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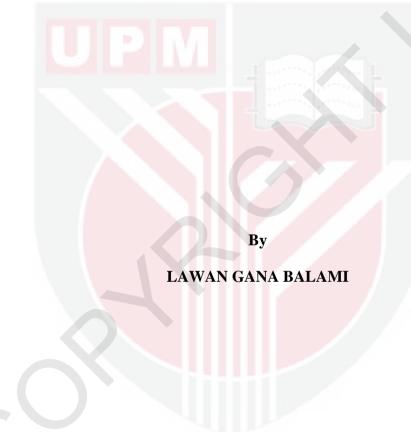
SOCIO-DEMOGRAPHIC PREDICTORS OF KNOWLEDGE, ATTITUDE AND PRACTICE IN RELATION TO EBOLA VIRUS DISEASE AMONG MEDICAL AND NURSING STUDENTS IN A TEACHING HOSPITAL, NIGERIA

LAWAN GANA BALAMI

FPSK(M) 2016 16



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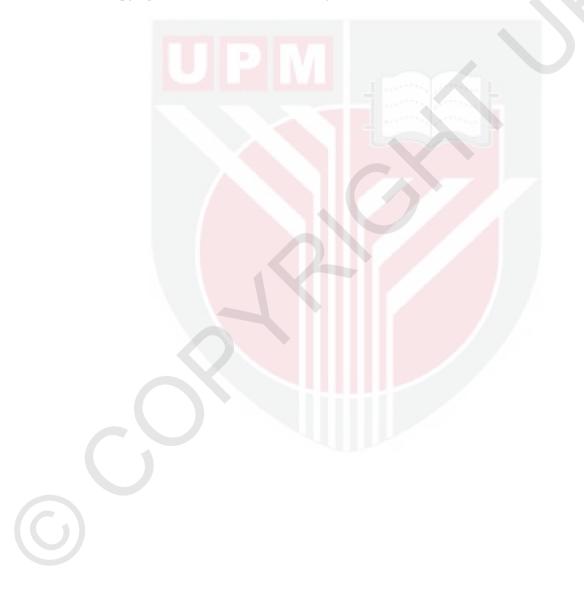
Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Master of Science

August 2016

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DEDICATION

То

My loving mother Hajiya Hannatu Suleiman Balami My late father Dr. Suleiman Gana Balami My caring sisters Hauwa, Lami and Mairo My dear brother Bashir Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirements of degree of Master of Science

SOCIO-DEMOGRAPHIC PREDICTORS OF KNOWLEDGE, ATTITUDE AND PRACTICE IN RELATION TO EBOLA VIRUS DISEASE AMONG MEDICAL AND NURSING STUDENTS IN A TEACHING HOSPITAL, NIGERIA

By

LAWAN GANA BALAMI

August 2016

Chairman Faculty :

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Suriani binti Ismail, PhD Medicine and Health Sciences

Introduction: The Ebola Virus disease (EVD) is a re-emerging disease, which in recent years has resulted in global fear and panic. The recent 2014 outbreak in West Africa has been devastating both in terms of death rate and wide spread transmission. There is neither a cure nor vaccine available and poor Knowledge, Attitude and Practices (KAP) among Health Care Workers (HCW) has amplified the spread of the disease.

Aims and objectives: The aim of this study was to determine the predictors of KAP regarding the EVD among medical and nursing students in their clinical years of training in University of Maiduguri Teaching Hospital (UMTH) Nigeria.

Method: A cross-sectional study was conducted among 423 under-graduate students from the Faculties of Medicine and Nursing at the UMTH Nigeria using multi-stage stratified random sampling. Respondents were first stratified based on field of study and secondly based on year of studies then randomly selected using student rosters. Information on socio-demography as well as KAP was collected using a pretested structured self-administered questionnaire. Knowledge was measured using a threepoint scale with responses of either "yes, no or I don't know". Attitude was measured using a five-point Likert scale of "1 for strongly disagree to 5 for strongly agree". Practice was measured using a four-point scale of "1 for never to 4 for all the time". KAP were categorized as good if the cumulative score was \geq 70%, otherwise a poor category was assigned. Data was analyzed using IBM SPSS version 22. Descriptive analysis was used for socio-demographic variables as frequencies, measures of central tendency and dispersion. For bivariate analysis, chi-square test was used to test for association between socio-demographic categorical variables and categorized KAP. While Spearman's rank correlation was used to correlate between continuous socio-demographic variables and continuous KAP scores as well as



correlation between KAP. Socio-demographic variables with significant association and correlation from bivariate analysis were entered into the regression model and analyzed to determine socio-demographic predictors of KAP using multiple logistic regression by the Forward Likelihood Ratio method.

Results: The response rate was 90.7%. Majority had poor knowledge (59.1%), about 51.8% had good attitude, and a majority (72.8%) had good practice respectively. The socio-demographic predictors of knowledge were age (AOR = 1.164, 95% CI = 1.07 - 1.26), field of study (AOR = 4.64, 95% CI = 2.33 - 9.23) and year of studies (AOR = 2.27, 95% CI = 1.06 - 4.84). For attitude were age (AOR = 1.09, 95% CI = 1.01 - 1.18), field of study (AOR = 1.95, 95% CI = 1.14 - 3.34) and year of studies (AOR = 1.20, 95% CI = 1.08 - 3.67). While the predictors for practice were age (AOR = 1.20, 95% CI = 1.12 - 1.28) and year of studies (AOR = 2.45, 95% CI = 1.11 - 5.40).

Conclusion: This study determined socio-demographic predictors of KAP regarding EVD among medical and nursing students during their clinical years of training. The findings showed age, year and field of study to be the significant socio-demographic predictors of KAP, which signifies their relevance. The application of these findings towards improving KAP and subsequently the quality of health care services through better government policies is therefore recommended.

Keywords: Knowledge, attitude, practice, Ebola virus, students.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Master Sains

PERAMAL SOSIO-DEMOGRAFI UNTUK PENGETAHUAN, SIKAP DAN AMALAN BERKAITAN PENYAKIT EBOLA DI KALANGAN PELAJAR PERUBATAN DAN PELAJAR KEJURURAWATAN DI HOSPITAL PENGAJAR, NIGERIA

Oleh

LAWAN GANA BALAMI

Ogos 2016

Pengerusi:Suriani binti Ismail, PhDFakulti:Perubatan dan Sains Kesihatan

Pengenalan: Penyakit Ebola (EVD) merupakan penyakit yang muncul semula, dan dalam tahun-tahun kebelakangan ini telah menyebabkan ketakutan dan panik secara global. Wabak ebola yang merebak di Afrika Barat pada tahun 2014 telah menyebabkan kemusnahan besar sama ada dari segi kadar kematian atau luasnya penyebaran penyakit. Tidak terdapat penawar atau ubat untuk menghalang penyebaran penyakit ini, ditambah pula dengan pengetahuan, sikap dan amalan (KAP) yang lemah dalam kalangan Pekerja Penjagaan Kesihatan (HCW) telah merancakkan lagi penyebaran penyakit ini.

