



## LASSA FEVER IN NIGERIA: CULTURAL COMPETENCE IN COMMUNICATING PUBLIC HEALTH CONTENT

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### INTRODUCTION

Lassa fever is an acute viral illness that occurs in west Africa. The disease was discovered in 1969 when two missionary nurses died in Nigeria. The virus was named after the town in Nigeria where the first cases occurred (CDC 2015). Some people who get infected have few or no symptoms. Others get what appears to be a mild flu or malaria. Severe cases can cause renal failure, Deafness, and, for pregnant women, spontaneous abortion. While Lassa can be deadly, it has a lower fatality rate than Ebola. More than half of confirmed Ebola patients die versus roughly 20 percent of people with Lassa. Amid the viruses creating severe hemorrhagic fever in Africa, Lassa fever is a compelling public health problem in Nigeria, Liberia, Sierra Leone, and the Republic of Guinea. The current Lassa fever outbreak in Nigeria shows an increasing trend in cases and deaths in recent weeks, with 317 confirmed cases reported in 2018 (National Institutes of Health (NIH) 2018). According to the National Institutes of Health's (NIH) genomic analysis, a rise in Lassa fever cases in Nigeria in 2018 does not appear to be part of any single virus strain or increased human-to-human transmission. (NIH 2018)

**KEYWORDS:** Lassa fever, cultural competence, public health.

### Health Risk and Prevention of lassa fever

A rodent is the host of the Lassa virus that causes Lassa fever. This rodent is capable of secreting virus in urine for a protracted time, maybe for the rest of its life; once infected and they live throughout West Africa in homes, they can shed this virus without being ill. Lassa fever is caused by a single-stranded RNA virus and is a disseminated systemic primary viral infection (Healing T, & Gopal R 2001). The main feature of the fatal illness is impaired or delayed cellular immunity leading to fulminant viremia (Chen JP, & Cosgriff TM. 2000). Lassa virus can be transmitted from one person to another when the virus is spread by contaminated medical equipment, such as re-using needles in the hospital. People of all ages are susceptible. The disease is mild or has no observable symptoms in about 80% of people infected, but 20% have severe multisystem disease. The incubation period is 6-21 days. The virus goes out in the urine for three to nine weeks and in semen for three months (WHO 2000). Complications from Lassa fever may include Deafness, seizures, miscarriage in late pregnancy, often in the third trimester, and death. Permanent hearing loss is the most common complication of Lassa fever, occurring in about 1 out of 3 cases. It can develop in mild and severe cases and cannot be prevented by drug treatment. Lassa fever is fatal for only about 1% of infected people. Early

supportive care with rehydration and symptomatic treatment improves survival (WHO 2018).

"1849 suspected cases have been reported from 21 states in Nigeria (Abia, Adamawa, Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Ekiti, Federal Capital Territory, Gombe, Imo, Kaduna, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers, and Taraba). Of these, 413 patients were confirmed with Lassa fever, and nine were classified as probable, 1422 tested negative. They were classified as non-cases, and laboratory results are pending for the five remaining suspect cases. Among the 413 confirmed and the nine probable Lassa fever cases, 114 deaths were reported, and the case fatality rate for confirmed cases is 25.4% and for confirmed and probable cases combined is 27%" (NCDC 2018).

According to WHO (2018), community engagement and promoting hygienic conditions can help discourage rodents from entering homes, which can help prevent Lassa fever. Effective measures include putting food away in rodent-proof containers, keeping the house clean, and disposing of garbage away from home can help discourage rodents from entering homes. There is a need for staff in the healthcare setting consistently to implement standard infection prevention and control measures when providing care for patients to help prevent nosocomial infections; examples of such

precautions are: wearing protective clothing, like masks, gloves, gowns, and goggles, using infection control measures, like sterilization of equipment, and putting infected patients in isolation and from contacting with unprotected persons until the disease has run its course. And people cannot use this rodent as a food source (CDC 2015). Education in high-risk areas on ways to decrease rodent populations in their homes can help control and prevent Lassa fever.

### **The importance of cultural competence in communicating public health content**

Being sensitive, having compassion, understanding, and accepting of patients with different values, beliefs, and behaviors from ours are great qualities for those who work in the healthcare profession. A culturally competent health care system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities (ACL 2017). Lack of cultural competence can lead to poor patient satisfaction, outcomes and frustration for patients and healthcare workers. Respect is the priority of cultural competence, patients who feel their healthcare providers respect their beliefs, customs, values, language, and traditions are more likely to communicate freely and honestly. Which can help reduce healthcare disparities and improve patient outcomes (NIH 2017). Cultural competence in a hospital or care system produces numerous benefits for the organization, patients, and community. Culturally competent organizations have improved health outcomes, increased respect and mutual understanding from patients, and increased participation from the local community. Cultural competence provides many benefits for healthcare professionals and healthcare organizations. These benefits are: it increases community participation and involvement in health issues, Increases mutual respect and understanding between patient and organization, increases trust, promotes the inclusion of all community members, assists patients and families in their care, and promotes patient and family responsibilities for health. Patients are more likely to participate in preventive health care and reduce the number of missed medical visits when they feel heard and understood by their healthcare providers. Cost can be saved or reduced by reducing medical errors and the number of treatments. Cultural competence is an essential component of overall excellence in health care delivery and can directly impact patient safety, the patient's treatment, and treatment outcomes. To provide the most effective care, we must be knowledgeable about the diversity and cultures of the population groups we serve.

### **The most effective way to communicate the Risk and Prevention of Lassa Fever to the Igbo cultural group in Nigeria**

We've all heard the phrase, "People don't care how much you know until they know how much you care." Showing compassion, understanding, and acceptance of people from this cultural group can help because they

tend to listen to you when they feel you understand their situation. Knowing that you are on the same page enables them to open up to you and be comfortable around you. And once they believe they can trust you, they tend to listen more to what you say. I think the most effective way to communicate the risk and prevention of Lassa fever to this cultural group is to convey the information respectfully and in their local language. That will help them to understand the information given to them and enable them to follow instructions. Communicating the data in simple, plain, and precise language (Language they can understand) can go a long way to help with understanding and adherence. For example, in Igbo culture, looking at your senior (older adult) in the eye when talking to them is a sign of disrespect. So, understanding that before communicating with them can help because they will never listen to you once they feel disrespected. They also see one talking when they are speaking as disrespectful. So making the communication more of a call and response type of communication will help. Nonverbal communication, like pictures, can also help because people tend to understand more when they can virtualize it. Understanding their culture and health belief is the best way to go.

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