

Invasive Salmonellosis in Central Nigeria

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Objectives

- Background
- Bacteremia surveillance of young children
- Preliminary results
- Gaps in knowledge
- Way forward

Child Mortality in Nigeria-General Facts

- About 5.3 million children are born yearly in Nigeria~ 11,000 everyday
 - 1 million of these children die before the age of 5 years
- Nigeria's newborn death rate (NMR)-528 per day- is one of the highest in the world
 - About 9 of ten of newborn deaths are preventable

Lack of Etiologic Data for Bacteremic Syndromes

Limitations of previous studies

- Sub optimal laboratory Methods
- Culture media
- Agar preparation- suboptimal blood agar source
- Identification of isolates- misidentification
- Incomplete characterization



Community Acquired Bacteremic Syndrome in Young Nigerian Children (CABSYNCR)

A COLLABORATIVE STUDY

National Hospital Abuja

Zankli Medical Center

MRC Laboratories, The Gambia

Michigan State University

CDC, ATLANTA

Objectives

- To introduce automated blood culture system to pediatric clinical care
- Pilot study of the etiologic agents of bacteremia in young children in central Nigeria

Equipping the Laboratory



Surveillance

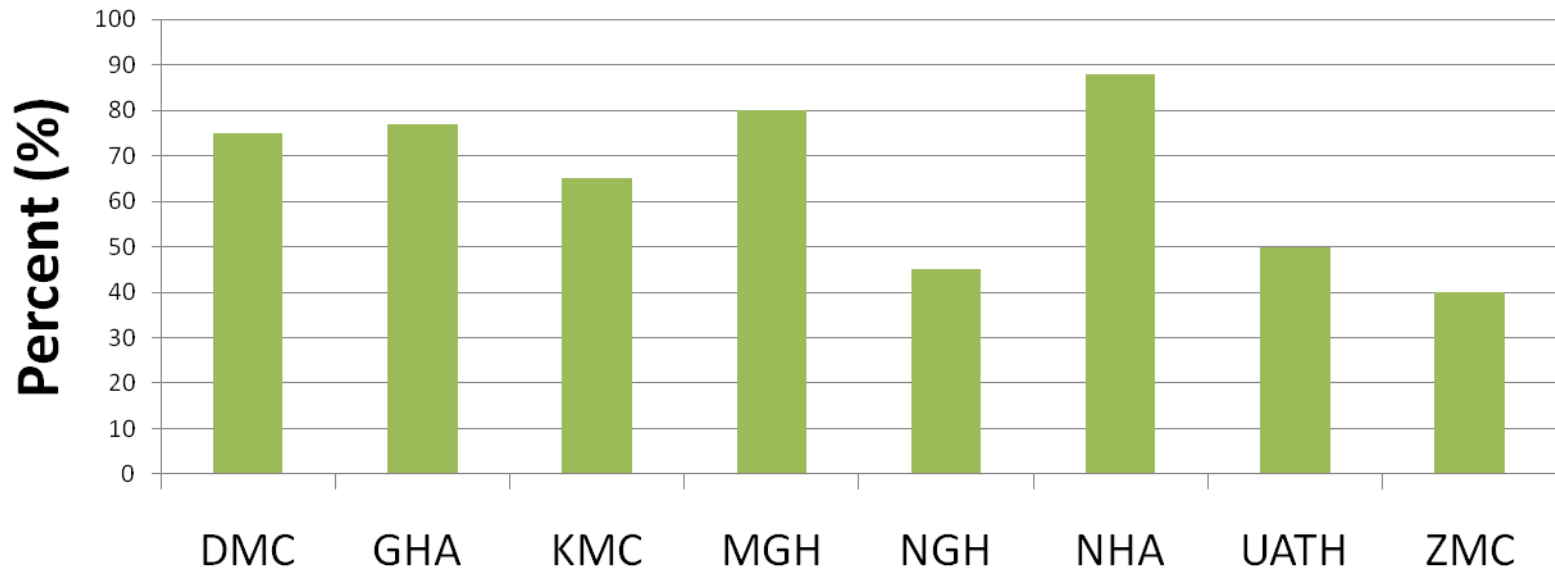
- Enrolment from Sept 2008-
- All children aged 2months-5years
- Fever or hypothermia (temp greater or equal to 38.5°C or less than 34.5°C **plus** prostration, respiratory distress, convulsion or diarrhea
- Informed consent

Methods II

- Blood drawn aseptically into culture bottle with other clinically indicated tests
- Culture bottles incubated for 5 days (max)
- Positive cultures Gram stained and subcultured on appropriate agar plates
- Identification by standard biochemical method (API)

Pre-Consultation Antibiotic Exposure in FCT

Fig 2. Serum Antimicrobial Activity in Sub-Population by Site



Site
(*Obaro et al. 2011 BMC infectious Diseases*)

Childhood Bacteremia in FCT, Central Nigeria

- 969 children aged 2months-5years. Mean age was 21 ± 15.2 months.
- Salmonella spp were the leading cause of bacteremia -28.5% with *S.typhi* accounting for 20.9% and non-typhi salmonella -7.6%)
- *S. aureus* -20.2%
- *S.pneumoniae* -11.9%
- Acinetobacter -11%.

