**Supplemental Methods**

*Setting*

The DRC is the country most frequently affected by EVD, with nine previous epidemics since 1976. The tenth and current outbreak began on 1 August 2018, and has seen a total of 1107 confirmed cases and 695 confirmed deaths as of 3 April 2019.1 This epidemic, in the eastern provinces of North Kivu and Ituri, is complicated by insecurity and ongoing violent conflict, weak pre-existing health system, and population displacement 2. New tools have been deployed in this outbreak, including the preventative recombinant vesicular stomatitis virus-Zaire Ebolavirus (rVSV-ZEBOV) vaccine,3,4 and several experimental therapies.5 In contrast to these biomedical advances, sociologic observations and lessons learned during past epidemics 6-8 do not appear to be have been heeded or applied to the same extent.9 Community engagement is therefore weak and has been associated with persistent transmission.9

*Outreach messages*

Key messages for the outreach were: (1) Ebola exists in Butembo; (2) Ebola kills; (3) Ebola is preventable; (4) Assist the response team, don’t resist their efforts; (5) Even though it’s painful, leave burials to the professionals; (6) Bring infected family members to the Ebola Treatment Unit (ETU). These messages were responsive to past findings in the published literature as well as our own focus group discussions with local health professionals and community members, which identified several problematic attitudes that may foster virus propagation in the community.9 These included: denial of the biomedical discourse,10 mistrust of the foreign response team,9 non-compliance with recommendations for safe and dignified burials,9 and perceived poor quality of care in the ETUs.9

*Survey questionnaire of community members*

To explore community attitudes after the outreach, we assessed the following:

1. **Affective response**. Participants classified their perceived risk of contracting Ebola as high, intermediate or low;3
2. **Intentions in the event of EVD infection or death in a family member.** Based on past survey questionnaire items,9,11 participants were asked if they would bring an infected family member to the ETU, would hide an infected family member from the authorities, would touch the body of a family member who had died of EVD, and would allow an official burial team to care for the body.
3. **Mistrust of foreign-led EVD response.** Three items using a five-point Likert scale measured agreement with the following statements: “The response team has a poor understanding of local conditions;” “The team is here to make a profit from the epidemic;” “I don’t trust foreign response team.”
4. **Local engagement.** Participants were asked to rank their agreement with the following two statements on a five-point Likert scale: “I prefer to receive information about EVD from a local community member, rather than the foreign response team;” and “The epidemic will continue unless local community is engaged.”

The structured questionnaire was administered to a convenience sample of community members over 18 years of age who had participated in the outreach campaign and had heard its key messages. Surveyors were drawn from class leaders among the medical students at the Université Catholique du Graben. They used their social networks (including faith-based assemblies and market gatherings) to recruit survey participants and distributed paper-based questionnaires. The French-language survey was completed privately by the participants themselves when they could read and write. For those participants who could not read and write in French, the standardized questionnaire was completed by surveyors using verbal interviews of participants, in their preferred language (Kiswahili, Kinande, and/or French).

*Statistical analysis*

Data analyses were performed using R (version 3.3.3).12 Descriptive statistics were expressed as number and percentage for dichotomous variables and median and interquartile range for continuous variables. We examined correlations between variables using Spearman’s rank correlation coefficient. We used package *psych*13 and programs *factanal* and *alpha* to perform factor analysis and calculate Cronbach’s alpha (internal consistency), respectively.

**Supplemental Results**

**Supplemental Table 1.** Correlation between questionnaire items related to student satisfaction with Ebola outreach campaign. Agreement with all statements was quantified using an ordinal Likert scale from 1 to 5.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Statement 1 | Statement 2 | Statement 3 | Statement 4 | Statement 5 |
| Statement 1 |  |  |  |  |  |
| Statement 2 | ρ=0.45  p<0.0001 |  |  |  |  |
| Statement 3 | ρ=0.25  p<0.0001 | ρ=0.26  p<0.0001 |  |  |  |
| Statement 4 | ρ=0.26  p<0.0001 | ρ=0.35  p<0.0001 | ρ=0.43  p<0.0001 |  |  |
| Statement 5 | ρ=0.22  p<0.0001 | ρ=0.33  p<0.0001 | ρ=0.40  p<0.0001 | ρ=0.30  p<0.0001 |  |

Statement 1: “The community understood the key messages.”

Statement 2: “The community benefitted from the education we provided.”

Statement 3: “Medical students can contribute to the Ebola response.”

Statement 4: “I enjoyed taking part in the Ebola response.”

Statement 5: “I am more motivated to combat Ebola than previously.”

**Supplemental Table 2.** Correlation between questionnaire items related to participant satisfaction with Ebola outreach campaign. Agreement with all statements was quantified using an ordinal Likert scale from 1 to 5.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Statement 1 | Statement 2 | Statement 3 | Statement 4 | Statement 5 |
| Statement 1 |  |  |  |  |  |
| Statement 2 | ρ=0.57  p<0.0001 |  |  |  |  |
| Statement 3 | ρ=0.48  p<0.0001 | ρ=0.65  p<0.0001 |  |  |  |
| Statement 4 | ρ=0.48  p<0.0001 | ρ=0.63  p<0.0001 | ρ=0.70  p<0.0001 |  |  |
| Statement 5 | ρ=0.38  p<0.0001 | ρ=0.38  p<0.0001 | ρ=0.57  p<0.0001 | ρ=0.65  p<0.0001 |  |

Statement 1: “I am glad that the students came to talk to us about Ebola.”

Statement 2: “The students helped me understand Ebola in our area.”

Statement 3: “My knowledge and attitudes have changed thanks to the students.”

Statement 4: “The students have alleviated my doubts about the Ebola response.”

Statement 5: “I am more motivated to combat Ebola than previously.”

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**Supplemental Figure. Community satisfaction with the outreach campaign and its associations with EVD-related attitudes.** Satisfaction score was derived from a factor analysis of five highly correlated questionnaire items. **A.** Participants who expressed intention to hide an infected family member from the authorities had lower satisfaction scores for the educational outreach. **B.** Denial of the biomedical discourse was associated with lower satisfaction scores. **C.** Mistrust of the foreign response team (ascribing a mercenary motive) was associated with lower satisfaction scores. **D.** Believing that the local response was critical to ending the epidemic was associated with higher satisfaction scores.

**Supplemental References**

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