

Publication

Local perceptions of cholera and anticipated vaccine acceptance in Katanga province, Democratic Republic of Congo

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)**ID** 1634882**Author(s)** Merten, Sonja; Schaetti, Christian; Manianga, Cele; Lapika, Bruno; Chaignat, Claire-Lise; Hutubessy, Raymond; Weiss, Mitchell G**Author(s) at UniBasel** [Merten, Sonja](#) ; [Weiss, Mitchell G.](#) ;**Year** 2013**Title** Local perceptions of cholera and anticipated vaccine acceptance in Katanga province, Democratic Republic of Congo**Journal** BMC public health**Volume** 13**Pages / Article-Number** 60**Keywords** Cholera, Vaccine acceptability, Democratic Republic of Congo, Cultural epidemiology, Mass vaccination programs

ABSTRACT: BACKGROUND: In regions where access to clean water and the provision of a sanitary infrastructure has not been sustainable, cholera continues to pose an important public health burden. Although oral cholera vaccines (OCV) are effective means to complement classical cholera control efforts, still relatively little is known about their acceptability in targeted communities. Clarification of vaccine acceptability prior to the introduction of a new vaccine provides important information for future policy and planning. METHODS: In a cross-sectional study in Katanga province, Democratic Republic of Congo (DRC), local perceptions of cholera and anticipated acceptance of an OCV were investigated. A random sample of 360 unaffected adults from a rural town and a remote fishing island was interviewed in 2010. In-depth interviews with a purposive sample of key informants and focus-group discussions provided contextual information. Socio-cultural determinants of anticipated OCV acceptance were assessed with logistic regression. RESULTS: Most respondents perceived contaminated water (63%) and food (61%) as main causes of cholera. Vaccines (28%), health education (18%) and the provision of clean water (15%) were considered the most effective measures of cholera control. Anticipated acceptance reached 97% if an OCV would be provided for free. Cholera-specific knowledge of hygiene and self-help in form of praying for healing were positively associated with anticipated OCV acceptance if costs of USD 5 were assumed. Conversely, respondents who feared negative social implications of cholera were less likely to anticipate acceptance of OCVs. These fears were especially prominent among respondents who generated their income through fishing. With an increase of assumed costs to USD 10.5, fear of financial constraints was negatively associated as well. CONCLUSIONS: Results suggest a high motivation to use an OCV as long as it seems affordable. The needs of socially marginalized groups such as fishermen may have to be explicitly addressed when preparing for a mass vaccination campaign

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