

Innovative clinical training for infectious disease management in resource-limited settings: The Lassa fever clinical management fellowship (LFCMF) model

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Citation: Winifred Sandra Ukpou et al., Innovative clinical training for infectious disease management in resource-limited settings: The Lassa fever clinical management fellowship (LFCMF) model. *Journal of Interventional Epidemiology and Public Health*. 2025;8(ConfProc5):00244.

DOI: <https://doi.org/10.37432/JIEPH-CONFPRO5-00244>

LINK: <https://afenet-journal.org/innovative-clinical-training-for-infectious-disease-management-in-resource-limited-settings-the-lassa-fever-clinical-management-fellowship-lfcmf-model/>

Received: 31/05/2025 **Accepted:** 09/07/2025 **Published:** 05/08/2025

Keywords: Lassa fever, clinical training, fellowship program, infectious disease management, workforce development, resource-limited settings

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

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Introduction

Lassa fever (LF) remains endemic in West Africa and challenges health systems as frontline clinicians lack specialized training in managing viral haemorrhagic fevers. Traditional approaches often fall short in addressing local realities or building sustained capacity. The Lassa Fever Clinical Management Fellowship (LFCMF) was developed to bridge this gap. This study assessed the effectiveness of the LFCMF in strengthening clinical capacity for LF, whilst exploring its potential as a replicable model for other infectious diseases.

Methods

A descriptive mixed-method study was conducted between August and September 2023 in Nigeria, for clinicians from LF treatment centres in endemic states. Eligibility criteria included prior clinical experience and the capacity to mentor post-fellowship. The fellowship was a hybrid of didactic sessions, clinical rotations, and mentorship. Clinical skills assessment focused on clinical knowledge, diagnostic accuracy, and adherence to treatment and infection prevention protocols. One-on-one interviews were conducted to explore their experiences, perceived impact, and intentions to apply the model in their home institutions.

Results

Post-training assessments among 12 clinicians showed a 19% average improvement in knowledge of LF clinical management for mild and complicated cases. Qualitative analysis highlighted the impact of hands-on exposure to multidisciplinary LF care, as participants shared their understanding of integrated and holistic LF care and increased confidence in case management. About 80% expressed a strong interest in cascading the training at their centres, emphasizing the value of consistent clinical exposure and real-time application of national guidelines. These transformative elements directly apply to their practice.

Conclusion

The LFCMF demonstrates that targeted, practical training programs can significantly strengthen frontline clinical capacity in resource-limited settings. This model offers a scalable and adaptable framework for enhancing preparedness and response for outbreaks of other infectious diseases.