

Human onchocerciasis among children and teenagers in rural Nigerian farm settlement

Abstract

This study investigated the prevalence of onchocerciasis among children and teenagers (1-15 years of age) in Adani - Enugu state, Nigeria. Rapid Assessment Method (RAM) was used during the study. Among 210 subjects examined, 66 (31.4%) were shown to be positive. Occurrence of the symptoms showed that onchocerca skin disease had 21.4%, onchocercoma, 8.6% and leopard skin, 1.4% respectively. Age was shown to be a major determinant for onchocerciasis prevalence, as 13-15years age group had the highest percentage of occurrence (41.0%) while the 1-3years age bracket had the least occurrence (16.7%). This demonstrates the cumulative nature of the disease which occurs with advance in age. There was no significant difference between the male (45.5%) and female (35.3%) infections ($P>0.05$). The frequency of Onchocerca Skin Disease (OSD) studied revealed that acute papular onchodermatitis (APOD) appeared most among the children (71.7%) while depigmentation (DPM) had the least occurrence (4.4%). Nodules location and leopard skin were also investigated among the subjects. However, none of the candidates showed sign of visual impairment or blindness.

Keywords: onchocerciasis, *Simulium damnosum*, prevalence, infection, children, symptoms, age, sex

INTRODUCTION

Onchocerciasis is classified as one of the neglected tropical diseases, and a member of the medically diverse group of tropical infections that is always prevalent in low-income population in developing region of Africa, Asia and America. It is a chronic, communicable, slowly progressive, parasitic disease which has been rated as the second-leading infectious cause of blindness worldwide with approximately 500,000 people blind annually [1, 2]. Besides being a disease of the warm tropical environment, its parasitic flies live under conditions favourable for their development all year round [3, 4, 5]. These parasitic diseases are usually caused by filarial nematode, *Onchocerca volvulus*. Adult worm (macrofilariae) has been implicated to lodge in palpable nodules under the skin of infected humans and also in subcutaneous tissue [6].The

initial infestation often occurs in childhood, and many of the affected individuals remain asymptomatic for long periods. It affects mostly the rural farmer population. The World Health Organization's Onchocerciasis Control Program has successfully reduced the prevalence of onchocerciasis by interfering with the transmission of the parasite and by mass population treatment in the regions at risk. Despite these laudable efforts, the socioeconomic burden resulting from the disabilities caused by onchocerciasis are still enormous [7, 8]. There has been report that the worst affected endemic area of this disease is the savanna zone of West Africa especially in the Volta River basin comprising parts of Benin, Ghana, Mali, Niger and Togo and the whole of Burkina Faso, where there may be up to 15% blindness rate in some endemic villages, with an estimate of at least 70,000 people being visually incapacitated in these areas [9, 10].

Onchocerciasis is a major cause of blindness in parts of Africa where it represents a serious obstacle to socio-economic development with Nigeria estimated to have 30-40% of the world's cases or 60% of the cases in West Africa [11, 12]. About 125 million people worldwide are estimated at risk of Onchocerciasis and of these, 18 million people are infected with the disease, of which 99% live in Africa [13]. The disease affects about 10 million people living in scattered foci in the Savannah and Rain forest regions of Nigeria [14]. Besides being one of the widest spread filarial diseases that produces grave socio-economic consequences, onchocerciasis is also deadly because of the feedback effects it has to productivity, social and sexual lives of sufferers, due to blindness and other debilitating effects [10]. In a related research, Ubachukwu, [15] highlighted various symptoms of onchocerciasis that could lead to psychosocial and economic consequences in infected persons. Some of these symptoms include itching, onchocercal skin disease, palpable nodules, insomnia, fatigue, musculo-skeletal pain, headache, visual impairment and blindness, hanging groins and elephantiasis of the genitals among others.

