

Challenges of conducting longitudinal studies with blood draws in low-resource settings: Lessons from the ENABLE 1.0 Lassa fever epidemiological study in Edo State, Nigeria

Ekaete Tobin^{1,2,3,4,&}, Vivian Ajekweneh², Amen Onome Ahabue⁵, Mojeed Olaitan Rafiu^{6,7}, Ephraim Ogbaini-Emovon^{1,8}, George Akpede^{9,10}, Danny Akhere Asogun^{1,2,3}

¹Institute of Viral and Emergent Pathogens Control and Research, Irrua Specialist Teaching Hospital, Irrua, Nigeria, ²Department of Community Medicine, Ambrose Alli University, Ekpoma, Nigeria, ³Department of Community Medicine, Irrua Specialist Teaching Hospital, Irrua, Nigeria, ⁴Department of Reform Coordination and Service Improvement, Irrua Specialist Teaching Hospital, Irrua, Nigeria, ⁵Department of English, Ambrose Alli University, Ekpoma, Edo State, ⁶Department of Internal Medicine, Irrua Specialist Teaching Hospital, Irrua, Nigeria, ⁷Department of Internal Medicine, Ambrose Alli University, Ekpoma, Nigeria, ⁸Department of Microbiology, Ambrose Alli University, Ekpoma, Nigeria, ⁹Department of Paediatrics, Ambrose Alli University, Ekpoma, Edo State, ¹⁰Department of Paediatrics, Irrua Specialist Teaching Hospital, Irrua, Nigeria

&Corresponding author: Ekaete Tobin, Irrua Specialist Teaching Hospital, Irrua, Nigeria **Email:** Ekaete.tobin@gmail.com

Citation: Ekaete Tobin et al. Challenges of conducting longitudinal studies with blood draws in low-resource settings: Lessons from the ENABLE 1.0 Lassa fever epidemiological study in Edo State, Nigeria. *Journal of Interventional Epidemiology and Public Health*. 2025; 8 (Conf Proc 5): 00040.

DOI: <https://doi.org/10.37432/jieph-confpro5-00040>

LINK: <https://afenet-journal.org/challenges-of-conducting-longitudinal-studies-with-blood-draws-in-low-resource-settings-lessons-from-the-enable-1-0-lassa-fever-epidemiological-study-in-edo-state-nigeria/>

Received: 02/06/25 **Accepted:** 09/07/25 **Published:** 18/08/25

Keywords: Blood sampling, cohort study, Lassa fever, longitudinal studies

This is part of the proceedings of the ECOWAS 2nd Lassa fever International Conference in Abidjan, September 8 – 11, 2025

© Ekaete Tobin et al. *Journal of Interventional Epidemiology and Public Health*. This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Longitudinal studies requiring repeated blood collection pose numerous challenges. These challenges include participant attrition, logistical difficulties in sample storage and transport, and cultural concerns surrounding blood collection. From December 2020 to June 2023, Nigeria participated in the multi-country ENABLE 1.0 Lassa fever (LF) cohort study, investigating the incidence and prevalence of LF. This paper outlines the operational challenges encountered and mitigation strategies adopted during the study at Irrua Specialist Teaching Hospital (ISTH), Edo State.

Methods

A total of 5,035 and 1,133 consenting participants from seven clusters were enrolled into disease and infection cohorts of the study and followed up through alternate home visits and calls biweekly for

30 months, with semi-annual sampling for seroconversion applied to the infection cohort. Febrile participants were sampled in designated health facilities. Diagnostic testing for LF and treatment of confirmed participants took place at ISTH. The communities were fed back on study findings at the study closure.

Results

Sample transportation from some clusters was hindered by poor road conditions, limited local transport, and rising petrol costs. Mitigation strategies included a hub-and-spoke transport model, batch scheduling of collections, coordinated travel to conserve petrol, and reallocation of resources. Participant fatigue and other concerns, including discomfort with repeated symptom checks and fear of blood collection, were addressed through trust-based communication, engagement of community liaison officers, phlebotomist trainings, and modest incentives. Attrition resulted from

relocation, death, and refusals. The latter was mitigated through flexible follow-up, collection of collateral contact information, and sustained community engagement to dispel rumours and cultural misconceptions.

Conclusion

The ENABLE 1.0 study experienced operational challenges that were mitigated by adaptable context-specific strategies. Future research in the West African Sub-Region should prioritise consistent community engagement, culturally sensitive communication, flexible operational planning, and the active involvement of local stakeholders to ensure successful study implementation.