Objektif: Tujuan kajian ini adalah untuk menentukan peramal KAP mengenai EVD dalam kalangan pelajar perubatan dan kejururawatan pada tahun klinikal mereka di Hospital Pengajar Universiti Maiduguri (UMTH) Nigeria.

Kaedah Kajian: Satu kajian keratan rentas telah dijalankan dalam kalangan 423 pelajar ijazah pertama di Fakulti Perubatan dan Kejururawatan di UMTH Nigeria dengan menggunakan pelbagai peringkat persampelan rawak berstrata. Pertama, responden distrata berdasarkan bidang pengajian, kedua, berdasarkan tahun pengajian, dan kemudian dipilih secara rawak menggunakan senarai nama pelajar. Maklumat mengenai sosio-demografi serta KAP telah dikumpulkan dengan menggunakan soal selidik berstruktur yang ditadbir sendiri dengan kadar. Pengetahuan diukur menggunakan skala tiga mata dengan jawapan sama ada "ya, tidak atau saya tidak tahu". Sikap diukur menggunakan Skala Likert lima mata "1 untuk sangat tidak setuju hingga 5 untuk sangat setuju". Amalan diukur menggunakan skala empat mata "1 kerana tidak pernah hingga 4 untuk semua masa". KAP dikategorikan sebagai baik jika skor terkumpul adalah \geq 70%, dan sebaliknya dikategorikan sebagai lemah. Data dianalisis menggunakan IBM SPSS versi 22. Analisis deskriptif telah digunakan untuk pemboleh ubah sosio-demografi seperti frekuensi, ukuran kecenderungan memusat dan serakan. Untuk analisis bivariat,



ujian chi-square digunakan untuk menguji hubungan antara pemboleh ubah sosiodemografi dan KAP yang dikategorikan. Selain itu, ujian kolerasi pangkat Spearman telah digunakan untuk mengaitkan antara pemboleh ubah sosio-demografi dan skor KAP yang berterusan serta korelasi antara KAP. Pemboleh ubah sosio-demografi dengan hubungan yang signifikan, dan korelasi daripada analisis bivariat telah dimasukkan ke dalam model regresi dan dianalisis untuk menentukan peramal sosiodemografi KAP menggunakan regresi logistik dengan kaedah Nisbah Kemungkinan Hadapan.

Hasil kajian: Respons sebanyak 90.7%. Majoriti responden mempunyai pengetahuan yang rendah (59.1%), kira-kira 51.8% mempunyai sikap yang baik, dan majoriti (72.8%) mempunyai amalan yang baik. Peramal sosio-demografi untuk pengetahuan adalah umur (AOR = 1.164, 95% CI = 1,07-1,26), bidang pengajian (AOR = 4.64, 95% CI = 2,33-9,23) dan tahun pengajian (AOR = 2.27, 95% CI = 1,06-4,84). Peramal untuk sikap adalah umur (AOR = 1.09, 95% CI = 1,01-1,18), bidang pengajian (AOR = 1.95, 95% CI = 1,14-3,34) dan tahun pengajian (AOR = 1.99, 95% CI = 1,08-3,67). Bagi peramal untuk amalan adalah umur (AOR = 1.20, 95% CI = 1,12-1,28) dan tahun pengajian (AOR = 2.45, 95% CI = 1,11-5,40).

Kesimpulan: Kajian ini telah dapat meramal faktor sosio-demografi untuk KAP mengenai EVD di kalangan pelajar perubatan dan kejururawatan pada tahun latihan klinikal mereka. Dapatan kajian ini menunjukkan umur, tahun dan bidang pengajian adalah peramal sosio-demografi yang signifikan untuk KAP, yang menandakan perkaitannya. Dapatan kajian ini bermanfaat untuk meningkatkan KAP, dan seterusnya kualiti perkhidmatan penjagaan kesihatan melalui dasar-dasar kerajaan yang lebih baik.

Kata kunci: Pengetahuan, Sikap, Amalan, Ebola virus, Pelajar.

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Lawan G. Balami

I certify that a Thesis Examination Committee has met on 25 August 2016 to conduct the final examination of Lawan Gana Balami on his thesis entitled "Socio-Demographic Predictors of Knowledge, Attitude and Practice in Relation to Ebola Virus Disease among Medical and Nursing Students in a Teaching Hospital, Nigeria" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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Chairman of
Supervisory
Committee: Dr. Suriani Binti Ismail

Signature:_____ Name of Member of Supervisory Committee: <u>Dr. Suhainizam M. Saliluddin</u>

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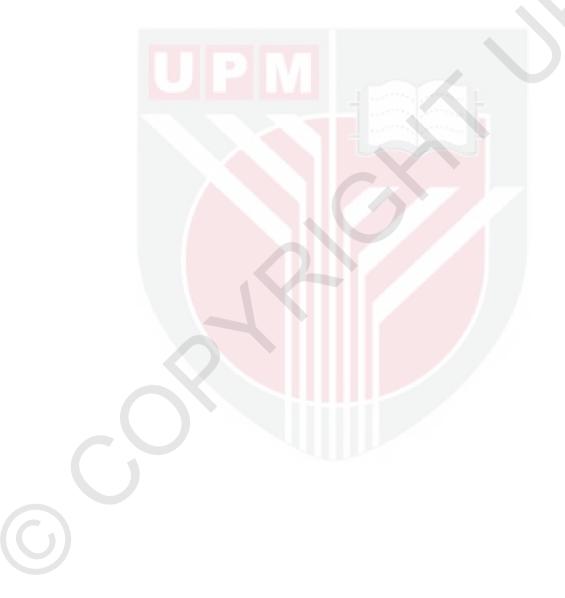
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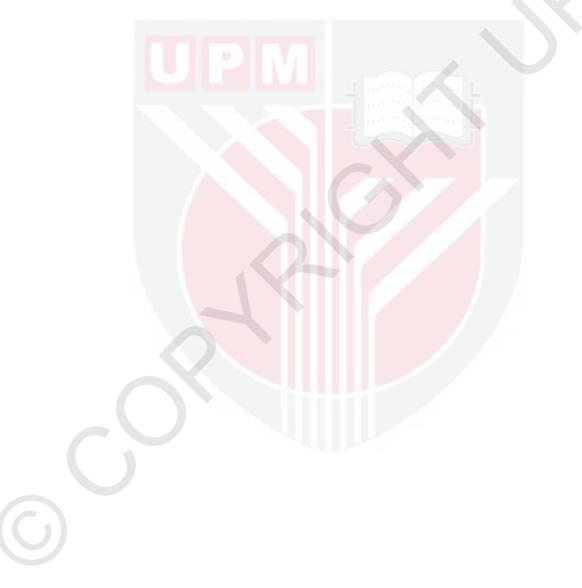
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LIST OF ABBREVIATIONS

