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ASSIGNMENT: WRITE A REPORT, OF NOT MORE THAN TWO PAGES, ON THE CORONA VIRUS PANDEMIC AND THE EFFECTS OF THE LOCKDOWN AND RESTRICTION OF MOVEMENTS ON NIGERIANS

**TITLE: A REPORT ON THE CORONAVIRUS PANDEMIC AND EFFECTS OF SELF ISOLATION AND LOCKDOWN RESTRICTIONS ON NIGERIANS**

Starting from the December 2019 identification of the 2019 novel coronavirus (2019-nCoV), an overwhelming sense of panic has enveloped public discourse is likely to be amplified by WHO recently declaring the novel coronavirus outbreak a public health emergency of international concern. It is the third significant occurrence of a zoonotic coronavirus crossing the species barrier to infect humans, and it likely will not be the last. Hope is not lost; and a measured approach, one that is cognizant of the seriousness of this public health crisis without giving into hysteria, is imperative. coronavirus was identified in a wet food market in Wuhan, China, and has been the subject of a robust public health response by both Chinese authorities and the international community ever since. While debates about the primary reservoir of the virus are still ongoing, the virus is closely related to several bat coronaviruses. Coronaviruses (CoV) are positive-sense, single-stranded RNA viruses, possessing the largest viral RNA genome known to-date are known for their rapid spread, unpredictable emergence, and their threat to human health, magnified by the wide range of animal reservoirs and the lack of preventive or curative treatments. 2019-nCoV is a beta-CoV similar in sequence (80%) with the severe acute respiratory syndrome coronavirus (SARS-CoV), the coronavirus strain implicated in the 2002 SARS outbreak, but even more closely related to several bat coronaviruses . Bats were also identified as the primary reservoir for SARS-CoV, although coronaviruses are found in many species. Middle East respiratory syndrome coronavirus (MERS-CoV), another highly pathogenic CoV responsible for the 2012 MERS outbreak, has been transmitted through contact with camels, although with a different human tropism. Novel coronavirus is believed to infect human cells through its interaction with the human angiotensin-converting enzyme 2 (ACE2) receptor, similarly to SARS-CoV . Despite the differences between the SARS, MERS and novel coronavirus, the similarities within the beta-CoV genus allow us to extrapolate from our previous experience with coronavirus outbreaks and increase our understanding of the current one. infection aspects patients with and without underlying diseases, although the majority of the fatalities are older patients or patients with significant comorbidities . vast majority of reported cases have been in adults, decreasing our ability to draw inferences and make recommendations for pediatric patients. Despite its apparent increased infectivity (R0=2.2) the 2019-nCoV strain appears to be less virulent than SARS-CoV (case-fatality rate=9.5%) and MERS-CoV (case-fatality rate=34.4%); currently reported case-fatality rate of 2019-nCoV is 2.2% . Superspreaders (R0>10) have been identified in both MERS-CoV and SARS-CoV outbreaks and there are similar reports of 2019-nCoV superspreaders . One should be mindful of the possibility of systematic underreporting in our current dataset, but the numbers represent our best estimates as of January 31, 2020, 02:30 GMT. Recent case reports of human to human transmission, including in patients who have not visited Wuhan, are concerning but not surprising. Transmission is believed to occur only alter symptoms of lower respiratory tract infections present, due to its tropism for intrapulmonary epithelial cells. A crucial lesson learned from our experience with SARS-CoV and MERS-CoV is that community transmission occurs primarily through large droplets, not aerosols. Transmission is also to a large degree nosocomial, which is why a measured approach, one that prevents overutilization of medical resources and panic in the general population.

**EFFECT OF THE LOCKDOWN AND RESTRICTIONS ON NIGERIANS**

The lockdown or restrictions of movement on Nigerians can be seen from a positive as well as a negative point of view, from my personal point of view. The positive part is it helps reduce the spread of COVID-19 in Nigeria, however the negative part include that citizens do not work anymore due to the virus, which means there is no means of income for now in order to earn a living until the lockdown is over. The following are positive and negative effects of the lockdown:

1. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfill their roles. Be sure to keep in mind that the current situation will not go away overnight and you should focus on longer-term occupational capacity rather than repeated short-term crisis responses.

2. Ensure that good quality communication and accurate information updates are provided to all staff. Rotate workers from higher-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event. Ensure that you build in time for colleagues to provide social support to each other.

3. Help children find positive ways to express feelings such as fear and sadness. Every child has his or her own way of expressing emotions. Sometimes engaging in a creative activity, such as playing or drawing can facilitate this process. Children feel relieved if they can express and communicate their feelings in a safe and supportive environment.

4. Keep children close to their parents and family, if considered safe, and avoid separating children and their careers as much as possible. If a child needs to be separated from his or her primary carer, ensure that appropriate alternative care is provided and that a social worker or equivalent will regularly follow up on the child. Further, ensure that during periods of separation, regular contact with parents and carers is maintained, such as twice-daily scheduled telephone or video calls or other age-appropriate communication (e.g. social media).

5. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way. It may also be helpful for information to be displayed in writing or pictures. Engage family members and other support networks in providing information and helping people to practise prevention measures (e.g. handwashing, etc.).Be prepared and know in advance where and how to get practical help if needed, like calling a taxi, having food delivered and requesting medical care. Make sure you have up to two weeks of all your regular medicines that you may require.

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