GF-TADs Africa
GLOBAL FRAMEWORK FOR THE PROGRESSIVE CONTROL OF TRANSBOUNDARY ANIMAL DISEASES
Food and Agriculture Organization of the United Nations
World Organisation for Animal Health
Founded as OIE
African Union

CBPP SURVEILLANCE IN NIGERIA.

At

Third Group of Experts Meeting on CBPP

5th - 7th May 2025.

Outline

- Background
- Introduction
- CBPP surveillance practices in Nigeria
- Challenges
- Recommendations
- Conclusions

Background

Nigeria's livestock sector is predominantly managed by pastoralists, who practice transhumant herding across vast regions.

The mobility, coupled with informal trade, complicates disease surveillance. By-passing checks at various livestock control post increases disease risk and spread through herd mixing, which undermines traceability, prevents accurate reporting, incomplete and unreliable surveillance.

These factors make it challenging to effectively detect, isolate and prevent CBPP outbreaks in the country, hence its endemicity in the country.

Introduction

Contagious Bovine Pleuropneumonia (CBPP) is a significant disease affecting Nigeria's livestock industry

CBPP surveillance in Nigeria is multifaceted and involves a combination of laboratory diagnostics, field studies, and traditional approaches aimed at early detection, monitoring and control of the disease.

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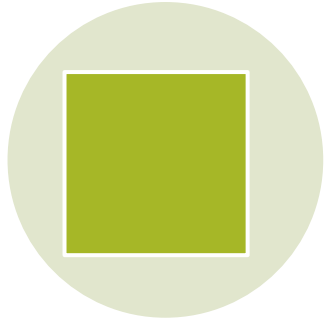


Introduction

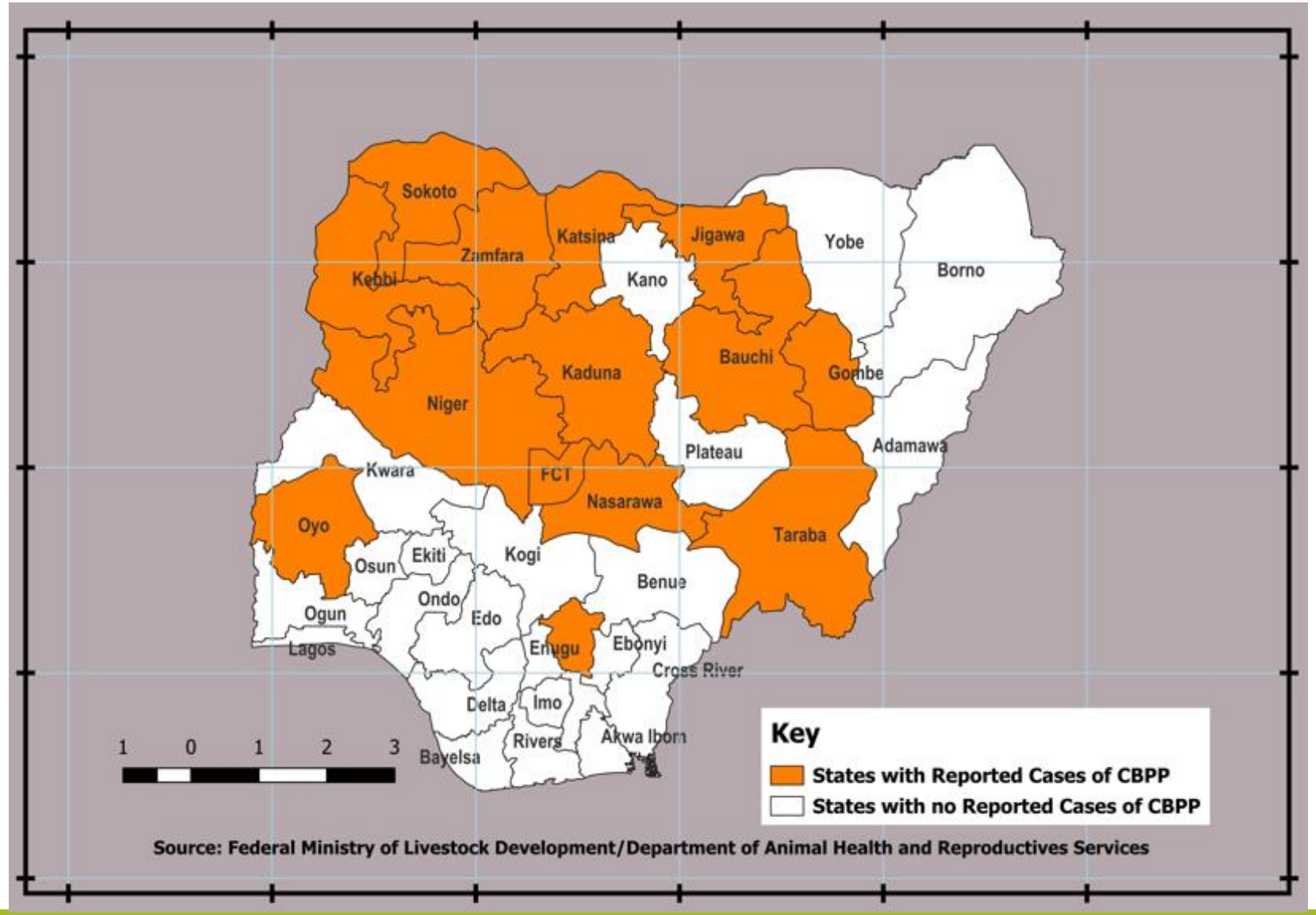
Nigeria has National Veterinary Research Institute (NVRI) as a national reference laboratory, with 23 out stations.

NVRI recently launched Mycoplasma Lab, which support serological and surveillance testing for CBPP.