Nigeria-Culturally Diverse



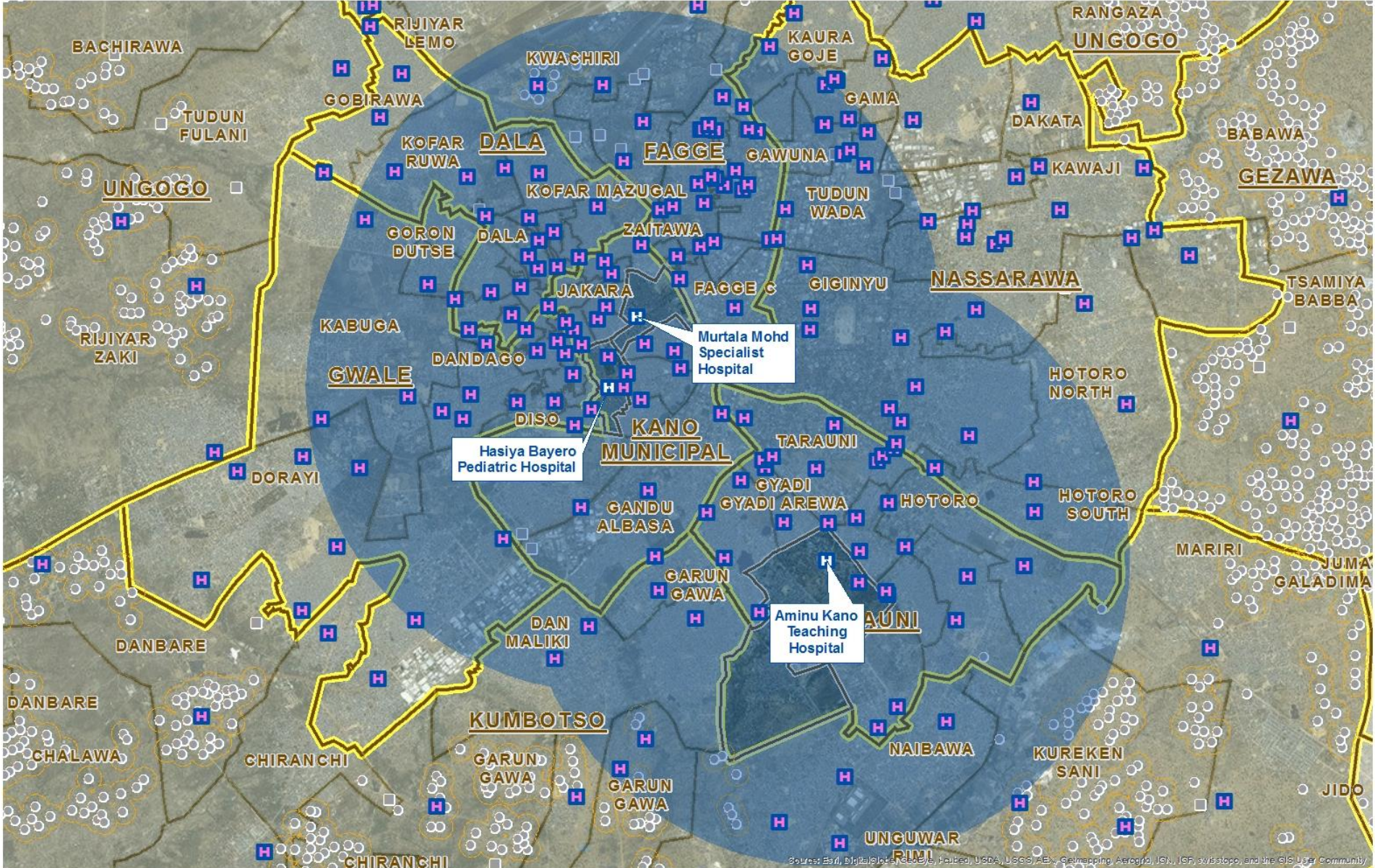
Bacteremia Surveillance in Young Children



Surveillance Sites in Kano

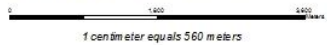


5km buffer of Selected Health Facilities in Respective Wards



Legend

-  LGA
-  Hamlet area
-  Small Settlement
-  Health Facilities_Out
-  Waterway_North
-  Ward
-  Hamlet
-  Health facility
-  HF_5km_Buffer
-  Waterbody_North



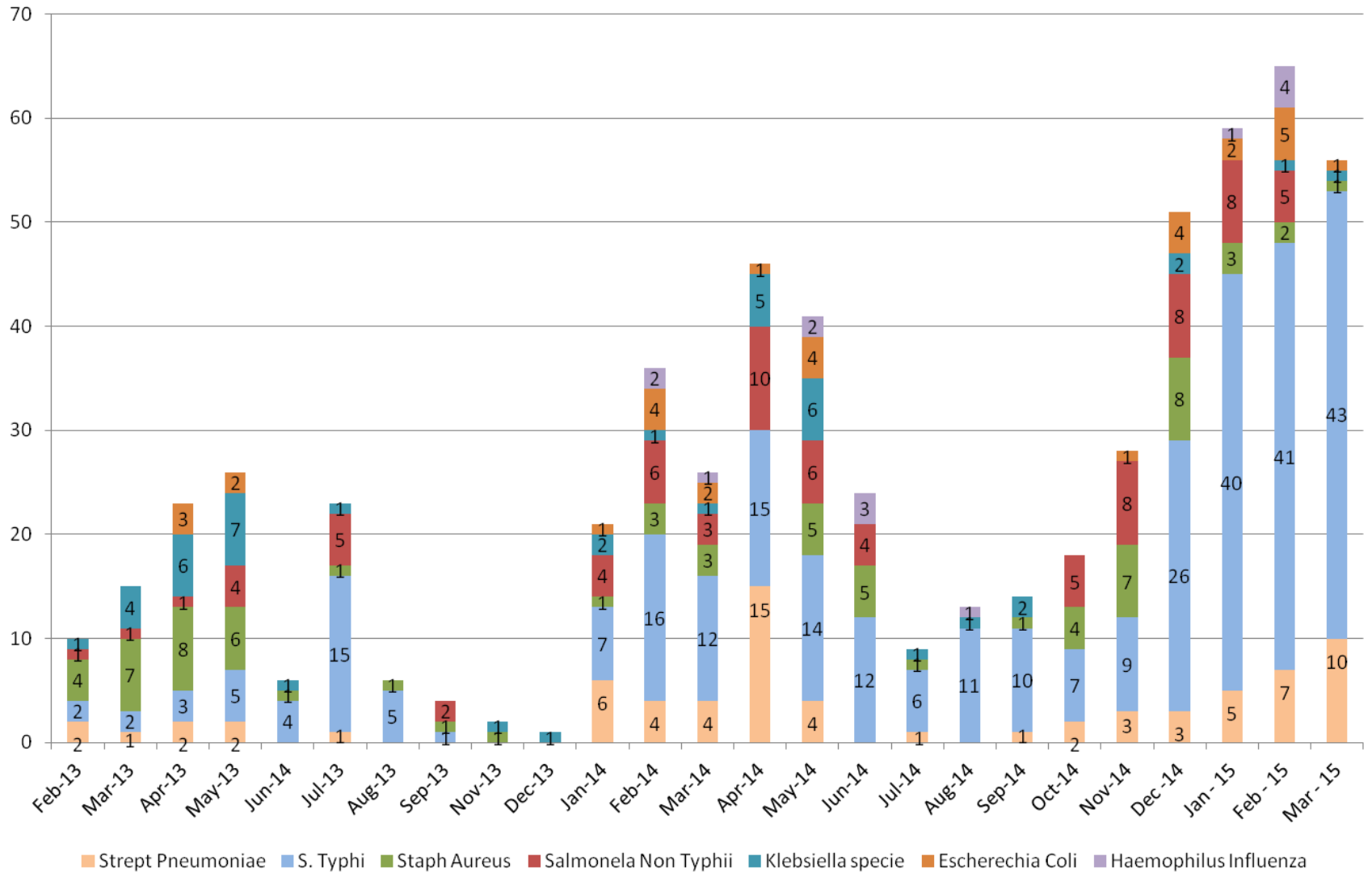
Source: Esri, DigitalGlobe, GeoEye, Earthstar (USA), USGS, AeroGRID, IGN, ISF, Landsat, and the GIS User Community