ALT	Alanine amino transferase
AST	Aspertate amino transferase
CDC	Center for disease control
DRC	Democratic republic of Congo
EBV	Ebola virus
ECOWAS	Economy of West African states
EHF	Ebola hemorrhagic fever
ELISA	Enzyme linked immunosorbent assay
ETC	Ebola treatment center
EVD	Ebola virus disease
GP	Glyco protein
КАР	Knowledge Attitude Practice
MARV	Marburg Virus
MCQ	Multiple Choice Questions
MP	Malaria Parasite
NP	Nucleo protein
PPE	Personal protective equipment
RNA	Ribo nucleic acid
RT-PCR	Reverse transcriptase polymerase chain reaction
sGP	Smaller glycol protein
TNF	Tumor necrosis factor
UK	United Kingdom
UNIMAID	University of Maiduguri
UMTH	University of Maiduguri Teaching Hospital
WHO	World health organization

CHAPTER 1

INTRODUCTION

This chapter introduces the research topic, the reason behind its undertaking, its aims and objectives as well as the scope and direction it will be taking.

1.1 Background of the study

The Ebola Virus disease (EVD) is one of the deadliest diseases known to affect humans with a fatality ratio of up to 90% (Rajak, Jain, Singh, Sharma, & Dixit, 2015). It first appeared in Africa in the year 1976 (Matua, Van der Wal, & Locsin, 2015), since then this virus and other genetically similar species have been involved in over 25 outbreaks in both central and western parts of Africa resulting in over 12, 761 deaths and still counting (Lefebvre et al., 2014; WHO, 2015).

The recent 2014 outbreak in West Africa has been devastating both in terms of death rate and wide spread transmission. It has so far resulted in over 22, 495 cases and 8981 deaths out of which 495 were Health Care Workers (HCW) in a period of one year (Fasina et al., 2015). The virus is highly infectious and can be transmitted from one host to another in a short time through contact with infected bodily fluids and secretions of both living and dead people (Shears & O'Dempsey, 2015). Practices such as hunting of primates for bush meat consumption engaged by communities in endemic countries such as Nigeria (African Development Bank, 2015) have played a major role in initiating and amplifying the spread of the virus (Matua et al., 2015).

A study in Guinea of the 2014 EVD outbreak showed that HCW have a higher incidence rate of 104.5 per 10,000 compared to 3.3 per 10,000 for non-HCW (RR=42.2; 95% CI= 36.0-49.5) (CDC, 2015a). Similarly reports from Sierra Leone have also shown a 103-fold higher incidence rate of the EVD in HCW compared to the general public with doctors and nurses making up two thirds of HCW infected by the virus (CDC, 2015a, 2015c). Research done in Nigeria (Oguntimehin et al., 2015; Olowookere et al., 2015; Shittu, 2015), the UK (Fazekas, Fazekas, Moledina, Fazekas, & Karolyhazy, 2015), Columbia (Patiño-Barbosa et al., 2015), France (Tarantini et al., 2015) and Pakistan (Lakhani et al., 2002) have all reported the levels of comprehensive knowledge, attitude and practices regarding EVD to be poor among HCW.

Medical and nursing students are the health workers of the near future as well as role models in the society. They undergo clinical training and are exposed to infectious diseases under such poor conditions with very little knowledge and skills on how to avoid being infected; this places these young health workers at a significant risk. Therefore, this study aims to determine to sociodemographic predictors of KAP regarding EVD in this young population that is currently at a key phase. This can be used to improve the current situation by aiding in modification of the present medical and nursing training curriculum and in formulating positive government policies against future outbreaks.

1.2 Problem statement

In the past few decades the incidence rate of the EVD has been on the rise (Shears & O'Dempsey, 2015). During the initial outbreak of 1976 in Sudan and Democratic Republic of Congo (DRC) the number of reported confirmed cases were totaling about 600 in both countries (Rajak et al., 2015; Shears & O'Dempsey, 2015). In the later parts of the 20th Century however, incidence rates began to decline to about 450 cases during the periods of 1979 – 1996 (Shears & O'Dempsey, 2015). This may have been attributed to implemented and sustained prevention and control measures as well as an increased familiarity with the illness (Gostin & Friedman, 2015). It would be thought that this marked the end of the era of another infectious disease however, this was far from true. Across the 21st century was a spike in the incidence rates of EVD cases like never seen before; from the year 2000 to 2009 the number of cases hit the one thousand mark for the first time in history across countries such as Uganda, Gabon, DRC and Sudan (Shears & O'Dempsey, 2015). Although the figure was alarming at that time, little was it known that this was a far cry from what was around the corner. In the year 2013 marked the initiation of what would be the largest outbreak of this deadly virus of all time (Sousa, 2014; Wong & Wong, 2015). This sequel continued across the year 2014 where it peaked at over 12, 761 cases (Lefebvre et al., 2014) and about 9,000 deaths (Ohimain, 2015) majorly across countries such as Nigeria, Guinea, Sierra Leone and Liberia (CDC, 2014b; WHO, 2015).

Recent studies have shown that HCW possess poor knowledge of key features of the EVD (Fazekas et al., 2015; Olowookere et al., 2015). This is a disease with neither a cure nor a vaccine (Ohimain, 2015), has recently recorded almost 9000 deaths in one year (CDC, 2014b) with a fatality ratio of up to 90% (Sousa, 2014). Additionally, poor practices due to deficient resources (WHO, 2014e) have also resulted in many HCW being infected with the virus (CDC, 2015a, 2015c) thus translating into poor attitudes like fear and increased risk perception (Tarantini et al., 2015) among this population as well as reluctance towards handling such patients (Rosenbaum, 2008) which has only further complicated the lingering problem.