However, as a result of poor mass campaign and treatment, and also because in most endemic communities children are usually excluded which constitute a sizeable number of the communities. The present research was focused towards evaluating the prevalence of onchocerciasis among children age 1-15 in Adani, Uzo-Uwani local government area of Enugu state, Nigeria.

MATERIALS AND METHODS

Study area:

The study area, Adani community in Uzo-Uwani local government area of Enugu state, Nigeria Coordinates: 6°43'60" N and 7°1'0" E in DMS (Degrees Minutes Seconds) or 6.73333 and 7.01667 (in decimal degrees) [16]. 50 km from Nsukka town, Adani is made up of seven villages apart from farm settlements. They are Akutara, Ajuona, Eziana, Uwenakpa, Otuguzo, Iyekeniga and Awuto-Amokwe. The area is intersected by numerous green hills, valleys, relatively rocky landform, with good agricultural soil. As a result of their advantageous rich soil fertility and climatic factors, the people are predominantly farmers as they can grow their plants with no artificial fertilizers. The area is endowed naturally with two major rivers; River Anambra and River Obinna, each linking Anambra state up East and Benue state down North respectively. These rivers are the major breeding sights for black fly, leaving the community with no alternative for most of its domestic activities and also for consumption during farming. Also, aided by its close proximity to farm when they feel tasty. It also serves as source of water for irrigation. As a result of this high extent of dependence, the villagers make constant visit to the stream and children enjoy swimming in tributaries to the water source.

Experimental Design

A total of 210 subjects were examined. This was aided by the assistance of the Health Department of Uzo-Uwani health management's board. House to house campaign led by two community directed distributors aided easy accessibility and quick compliance to questions and clinical examination. Examination of children was carried out in each house hold with the consent of their parents. A friendly and well-structured close and open ended questionnaire was administered. Physical examination of onchocerciasis symptoms was done using Rapid Epidemiological Assessment (REA) method [17], these include palpable nodules, leopard skin, ocular manifestations, and Onchocercal Skin Disease (OSD) viz; Acute Papular Onchodermatitis (APOD), Chronic Papular Onchodermatitis (CPOD), Depigmentation (DPM) and Lichenified Onchodermatitis (LOD).

Consent

Informed verbal consent was obtained from the head of the community and the parents of the children

Statistical Analysis

The data collected was analyzed using the Statistical Package for Social Sciences (SPSS) version 16. Chi square was used to determine the level of significance in the prevalence of onchocerciasis among sexes while the age effects on the prevalence of the various forms of dermatitis was determined using 2-way analysis of variance (ANOVA).

RESULT

Prevalence of symptoms of infection

A total of 66 (31.4%) of the children studied were positive for the various symptoms of onchocerciasis (Table 1). The symptoms encountered were OSD (21.4%), Nodules (8.6%), and Leopard skin (1.4%). No case of ocular manifestation (blindness) was recorded.

Table 1: Percentage prevalence of onchocerciasis symptoms in children (1 -15 years old) in Adani community, Uzo-Uwani local government area of Enugu state (n = 210)

Symptoms	Positive cases	Prevalence (%)
Dermatitis	45	21.4
Nodules	18	8.6
Leopard skin	3	1.4
Blindness	0	0
Total	66	31.4

Age and sex-related prevalence of infection

The prevalence of symptoms of onchocerciasis by age grouping showed that children of age group 13-15 years had the highest prevalence (41.0%) while those of age group 1-3 years had the least with (16.7%). The prevalence rate increases with age (Table 2). The difference in infection rates among the various age groups was found to be significantly different ($P < 0.05$). The prevalence of infection between sexes showed that the males had a prevalence rate of 33.7% while the females had a prevalence of 25.5% (Table 2). Males had the higher infection prevalence rate for all age groups except the 8-12 years where the females showed higher prevalence. The infection rate by sex did not show significantly difference ($P > 0.05$).

Tables 2: Sex-specific prevalence of onchocerciasis in children, 1-15 years in Adani, Uzo-Uwani local government area, Enugu state.