This special coverage was produced to support Nigeria's Polio Immunization Programme field operation planning. It was designed specifically for vaccination team assignment planning and is not intended to be a geographic map. The content was compiled from commercial satellite sources and includes settlement names and points of interest from their data collection. Boundaries and names are for reference purposes and should not be considered authoritative. Production Date: 4/23/2015

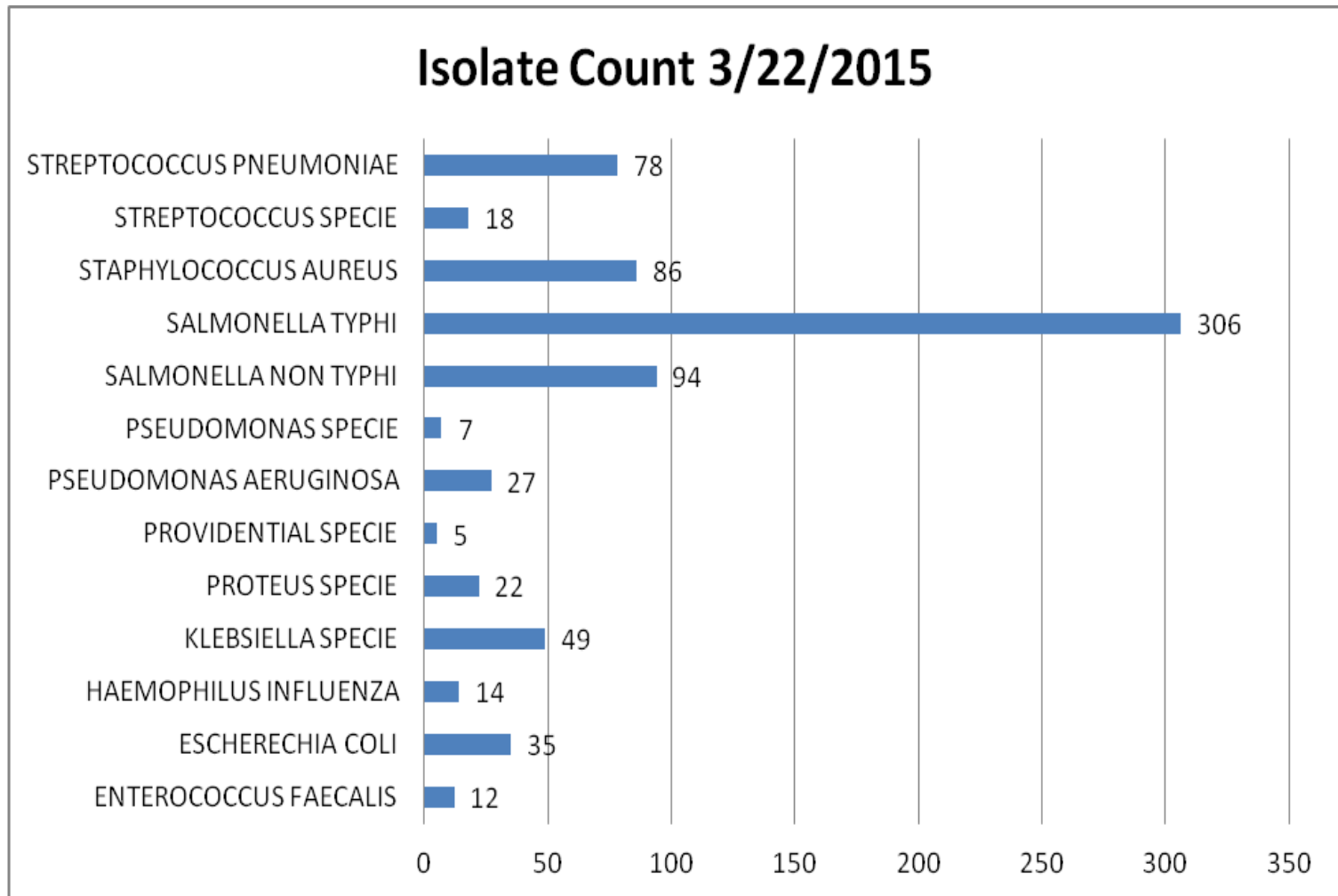
Facilities in Kano



KANO CAPIBD - Select isolates collected as of March 22, 2015

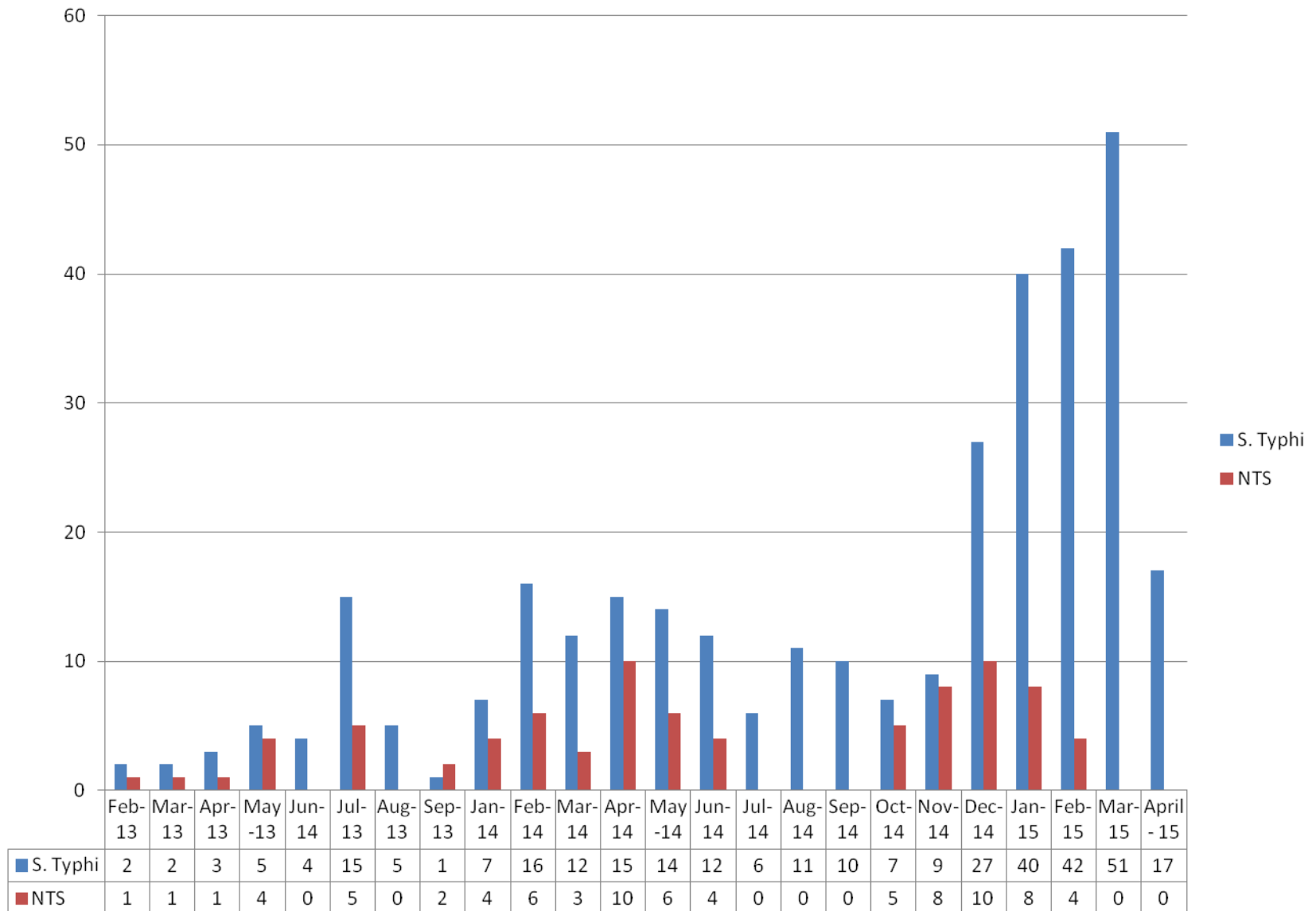


Etiologic Agents of Childhood Bacteremia in North Central Nigeria



Seasonal Trend of Invasive Salmonellosis

Number of S. Typhi and NTS isolated by month



Age Distribution of Bacteremic Children

	Mean Age (Months)	Median	N
S.Typhi	32.5	31.5	260
NTS	24.3	22	73
Other bacteria spp	13.7	9	333
			686