Medical and nursing students during the course of their clinical training are exposed to infectious diseases whilst having little knowledge on how to adequately protect themselves and avoid the risk of infection (Nawab et al., 2015). Therefore, this makes it vital to determine the socio-demographic predictors of KAP regarding such deadly diseases as the EVD.

1.3 Significance of the study

Findings from this study will hope to contribute to evidence based medicine by determining socio-demographic predictors of KAP of medical and nursing students of UMTH. This can in-turn be used to improve the current situation by aiding in modification of the present medical and nursing training curriculum to compensate for areas where lies knowledge gaps. It can also help in formulating government policies and implementation of prevention strategies against future outbreaks.

1.4 Research Question

What are the socio-demographic predictors of knowledge, attitudes and practices regarding Ebola Virus disease among Medical and Nursing Students in University of Maiduguri Teaching Hospital Nigeria?

1.5 Study Objectives

1.5.1 General Objectives

To determine the socio-demographic predictors of KAP regarding Ebola virus disease among Medical and Nursing students of UMTH, Nigeria.

1.5.2 Specific Objectives

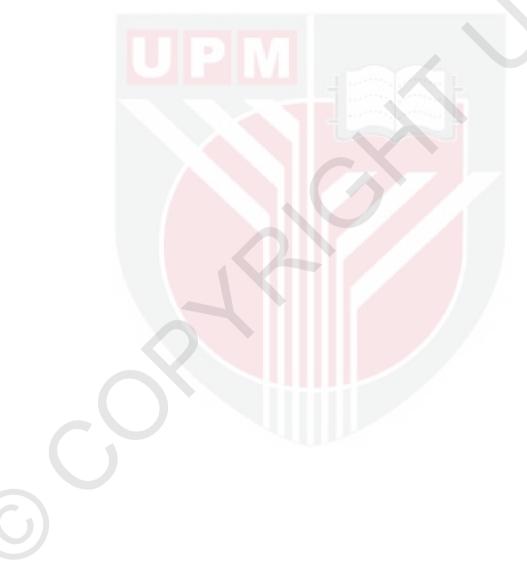
The specific objectives of this study are:

- i) To determine the distribution of respondents according to sociodemographic characteristics (age, gender, field of study, year of study, religion and marital status).
- ii) To determine the level of knowledge of respondents regarding key features of EVD.
- iii) To determine the level of attitude of respondents regarding EVD.
- iv) To determine the level of practices of respondents regarding EVD.
- v) To determine the association between socio-demographic variables (gender, age, field of study, year of study, ethnicity, religion, marital status) and KAP of respondents.
- vi) To determine the relationship between knowledge, attitude and practice of respondents.
- vii) To determine the socio-demographic predicting factors for KAP of respondents.

1.6 Research hypothesis

This research is based on the following hypothesis:

- H_1 : There is a significant association between socio-demographic variables and knowledge of medical and nursing students of UMTH.
- H_2 : There is a significant association between socio-demographic variables and attitude of medical and nursing students of UMTH.
- H_3 : There is a significant association between socio-demographic variables and practice of medical and nursing students of UMTH.
- H_4 : There is a significant association between knowledge, attitude and practice of medical and nursing students of UMTH.



REFERENCES

- Abolfotouh, M., Al Saleh, S., Mahfouz, A., Abolfotouh, S., & Al Fozan, H. (2013).
 Attitudes of Saudi nursing Students on AIDs and Predictors of willingness to provide care for patients in Central Saudi Arabia: A Cross sectional Study. *International Journal of Nursing*, 2(1), 13–24. http://doi.org/10.1177/2158244013499163
- African Development Bank. (2015). Open Data for Nigeria. Retrieved July 18, 2015, from http://nigeria.opendataforafrica.org/search?query=borno bush meat consumption
- Al-Dubai, S. A., Ganasegeran, K., Mohanad Rahman, A., Alshagga, M. A., & Saif-Ali, R. (2013). Factors Affecting Dengue Fever Knowledge, Attitudes and Practices Among Selected Urban, Semi-Urban and Rural Communities in. Southeast Asian J Trop Med Public Health, 44(1), 57000. Retrieved from http://www.tm.mahidol.ac.th/seameo/2013-44-1-full/6-5403-10.pdf
- AL-Rawajfah, O. M., & Tubaishat, A. (2015). Nursing students' knowledge and practices of standard precautions: A Jordanian web-based survey. *Nurse Education Today*, 35(12), 1175–1180. http://doi.org/10.1016/j.nedt.2015.05.011
- Althaus, C. L., Low, N., Musa, E. O., Shuaib, F., & Gsteiger, S. (2015). Ebola virus disease outbreak in Nigeria: Transmission dynamics and rapid control. *Epidemics*, 11, 80–84. http://doi.org/10.1016/j.epidem.2015.03.001
- Amoran, O., & Onwube, O. (2013). Infection control and practice of standard precautions among healthcare workers in northern Nigeria. *Journal of Global Infectious Diseases*, 5(4), 156. http://doi.org/10.4103/0974-777X.122010
- Askarian, M., Honarvar, B., Tabatabaee, H.-R., & Assadian, O. (2004). Knowledge, practice and attitude towards standard isolation precautions in Iranian medical students. *The Journal of Hospital Infection*, 58(4), 292–6. http://doi.org/10.1016/j.jhin.2004.07.004
- Azodo, C., Umoh, A., Ezeja, E., & Ukpebor, M. (2007). A Survey of Hiv-Related Knowledge and Attitude among Dental Nursing Students in South Western Nigeria. *Benin Journal of Postgraduate Medicine*, 9(1), 1–7. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,shib &db=awn&AN=AIM-010516&site=ehost-live
- Babale Garba Nafada, MM Baba, Hyelcinta C.J, Abdulrahman Tahir, Bashir Tahir, Muhammad Talle, O. S. (2011). Capacity Utilization of University of Maiduguri Teaching Hospital, Nigeria, *3*(8), 35–38. Retrieved from http://www.sciencepub.net/report/report0308/08_7091report0308_35_38.pdf
- Brailo, V., Pelivan, I., Skaricic, J., Vuletic, M., Dulcic, N., & Cerjan-Letica, G. (2011). Treating Patients with HIV and Hepatitis B and C Infections: Croatian Dental Students' Knowledge, Attitudes, and Risk Perceptions. *Journal of Dental Education*, 75(8), 1115–1126. Retrieved from

