

recommend adherence to standard treatment protocols, increased availability of malaria prevention commodities to health facilities and utilization of malaria control measures by healthcare providers in the state. 2

<http://dx.doi.org/10.1016/j.ijid.2014.03.1244>

Type: Poster Presentation

Final Abstract Number: 60.028

Session: *Epidemiology and Public Health III*

Date: Saturday, April 5, 2014

Time: 12:45–14:15

Room: Ballroom

Lassa fever outbreak investigation in a Nigerian bakery - August, 2012



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Background: Lassa fever (LF) is a severe hemorrhagic illness caused by Lassa virus and is associated with high mortality. Endemic in West Africa with an estimated 300,000 to 500,000 cases/year with 5000 deaths. The virus is transmitted to humans by contact with excreta, urine or blood of rodents - *Mastomys natalensis*. In 2012, LF outbreak affected 19 out of 36 states in Nigeria. In August 2012, a suspected case of LF was reported in a tertiary hospital at Ibadan. We investigated the outbreak to determine its magnitude, source, possible risk factors and to recommend control and preventive measures.

Methods & Materials: We reviewed hospital records from July–August 2012, interviewed health workers and conducted active case search and environmental assessment including rodents search. Blood samples were obtained from high risk contacts; including household contacts, bakery staff and health workers for serological tests. A suspected case was defined as any person resident in Ibadan or reported sick at the health facility between July and August 2012 with fever >38°C (101°F) and one or more of following: bleeding, chest pain, and not responding to appropriate anti-malarial or antibiotics treatment within 24–72 hours of treatment. A confirmed case was a suspected case with positive ELISA IgM.

Results: Two cases were identified; one confirmed case and a suspected case with one death (case fatality rate of 50%). There was no epidemiological linkage between the two cases, and serological test for all high risk contacts were negative. There was evidence of rat infestation in the home and bakery surroundings. There were no standardized protocols for the case detection and management of LF in all health facilities visited. Knowledge of mode of transmission of LF was poor in the bakery community

Conclusion: The outbreak of Lassa fever was confirmed. The possible mode of spread was rodent to human. Fumigation of the Bakery, Pre-positioning of standard PPE and health workers/community awareness was carried out. We recommended further research into prevalence of infected *Mastomys* spp. rat in this locality, and training of health workers on early detection and case management.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1245>

Type: Poster Presentation

Final Abstract Number: 60.029

Session: *Epidemiology and Public Health III*

Date: Saturday, April 5, 2014

Time: 12:45–14:15

Room: Ballroom

Assessment of the Intermittent Preventive Treatment for Prevention of malaria in pregnancy (IPTp)



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Background: Intermittent preventive treatment for prevention of malaria in pregnancy (IPTp) using sulfadoxine-pyrimethamine (SP) through focused antenatal care (FANC). Despite the evidence of the effectiveness of IPTp strategy using SP in reducing the adverse effects of malaria during pregnancy, the coverage of the programme in Nigeria seems to be low over a decade now. The present study therefore assessed the use of IPTp as a strategy for malaria control in pregnancy using SP in two Local Governments Areas (LGAs) of Kaduna State, Nigeria.

Methods & Materials: A cross-sectional design was employed in this study using a key-informant interview targeted at the heads of primary health care department at the Local Government headquarters as well as semi-structured questionnaire targeted at the heads of the primary health care centres (PHCs) in the two LGAs and another well-structured questionnaire targeted at all the pregnant women attending the PHCs for ANC services.

Results: All the PHCs in the two LGAs provide ANC and IPTp-SP services free of charge as directed by the Nigerian Federal Ministry of Health under the malaria control programme with high utilization rates. However, 40% of the PHCs in Giwa LGA reported an irregular supply of the drug compared with Sabon Gari LGA. Though, 80% of the PHCs in the two LGAs provide pharmacy services, only 15% of them were staffed by pharmacy technicians. A significant gap was noted in the practice of the IPTp strategy at the PHCs due to poor understanding of the program by most of the heads of the facilities, whereby only 60% of them attended a training on IPTp programme since its inception. Although all the heads of the PHCs correctly administer 3 tablets of SP to the pregnant women, it was observed that half (50%) of them incorrectly did so in the first trimester.

Conclusion: For the programme to succeed there should be a regular training of the health workers. A reliable SP supply system should be set up from procurement stage through storage, distribution and ultimately to the end users as practiced during the Nigeria's Petroleum Trust Fund (PTF) era.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1246>