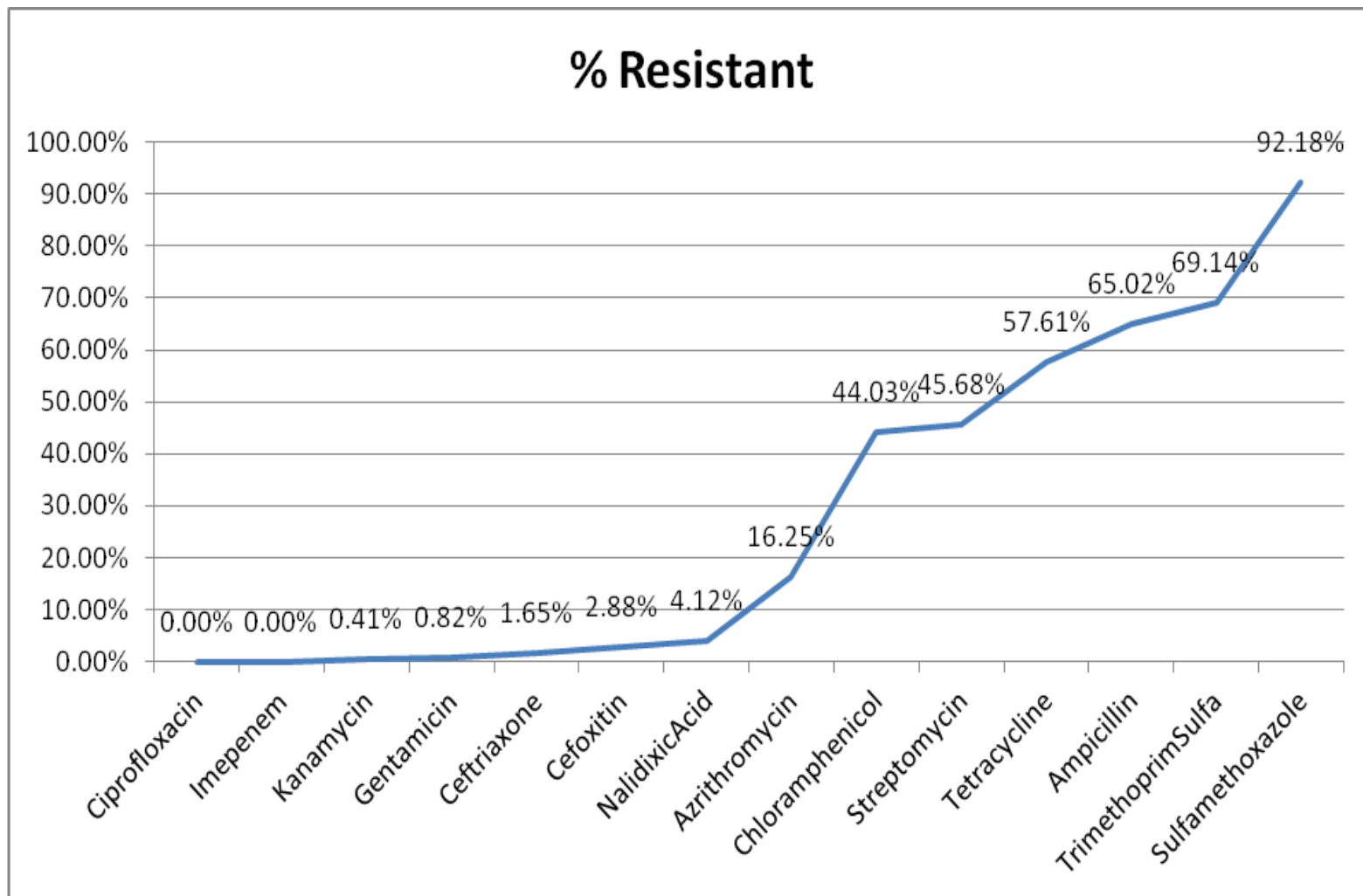
Isolates from Neonates

Isolates from Infants < 1 month	Frequency	Percent
ALKALIGENS SPECIE	1	1.1%
Aeromonas Hydrophila	1	1.1%
HAEMOLYTIC STREPTOCOCCUS SPECIES	3	3.2%
Candida specie	5	5.4%
ENTEROCOCCUS FAECALIS	4	4.3%
ESCHERECHIA COLI	9	9.7%
KLEBSIELLA PNEUMONIAE	14	15.1%
MORGANELLA MORGANII	1	1.1%
NON HAEMOLYTIC STREPTPTOCOCCUS SPECIE	2	2.2%
PROTEUS MIRABILIS	2	2.2%
PROTEUS SPECIE	5	5.4%
PROVIDENTIAL SPECIE	1	1.1%
PSEUDOMONAS AERUGINOSA	9	9.7%
SALMONELLA TYPHI	2	2.2%
SERRATIA SPECIE	1	1.1%
STAPHYLOCOCCUS AUREUS	28	30.1%
STREPTOCOCCUS PNEUMONIAE	5	5.4%
Total	93	

