Use of contact isolation to prevent spread: Ebola outbreak in a healthworkers base camp, Port Loko District, Sierra Leone, March 2015

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Background: The West African Ebola disease outbreak which started in Guinea in December 2013 has ravaged neighboring countries including Sierra Leone. Health care workers were reported to be the most at risk population. In March 2015, an exposed health worker developed fever and other non-specific symptoms of EVD which prompted investigation to describe its magnitude, identify and ascertain level of risks of contacts and contain the outbreak using contact isolation techniques.

Methods & Materials: We conducted a descriptive study. We conducted active case search and reviewed health records. The case was investigated with real time PCR and all the contacts were identified, line-listed and followed up. We re-defined a contact as any person with no signs and symptoms but had physical contact with the case or body fluids of the case. We collected information on socio-demographic characteristics and categorized contacts according to risk status. Additional information was obtained orally. Data obtained were analyzed using Microsoft Excel statistical software.

Results: The IHP Ebola outbreak generated 2 cases and 51 contacts. Eight (15.7%) of the total contacts were higher risk contacts while 43 (84.3%) were lower risk contacts. Mean age of the contacts was 40.5±5.9 years. One of the two cases was male. Twenty (39.2%) of the 51 contacts were Nurses, 9 (17.6%) clinicians, 2 (3.9%) Anesthesiologists, 3 (5.9) data analysts, 3 (5.9%) epidemiologists, 2 (3.9%) Laboratory scientists, 2 (3.9%) Laboratory Technicians, 2 (3.9%) Medical Interns, 2 (3.9%) Morticians, 3 (5.9%) Public Health Officers, 2 (3.9%) Radiologists and 1 (2.0%) Pharmacist. Six (11.8%) contacts took ill while under observation, and 2 (33.33%) tested positive to the virus when blood samples was subjected to real time PCR. The incubation period was estimated to be 2-6 days with a case fatality rate of 0% despite the high infectivity. The secondary attack rate for the outbreak was 3.9%.

Conclusion: Ebola outbreaks though a deadly infection; early identification and hospitalization of cases, strengthened surveillance, adequate contact tracing and prompt emergency response has proven to be major factors in curtailing further spread.

Outbreak of methanol poisoning in a semi urban community, Ondo state, southern Nigeria, April-May 2015: A descriptive analysis

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Background: Patients of methanol poisoning often need intensive care and can result to high mortality. Methanol poisoning with an outbreak potential is uncommon in Nigeria. In April, 2015, we investigated a reported outbreak of methanol poisoning in Ode-Irele, Ondo State. We identified the source(s) and determined risk factors for methanol poisoning in the area.

Methods & Materials: We obtained socio-demographic data of suspected cases. We conducted an active case search in the community and health facilities using a semi-structured, interviewer administered questionnaire. Case definition was any person from Ode-Irele, presenting with headache, blurring of vision, and any of blindness, respiratory distress, loss of consciousness, sudden death, with onset of symptoms occurring 24-48 hours prior to 12th April, 2015. Detailed history of chronology of symptoms was elicited and hospital records were also reviewed. We sent samples of urine and informally-produced spirit drinks for laboratory analysis.

Results: Of the 39 cases line-listed, 38 (97.4%) were males, with 29 deaths (CFR 74.4%). Most frequently reported symptoms were blindness 29 (82.9%), blurring of vision 28 (82.3%), headache 17 (54.8%). Almost all of the cases were males with majority being farmers and thirty two (94.1%) of the case-patients claimed to have consumed informally-produced spirit drinks, prior to onset of symptoms. Analysed samples of urine and informally-produced spirit drinks also revealed toxic methanol concentrations respectively.

Conclusion: Ode Irele community experienced an outbreak of methanol poisoning with high fatality. The outbreak was contained through intensive case management and community mobilization. Community health education sessions were held and trainings on lifestyle modification conducted.