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CORONA VIRUS PANDEMIC AND THE EFFECTS OF THE LOCKDOWN AND RESTRICTION OF MOVEMENT ON NIGERIANS.

Contrary to the many spurious unscientific explanations and conspiracy theories on the origin of the disease being peddled on social media and by some religious personalities – including the notion that the new non-ionisation radio wave 5G technology is linked to the origin of Coronavirus – the truth is that Coronaviruses are not strange to the medical world and they have been studied in the past. The name Corona has to do with its appearance under the electron microscope, it has a fat layer envelope which is shaped like a crown ('coronam' in Latin means 'crown'). It should be noted that one of the germs that cause the common cold (catarrh) is a type of Coronavirus which affects many people but soon resolves on its own.

In other instances coronaviruses have been known to jump from some animals and infect humans (a phenomenon called zoonotic infection) and then spread further via human to human transmission such as the case with the coronavirus that caused the 2012 Middle East Respiratory Syndrome (MERS Coronavirus or MERS-CoV) and the one that caused the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS Coronavirus or SARS-CoV), thought to have come from bats. The present pandemic is caused by a virus whose genetic content mapping is very close to the genetic map of the virus that caused the 2003 severe acute respiratory syndrome – it is this similarity that earned the new coronavirus similar nomenclature, SARS-CoV 2. It was also previously referred to as 2019-nCoV or Wuhan Coronavirus.

Towards the end of December 2019, this novel coronavirus was identified as the cause of the sporadic severe respiratory tract disease cases in Wuhan, the capital city of Hubei Province, China. It rapidly spread, resulting in an epidemic throughout China and then moved to other parts of the world like wildfire, affecting every continent on earth, except Antarctica. The World Health Organization (WHO) later designated the disease COVID-19, which stands for corona virus disease 2019, and declared it a pandemic on 11 March 2020.

However, a major undoing of the fight against COVID-19 in Nigeria is the fact that a large number of people at first did not believe the 'novel coronavirus story'; these layers were not won over by the propaganda of the government about the reality of the pandemic and steps to take to limit its spread – understandably as the government has failed them in all facets of life. Many believed it was just another ploy to siphon money from the nation's coffers and deceive the people. At the very best, they reckoned that even if the disease was real, it was for the rich and maybe a punishment for those in power going by the first Nigerian faces of the disease. More so, at this stage the number of those infected, or the number of deaths (6), was in no way alarming. The truth however, as enunciated above, is that the science and manifestation of the new coronavirus disease is real, predictable and reproducible. Moreover, in other parts of the world where it has affected close to 2 million people and killed some 120,000, it is obvious now that COVID-19 does not discriminate; it affects the rich, the poor, workers, political leaders, whites, coloured people, blacks, the elderly and the young.

What has been reproducible about the Coronavirus pandemic the world over is the high rate at which it spreads among clusters of people and close contacts; and the fact that it does not kill evenly among all age groups. About 80% of infected persons may actually show mild (low fever, dry cough, runny nose) or no symptoms, while about 10 to 15 per cent would develop moderate to severe symptoms that need hospital admission cum treatment, with many recovering fully. However about 5-10% of COVID-19 patients develop serious complications of severe breathlessness and hence need intubation and ventilators and management in intensive care units (ICU); many of whom usually die. Most people in this category are individuals with underlying medical issues such as cancer patients, those with kidney disease, diabetics and the elderly; the older the person, the worse is the likely outcome. Here lies the essence of the great concern about Nigeria and most countries in Africa: it would be hell if the disease breaks out here on the scale presently being witnessed in Europe and the US, where we have hospitals and isolation facilities over-filled, people admitted on

hospital corridors and horrendous scarcity of life-saving machines like ventilators. In Nigeria as of April 20, 2020 there were 665 confirmed cases of COVID-19 recorded in Nigeria, with 188 recovered patients and 22 deaths. The restrictions on movements in Lagos, Abuja, Ogun enter its fourth week due the extension of the lockdown by the president. Efforts are being made to support contact tracing, testing and reduce further transmission. A multi-sectoral national emergency operation center (EOC) was established on the 28th February by National Centre for Disease Control (NCDC). Many other states have also activated EOCs. UNICEF is providing technical guidance and resources to government-led coordination mechanisms; in specific sectors such as risk communication and community engagement, infection prevention and control, epidemiology/surveillance and case management.

As of April 14 2020, Nigeria has 12 functional testing facilities in eight states, with a capacity to conduct a minimum of 1,500 tests per day in Lagos and 1,000 tests per day in FCT and other states. The NCDC has outlined priority needs including supplies such as personal protective equipment (PPEs), diagnostic and case management equipment and human resources for contact tracing and follow-up. Additional support for Risk Communication and Community Engagement as well as Infection Control and Prevention measures are required both at the Federal and State levels.

Due to the lockdown put in place by the federal government some state governments have declared partial lockdowns in some areas of the state while some have declared total lockdown.

It would be hell if the Covid-19 breaks out in Nigeria on the scale presently being witnessed in Europe and the US. Apart from the dire state of the healthcare system, 69 million Nigerians have no access to clean water. This invariably leads to water-borne diseases like cholera, which continue to break out as regular epidemics. Social distancing and self-isolation presuppose that people have enough space. In Lagos where we have over 100 slum areas, about 80 people can be found sharing a 10-room building with only two toilets and a bathroom being shared by all with no pipe-borne or treated water readily available. Nigeria which is the most populous country on the continent with an estimated population of 200 million (15% of Africa's 1.3 billion people) has 323 confirmed cases of COVID-19 (2.5% of Africa's) and 10 deaths as of 12 April 2020. These numbers are, however, far from the true reflection of the situation in Nigeria, based on the fact that testing is not being carried out on a large scale. The Nigerian Centre for Disease Control (NCDC) stated earlier in the month that the present testing volume is 500 tests per day and hoped to increase this capacity to 1000 or more tests per day in the coming weeks. Thus far, less than 5000 tests have been carried out in a population of 200 million.

It is pertinent to note that Nigeria's prevailing situation is a case of an infectious pandemic overriding existing recurring and ongoing epidemics, especially of cholera, Lassa fever and yellow fever; these jointly kill thousands of people yearly. This is of course outside malaria-related deaths. Malaria fever is an endemic disease that kills tens of thousands of Nigerians (especially children) yearly. Nigeria accounts for up to 25 percent of the global cases of malaria and up to 110,000 deaths yearly especially among children under five (WHO, 2015). Although malaria is a preventable and potentially eradicable disease, the complacency of the capitalist order in protecting the interest of multinational drug companies, over and above that of the populace, has seen the persistence of the disease in Nigeria and some other parts of the world.

In 2018 Nigeria climbed out of the recession which had been triggered by the sharp drop in crude oil earnings in 2015-2017, but low economic growth rates were recorded subsequently, 1.9% in 2018 and 2.3% in 2019, and was projected to rise to 2.9% in 2020 and 3.3% in 2021. The estimated growth rate for 2020 has, however, now been shattered by the ongoing meltdown in the world economy which is presently in recession, a development accelerated by the ongoing Coronavirus pandemic. However, locking people down at home in the Nigerian context is like asking people to go hungry for the duration of the lockdown. More than 60 per cent of Nigerians survive on daily pay from menial jobs and petty trading. A lockdown means their means of daily livelihood have been locked down. The plight of private sector employees is no better. Many private employers have maintained a 'no salary during lockdown' stance, or at best a 50 per cent pay cut. Some have even completely laid the workers off.

In conclusion the effect of COVID-19 on Nigeria is alarming and we need God.