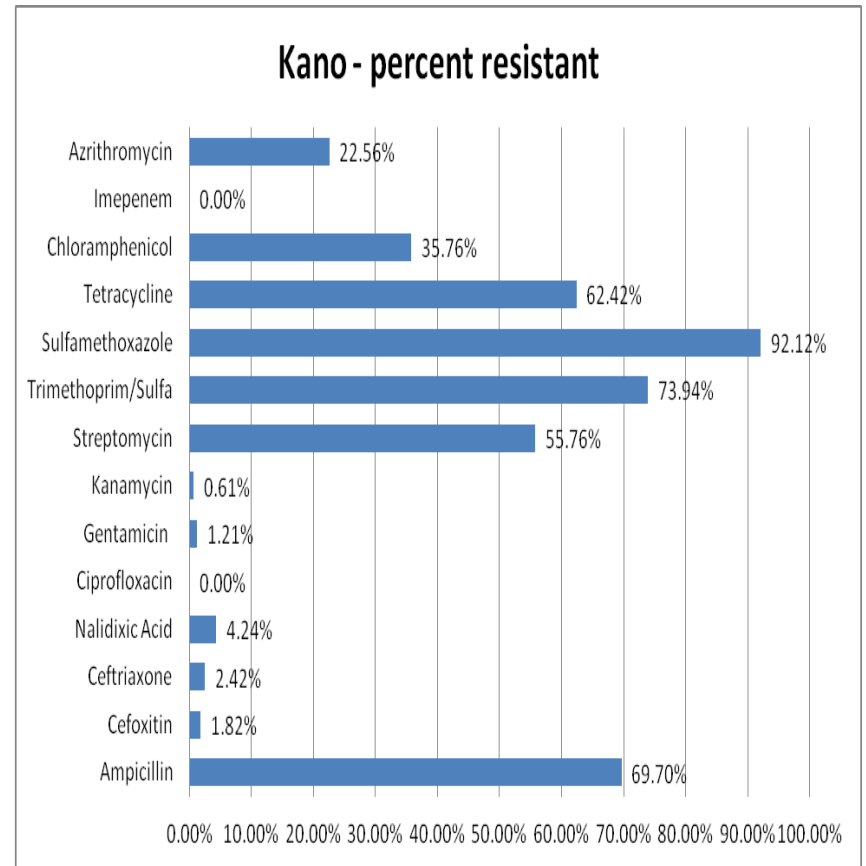
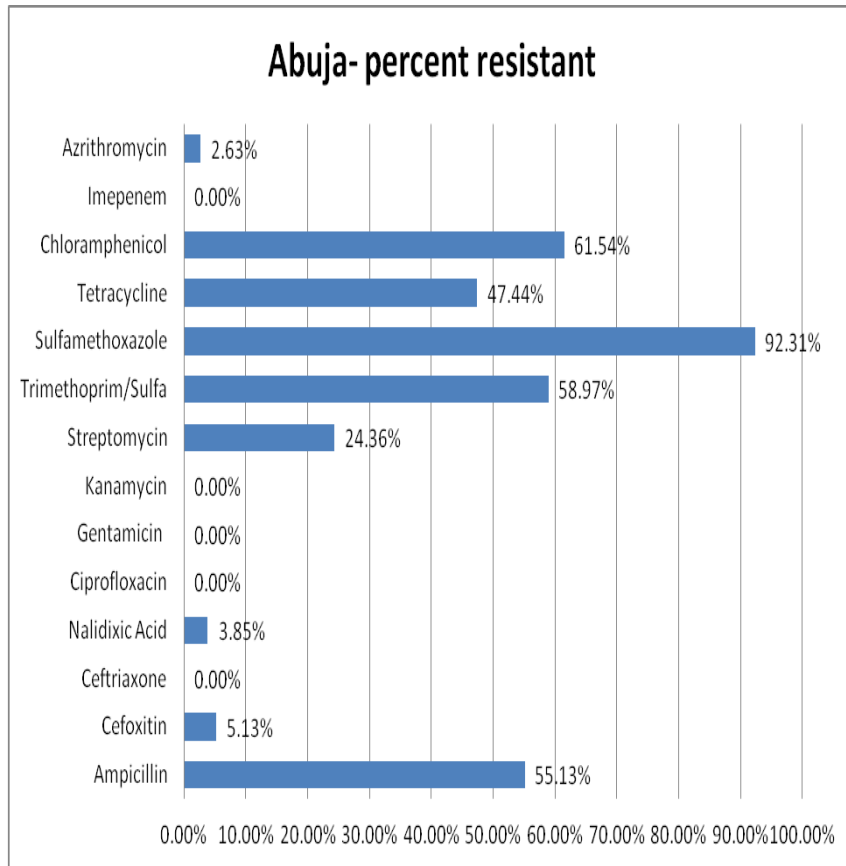
NTS Serovars

Salmonellae	N	
Salmonella brendeney	1	
Salmonella dublin	2	
Salmonella durban	1	
Salmonella enteritidis	34	
Salmonella Galiema	1	
Salmonella group B	12	
Salmonella Group C	2	
Salmonella group D	2	
Salmonella Paratyphi C	1	