http://www.ncbi.nlm.nih.gov/pubmed/21828306

- Brorsson, A., Hellquist, G., Björkelund, C., & Råstam, L. (2002). Serious, frightening and interesting conditions: Differences in values and attitudes between first-year and final-year medical students. *Medical Education*, *36*(6), 555–560. http://doi.org/10.1046/j.1365-2923.2002.01231.x
- Buseh, A. G., Stevens, P. E., Bromberg, M., & Kelber, S. T. (2015). The Ebola epidemic in West Africa: Challenges, opportunities, and policy priority areas. *Nursing Outlook*, 63(1), 30–40. http://doi.org/10.1016/j.outlook.2014.12.013
- CDC. (2013). Viral Hemorrhagic Fevers | CDC Special Pathogens Branch. Retrieved June 13, 2015, from http://www.cdc.gov/Ncidod/dvrd/spb/mnpages/dispages/vhf.htm
- CDC. (2014a). 2014 Ebola Outbreak in West Africa | Ebola Hemorrhagic Fever | CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html
- CDC. (2014b). 2014 Ebola Outbreak in West Africa Case Counts | Ebola Hemorrhagic Fever | CDC. Retrieved June 22, 2015, from http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html
- CDC. (2014c). Case Definition for Ebola Virus Disease (EVD) | Ebola Hemorrhagic Fever | CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/casedefinition.html
- CDC. (2014d). Ebola Virus Disease Outbreak Nigeria, July–September 2014. Retrieved April 27, 2016, from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6339a5.htm
- CDC. (2014e). Guidance for Donning and Doffing Personal Protective Equipment (PPE) During Management of Patients with Ebola Virus Disease in U.S. Hospitals Personal Protective Equipment (PPE) | Ebola Hemorrhagic Fever |
 CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html
- CDC. (2014f). U.S. Citizens Living Abroad | Viral Hemorrhagic Fevers | CDC. *CDC*. Retrieved from http://www.cdc.gov/vhf/abroad/vhf-manual.html
- CDC. (2015a). Ebola in Health Care Workers-Guinea. Retrieved October 19, 2015, from http://www.cdc.gov/mmwr/pdf/wk/mm6438.pdf
- CDC. (2015b). Ebola outbreak distribution map. Retrieved December 17, 2015, from http://www.cdc.gov/vhf/ebola/images/outbreak-distribution-map.jpg
- CDC. (2015c). Ebola Virus Disease in Health Care Workers Sierra Leone, 2014. Retrieved October 19, 2015, from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a6.htm

- CDC. (2015d). Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus | Ebola Hemorrhagic Fever | CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/exposure/risk-factors-whenevaluating-person-for-exposure.html
- CDC. (2015e). Guidance for Collection, Transport and Submission of Specimens for Ebola Virus Testing | Ebola Hemorrhagic Fever | CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/healthcareus/laboratories/specimens.html
- CDC. (2015f). Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure | Ebola Hemorrhagic Fever | CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/exposure/monitoring-andmovement-of-persons-with-exposure.html
- CDC. (2015g). Questions and Answers: 2014 Ebola Outbreak | Ebola Hemorrhagic Fever | CDC. Retrieved February 3, 2016, from http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa.html
- CDC. (2015h). Sierra Leone Trial to Introduce a Vaccine against Ebola (STRIVE) Q&A | Ebola Hemorrhagic Fever | CDC. Retrieved June 13, 2015, from http://www.cdc.gov/vhf/ebola/strive/qa.html
- Chan, R., Molassiotis, A., Eunice, C., Virene, C., Becky, H., Chit-ying, L., ... Ivy, Y. (2002). Nurses' knowledge of and compliance with universal precautions in an acute care hospital. *International Journal of Nursing Studies*, 39(2), 157– 163. http://doi.org/10.1016/S0020-7489(01)00021-9
- Cheung, K., Chan, C. K., Chang, M. Y., Chu, P. H., Fung, W. F., Kwan, K. C., ... Mak, H. M. (2015). Predictors for compliance of standard precautions among nursing students. *American Journal of Infection Control*, 43(7), 729–734. http://doi.org/10.1016/j.ajic.2015.03.007
- D'Alessandro, D., Agodi, A., Auxilia, F., Brusaferro, S., Calligaris, L., Ferrante, M., ... Tardivo, S. (2014). Prevention of healthcare associated infections: Medical and nursing students' knowledge in italy. *Nurse Education Today*, 34(2), 191– 195. http://doi.org/10.1016/j.nedt.2013.05.005
- Darawad, M. W., & Al-Hussami, M. (2013). Jordanian nursing students' knowledge of, attitudes towards, and compliance with infection control precautions. *Nurse Education Today*, *33*(6), 580–583. http://doi.org/10.1016/j.nedt.2012.06.009
- Doosti Irani, A., Hashemi Shahraki, A., Ghaderi, E., Nasehi, M., & Mostafavi, E. (2015). Lack of optimum practice among health care workers regarding tuberculosis in Iran: A knowledge, attitude, and practice study. *American Journal of Infection Control*, 43(5), e7–e12. http://doi.org/10.1016/j.ajic.2015.01.020
- Fasina, F. O., Adenubi, O. T., Ogundare, S. T., Shittu, A., Bwala, D. G., & Fasina, M. M. (2015). Descriptive analyses and risk of death due to Ebola Virus

Disease, West Africa, 2014. *The Journal of Infection in Developing Countries*, 9(12). http://doi.org/10.3855/jidc.6484

