



Letter to the Editor

Intervention for reducing epilepsy-associated stigma

To the Editor

We read with interest the systematic review paper by M. Kaddumukasa et al. about epilepsy misconceptions and stigma reduction interventions in sub-Saharan Africa [1]. Only one intervention study in Ethiopia and one in Ghana were identified. The authors therefore, highlight the need for new strategies to address epilepsy-associated stigma in sub-Saharan Africa. We would like to propose such a strategy.

Recently, we observed a very high prevalence of epilepsy in onchocerciasis hyperendemic regions with poor onchocerciasis elimination programs [2,3]. In these regions, it is common to find households where there are several children with epilepsy, especially in families who reside and/or farm close to blackfly breeding sites. This is because all the children in these families have been exposed to *Onchocerca volvulus*-infected blackflies and are more susceptible to develop onchocerciasis-associated epilepsy (OAE) [4]. Because of the clustering of persons with epilepsy in families, there is a common belief in local communities, even by local healthcare workers, that epilepsy is contagious and transmissible by contact. As M. Kaddumukasa et al. also stress that stigma is more likely to occur when there is little knowledge on the correct cause of epilepsy, we propose a potential stigma reduction intervention in

hyperendemic onchocerciasis regions consisting of information campaigns for health professionals and communities to explain why so many children in their villages develop epilepsy. Mentioning that onchocerciasis can cause epilepsy will reduce stigma and motivate people to take ivermectin to prevent OAE [4].

References

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