Rapid Share Note from the Integrated Ebola Analytic Cell: Equateur 2020 (June to November 2020)

An Ebola Virus Disease (EVD) outbreak has been declared in the province of Equateur, in Mbandaka (Wangata health area) since 23 April 2022. In view of an effective and efficient response, taking into account the knowledge, skills and practices of the population of Mbandaka, drawn from the surveys carried out by the Integrated Analytics Cell in 2020, we share below, with the actors of the response, the key findings and recommendations from these different analyses conducted during ***the 11th Ebola Virus Disease outbreak in Equateur,*** *including some key considerations in italics.*

Review of pre-existing evidence and analysis (from communities, healthcare workers, programmes and surveillance teams) is ongoing and the Analytics Cell will continue to share summaries, recommendations and new analysis as needed.

Results of healthcare workers and community surveys (representative sampling July 2020 and Dec 2020)

Community surveys (Wangata focus) - some key findings (LINK)

- In Wangata, of those (34%) who reported receiving Ebola response teams in their homes, 74% reported it as a positive experience
- In December 2020, 87% responded that they believed the outbreak (11th) was "real" and 80% knew that the outbreak had been declared over
    - *This is a positive start for community engagement.*
- In Wangata, in December 2020, regarding measures to stop the EVD outbreak; only 10% of respondents cited vaccination, 25% cited avoiding touching people with Ebola, and 22% cited isolation of the sick to stop the outbreak/prevent Ebola (while the majority of respondents cited hand washing for prevention).
    - *As we know, the main prevention mechanisms are avoiding sick and dead people, being listed and monitored as a contact, and being vaccinated. Routine hand washing is not the best approach to stopping Ebola (although it is excellent for COVID).*
    - *The key messages and communication about the importance of being listed and followed up as a contact and being vaccinated promptly should be prioritised to help communities understand disease transmission and specific actions to stop transmission and risk.*
- In Wangata, 87% of respondents prefer Lingala for communication and information on health, including Ebola
    - *All materials and communications should be in Lingala (for the above messages).*
- Regarding the vaccine, 54% in June vs. 35% in December of respondents in Wangata said they would refuse the Ebola vaccine. Reasons for refusal; Lack of knowledge and information on how the vaccine works and fear about the vaccine itself (ex: what it contains and side effects it may cause)
    - *This indicates an improvement in the acceptance of vaccination during the response, however highlights communication needs on how the Ebola vaccine works and what effects it may cause.*
    - *Communicate through healthcare workers (trusted sources) the benefits of vaccination to stop Ebola transmission and comparing the vaccine to other known and accepted vaccines (including side effects) can improve understanding and acceptance.*
- Regarding decontamination, 25% of households (in June and December 2020) said they would refuse decontamination, fearing it would bring the disease.
    - *Communicating the importance of decontamination to stop transmission, as well as allowing community/local actors to carry out decontamination, can promote acceptance of these activities.*
- Regarding isolation, 25% (December 2020) would refuse isolation because of the distance to the isolation site

- *Restarting the best practice of decentralised isolation capacity within specific healthcare facilities (as started in the 11th and replicated in 12 and 13th) is key. It will be also important to ensure communities have the information about this option*

- In 2020, the symptoms of EVM remained very confusing, which reduced the willingness to use DHS and isolation
  - *It is essential to use new communication materials that clearly explain that Ebola symptoms are not just haemorrhagic.*
- In Wangata, 39-42% of respondents reported reducing their use of care during the Ebola outbreak for fear of being accused of having or catching the virus
  - *It will be essential to monitor the use of health services from day one (using DHIS2 and direct data collection from registers - ensure as in Beni 13 that registers are well used/available).*
- As for reliable sources of information for the population; radio, doctors and nurses remain the most reliable sources of information and should be strengthened. However, CACs, "crieurs" , WhatsApp, etc. are not considered as trusted sources. Also, only 30% of respondents in Wangata report wanting information from religious or community leaders compared to 70% from health workers).
  - *Important to reinforce local healthcare workers to be able to respond to community questions about Ebola*

Health worker surveys - Wangata and Mbandaka (June and Dec 2020): some key findings