Salmonella Pasing	1	
Salmonella poona	3	
Salmonella ser. Pullorum Grp D	1	
Salmonella spp	9	
Salmonella typhimurium	30	
Total	100	

Resistance Pattern of Invasive *S.typhi* Isolates



Regional Differences in S.Typhi



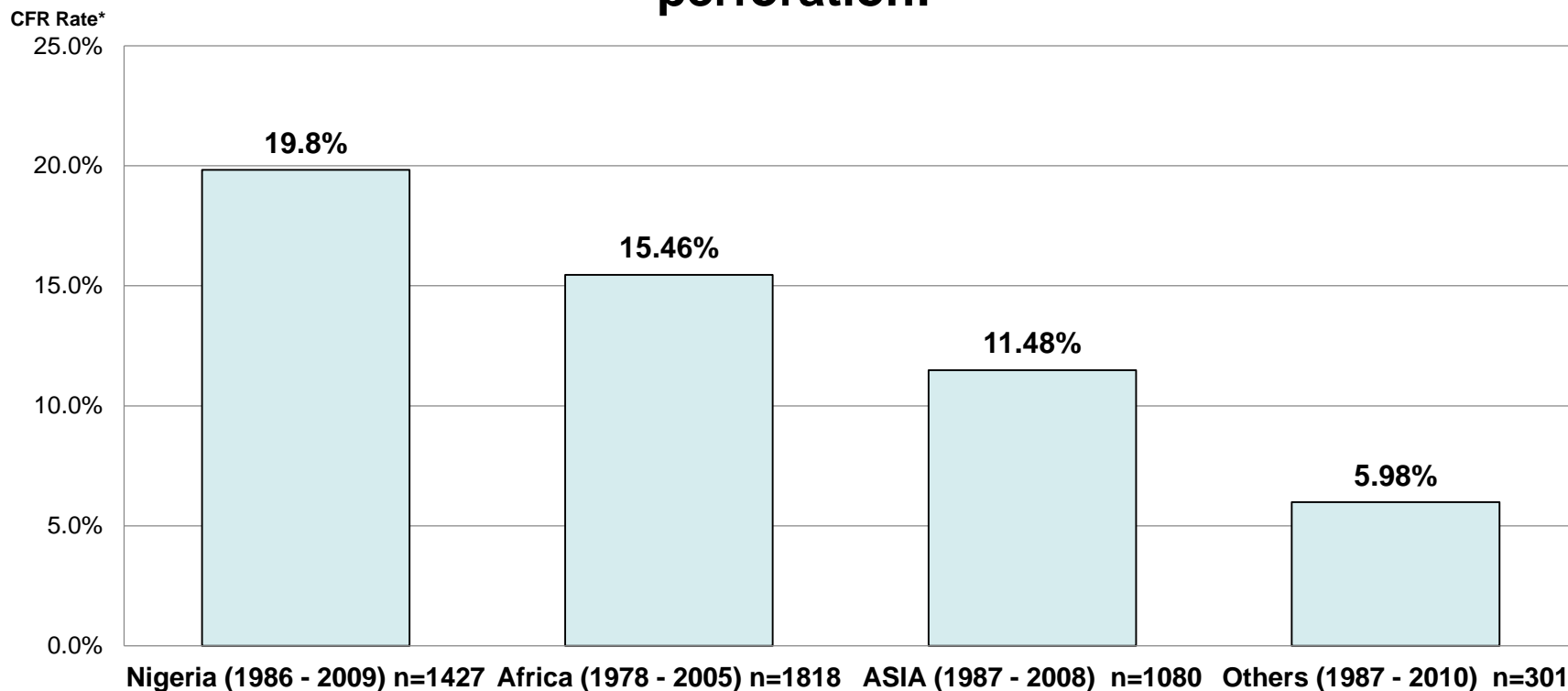
Terminal Ileal Perforation (TIP)

