DO FUNERALS SPREAD EBOLA IN SIERRA LEONE?

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Some attention has been paid to the alleged role of funerals in spreading Ebola Virus Disease in Upper West Africa. This has led to attempts to control funerals, causing both distress and active resistance. Critical examination of the role of the funeral event as a mechanism of Ebola transmission seems in order. Here, it is argued that funerals are inseparable from care for the sick, as far as Ebola transmission is concerned. The focal issue then becomes not control of funerals but reduction of Ebola transmission risks in and around final sickness.

What are the data on funerals and Ebola, and how are they obtained? Hospital interviews seem to be the main source. But it is hard or impossible to interview very sick patients in any depth. A single question - "have you had any association with a funeral of an Ebola sufferer?" - might give a misleading answer unless other contextual questions were also posed.

The key problem is that the single question taps information on a number of highly correlated events - caring for an Ebola sufferer in the last few of days of life (when the disease is most infective), visiting and showing sympathy to the sufferer during that period (when body contact, such as touching hands, is common), and helping a sufferer to reach an Ebola care facility, as well as corpse preparation and interment.

To assess the independent role of funerals in spreading Ebola we would need data capable of separating out care of the terminally sick, corpse preparation and funerals. To test the hypothesis about funerals we would need to know how many people had attended funerals but had <u>not</u> had intimate visiting or caring connections with the patient immediately before death.

We would also need to know normal rates of attendance at funerals, to provide a base for assessing the significance of hospital reported data.

Further, it is worth noting that the sample presenting in Ebola treatment facilities may be biased by gender, age and wealth. A richer, older, more male sample of hospital-based Ebola sufferers may be more prone to funeral attendance. Young women (including mothers of dead children) are sometimes actively prevented from attending a burial. Wealthier men probably attend more funerals than the average.

The focus on funerals appears to have crept into Ebola analysis through some press reports of "tribal customs" involving body contact with the corpse. Sierra Leoneans with whom I have discussed the topic tend to be sceptical of these claims. Most funerals are "normal" events, in which the corpse is viewed before interment, after being wrapped in a grave cloth or placed in a coffin, but not touched. Touching is confined to the bereaved. Lord Nelson's mourners may

have fallen on his body (well preserved in brandy) after the Battle of Trafalgar, but this is not commonly experienced in Sierra Leonean funerals.

Body preparation - the work of the undertaker - is a somewhat different matter, and should be clearly separated from funeral activity. For instance, it is common across cultures for bodies to be cleaned and arranged before burial. Body washing is a possible source of virus transmission, but this involves only a minority of those likely to attend a funeral.

Ferme (2001) provides a good account of this activity, for women in a Mende village (men wash men's bodies), reporting on one specific associated ritual activity which might have implications for virus transmission. A widow is sometimes anointed with mud collected from the washing of her husband's corpse. This frees the widow from her husband's spirit.

There are also some rituals associated with the bodies of elders of the Poro and Sande societies. These rituals are secret. Because they are secret they have become a magnet for outside attention. Somehow, curiosity implies that "if only we knew" this would provide an answer to the rampant spread of Ebola. Since these matters are well-defended secrets outsiders cannot know. But what can be said, with some certainty, is that attention paid to probing secret rituals, is highly counter-productive, since it conveys to "society" members the impression their values are under attack, and results in dogged resistance, and hiding of cases. A new KAP survey in Sierra Leone suggests as many as a third of those questioned would persist with burial rituals, even if highly prejudicial to their health.

This stand-off seems unnecessary, unless it can be shown that funerals (as rituals) significantly contribute, independently, to the explanation of variance in Ebola infection.

Recent data on the dynamics of the epidemic in Sierra Leone tend to undermine the idea that limiting funerals would have significant impact on spread of the disease.

At present, the area with the highest number of cumulative, confirmed cases for the period 23rd May to 2nd November 2014 (2.11 per 1000) is found in Western Area Rural. This is more than three times the rate per thousand for the city of Freetown and nearly two times greater than the rate per thousand for Kailahun District, the rural epicentre of the disease. It is hard to envisage that "society burials" (alleged to be super-spreader events) are a more potent factor in Ebola transmission on the edge of the capital than in rural Kailahun.

The death of a chief may attract mourners from far and wide, but her or his final sickness may have attracted an equally large group of sympathizers. It seems perverse to focus attention on unknown rituals as causes of disease transmission when care and sympathy for the dying are such obvious pathways for Ebola transmission.

"Banning" care and sympathy would, of course, be absurd. But to pose the problem in such terms usefully turns the focus of attention where it belongs - prevention of infection among those who aid a patient in the most contagious phase of the disease. In short, "safe burial" should attract no more emphasis than preventing cross-infection among those sympathizing with or caring for late-stage Ebola sufferers.

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