

UK Public Health Rapid Support Team: Latest research & scientific insights

25th March 2021

Q&A



Question	Answer
<p>Collaborative supervision of a healthcare worker study in Uganda Marina Kugler, International Project Administrator, University of Glasgow</p>	
<p>What advice would you give to people setting up a remote research project?</p>	<p>A good collaboration with the organisation on ground is essential. Communicating with the whole team at all time, preparing materials in advance, providing training and preparing finances is very useful and will help in a successful project.</p>
<p>Marina - you and Laheri both mentioned an intention for further/follow up research. Could you expand on what research ideas the team would like take forward?</p>	<p>We are thinking on doing further studies on PPE use, and how interactions, education and training would help in infections. In general, we are planning to strengthen the collaboration with Kagando Hospital.</p>
<p>A COVID-19 seroprevalence study in a large refugee camp setting David Kennedy, Data Scientist, UK-PHRST</p>	
<p>How you define the term community engagement?</p>	<p>There are many definitions but one good explanation can be found here (https://mcl.d.org/2020/05/27/unicefs-new-minimum-standards-for-community-engagement/). For this project, we wanted to work with the community to understand their concerns to maximise the community's participation. This involved working with the community and religious leaders to identify, for example, if people would prefer for their blood sample to be taken in a healthcare facility or in their household. Agreeing on a definition can be challenging but is critical to ensure that people working within the community engagement space understand their role.</p>
<p>Have other seroprevalence studies used a similar sampling strategy? Would you do this the same way if you were to conduct the study again?</p>	<p>One of the strengths of this study was the availability of a database coordinated by the government of Bangladesh & UNHCR, which contains information on households registered as living in the camps. From this database, we could randomly select households for inclusion in the study. In other settings where there is no household database, the sample collection teams</p>

	<p>may conduct a "random walk" through a community where, for example, every tenth household is approached for inclusion in the study. Both approaches have strengths and weaknesses. Pre-selecting households from a database can help ensure the households represent all households in the community, but it can take longer to find these households. However, this approach permits more robust analysis, so if we were to conduct this study again, I would recommend the same sampling method.</p>
<p>What were the logistics for the seroprevalence study in Cox's Bazaar - were people going door-to-door and taking blood at each house?</p>	<p>Focus groups were conducted in the weeks leading up to the study. From these discussions, there was a strong preference for blood samples being taken in the participant's household. This approach added logistical challenges, particularly relating to COVID-19 distancing recommendations and the use of PPE, but may have increased participation in the study.</p>
<p>Clinical trial of the vaccine for Ebola virus disease (Ad26.ZEBOV/MVA-BN-Filo) in Goma, DRC</p> <p>Professor Daniel Bausch, UK-PHRST Director</p>	
<p>Do you think we should vaccinate all healthcare workers in high risk areas for Ebola?</p>	<p>Yes, I think it should be like hepatitis B vaccination, something required for all healthcare workers across zones where Ebola is endemic.</p>