Nigeria have passive and active surveillance systems put in place for CBPP surveillance.

The National Livestock Identification and Traceability System (NLITS) was recently launched and aimed to track animal movement, improve disease control (including CBPP surveillance), and enhance food safety. It uses ear tags, Radio-Frequency Identification Device (RFID) Chips, and a central database for data entry and retrieval.

REPORTED CASES OF CBPP IN NIGERIA (JANUARY – DECEMBER 2024)



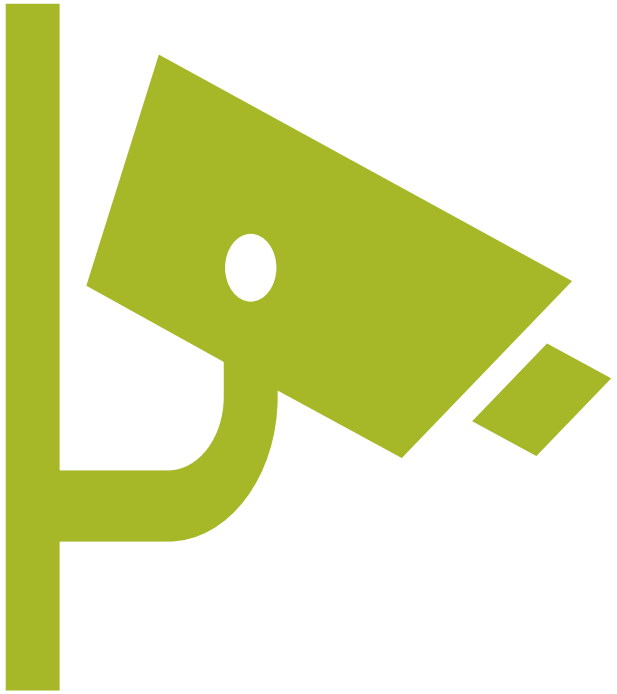
Note:

14 States Reported in 2024

Number of Occurrence = 174

Number of Cases = 8267

CBPP Surveillance Practices in Nigeria



1a. Active Surveillance: planned field visits in outbreak-prone and high-risk states (usually in northern Nigeria), often supported by projects or donor-funded programs. Samples collected for lab testing, such as Polymerase Chain Reaction (PCR), Cellular Enzyme-Linked Immunosorbent Assay ELISA (cELISA)

Outcome:

- Confirms current infection, provides prevalence data, guides vaccination plans.

Limitation:

- Irregular funding.

CBPP Surveillance practices in Nigeria cont.

1b. Targeted Active Surveillance

- Focused monitoring in border areas (e.g., Yobe, Kebbi, Niger).
- Done during outbreaks and animal movement periods, usually once or twice a year

Outcome:

Detects cross-border disease entry, supports quarantine enforcement.

Limitation:

Done at transhumance corridors and borders only.

CBPP Surveillance practices in Nigeria cont.

2. Passive Surveillance

a. Post-mortem/abattoir surveillance: Routine meat inspection in abattoirs

- CBPP-like lung lesions are reported by veterinary officers monthly.

Outcome:

- Detects chronic cases.
- Indicates presence of disease.
- Generates data

Limitation:

Acute signs are missed, detection bias, and therefore under-reporting

CBPP Surveillance practices in Nigeria cont.

b. Participatory Disease Surveillance

Pastoral communities are engaged through awareness campaigns (e.g., Sokoto, Zamfara, Katsina) to encourage herders to report suspected CBPP signs based on experience.

Outcome:

Good for early warning in remote areas.

Enhances community engagement.

Often lacks lab follow-up.

Limitation:

Limited to few areas, not all are confirmed and irregular

CBPP Surveillance Practices in Nigeria cont.

c. Clinical Surveillance: Vets, extension workers and herders report suspected cases through clinical observation

d. Data Reporting: Reports are sent from States to the Federal Department and international disease reporting channel, viz: WAHIS, ARIS, RAHIS

e. Sero-surveillance: Nigeria conducts sero-prevalence for high-risk zones in the northern part of the country using cELISA for outbreak investigations and vaccination campaigns.

CBPP Surveillance Practices in Nigeria cont.

f. Movement Control: Issuance of compulsory movement permits to regulate animal movement to control TADs.

g. Cross-border Coordination: Collaboration with neighboring countries for occasional joint surveillance patrols.

Combinations of the above are sometimes carried out to enhance surveillance effectiveness, eg clinical and abattoir surveillance'

Challenges in CBPP Surveillance

- Insecurity
- Illiteracy in disease reporting by majority of pastoralists
- A very long stretch of porous borders and informal trade and influx of herders
- Inadequate Funding for CBPP surveillance activities
- Lack of trust on government due to inconsistent policy implementation
- Limitations of the various surveillance methods

Recommendations

Strengthen	Strengthen surveillance systems
Engage	Engage trusted community leaders
Develop	Develop culturally adapted message and address cultural concerns
Develop	Develop capacities for Vets, Para-Vets and CAHWs
Expand	Expand active surveillance coverage
Incentivize	Incentivize reporting
Enhance	Enhance cross-border surveillance collaboration with Nigeria's neighboring countries
Increase	Increase funding for veterinary services
Educate	Educate stakeholders on CBPP surveillance and reporting

Conclusion

While Nigeria has made progress in strengthening CBPP surveillance through institutions like NVRI and state-level diagnostics, the system is still under-resourced, and traditional methods remain common in rural areas.

For effective control, there is a need to strengthen routine vaccination coverage, expand active surveillance, integrate community-based reporting, educate pastoralists while respecting and gradually improving on their indigenous knowledge, improve animal identification for effective traceability, and Capacity Building by Train veterinary personnel and farmers on CBPP diagnosis, reporting, and control measures.

Thank you for listening