

High Prevalence of Human Gastrointestinal Parasitic Infections in an Internally Displaced Persons (IDPs) Camp in Nasarawa State, Nigeria: A Cross-Sectional Study

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Abstract

Human gastrointestinal parasites are significant agents of intestinal infections with public health implication worldwide. Internally displaced persons (IDPs) are known for their vulnerability to myriad of parasitic agents due to their socioeconomic conditions especially in Nigeria. However, paucity of published information about gastrointestinal parasitic infection exists among refugees in Nigeria. In a cross-sectional study, the prevalence and probable factors of human gastrointestinal parasitic infections in a IDPs camp in Nasarawa State, Nigeria was evaluated. Faecal samples were collected from 332 recruited refugees who gave informed consent and completed self-administered questionnaires. The samples were examined using standard parasitological techniques. Overall, 264 (79.5%) were infected with human gastrointestinal parasites. The parasite species identified and their respective prevalence were *Entamoeba histolytica* (23.5%), *Schistosoma mansoni* (22.0%), *Ascaris lumbricoides* (19.7%), *Enterobius vermicularis* (14.4%), Hookworm (6.1%), *Hymenolepis nana* (6.1%), *Giardia lamblia* (1.1%) and *Taenia* species (1.1%). All the risk factors studied were not statistically significant to the parasitic infections ($p > 0.05$). To our knowledge, this is the first study to find cases of dual and multiple parasitic infections among IDPs in Central Nigeria. Our findings have enhanced the epidemiologic understanding of gastrointestinal parasitic infections among IDPs in Nigeria with implications for continual surveillance and advanced control measures.

Keywords: *Gastrointestinal Parasite, Prevalence, Parasitism, Internally Displaced Person, Nigeria*

Introduction

Human gastrointestinal parasitic infections have greatly affected public health in developing nations, and are responsible for major morbidity and mortality worldwide [1,2]. Parasitic infections are mostly caused by intestinal protozoan and helminthes parasites. Helminthes are parasitic worms with large macroparasites characterized by elongated, flat or round bodies [3]. Protozoan parasites are microscopic, one-celled organisms that are only able to multiply in the human body [4]. *Ascaris lumbricoides* (*A. lumbricoides*), *Entamoeba histolytica* (*E. histolytica*)/*dispar*, hookworm, *Trichuris trichiura* and *Schistosoma* species are among the most common parasites in the world [5].

Globally, 3.5 billion people are affected with gastrointestinal problems of which 450 million people are infected by this parasitic agents, most of which are children [6,7]. Fifty (50) million people worldwide alone, suffer from invasive amoebic infection each year according to the World Health Organization (WHO), resulting in 40-100 thousand deaths [8]. These infections are widespread in tropical and subtropical regions of the developing world where there is poverty, inadequate and unsafe water supply, inadequate sanitation amenities, and lack of health education [9,10,11]. Transmission of gastrointestinal parasites to human is chiefly through food, water, and unhygienic environment via faecal-oral route [11,12].

Internally displaced persons (IDPs) are people who have been forced to leave their homes of habitual residence in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, natural or human-made disasters, and who have not crossed an internationally recognized state border. It has been estimated that between 70 and 80% of all IDPs are women and children [10,12]. Findings have reported that the prevalence of intestinal parasites among internally displaced persons is attributable to lack of wholesome and portable water supply, poor sanitation among others [13-14,10].

Nigeria is amongst the most densely populated countries in Africa and the seventh largest population in the world. Due to these factors, it is very difficult for everyone to access basic health services, and in some remote areas harsh environmental conditions and poor public health facilities enhances the dissemination and prevalence of intestinal parasitic infections [15,16]. Myriad of environmental and socio-economic factors have been pin-pointed as probable factors for the continued persistence of intestinal parasites among IDPs [16-17,10,18]. Undoubtedly, there is need for the creation of good preventive and control measures [13,19,18]. One way of

contributing to the above cause will be to constantly monitoring and developing baseline data on the prevalence of intestinal parasites among IDPs in and outside Nigeria [20-21,14,,16,10].

