

Seminar Case Scenarios

Case Scenario 1

The first case of the Ebola virus in Liberia was reported in March 2014. Before the end of the outbreak in 2016, Ebola killed 4,810 people in Liberia alone

The Government of Liberia (GOL) put in place several measures to control the spread of the virus, including lockdowns, installing handwashing facilities at public facilities and in homes, closing borders with neighboring countries, banning the consumption of bush meat especially monkey and bats, and more. The GOL also set up Ebola treatment units (ETU) set in different locations around the country to treat Liberians infected with the virus and included the ELWA and West Point ETUs.

In August 2014, a crowd of residents from West Point, an impoverished area of Monrovia, descended upon a local Ebola clinic to protest its presence. The protesters turned violent, threatening the caretakers, removing the infected patients, and looting the clinic of its supplies, including blood-stained bed sheets and mattresses. Aid workers expressed fear that this would lead to mass infections of Ebola in West Point and other parts of Monrovia or the country at large.

In response to the siege, Liberian Government quarantined the entirety of West Point and issued a nationwide curfew. Violence again broke out after the military fired on protesting crowds. After a 21-day quarantine, the Government lifted its barricade the West Point area, saying that it was intended to ease efforts to screen, test, and treat residents.

1. Outline and discuss the risk communication and community engagement (RCCE) measures you think should have been put in place by the health authorities to keep the population safe?
2. Of the outlined scenario, what do you think worked well? What did not work well? What could have been done differently?

Case Scenario 2

The first case of COVID-19 was reported in China in late 2019, and it quickly spread throughout the globe to Europe, the United States, and beyond. By mid-March 2020, the first case of COVID-19 was confirmed in Liberia. Building on the Ebola experience, the President announced the outbreak to the public and declared a public health emergency.

As the number of confirmed cases increased, the GOL put other measures in place to stop the spread of the virus, such enacting travel restrictions between countries, closing borders to neighboring countries, imposing a national lockdown, and a mandatory mask mandate in government and commercial buildings.

1. Evaluate the government's RCCE actions before and during COVID-19
2. Recommend what should be done after the pandemic to prepare for the next health emergency.

Case Scenario 3

Currently in Liberia, Bong, Nimba and Grand Bassa counties experience repeated Lassa fever outbreak and are considered the "Lassa belt". The Lassa virus is often transmitted (or "spilled over") from the

mastomys rat to humans through accidental exposure to the rats' urine, feces and other bodily fluids after a rat has eaten or disturbed food or water within the household. Additionally, in many parts of Liberia, young boys hunt and eat the rats, which exposes them to the Lassa virus. Though a less common transmission route, poor infection, prevention control measures in health care settings are also a risk factor for spreading the virus, as a Lassa fever can be spread via direct contact with an infected person's bodily fluids. The GOL, as well as neighboring "Lassa belt" countries have implemented numerous RCCE interventions, and are always looking to possible new solutions to ending Lassa fever.

1. What RCCE intervention would you recommend reducing the spread of Lassa fever during outbreaks?