- **Mortality** : Dickson et al (Br. J Surg 1964) **58%**
- Adesunkanmi et al (Ann Coll Surg Hong Kong 2003) **28%**
- Ugochukwu et al (Int J Surg 2013) **19%**



Typhoid Perforation-CFR

Case Fatality rates of patients with typhoid intestinal perforation:



*unweighted

Source: Mogasale V, Desai SN, Mogasale VV, Park JK, Ochiai RL, et al. (2014) Case Fatality Rate and Length of Hospital Stay among Patients with Typhoid Intestinal Perforation in Developing Countries: A Systematic Literature Review

TIP

- A complication of treatment?
- An unusual manifestation of TF?
- Host genetic and/or bacterial virulence?

Need for improved understanding of TIP

Sickle Cell Disease

- 300x more likely to develop bacterial meningitis
- 600x more likely to develop pneumococcal meningitis
- 116x more likely to develop *H.influenzae* meningitis
- 25x more likely to develop NTS sepsis than non-SCD children from same community

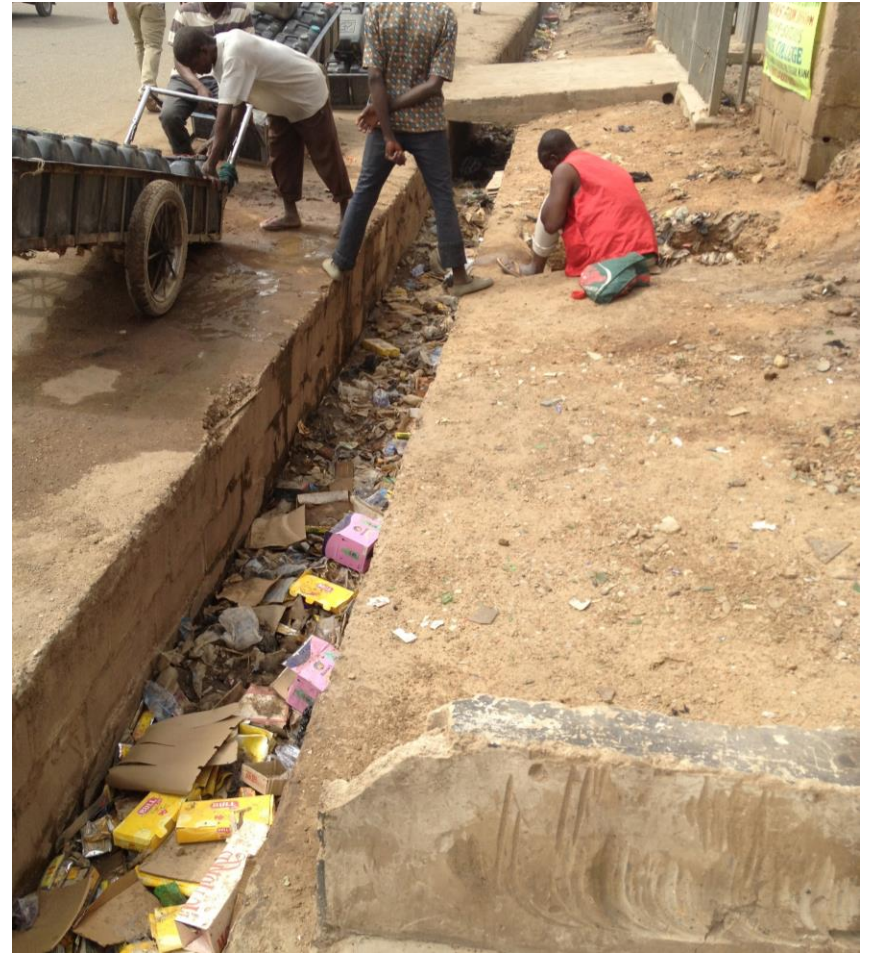
1. Barret-Connor- *Bacterial infection in sickle cell disease* *Medicine*
1971;50:97-112