Therefore, in this study we evaluated the prevalence and probable factors of human gastrointestinal parasitic infections among IDPs in Nasarawa State, Nigeria. We found that the prevalence of gastrointestinal parasitic infections was high and no probable factors for its transmission, denoted by the prevalence of the parasite in this population, was significant statistically but there were arithmetic differences between risk factors studied. Our findings will enhance epidemiologic understanding of gastrointestinal parasites among IDPs in Nigeria with implications for surveillance and control measures.

2.0 MATERIALS AND METHODS

Study Area and Population

The study area for this research was Kutara Luvu Refugees Camp, Karu, Nasarawa State, Nigeria. The camp is situated outskirts of the town. In this study, 332 consented IDPs were randomly selected representing both sexes and different ages that have lived in the camp from November 2016 through January 2017. Socio-demographic data of the participants was obtained through structured questionnaires. Participants who could not read or write in the English Language were interviewed orally in Hausa. Representative sample size was determined using the formula propounded by Swinscow and Campbell, [22]. Such information includes; age, sex, occupation, sources of drinking water, types of toilet facility and handwashing habits.

Sample Collection

A single faecal specimen was collected from each consenting refugee. The participants were instructed to collect fresh stool specimen into labelled specimen bottles and was submitted not more than one hour after collection. The specimina were taken to the Zoology Laboratory of the Bingham University Karu for microscopic examination and identification of gastrointestinal parasites.

Laboratory Investigation

The stool samples were examined for trophozoites and cysts of protozoans and the ova and larvae of helminthes under the light microscope.

Wet Mount Technique

Specimens containing blood and mucus and those that are unformed were examined immediately because these may contain motile trophozoites.

A drop of fresh physiological saline was placed on one end of a slide and a drop of iodine on the other end. A small amount of specimen about 2mg was mixed with saline and a similar amount was mixed with the iodine using a wire loop or piece of stick. Smooth thin preparations of the specimen were made and covered with a cover glass. The entire saline preparation was examined systematically for larvae, ciliates, helminthes eggs, cysts, and oocysts. X10 objective with the condenser iris closed sufficiently was used to give good contrast. The X40 objective was used in the identification of eggs, cysts, and oocysts. The iodine preparation was used to assist in the identification of cysts as described by Cheesbrough, [23].

Formalin–Ether Concentration Technique

An application stick was used to emulsify 1g of stools in about 10ml of normal saline contained in a tube. The emulsified stools were sieved, and the suspension was collected in another tube. The suspension was centrifuged at 3000 rpm for 5 minutes. The supernatant was discarded leaving the deposit. 7ml of 10% formaldehyde was added to the deposit and mixed. 3ml of diethyl ether was further added and mixed well by shaking. The layer of fecal debris was loosed from the side of the tube using a stick or stem of a plastic bulb pipette, and the tube was inverted to discard the ether, fecal debris and formaldehyde. The sediment was retained. The tube was returned to its upright position and the fluid from the side of the tube was allowed to drain to the bottom. The bottom of the tube was tapped to resuspend and the sediment was mixed. A drop of the sediment was transferred to one end of a slide and another to the other end. A drop of iodine was mixed with one of the sediment parts and a cover glass was used to cover each preparation. The entire preparation was examined microscopically using X10 objective with the condenser iris closed sufficiently to give good contrast while the X40 objective was used to examine small cysts and eggs [24].

Statistical Analysis

The data gathered were analyzed by Smith's Statistical Package (SSP version 2.80, Claremont, California-USA). Chi-square statistical test was used to determine differences and values obtained were considered statistically significant at $p \leq 0.05$.

3.0 RESULTS

Out of 332 internally displaced persons examined, 264 (79.5%) were infected with at least one parasite. These parasites *Giardia lamblia* 16(6.1%), *Entamoeba histolytica* 62(23.5%), *Ascaris lumbricoides* 52(19.7%), Hookworm 16(6.1%), *Taenia* species 6(2.3%), *Enterobius vermicularis* 38(14.4%), *Hymenolepis nana* 16(6.1%) and *Schistosoma mansoni* 58(22.0%) were identified in this study using the normal saline and formalin-ether concentration methods (Table1).

