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УДК 616.912:569.82-036.22-084(669)

MONKEYPOX POX IN NIGERIA: EPIDEMIOLOGY AND PREVENTION

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Introduction

Monkey pox is a member of the Orthopoxvirus genus in the family Poxviridae. It can be transmitted via direct contact with the blood, bodily fluids, or cutaneous or mucosal lesions of infected animals. In Africa human infections have been documented through the handling of infected monkeys, Gambian giant rats and squirrels, with rodents being the most likely reservoir of the virus. Eating inadequately cooked meat of infected animals is a possible risk factor. Secondary, human-to-human transmission can result from close contact with infected respiratory tract secretions, skin lesions of an infected person or objects recently contaminated by patient fluids or lesion materials. Transmission occurs primarily via droplet respiratory particles usually requiring prolonged face-to-face contact which puts household members of active cases at greater risk of infection. Transmission can also occur by inoculation or via the placenta (congenital monkeypox). There is no evidence till date, that person-to-person transmission alone can sustain monkeypox infections in the human population.

Aim

To investigate the epidemiology and current characteristics of monkey pox in Nigeria.

Material and Methods

The review was carried out using literature search study, old and recent publications addressing monkey pox with specificity to Nigeria. Epidemiology. Monkey pox is known to be endemic in West African Countries such as Republic of Congo, Cameroon, Central Africa Republic, Ivory Coast, Liberia, Sierra Leone, Gabon, South Sudan and Nigeria. In Nigeria, the onset of the outbreak of Monkeypox was found in Yenagoa, Bayelsa State. This was dated back to September 26th 2017 and WHO was alerted to this sudden outbreak. The index cluster was reported in a family, all of whom developed similar symptoms of fever and generalized skin rash over a period of four weeks. Epidemiological investigations into the cluster show that all infected persons had a contact with monkey about a month prior to onset [1].

Results and Discussion

From the onset of the outbreak in September 2017 through September 15th, 2018, a total of 269 suspected cases was reported across 26 states. From these only 115 cases were confirmed across 17 states. Seven deaths were recorded, four of which were in patients with a pre-existing immunocompromised condition. Two health care workers were among the confirmed cases. The most affected age group was between 21–40 years and 79 % of the confirmed cases were male [1]. In 2018, a total of 76 cases was reported, 37 confirmed, one probable and two deaths. These cases were reported in 15 states (Abia, Akwa-Ibom, Anambra, Bayelsa, Cross River, Delta, Edo, Enugu, Imo, Lagos, Nasarawa, Oyo, Plateau and Rivers and the Federal Capital Territory, Abuja.). In January 2019, 311 suspected cases and 7 deaths were

reported in 26 states. Of this, 132 cases were confirmed in 17 states (Rivers, Bayelsa, Cross River, Imo, Akwa Ibom, Lagos Delta, Edo, Abuja, Abia, Oyo, Enugu, Ekiti, Nasarawa, Benue, Plateau, Anambra). All reported cases (suspected and confirmed) were males and are all of the age between 32–39 years. In the reporting month, fifteen (15) new suspected monkey pox cases were reported out of which six confirmed cases were recorded in five states (Rivers-1, Bayelsa-2, Delta-1, Cross Rivers-1, Edo-1) stated by [1]. Usually, the incubation period of monkeypox ranges from 6 to 16 days. The onset of this disease when symptomatic usually starts gradually with fever, intense headaches, myalgia, general weakness, back pain. After some days (within 1–3 days) it progresses to swelling of the lymph node, appearance of rash on the face which spreads to the palms of the hand and soles of the feet after which crust develops say the spot. Monkeypox is usually a self-limited disease with the symptoms lasting from 14 to 21 days [1].

Diagnosis. Optimal diagnostic specimens are from vesicular swabs of lesion exudate or crusts stored in a dry, sterile tube and kept cold. Blood and serum can be used as well but it's inconclusive [1].

Prevention and control. In the absence of specific treatment or vaccine, the only way to reduce infection in people is by raising awareness of the risk factors and educating people about the measures they can take to reduce exposure to the virus. WHO supports surveillance measures and identification of new cases of outbreak, supports member States with preparedness and outbreak response activities for monkeypox in affected countries. And the government in Nigeria has organised a Nigeria Centre for disease control (NCDC) responsible for keeping Nigerians updated on its efforts control the monkeypox outbreak through regular situations reports available on its website as well as regular press interview including Nigerian guardian newspaper. Health-care workers caring for patients with suspected or confirmed monkeypox virus infection, or handling specimens from them, should implement standard infection control precautions by the use of gloves and use of personal protective equipment when caring for the patients. Practice good hygiene after contact with infected animals or humans. For example, washing your hands with soap and water or using an alcohol based hand sanitizer. Consider being immunized against smallpox through their national health authorities because globally small pox vaccines which have proven effective (85 %).

Conclusion

Monkey pox is endemic in Nigeria, especially in central and western part of the country. The weekly incidence of this disease in 2019 has no record of death. In endemic states the National RRT team (NCDC staff and NFELTP residents) are deployed to support response, environmental hygiene and eradication of rodents are implemented to control the spread of illness. Diagnosis is based on storage of vesicular swab of exudate lesion or crust in a dry sterile tube and kept cold.

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УДК 616-002.73-036.2 (540)

EPIDEMIC SITUATION OF LEPROSY IN INDIA

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Introduction

Leprosy currently affects approximately a quarter of a million people through out the world, with majority of these cases being reported from India [1].