- Regarding training on Ebola; in Dec 2020; 80% of respondents reported receiving training (73% during 11th epidemic)
- On decontamination, only 53% (Dec. 2020) reported decontaminating beds/sheets with chlorine solutions or soap since the EVD outbreak
  - *It is essential to ensure that decontamination and sterilization are the pillars of IPC-WASH training (not just handwashing) and that materials are provided to follow up on the training (e.g. mattresses that can be decontaminated).*
- When asked if they could continue with Infection Prevention Control (IPC) practices after partner support post the EVD outbreak; 80% reported (Dec 2020) that they could continue with IPC practices even after partner support ended
- Regarding signs and symptoms of EVD, symptoms such as muscle pain were only recognised by 54% of healthcare workers *(critical to train on all symptoms)*
- In Dec. 2020; 67% of healthcare workers reported not feeling able to explain care and treatment of Ebola patients and 63% did not feel able to explain the testing and diagnostic process, 60% cited not being able to talk about Ebola Treatment Centres (ETC)or Safe and Dignified Burials (SDB)
  - *Healthcare worker training should focus on this information and how to properly explain testing and treatment to patients - training should cover these key case management and diagnostic information so healthcare workers can easily explain all steps from contact listing to diagnosis and patient care as well as process for deaths and opportunities for family and community engagement within each of these areas*
- 54% of healthcare workers in December 2020 did not feel able or fully able to identify a case of Ebola, they stated that not knowing how to get information from a patient, not understanding symptoms and transmission as the main factors limiting their ability to detect a possible case.
- 54% of healthcare workers in December 20202 did not feel able to stop transmission within their facility: the reasons are lack of knowledge about decontamination and lack of isolation capacity.
  - *It is key to ensure that the necessary materials (protected and treatable mattresses, chlorine, and isolation possibilities) are available in healthcare facilities*
- 42% of staff feel that healthcare workers reported not feeling sufficiently involved in the response
  - *It is essential to learn from the lessons of the 12th and 13th Ebola outbreak in Beni about the crucial role that Titulaire nurses (IT) can play in the response as well as setting up decentralised isolation opportunities.*

- 55% said that traditional healers were not sufficiently involved in the response:
    - *It is essential to ensure the leadership role of traditional healers.*

- Key healthcare facility priorities:
    - *Ensuring that facilities have materials beyond handwashing, including mattresses, will be essential to engaging in effective IPC.*
    - *Reinforcing decentralised isolation capacity (outside the ETC)*
    - *Registers to monitor healthcare service use and detect any potential reduction in health service use.*
    - *Sterilization equipment and communication/training on the risks of reusing needles and bed sharing especially for children.*
- July 2020- 51% reported having been vaccinated vs. 90% in December 2020.

In-depth analysis of deaths / DHS (October 2020) (LINK)

- The main reasons for refusing DHS were family reluctance because they did not believe it was an Ebola death (also demonstrated in surveys where symptoms are not recognised and households report refusing response activities because "it is not Ebola"
    - *This requires focused communication and dialogue on symptoms and transmission so that communities can understand how a person became infected and what all the possible symptoms of Ebola are.*
- The other key issue is delays in reporting results (also reported in surveys as a negative response behaviour in 2018 and 2020) and *all efforts for rapid reporting of test results should be prioritised.*

In-depth analysis of contacts and their follow-up (social and surveillance data) (October 2020) (LINK)

- Cases not known to be contacts remained a challenge & in the majority of Health Zones in 2020 as >40% of contacts were not seen in the first three days of follow-up
- Wangata had a lower number of contacts recorded compared to other health zones
- Children aged 0-4 years were significantly less likely to be recorded as contacts, especially in Mbandaka (only 1 child under 4 years recorded).
    - *It is absolutely essential (lessons learned from all EVD outbreaks in the DRC) to identify children under 5 years of age using health facility registers, working with health care staff and families to identify children cases.*
- Qualitative data indicated that the reasons for non-participation in listing were fear of the vaccine and doubt that the person/contact actually had Ebola (misunderstanding of Ebola symptoms).
- Community reports indicate that communication around the process and follow-up of contact tracing was limited (what would happen if the person became positive, where should they go, what would happen to their family?)
- Perception at community level that Ebola is not that serious, but that communication about the disease continues to talk about a haemorrhagic disease (e.g. the story of a person with Ebola riding a bike and being healthy compared to the blood and vomit posters).
    - *It is important to communicate about all symptoms, to identify options for decentralised isolation (and to communicate about these options), to ensure that all response actors can explain the process if a contact becomes a suspect case (how they will be tested and cared for if positive, visiting options etc).*

For contact/access to previous analyses and coordination for future analyses

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