Table 2 shows the distribution of human gastrointestinal parasitic infections in relation to socio-demographic information. It showed that the prevalence of gastrointestinal parasitic infection was higher in males (81.8%) than females (77.5%). More so, this difference was not statistically significant ($p > 0.05$). In this study, the infection was high among IDPs aged <10 years (93.1%), students (85.3%), those that use well as source of drinking water (82.4%), those that defecate in pit latrine (83.8%) and those that do not wash their hands (82.2%). All the risk factors studied did not show any statistical significant association with the prevalence of the parasitic infections ($p > 0.05$).

During the survey, multiple infections were recorded by formalin-ether concentration technique but none of the refugees had more than three parasites at once. Prevalence of dual and multiple infections was 29.5% and 18.2% respectively. Dual infections reported in this study consist hookworm + *H. nana* (46.2%); *E. histolytica* + *A. lumbricoides* (30.8%) and *S. mansoni* + *H. nana* (23.1%) while the multiple infections were those of hookworm + *A. lumbricoides* + *H. nana* (56.3%) and *A. lumbricoides* + *E. histolytica* + *S. mansoni* (43.8%) (Table 3).

Table 1: Distribution of Human Gastrointestinal Parasites

(Number Examined=332)

Protozoans	Number Infected	Prevalence (%)
<i>Giardia lamblia</i>	16	6.1

<i>Entamoeba histolytica</i>	62	23.5
Nematodes		
<i>Ascaris lumbricoides</i>	52	19.7
Hookworm	16	6.1
<i>Enterobius vermicularis</i>	38	14.4
<i>Hymenolepis nana</i>	16	6.1
<i>Taenia</i> species	6	2.3
Trematode		
<i>Schistosoma mansoni</i>	58	22.0

Table 2: Distribution of human gastrointestinal parasitic infections in a IDPs Camp in Nasarawa State in relation to demographic Information

Risk factors	No. Examined	No. Infected	Prevalence (%)	P value
Gender				
Male	154	126	81.8	
Female	178	138	77.5	0.7444
Age (Years)				

<10	144	134	93.1	
11-20	76	56	73.7	
21-30	14	11	78.6	
31-40	92	60	65.2	0.4369
>40	6	3	50.0	
Occupation				
Students	224	191	85.3	
Civil servants	6	3	50.0	
Farmers	88	63	71.6	0.6682
Traders	2	1	50.0	
Artisans	12	6	50.0	
Sources of Drinking Water				
Well	284	234	82.4	
Borehole	48	30	62.5	0.2658
Types of Toilet Facility				
Pit latrine	272	228	83.8	
Open field	60	36	60.0	0.1433
Handwashing Habit				
Yes	186	144	77.4	
No	146	120	82.2	0.7183

Table 3: Pattern of single and multiple intestinal parasitic infections in IDPs

Types of Infection	No. Infected	Prevalence (%)
Single	138	50.8
Dual	78	29.5
Eh+As	24	30.8
Hw+Hn	36	46.2
Sm+Hn	18	23.1
Multiple	48	18.2

Hw+As+Hn	27	56.3
As+Eh+Sm	21	43.8

Abbreviation: As (*Ascaris lumbricoides*), Eh (*Entamoeba histolytica*), Hn (*Hymenolepis nana*), Hw (Hookworm), Sm (*Schistosoma mansoni*)

Discussion

Internally displaced persons (IDPs) living in camps has been reported to provide ideal ground for the breeding of gastrointestinal parasitic infections. An overall prevalence of 79.5% was recorded among refugees in Nasarawa State which is in consonance with the reports of Hamidu *et al.* [10] in Maiduguri, Gimba and Dawam [25] in Abuja, Oti *et al.* [1] in Keffi, Abah and Arene [24] in Rivers state and Iduh *et al.* [17] in Sokoto. Prevalence rates compared to findings in this study have been reported in other countries such as 64.3%, 64.4% and 17% in Sudan [14,26,6], 61.9% in Ethiopia [2], 44.8% in Rwanda [7], 40.2% in Sri Lanka [20], 75.7% in India [27], 0.5% in Saudi Arabia [28] and 41% in Colombia [29]. The high prevalence of human gastrointestinal parasitic infections reported in this study is connected to the fact that socioeconomic and environmental conditions of the refugees enhance transmission of the parasitic infection.