- Fazekas, B., Fazekas, J., Moledina, M., Fazekas, B., & Karolyhazy, K. (2015). Ebola virus disease: awareness among junior doctors in England. *Journal of Hospital Infection*, 90(3), 260–262. http://doi.org/10.1016/j.jhin.2015.03.007
- Ftika, L., & Maltezou, H. C. (2013). Viral haemorrhagic fevers in healthcare settings. *Journal of Hospital Infection*, 83(3), 185–192. http://doi.org/10.1016/j.jhin.2012.10.013
- Gesser-Edelsburg, A., Shir-Raz, Y., Hayek, S., & Sassoni-Bar Lev, O. (2015). What does the public know about Ebola? The public's risk perceptions regarding the current Ebola outbreak in an as-yet unaffected country. *American Journal of Infection Control*, 1–7. http://doi.org/10.1016/j.ajic.2015.03.005
- Gostin, L. O., & Friedman, E. a. (2015). A retrospective and prospective analysis of the west African Ebola virus disease epidemic: robust national health systems at the foundation and an empowered WHO at the apex. *The Lancet*, 385(9980), 1902–1909. http://doi.org/10.1016/S0140-6736(15)60644-4
- Is, A., & Mo, A. (2012). Knowledge, Awareness and Compliance with Standard Precautions among Health Workers in North Eastearn Nigeria. *Journal of Community Medicine & Health Education*, 2(3), 10–14. http://doi.org/10.4172/jcmhe.1000131
- Keller, J. J., Kim, J. H., Lau, J. C. H., Wong, A. H., & Griffiths, S. M. (2014). Intention to Engage in Preventive Behaviors in Response to the A/H1N1 Pandemic Among University Entrants in Four Chinese Cities. Asia-Pacific Journal of Public Health, 26(1), 42–47. http://doi.org/10.1177/1010539513496842
- Kermode, M., Jolley, D., Langkham, B., Thomas, M. S., & Crofts, N. (2005).
 Occupational exposure to blood and risk of bloodborne virus infection among health care workers in rural north Indian health care settings. *American Journal of Infection Control*, 33(1), 34–41. http://doi.org/10.1016/j.ajic.2004.07.015
- Kever, R. T., Dathini, H., Habu, H., Maigari, B., Uba, M. N., Lola, N., & Gagare, A.
 A. (2014). Knowledge of Ebola viral disease and practice of preventive measures among University of Maiduguri students, *1*(20), 281–294. Retrieved from http://www.asianacademicresearch.org/2015_abstract/february_md_2015/10.pd f
- Kilgore, P. E., Grabenstein, J. D., Salim, A. M., & Rybak, M. (2015). Treatment of Ebola virus disease. *Pharmacotherapy*, 35(1), 43–53. http://doi.org/10.1002/phar.1545
- Kim, K., Kim, M., Chung, Y., & Kim, N. (2001). Knowledge and performance of the universal precautions by nursing and medical students in Korea. *American*

Journal of Infection Control, 29(5), 295–300. http://doi.org/10.1067/mic.2001.114837

- Kobayashi, M., Beer, K. D., Bjork, A., Chatham-Stephens, K., Cherry, C. C., Arzoaquoi, S., ... Nyenswah, T. G. (2015). Community Knowledge, Attitudes, and Practices Regarding Ebola Virus Disease - Five Counties, Liberia, September-October, 2014. MMWR. Morbidity and Mortality Weekly Report, 64(26), 714–718.
- Kortepeter, M. G., Bausch, D. G., & Bray, M. (2011). Basic clinical and laboratory features of filoviral hemorrhagic fever. *The Journal of Infectious Diseases*, 204 *Suppl*(Suppl 3), S810-6. http://doi.org/10.1093/infdis/jir299
- Lakhani, a, Mahmood, H., Laeeq, a, Mansoor, S., Lodhi, S., Majid, S., ... Altaf, a. (2002). Viral hemorrhagic fever in Pakistan: awareness among health care personnel. *JPMA*. *The Journal of the Pakistan Medical Association*, 52(5), 214–7. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12174494
- Lefebvre, a, Fiet, C., Belpois-Duchamp, C., Tiv, M., Astruc, K., & Aho Gl d é, L. S. (2014). Case fatality rates of Ebola virus diseases: A meta-analysis of World Health Organization data. *M álecine et Maladies Infectieuses*, *Sep*(44(9)), 412– 416. http://doi.org/10.1016/j.medmal.2014.08.005
- Lemeshow, S., Jr, D. W. H., Klar, J., & Lwanga, S. K. (1990). Stanley Lemeshow, David W Hosmer Jr, Janelle Klar, and Stephen K. Lwanga. Retrieved from http://apps.who.int/iris/handle/10665/41607
- Li, H., Ying, T., Yu, F., Lu, L., & Jiang, S. (2015). Development of therapeutics for treatment of Ebola virus infection. *Microbes and Infection*, 17(2), 109–117. http://doi.org/10.1016/j.micinf.2014.11.012
- Little, R. J. (1988). A Test of Missing Completely at Random for Data With Missing Values. Journal of American Statistical Association. http://doi.org/10.2307/2290157
- Lorente, J. Á., Blanch, L., & Esteban, A. (2015). Ebola Virus: Understanding the 2014 Outbreak. Archivos de Bronconeumolog ú (English Edition), 51(2), 59–60. http://doi.org/10.1016/j.arbr.2014.12.025
- Lui, P. S. C., Sarangapany, J., Begley, K., Coote, K., & Kishore, K. (2014). Medical and Nursing Students Perceived Knowledge, Attitudes, and Practices concerning Human Immunodeficiency Virus. *ISRN Public Health*, 2014, 1–9. http://doi.org/10.1155/2014/975875
- Malherbe, J. (2013). Counting the cost: The consequences of increased medical malpractice litigation in South Africa. SAMJ: South African Medical Journal, 103(2), 83–84. Retrieved from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742013000200015&lng=en&nrm=iso&tlng=en

