A report on the coronavirus pandemic and the effect of the lockdown down on Nigerians ...

On 9 January 2020, WHO published interim laboratory guidance for detection of the novel coronavirus. This guidance is continually updated as more data becomes available and includes advice on sample collection, diagnostic testing, and pathogen characterization. Specific interim guidance on biosafety in the laboratory has also been published. An update to the guidance for the international shipment of specimens will follow soon. WHO is utilizing an international network of expert laboratories to provide support in the detection of the COVID-19 virus globally.The first COVID-19 cases were detected using genomic sequencing, but multiple RT-PCR commercial and non-commercial assays have since been developed. As the international case load increases, there is an urgent need to rapidly scale up diagnostic capacity to detect and confirm cases of COVID-19. WHO has taken a three-pronged approach to enhance global diagnostic capacity for the

COVID-19 virus:

1) Developing a WHO network of 15 COVID-19 reference laboratories with demonstrated expertise in the

molecular detection of coronaviruses. These international laboratories can support national labs to confirm

the COVID-19 virus and troubleshoot their molecular assays.

2) Strengthening national capacity for detection of the COVID-19 virus so that diagnostic testing can be performed rapidly without the need for overseas shipping. Existing global networks for detection of

respiratory pathogens are being utilized including, notably, the National Influenza Centers that support the Global Influenza Surveillance and Response System.On 30 December 2019, three bronchoalveolar lavage samples were collected from a patient with pneumonia of unknown etiology – a surveillance definition established following the

SARS outbreak of 2002-2003 – in Wuhan Jinyintan Hospital. Real-time PCR (RT-PCR) assays

on these samples were positive for pan-Betacoronavirus. Using Illumina and nanopore

sequencing, the whole genome sequences of the virus were acquired. Bioinformatic

analyses indicated that the virus had features typical of the coronavirus family and belonged

to the Betacoronavirus 2B lineage. Alignment of the full-length genome sequence of the

COVID-19 virus and other available genomes of Betacoronavirus showed the closest

relationship was with the bat SARS-like coronavirus strain BatCov RaTG13, identity 96%.

Virus isolation was conducted with various cell lines, such as human airway epithelial cells,

Vero E6, and Huh-7. Cytopathic effects (CPE) were observed 96 hours after inoculation.

Typical crown-like particles were observed under transmission electron microscope (TEM)

with negative staining. The cellular infectivity of the isolated viruses could be completely

neutralized by the sera collected from convalescent patients. Transgenic human ACE2 mice and Rhesus monkey intranasally challenged by this virus isolate induced multifocal

pneumonia with interstitial hyperplasia. The COVID-19 virus was subsequently detected

and isolated in the lung and intestinal tissues of the challenge.COVID-19 is transmitted via droplets and fomites during close unprotected contactbetween

an infector and infectee. Airborne spread has not been reported for COVID-19 and it is not

believed to be a major driver of transmission based on available evidence; however, it can be envisaged if certain aerosol-generating procedures are conducted in health care facilities. Fecal shedding has been demonstrated from some patients, and viable virus has been identified in a limited number of case reports. However, the fecal-oral route does not appear to be a driver of COVID-19 transmission; its role and significance for COVID-19 remains to be determined. Viral shedding is discussed in the TechnicalFindings

(Annex C).

People may be sick with the virus for 1 to 14 days before developing symptoms. The most common symptoms of coronavirus disease (COVID-19) are fever, tiredness, and dry cough. Most people (about 80%) recover from the disease without needing special treatment.

More rarely, the disease can be serious and even fatal. Older people, and people with other medical conditions (such as asthma, diabetes, or heart disease), may be more vulnerable to becoming severely ill.

People may experience:

cough

fever

tiredness

difficulty breathing (severe cases)

Because of all this some parts of the world have gone as far as declaring a lock down in there countries,however this method has impacted a lot of effect on the people (Nigerians).

1)it has made the spread of the virus go at a low rate:although all stubborn and ignorant citizens have failed to comply the many educated ones who know how bad things are actually try their best to stay safe...I can say this is a passive effect .

2)lack of resources:due to this lock down many companies and industries has closed down leading to poor or no supply of resources to stores.Also,because of this lock down many ppl have lost their job and now feeding on their savings or some other source to survive.I cant really say this effect is of a positive impact.

I suggest that what Nigerians should have Prepare to immediately activate the highest level of emergency response mechanisms to trigger the all-of-government and all-of society approach that is essential for early containment of a COVID-19 outbreak;

2. Rapidly test national preparedness plans in light of new knowledge on the

effectiveness of non-pharmaceutical measures against COVID-19; incorporate

rapid detection, largescale case isolation and respiratory support capacities, and

rigorous contact tracing and management in national COVID-19 readiness and

response plans and capacities;

3. Immediately enhance surveillance for COVID-19 as rapid detection is crucial to

containing spread; consider testing all patients with atypical pneumonia for the

COVID-19 virus, and adding testing for the virus to existing influenza surveillance

systems;

4. Begin now to enforce rigorous application of infection prevention and control

measures in all healthcare facilities, especially in emergency departments and

outpatient clinics, as this is where COVID-19 will enter the health system; and

5. Rapidly assess the general population’s understanding of COVID-19, adjust

national health promotion materials and activities accordingly, and engage

clinical champions to communicate with the media.

But now that we have the situation I still suggest we 1)Immediately activate the highest level of national Response Management

protocols to ensure the all-of-government and all-of-society approach needed to

contain COVID-19 with non-pharmaceutical public health measures;

2. Prioritize active, exhaustive case finding and immediate testing and isolation,

painstaking contact tracing and rigorous quarantine of close contacts;

3. Fully educate the general public on the seriousness of COVID-19 and their role in

preventing its spread;

4. Immediately expand surveillance to detect COVID-19 transmission chains, by

testing all patients with atypical pneumonias, conducting screening in some

patients with upper respiratory illnesses and/or recent COVID-19 exposure, and

adding testing for the COVID-19 virus to existing surveillance systems (e.g.

systems for influenza-like-illness and SARI).

Now for the public (especially the ignorant) i hope we try and get enlightened and recognise that COVID-19 is a new and concerning disease, but that outbreaks

can managed with the right response and that the vast majority of infected

people will recover;

2. Begin now to adopt and rigorously practice the most important preventive

measures for COVID-19 by frequent hand washing and always covering your

mouth and nose when sneezing or coughing;

3. Continually update yourself on COVID-19 and its signs and symptoms (i.e. fever

and dry cough), because the strategies and response activities will constantly

improve as new information on this disease is accumulating every day; and

4. Be prepared to actively support a response to COVID-19 in a variety of ways,

including the adoption of more stringent ‘social distancing’ practices and helping

the high-risk elderly population.

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