The study has reported the presence of eight different gastrointestinal parasites among the IDPs in which *E. histolytica* (23.5%), *S. mansoni* (22.0%) and *A. lumbricoides* (19.7%) were the most prevalent parasites in the area. *E. histolytica* is known to cause human morbidity and it is transmitted via faecal-oral means especially among children below 10 years [30]. This correlates with other published studies and reports in Nigeria and other countries [1,27,28,2].

In this study, there was no statistically significant association between the prevalence of gastrointestinal parasites and gender of the IDPs ($p > 0.05$). The infection was higher in male (81.8%) than female counterparts (77.5%). This finding is similar with reports of some researchers carried out in this field [10,6] but disagrees with other studies [1,28]. The lack of statistical association reported in this study might be linked to the fact that both genders were exposed to the same sources of infection at the same rate, they both take part in related camp chores that could jeopardize them to infection with the parasitic agents.

This study further revealed that prevalence of intestinal parasites was highest among refugees aged <10 years old (93.1%). This is in agreement with similar published reports [1,6,10,28]. The high prevalence of intestinal parasites in children of age less than 10 years might be due to their low level of personal hygiene and unaware to health education. There was no statistically significant association between occupation and the prevalence of the infection ($p > 0.05$). The highest prevalence was recorded among students (85.3%), followed by farmers (71.6%) and least prevalence was among IDPs that were civil servants, traders and artisans (50.0%). This might be because a large pool of infected refugees was below 20 years and most of them are students in various educational levels. This report agrees with Hamidu *et al.* [10] on IDPs in Maiduguri. In a related development, the source of drinking water and the prevalence of gastrointestinal parasitic infections among the refugees showed a higher prevalence among those that use water from wells (82.4%) than those that depend on boreholes (62.5%). This report correlates with Hamidu *et al.* [10] and Oti *et al.* [1] but disagrees with Dada and Aruwa [19] which reported higher prevalence among borehole users. Water, irrespective of its sources can easily be contaminated during handling and when left uncovered especially where there is poor sanitation and improper personal hygiene of the handlers.

In this study, no statistically significant association was observed among IDPs in relation to types of toilet facility and handwashing habit and the infections prevalence ($p > 0.05$). Those that uses pit latrine and do not wash their hands had higher prevalence of 83.8% and 82.2% respectively. Lack of proper sewage and defecation facilities within the camp might necessitate transmission of the parasites and other infectious agents in the area [1,6,2].

Dual and multiple parasitic infections revealed in this study were 29.5% and 18.2% respectively which is similar with reports from Makurdi, North Eastern Nigeria, Sudan and Ethiopia but among different study population [31-32,26,2]. These findings highlight the urgency for providing treatment of multiple parasitic agents when administering drugs to IDPs.

Conclusion

This study reported a high prevalence of human gastrointestinal parasitic infection among refugees in Nasarawa State with potential health problems. All the risk factors studied were not statistically significant to the parasitic infections ($p > 0.05$). To our knowledge, this is the first study to find cases of dual and multiple parasitic infections among IDPs in Central Nigeria.

Efficient and proper deworming of population, health advocacy and provision of basic public services such as water supply for domestic use at the IDPs camp should be encouraged.

For further studies, it may also be of interest to look at a wide range IDPs camps scattered in the State and environs and also genotype the identified parasites to assess the type more prevalent in the country.

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Author Contributions

All authors had full access to the data, contributed to the study, and approved the final version for publication and take responsibility for its accuracy and integrity. OA and KA designed the study. KA, VO and IC collected samples and carried out the Laboratory analysis. The statistical analysis, interpretation of data and drafting of the article was done by VO, while the critical revision for important intellectual content was carried out by MI and VO.

Conflict of Interest

The authors declare that they have no conflict of interest.

Ethical Permission and Administrative Clearance

This study received ethical permission from the Nasarawa State Ministry of Health. Introduction letter for the study was obtained from the Department of Microbiology, Nasarawa State University, Keffi, Nigeria to the Chairman of the refugee camp for access to the IDPs camp. Formal consents were retrieved from the Chairman of the camp and refugees directly while children below 16 years old consent were obtained from their parents/guardians using a consent form prior sample collection.

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