2. Booth, Inusa, Obaro *IJID* 2011

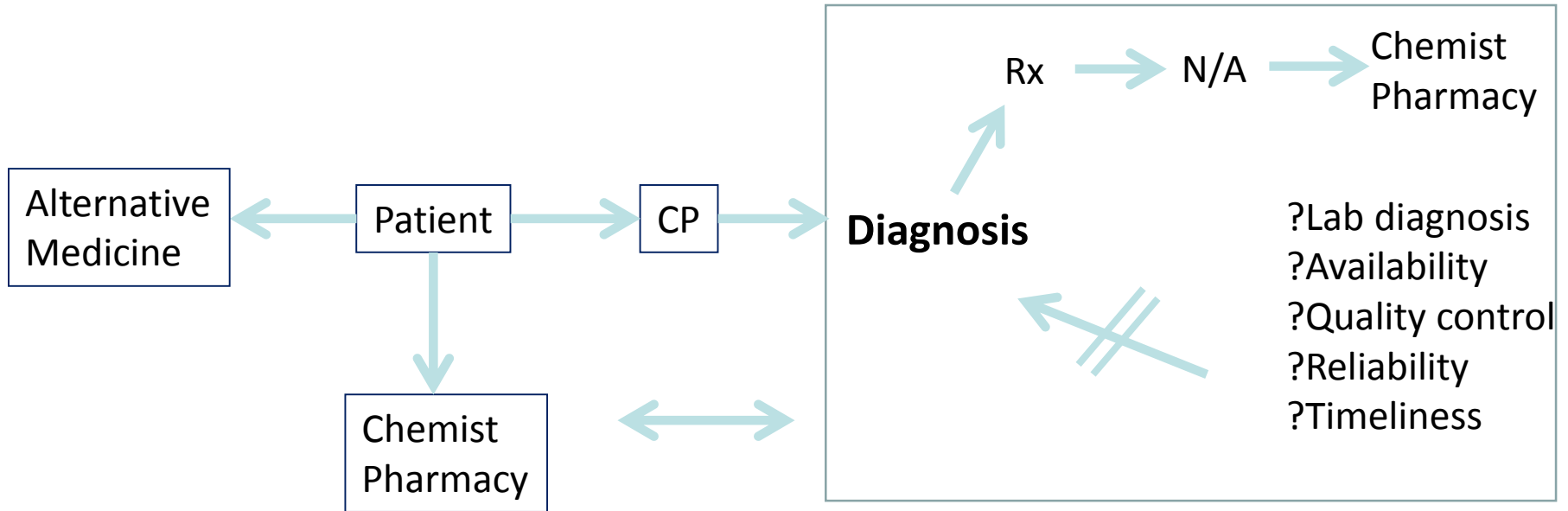
Public Water Supply



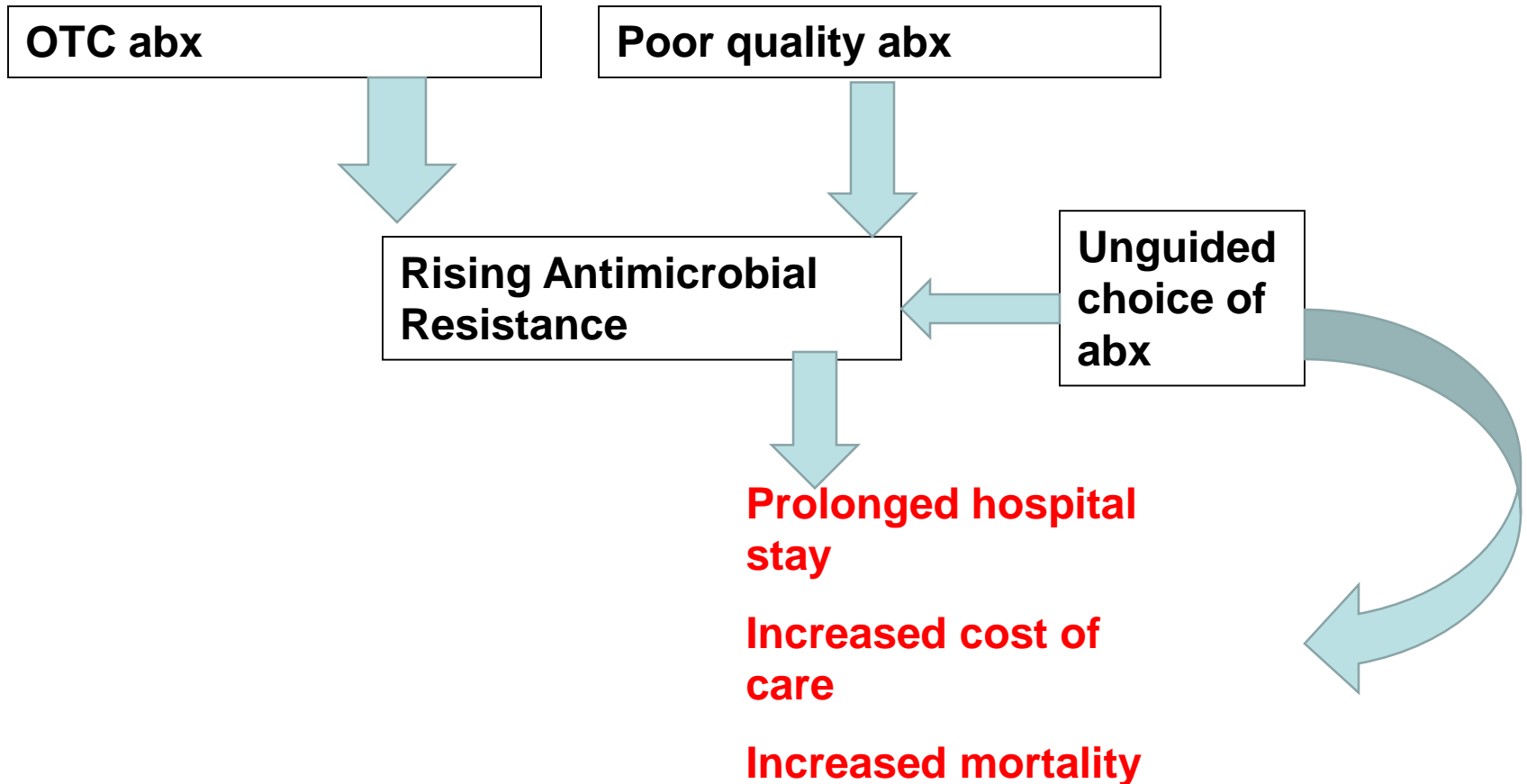
Public Water Supply



Health Care Seeking Behavior



Rising Abx Resistance



Conclusions

- High prevalence of *S. typhi* over NTS
- Overall high prevalence of MDR (NTS > Typhi)
- High prevalence of infant disease, including neonates
- Significant regional difference in the epidemiology of invasive salmonellosis
- High prevalence of TIP
- Rare disease by Paratyphi
- Surveillance
 - population-based surveillance
 - Multi-disciplinary research teams

“The microbe that felled one child in a distant continent yesterday can reach yours today and seed a global pandemic tomorrow”

**Nobel Laureate
Dr. Joshua Lederberg**

Acknowledgement

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Thank you!