Age Group (Years)	No. examined			Percentage infected with onchocerciasis		
	M	F	Total	M	F	Total
1-3	6	12	18	2(33.3%)	1(8.3%)	3(16.7%)
4-7	30	30	60	7(23.3%)	4(13.3%)	11(18.3%)
8-12	24	30	54	8(33.3%)	12(35.3%)	20(37.0%)
13-15	44	34	78	20(45.5 %)	12(35.3%)	32(41.0%)
TOTAL	104	106	210	35(33.7%)	27(25.5%)	66(31.4%)

($P < 0.05$)

Forms of Onchodermatitis

21.4% of the sampled population was diagnosed with various forms of onchodermatitis (Table 3). Acute Papular Onchodermatitis, APOD (71.1%) was the most frequent form followed by Chronic Papular Onchodermatitis, CPOD (17.8%) while Depigmentation, DPM was the least with (4.4%).

Table 3: Prevalence of various forms of Onchocercal skin disease in children, 1-15 years in Adani, Uzo-Uwani local government area, Enugu state.

Dermatitis	Positive cases	Percentage (%)
APOD	32	71.1
CPOD	8	17.8
DPM	2	4.4
LOD	3	6.7
Total	45	21.4

APOD=Acute PapularOnchodermatitis, CPOD=Chronic PapularOnchodermatitis, Depigmentation =DPM, LOD=Lichenified Onchodermatitis.



Figure 1: Acute papular onchocercal dermatitis on the leg of a 15 year old boy



Figure 2: Lichenified Onchodermatitis (Lizard skin) on the lower legs of a 14 year old girl



Figure 3: Lizard skin on the legs of a 12 year old boy

Examination and location of onchocercal nodules

The location of palpable nodules on the various parts of the body of the age groups was examined. The head and neck region had the highest number of nodules (38.9%), followed by the thoracic region 3(3.3%), the upper (16.7%) and lower limbs 11.1% respectively. While there were no nodules found on the pelvic and lumber regions.

Table 4: Anatomical locations of onchocercal nodules among the age group in children (1-15 years old) in Adani, Uzo-Uwani, local government area, Enugu State.

Age Group	Head and regions	Upper limb	Lower limb	Thorax	Pelvis	Lumber	Total
1-3	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)
4-7	3(16.7%)	0(0.0%)	0(0.0%)	1(5.6%)	0(0.0%)	0(0.0%)	4(22.2%)
8-12	3(16.7%)	1(5.6%)	1(5.6%)	2(11.1%)	0(0.0%)	0(0.0%)	7(38.9%)
13-15	1(5.6%)	2(11.1%)	1(5.6%)	3(16.7%)	0(0.0%)	0(0.0%)	7(38.9%)
TOTAL	7(38.9%)	3(16.7%)	2(11.1%)	6(33.3%)	0(0.0%)	0(0.0%)	18(8.6%)



Figure 4: Nodules and scattered skin depigmentation on the trunk of a 9 year old boy.



Figure 5: Nodules and Chronic Papular Onchodermatitis on the leg of a 12 year old boy

Discussion

The results obtained from this research recorded Onchocerciasis prevalence of 31.4%. This result is in agreement with similar findings on the prevalence of onchocerciasis in mesoendemic areas of Enugu State, and Ebonyi Central Senatorial zone, Nigeria where 26.7% and 33.35% positive cases were reported [17,18]. A slightly higher prevalence (47.5%) of onchocerciasis was reported in Okpuje, Owan West Local Government Area - Edo State, Nigeria [19]. The value

165 obtain from this research though might be considered low in children but could have high
166 probability of increments in adult population due to onchocerciasis is a cumulative disease.