- Mathewos, B., Birhan, W., Kinfe, S., Boru, M., Tiruneh, G., Addis, Z., & Alemu, A. (2013). Assessment of knowledge, attitude and practice towards post exposure prophylaxis for HIV among health care workers in Gondar, North West Ethiopia. *BMC Public Health*, 13(1), 508. http://doi.org/10.1186/1471-2458-13-508
- Matua, G. A., Van der Wal, D. M., & Locsin, R. C. (2015). Ebola hemorrhagic fever outbreaks: strategies for effective epidemic management, containment and control. *The Brazilian Journal of Infectious Diseases*, (x x), 2–7. http://doi.org/10.1016/j.bjid.2015.02.004
- McCrae, R. R., Kurtz, J. E., Yamagata, S., & Terracciano, A. (2011). Internal consistency, retest reliability, and their implications for personality scale validity. *Personality and Social Psychology Review : An Official Journal of the Society for Personality and Social Psychology, Inc*, 15(1), 28–50. http://doi.org/10.1177/1088868310366253
- McElroy, A. K., Erickson, B. R., Flietstra, T. D., Rollin, P. E., Nichol, S. T., Towner, J. S., & Spiropoulou, C. F. (2014). Biomarker correlates of survival in pediatric patients with ebola virus disease. *Emerging Infectious Diseases*, 20(10), 1683–1690. http://doi.org/10.3201/eid2010.140430
- Medline Nigeria. (2015). MedlineNigeria.com Portal for Nigerian Medical Doctors, Specialists and Professionals. News, Events, Hospitals, Medical Articles, Drugs. Retrieved June 17, 2015, from http://www.medlinenigeria.com/hospitals.php
- Meyers, L., Frawley, T., Goss, S., & Kang, C. (2015). Ebola Virus Outbreak 2014: Clinical Review for Emergency Physicians. *Annals of Emergency Medicine*, 65(1), 101–108. http://doi.org/10.1016/j.annemergmed.2014.10.009
- Ministry of Health Liberia. (2015). National Knowledge, Attitudes and Practices (KAP) Study on Ebola Virus Disease in Liberia. Retrieved from http://www.unicef.org/cbsc/files/KAP-Study-Liberia-March-2015.pdf
- Modarres, N., Babaloa, S., Figueroa, M. E., Wohlgemuth, L., Berman, A., Tsang, S., ... Duworko, S. K. (2015). Community Perspectives about Ebola in Bong , Lofa and Montserrado Counties of Liberia : Results of a Qualitative Study Final Report, (January), 1–30. Retrieved from http://ebolacommunicationnetwork.org/wp-content/uploads/2015/02/Liberia-Ebola-KAP-study_Research-Report_FINAL_10-Feb-2015.pdf
- Monasch, R. (2014). Study on Public Knowledge, Attitudes, and Practices Relating to Ebola Virus Disease (EVD) Prevention and Medical Care in Sierra Leone. *Unicef.* Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/Ebola-Virus-Disease-National-KAP-Study-Final-Report_-final.pdf
- Nawab, T., Mehnaz, S., Abedi, A. J., Safwi, S. R., Khalique, N., Ansari, M. A., & Khan, Z. (2015). KAP study of hand hygiene among medical and nursing

students in a tertiary teaching hospital, 2(6), 29–39. Retrieved from https://www.researchgate.net/publication/279182544_KAP_study_of_hand_hy giene_among_medical_and_nursing_students_in_a_tertiary_teaching_hospital

- NgEX. (2015). Hospitals in Maiduguri, Borno, Nigeria | NgEX Business Directory. Retrieved June 17, 2015, from http://www.ngex.com/bd/areas/Nigeria/Borno/Maiduguri/c/Health & Medicine/Hospitals/
- Oguntimehin, O., Musa, E., Nzuki, C., Nasidi, A., Adewuyi, P., Aba, T., & Adebola, D. (2015). Public Knowledge, Perception and Source of Information on Ebola Virus Disease Lagos, Nigeria ; September , 2014. http://doi.org/10.1371/currents.outbreaks.0b805cac244d700a47d6a3713ef2d6d b
- Ohimain, E. I. (2015). Recent advances in the development of vaccines for Ebola virus disease. *Elsevier B.V.* http://doi.org/10.1016/j.virusres.2015.10.021
- Olowookere, S. A., Abioye-Kuteyi, E. A., Adepoju, O. K., Esan, O. T., Adeolu, T. M., Adeoye, T. K., ... Aderogba, A. T. (2015). Knowledge, Attitude, and Practice of Health Workers in a Tertiary Hospital in Ile-Ife, Nigeria, towards Ebola Viral Disease. *Journal of Tropical Medicine*, 2015, 1–6. http://doi.org/10.1155/2015/431317
- Osborne, J. W. (2010). Improving your data transformations : Applying the Box-Cox transformation. *Practical Assessment, Research & Evaluation, 15*(12), 1–9. Retrieved from http://pareonline.net/pdf/v15n12.pdf
- Pati ño-Barbosa, a. M., Arroyave-Valencia, F., Garc á-Ram fez, L. M., Vallejo-Atehort úa, E., Arciniegas-Pantoja, M., Rodriguez-Morales, a. J., & Paniz-Mondolfi, a. E. (2015). Healthcare students' and workers' knowledge about epidemiology and symptoms of Ebola in one city of Colombia. *Journal of Hospital Infection*. http://doi.org/10.1016/j.jhin.2015.05.001
- Peat, J., & Barton, B. (2005). *Medical Statistics: A Guide to Data Analysis and Critical Appraisal Jennifer Peat, Belinda Barton. BMJ Books.* Retrieved from http://as.wiley.com/WileyCDA/WileyTitle/productCd-0727918125.html
- Pittet, D. (2001). Improving adherence to hand hygiene practice: A multidisciplinary approach. In *Emerging Infectious Diseases* (Vol. 7, pp. 234–240). http://doi.org/10.3201/eid0702.010217
- Rahnavardi, M., Rajaeinejad, M., Pourmalek, F., Mardani, M., Holakouie-Naieni, K., & Dowlatshahi, S. (2008). Knowledge and attitude toward Crimean-Congo haemorrhagic fever in occupationally at-risk Iranian healthcare workers. *Journal of Hospital Infection*, 69(1), 77–85. http://doi.org/10.1016/j.jhin.2008.02.007
- Rajak, H., Jain, D. K., Singh, A., Sharma, A. K., & Dixit, A. (2015). Ebola virus disease: past, present and future. *Asian Pacific Journal of Tropical*

