Abstract

Descriptive Analysis of Monkey Pox Outbreak Investigation in Bayelsa State, Nigeria, October - November 2017.

Authors: Ononigwe Pius[1], Y. Ogunleye[2], A. Mohammed[2], U. Anebonam[1], O. Nwenyi[1], B.Shadrack[1], S. Owoicho[1], C. Amuzie[1], T. Numbere[1], B. Umoh[1], I. Maria[1], I.Ifiemi[3], C.Akataobi[1], M.Dalhat [1] , M.Balogun [1]

Affiliations:

1. Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP), Abuja, Nigeria.
2. Nigeria Center for Disease Control and Prevention (NCDC), Abuja, Nigeria.
3. Bayelsa State Ministry of Health, Yenagoa, Nigeria.

Corresponding author's email and mobile : splendidpius@yahoo.com, 08035425163

Abstract Text:

Background: Monkey Pox is a re-emerging zoonosis caused by Orthopox virus. It is endemic in rainforest parts of Western and Central Africa. Thirty nine years after the last outbreak in Nigeria, another outbreak was reported in September 2017. We confirmed the outbreak, described it according to time, persons and place and instituted control.

Method: We defined suspected case as any person residing in Bayelsa State presenting with a history of sudden onset of fever, followed by a vesiculopustular rash occurring mostly on the face, palms and soles of the feet between April and November 2017. A confirmed case was a suspected case with a laboratory confirmation (positive IgM antibody, PCR or virus isolation). We reviewed hospital records and used interviewer administered questionnaire to collect data. Blood samples and vesicular swabs from lesions were collected and sent to WHO reference laboratory in Senegal for confirmation. We analyzed our data with Epi info 7.

Result: Out of the 30 suspected cases recorded, 27 (90%) were found in Yenagoa and 3 (10%) in Ogbia Local Government Areas. Also, 20 (66.7%) were males. The median age of cases was 31 years with age range of 1 to 43 years. We had a total of 11 confirmed cases, 9

(81.8%) were in Yenagoa while 2 (18.2%) were in Ogbia with no death (CFR 0%). Attack rate was 4.6 per 100,000. One case committed suicide while on admission. All cases had fever and rash while lymphadenopathy was seen in 80% of cases. Hospitalised patients were 23 (76.7%). Average duration of hospitalisation was 14 days.

Conclusion and Recommendation: An outbreak of monkey pox was confirmed in Bayelsa State. People in reproductive ages were only affected. We intensified risk communication and isolated cases. We recommended Psychosocial support for cases.

Keywords: Monkey Pox, Outbreak, Zoonosis, Bayelsa State, Nigeria