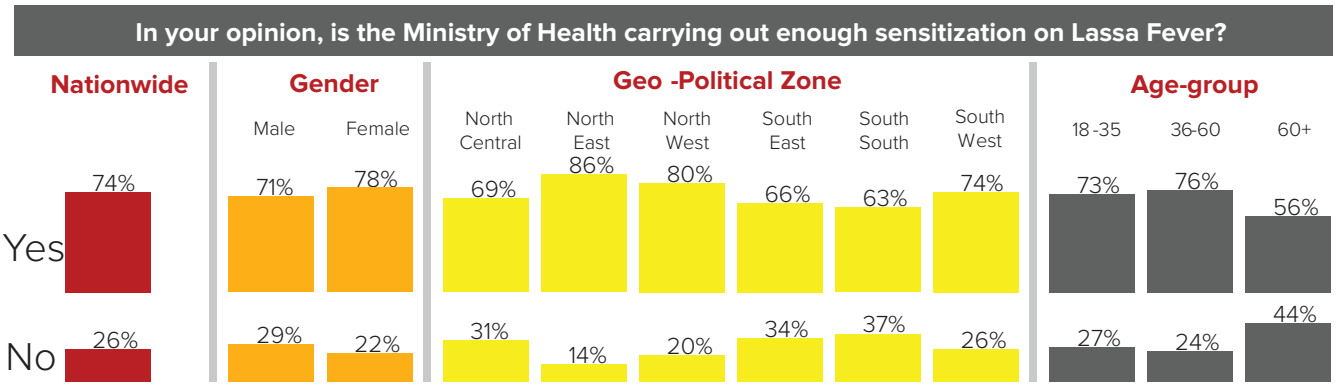


Figure 16: The degree of sensitization

Source: NOIPolls – February 2018

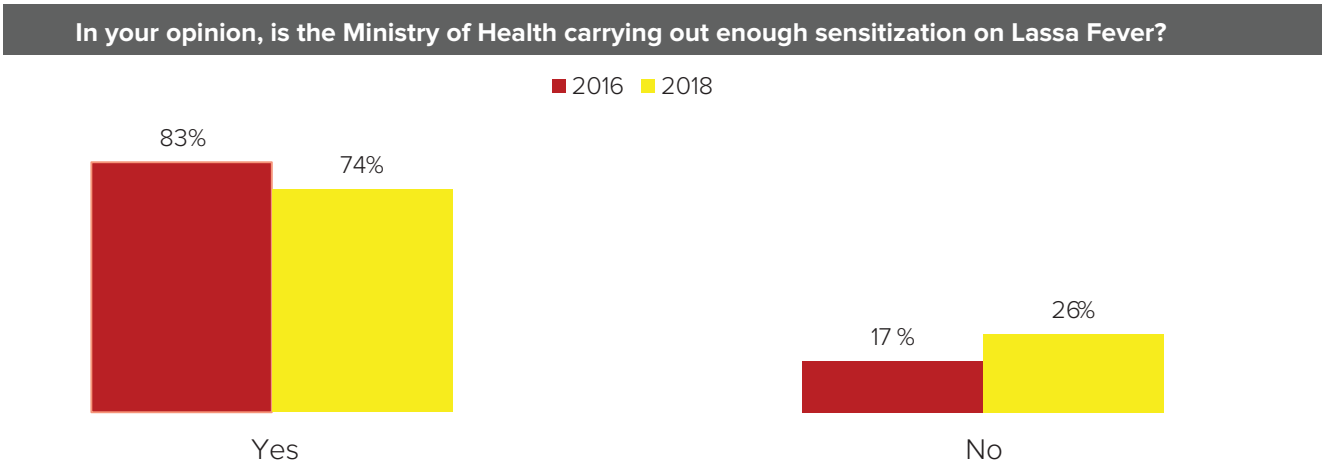


Figure 17: The degree of sensitization – Comparing 2016 and 2018 results

Source: NOIPolls – February 2018

6.0 Discussion

Although there has been an increase in the use of social media and increasing internet penetration, the radio still tops the list as the most common source of information. This is according to the 2018 survey results which indicated that 40% of the respondents selected 'radio' as their main channel of awareness. However, every channel of communication must be maximized in order to reach as many people as possible. Although more outbreaks are being reported, this does not entirely mean that we are having more cases than usual. It could also be that as infectious disease surveillance system improves, more cases are being picked up by the surveillance system. This system is led by the Nigeria Centre for Disease Control (NCDC), one of whose objective is to prevent and respond to critical infectious diseases and reduce the adverse impact of predictable and unpredicted public health emergencies. There is only so much the NCDC can do at the national level; States and local government areas must take responsibility to sustain the work of the NCDC in their respective domains. One way this can be done is by ensuring that the Council on Health's recommendations to tackle disease outbreaks, be implemented in all States.

Results from the 2016 and 2018 surveys indicate that awareness of Lassa Fever, as well as awareness of modes of transmission and what to do to prevent the disease is high. Unfortunately, this does not seem to translate to appropriate behavioural change. Foodstuff are dried in the open and people exhibit poor attitudes to refuse disposal. Practice of handwashing is not common across communities and millions of Nigerians still stool in public. Some health workers do not observe strictest standards of infection prevention and control protocols in handling patients.

Integrated Disease Surveillance and Response (IDSR) is a system designed for disease detection, reporting, analysis, investigation, response, communication, monitoring, evaluation and preparedness. It focuses on the implementation of basic surveillance capabilities at each level of the health system – from community to health facility, to district, province and national levels where coordination with disease programs can put data to public health action. With the recent outbreaks of emerging and re-emerging infectious diseases such as Lassa fever and other epidemic prone diseases in Nigeria demanding immediate public health action, there is a need to strengthen the existing notifiable disease surveillance and notification system with increased clinicians' involvement in timely reporting of notifiable diseases to designated public health authorities for prompt public health action.
To prevent Lassa Fever, Nigerians are encouraged to follow the public health advisory by the Nigeria Centre for Disease Control shown below:

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1 Lassa Fever. Available at https://www.cdc.gov/vhf/lassa/pdf/factsheet.pdf, [accessed on 19 February 2018]
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