Biomedicine, 5(5), 337-343. http://doi.org/10.1016/S2221-1691(15)30365-8

- Rewar, S., & Mirdha, D. (2014). Transmission of Ebola Virus Disease: An Overview. *Annals of Global Health*, 80(6), 444–451. http://doi.org/10.1016/j.aogh.2015.02.005
- Rolison, J. J., & Hanoch, Y. (2015). Knowledge and risk perceptions of the Ebola virus in the United States. *Preventive Medicine Reports*, 2, 262–264. http://doi.org/10.1016/j.pmedr.2015.04.005
- Rollin, P. E., Bausch, D. G., & Sanchez, A. (2007). Blood chemistry measurements and D-Dimer levels associated with fatal and nonfatal outcomes in humans infected with Sudan Ebola virus. *The Journal of Infectious Diseases*, 196 *Suppl*(Suppl 2), S364–S371. http://doi.org/10.1086/520613
- Rosenbaum, S. (2008). Law and the Public 's Health. *Public Health Reports*, *123*(March-April), 238–241. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4315863/
- Rübsamen, N., Castell, S., Horn, J., Karch, A., Ott, J. J., Raupach-Rosin, H., ... Mikolajczyk, R. T. (2015). Ebola risk perception in Germany, 2014. *Emerging Infectious Diseases*, 21(6), 1012–1018. http://doi.org/10.3201/eid2106.150013
- Shears, P., & O'Dempsey, T. J. D. (2015). Ebola virus disease in Africa: epidemiology and nosocomial transmission. *Journal of Hospital Infection*, 90(1), 1–9. http://doi.org/10.1016/j.jhin.2015.01.002
- Shittu, R. O. (2015). Awareness, Knowledge and Misconceptions about Ebola Virus Disease (EVD) in a Family Practice Setting in Nigeria, West Africa. *Journal of Antivirals & Antiretrovirals*, 7(1), 10–14. http://doi.org/10.4172/jaa.1000114
- Shrivastava, S. R., Shrivastava, P. S., & Ramasamy, J. (2015). Ebola disease: an international public health emergency. Asian Pacific Journal of Tropical Disease, 5(4), 253–262. http://doi.org/10.1016/S2222-1808(14)60779-9
- Sousa, Z. L. (2014). Key features of Ebola hemorrhagic fever: a review. Asian Pacific Journal of Tropical Biomedicine, 4(11), 841–844. http://doi.org/10.12980/APJTB.4.201414B420
- Tarantini, C., Peretti-Watel, P., Yazdanpana, Y., Guery, B., Chidiac, C., Rapp, C., & Brouqui, P. (2015). Healthcare workers of French Ebola Referral Heath Care Centers talk about their preparedness feeling. *New Microbes and New Infections*. http://doi.org/10.1016/j.nmni.2014.12.005
- Timilshina, N., Ansari, M. A., & Dayal, V. (2011). Risk of infection among primary health workers in the Western Development Region, Nepal: Knowledge and compliance. *Journal of Infection in Developing Countries*, 5(1), 18–22. http://doi.org/10.3855/jidc.782

- To, K. K. W., Chan, J. F. W., Tsang, A. K. L., Cheng, V. C. C., & Yuen, K.-Y. (2015). Ebola virus disease: a highly fatal infectious disease reemerging in West Africa. *Microbes and Infection*, 17(2), 84–97. http://doi.org/10.1016/j.micinf.2014.11.007
- Tobin, E., Asogun, D., Isah, E., Ugege, O., & Ebhodaghe, P. (2013). Assessment of knowledge and attitude towards Lassa fever among Primary care providers in an endemic suburban community of Edo state: implications for control. *Journal* of Medicine and Medical Sciences, 4(8), 311–318. http://doi.org/10.14303/jmms.2013.095
- Tobin, E., Asogun, D., Odia, I., & Ehidiamhen, G. (2013). Knowledge and practice of infection control among health workers in a tertiary hospital in Edo state, Nigeria. *Direct Research Journal of Health and Pharmacology (DRJHP).*, 1(2), 20–27. http://doi.org/10.1.1.407.5493
- Tseng, C.-P., & Chan, Y.-J. (2015). Overview of Ebola virus disease in 2014. Journal of the Chinese Medical Association, 78(1), 51–55. http://doi.org/10.1016/j.jcma.2014.11.007
- Tsikriktsis, N. (2005). A review of techniques for treating missing data in OM survey research. *Journal of Operations Management*, 24(1), 53–62. http://doi.org/10.1016/j.jom.2005.03.001
- UNFPA. (2015). UNFPA Nigeria Borno State. Retrieved June 16, 2015, from http://nigeria.unfpa.org/borno.html
- University of Maiduguri. (2015). About Maiduguri. Retrieved June 16, 2015, from http://www.unimaid.edu.ng/About_Maid.aspx
- Vailaya, C. G. R., Kumar, S., & Moideen, S. (2014). Ebola Virus Disease : Knowledge, Attitude, Practices of Health Care Professionals in a Tertiary Care Hospital, 2(August), 13–18. Retrieved from http://jphmr.com/wpcontent/uploads/2014/12/3.pdf
- Vconnect. (2015). List of Hospitals in Maiduguri, Borno, Hospital Maiduguri, Borno | VConnect[™]. Retrieved June 17, 2015, from http://www.vconnect.com/bornomaiduguri/list-of-hospitals_c289
- WHO. (2008). A guide to developing knowledge, attitude and practice surveys. *World Health Organisation*, 1–68. Retrieved from papers2://publication/uuid/F52C6E32-6B86-4DCC-A96C-4ED36F8491A8
- WHO. (2014a). ebola-case-definition-contact-en.pdf. Retrieved June 13, 2015, from http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1
- WHO. (2014b). Procedures for collection of clinical specimens (blood sample) during field investigation of suspected outbreaks - blood-collect-en.pdf. Retrieved June 13, 2015, from

http://who.int/csr/resources/publications/ebola/blood-collect-en.pdf

- WHO. (2014c). WHO_EVD_GUIDANCE_LAB_14.1_eng.pdf. Retrieved June 13, 2015, from http://apps.who.int/iris/bitstream/10665/134009/1/WHO_EVD_GUIDANCE_L AB_14.1_eng.pdf
- WHO. (2014d). WHO_EVD_Guidance_PPE_14.1_eng.pdf. Retrieved June 13, 2015, from http://apps.who.int/iris/bitstream/10665/137410/1/WHO_EVD_Guidance_PPE_14.1_eng.pdf?ua=1&ua=1
- WHO. (2014e). WHO | Unprecedented number of medical staff infected with Ebola. *World Health Organisation*. Retrieved from http://www.who.int/mediacentre/news/ebola/25-august-2014/en/
- WHO. (2014f). WHO | WHO declares end of Ebola outbreak in Nigeria. *WHO*. Retrieved from http://www.who.int/mediacentre/news/statements/2014/nigeria-ends-ebola/en/
- WHO. (2015). Ebola Situation Reports | Ebola. Retrieved June 13, 2015, from http://apps.who.int/ebola/ebola-situation-reports
- Wong, S. S.-Y., & Wong, S. C.-Y. (2015). Ebola virus disease in nonendemic countries. *Journal of the Formosan Medical Association*, 114(5), 384–398. http://doi.org/10.1016/j.jfma.2015.01.012
- Yazdanpanah, Y., Arribas, J. R., & Malvy, D. (2014). Treatment of Ebola virus disease. *Intensive Care Medicine*, 41(1), 115–117. http://doi.org/10.1007/s00134-014-3529-8