Preparedness for Diphtheria Epidemic Among Healthcare Workers in Kano State, Nigeria

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SUMMARY:

The overall level of *knowledge*, the *infection prevention control* practices among health care workers and the state of preparedness of the *health facilities* was poor.

BACKGROUND

The global health security agenda aims to close gaps in outbreak propagodoes and load the world toward a future free from dangers of

RESULTS CONTINUED

Table 1: Socio-demographic predictors of Knowledge and Practice of diphtheria among study participants

P3-L5

preparedness and lead the world toward a future free from dangers of		β	Odd ratio	95 % C I	p-value
pandemic therefore, ensuring epidemic preparedness is a critical responsibility	Age group (years)				
of every sovereign nation as the spread of communicable diseases, poses a	≤ 25	-0.561	0.570	0.280 – 1.161	0.121
en every coverenger matient ac the oproductor communication alcouder, percent	26 – 30	0.334	1.397	0.757 – 2.579	0.285
potential threat to human existence and public health. Diphtheria, a vaccine-	31 – 35	-0.143	0.867	0.457 – 1.645	0.662
preventable disease and one of the epidemic-prone notifiable disease under	36 – 40	0.278	1.320	0.669 – 2.606	0.424
Nigeria's integrated disease surveillance and response system (IDSR), has	> 40 Highest level of education	RC			
historically been a highly contagious disease especially among children.	Certificate/diploma	0.445	1.561	0.715 – 3.408	0.264
Health care workers (HCWs) are at the forefront of managing such outbreaks	Undergraduate	0.673	1.960	0.887 – 4.332	0.096
hat the 'n be ended as a second and a level were affect's a the 'n needed	Graduate/Postgraduate	RC			
but their knowledge and preparedness level vary, affecting their response	Ethnicity	0.050	0.040	0 400 0 000	0 0 0 0
effectiveness. This study assesses the knowledge and preparedness of	Fulani	-0.052	0.949	0.408 - 2.206	0.903
healthcare workers in Kano state Nigeria regarding diphtheria focusing on	Hausa	-0.280	0.756	0.357 - 1.602	0.465
there a least an attended	Igoo Voruba	0.493	1.037	0.000 - 4.010 0.474 - 16.549	0.201
three key questions:	Others	1.030 RC	2.002	0.474 - 10.546	0.250
What is the level of diphtheria knowledge among HCWs in health facilities in	Marital status	NO			
Kano State, Nigeria.	Never married	0.055	1.057	0.650 – 1.719	0.823
↔ What are infection prevention control practices of health workers in health	Married	RC			
	Highest level of education				
facilities towards reducing the transmission of Diphtheria in kano state, Nigeria.	Certificate/diploma	0.894	2.445	0.982 - 6.090	0.055
How prepared are the health facilities in kano state for a potential diphtheria	Undergraduate	0.762	2.142	0.905 – 5.072	0.083
outbreak	Graduate/Postgraduate	RC			
		0.070	0 7 5 0		0.007
	Community Health Worker	-0.276	0.759	0.452 – 1.274	0.297
METHODS	NUISE Essility layed	RC			
This study was a descriptive cross-sectional study design conducted among		_0 222		0 0/1 0 000	0 001
-	Secondary	-2.333 _n ang	0.097	0.041 - 0.232	0.001
naaltheara workere in kano etata using miyad methode liwo-etaga sampling			0.400	0.170 - 0.300	$\mathbf{v}_{\mathbf{v}}\mathbf{v}_{\mathbf{v}}$

healthcare workers in kano state using mixed methods. Two-stage sampling Secondary technique was used to select 421 HCWs, and they responded to semistructured interviewer- administered questionnaire

- KII was conducted with state epidemiologist, State and LGA DSNO, Officer-incharge of CHEW for qualitative data.
- Descriptive statistics and logistic regression was used for analysis using **IBM/SPSS** version 21

RESULTS

- The study involved heath workers with a mean age of 34years(±9.2) and predominantly females(54.7%). Islam was the primary religion (80.5%), and (47.7%) had a certificate or diploma, while 43.9% held a graduate or postgraduate degree.
- Slightly over half (51.1%) of the respondents had poor knowledge, while (48.7%) demonstrated good knowledge.
- The infection prevention control practices among respondents were generally poor with (53.4%) demonstrating poor practices while (46.6%) had good practices. About three quarter of the facilities were unprepared for diphtheria outbreak, 20.8% had moderate preparedness 8.3% and had good

Tertiary	RC			
Senatorial District				
Kano South	-0.689	0.502	0.234 – 1.076	
Kano North	-0.419	0.658	0.318 – 1.362	0.260
Kano Central	RC			
RC= Reference category				

CONCLUSIONS

Epidemic preparedness is important in responding to an outbreak and from this study it was revealed that the healthcare workers had poor knowledge of diphtheria as well as poor infection prevention control practices. Majority of facilities were not prepared. These variables play key roles in curbing the spread of the outbreak of diphtheria. Predictors identified in the study were age groups between 26-40 years, certificate/diploma and undergraduate education levels, as well as the ethnic groups (Fulani, Hausa, Igbo, Yoruba), marital status, cadre, facility level and senatorial districts. Some other factors mentioned were, political instability, logistic factors and training and re-training.

ADDITIONAL KEY INFORMATION

preparedness



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