167 There has been indication that onchocerciasis related diseases occur significantly higher in male
168 than in females owing to the evidence obtained in this research where the age ranges studied
169 indicated a slightly higher percentage of occurrences in males than in females. This is concurrent
170 with the findings of Anosike and Onwuliri that most of the male children are more exposed to
171 blackfly bite as they usually accompany their fathers to farm [20]. This is unlike their female
172 counterparts who assist their mothers at home with domestic chores, thereby limiting their
173 exposure. Meanwhile, there has been report which suggests that the differences observed in the
174 prevalence of nodules between male and female children suggest that male children are more
175 exposed to infective bites. Eneanya and Nwaorgu noted that although both males and females
176 engaged in farming, women are better clad and therefore there was less exposure of large parts of
177 their bodies especially the lower limbs to *Simulium damnosum* bites [21]. The difference in the
178 infection rate according to sex may be due to endemicity [22]; the occupational exposure [23]
179 and to some extent on the susceptibility of individuals. Similar claims were also reported
180 elsewhere by Brabin [24].

181
182 In this survey, age was demonstrated to significantly affect the prevalence of onchocerciasis (P
183 < 0.05). Respondents in 13-15 years age group showed the highest percentage of occurrence
184 (41.0%). Those of 8-12 years had (37.0%), 4-7 years recorded (18.3%) with the least percentage
185 (16.7%) seen among children of 1-3 years. The results are similar to reported findings which have
186 shown that onchocerciasis infection rate increase gradually with advancing age in Nigeria [25,
187 26, 22, 20, 27]. Therefore, based on the result obtained from this research, onchocerciasis infection
188 could be considered to be cumulative in nature.

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190 The greatest challenges faced by onchocerciasis affected individual are impaired visual acuity
191 and blindness, and dermatitis. In the present research blindness was not recorded but a high
192 percentage was found in dermatitis (21.4%) which shows a high significant value. Different
193 forms of dermatitis (onchocerciasis skin disease) observed in this work include Acute Papular
194 Onchocerciasis, APOD (71.7%), which is characterized by a solid, scattered, pruritic papular
195 rashes. Chronic Papular Onchocerciasis (CPOD) (17.8%), a scattered pruritic hyperpigmented

and flat-topped papulomacular rash, Lichenified Onchodermatitis , LOD (6.7%) shows a discrete pruritic and hyperpigmented papulonodular plaque associated with lymphadenopathy and Depigmentation (DPM) (4.4%). Meanwhile, the study is in consonant similar work on onchocerciasis in Okpuje, Owan West Local Government Area, Edo State, Nigeria [19] were no case of blindness was reported. However, there has been indicated that the greatest burden of onchocerciasis are visual impairment (especially among the aged population) and dermatitis which reduces life expectancy, decreases agricultural productivity, forces children out of school and results in the emigration of the work force [12, 28, 29]. The report obtained from our findings showed a general fatigue, insomnia, inflammatory change in skin, and overall distractions. Similarly, recent studies in Nigeria, Ethiopia and Sudan have shown that onchocerciasis is responsible for the poor school performance and a higher drop-out rate among infected children due to itching and lack of sleep [13]. Owing to the geographical location of Adani (between rain forest and savanna region) it is believed that onchocerciasis infection in this region is cause by two dominant species of black fly which exist predominantly on each zone; the rain forest and the savanna region. Secondly, the people living in the community are predominantly farmers. They use nearby rivers as source of water supply.

Conclusion

Based on our observations and results from this survey, we want to clearly state that age was shown to be a major determinant for onchocerciasis prevalence demonstrating the cumulative nature of the disease as it occur with advance in age. Secondly, owing to the geographical location of Adani (between rain forest and savanna region), onchocerciasis infection in this region was cause by two dominant species of black fly which exist predominantly on each zone; the rain forest and the savanna region. Finally, the life activities of the people - farmers contribute to their vulnerability to black fly bite. Therefore, there is a relatively high prevalence of onchocercal infections in Adani community of Uzo-Uwani Local Government Area, Enugu state, Nigeria.

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