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COMMENTARY

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Novel coronavirus disease 2019 (COVID-19) outbreak in Nigeria: How effective are government interventions?



Nouvelle épidémie de coronavirus 2019 (COVID-19) au Nigeria : quelle est l'efficacité des interventions gouvernementales ?

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On 30th January 2020, the novel coronavirus diseases 2019 (COVID-19) epidemic was proclaimed as a Public Health Emergency of International Concern (PHEIC), which is regarded as the highest level in the World Health Organization's (WHO) emergency response for infectious diseases [1]. This was occasioned by a rising number of confirmed COVID-19 cases in China and afterward globally. Currently, there are over 1,300,000 reported confirmed cases in over 209 countries and territories around the globe alongside 2 international conveyances: the Diamond Princess cruise ship harboured in Yokohama, Japan, and the Holland America's MS Zaandam cruise ship [2]. Of these numbers, more than 200,000 infected cases had recovered, while over 50,000 deaths have been reported globally [2].

The first detection of the introduction of SARS-CoV-2 into the African continent was declared on 14th February 2020 in Egypt via a 33-year-old male of foreign origin [3]. Next to the detection of this first case, the Africa Centres for Disease Control and Prevention (CDC), Nigeria Centre for Disease Control (NCDC) and other national public health institutions in conjunction with the WHO have scaled up preparedness efforts and strategies in the entire African region, thereby strengthening countries to implement recommendations and guidelines listed by the WHO International Health Regulations Emergency Committee [3]. The total confirmed cases of COVID-19 in Africa

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https://doi.org/10.1016/j.jemep.2020.100515 2352-5525/© 2020 Elsevier Masson SAS. All rights reserved. stands at 6265 cases in a total of 44 countries as at 6th April 2020 [4]. It is worthy of note that despite individual and collaborative efforts to combat the increasing spread of the disease in Africa, there exists limited availability of publications of the possible transmission of COVID-19 and the effectiveness of government interventions. It is, therefore, necessary to produce additional scientific information for a better comprehension of the novel coronavirus, thereby assisting in further containment of the outbreak globally.

The first confirmed case of COVID-19 in sub-Saharan Africa was announced in Nigeria on 27th February 2020. The index case was a 44-year old Italian citizen who arrived in the country via the Murtala Muhammed International Airport, Lagos at 10 pm on 24th February 2020 aboard Turkish airline from Milan, Italy [5]. This confirmation led to the swift activation of the country's National Coronavirus Emergency Operation Centre (EOC). As at 5th April 2020, there are reports of 232 confirmed cases of COVID-19 in Nigeria, of which 33 had recovered and been discharged while only 5 recorded deaths [6].

Although before the arrival of COVID-19 into Nigeria, the government had put in place strategic interventions to help in combatting the disease through its foremost public health institute, Nigeria Centre for Disease Control (NCDC) [7]. These measures include; sending information on personal hygiene and cough etiquette to the populace, setting up of a network of state and public health emergency network centers within the country, training of skilled manpower on contact tracing and treatment amongst others. Also, five laboratories with full testing capabilities were established to help reduce response time for the detection of disease [7].

Significantly, the capacities of African countries and specifically Nigeria had been boosted on risk communication, healthcare preparedness and strengthening of surveillance at points of entry by the Africa CDC, which is taking the leading position in the response to COVID-19 outbreak in Africa [7]. Before the detection of the first index case, the country depended on temperature screenings at airports, traveler's travel history and promotion of self-isolation for individuals entering Nigeria from countries with numerous confirmed cases of COVID-19 [7]. As new confirmed cases of COVID-19 rise, government at all levels across the African continent brace up for imminent challenges. In Nigeria, a multisectoral national emergency operations centre (EOC), activated at level 3, continues to coordinate the national response activities to the coronavirus pandemic. Also, 2 more functional testing laboratories have been established in two major cities in the country bringing the total number to seven (7), while the setting up of five additional laboratories are ongoing, as this is required to increase the testing capacities for more suspected cases [6].

Amongst the various public health measures rolled out by the Nigeria government include; the guidelines for selfisolation and mass gatherings, expansion of national case definitions, deployment of fifteen (15) rapid response teams to support fifteen states, and the newly revised "The Quarantine Act (CAP Q2 LFN 2004)" which now contains the

COVID-19 Regulations 2020 [6]. The major highlight of this regulation is the cessation and restriction to human movements in three high-prone states in Nigeria with effect from Tuesday, 31st March 2020. This is highly necessary in order to curb the further spread and local transmission of the disease among the populace. So far, there have been records of high effectiveness in the various interventions been rolled out and implemented by the government. This has been largely achieved via the collective efforts of the Federal Ministry of Health (FMH), NCDC and other stakeholders, especially the state health authorities which are geared towards leading the testing efforts for COVID-19 across the entire country. However, for these interventions to be successful with outstanding results, the general public and citizenry must be willing to play their pivotal roles and obligations by complying with all stated guidelines and regulations.

Ethical Approval

Ethical approval was not required as this article is a Commentary. However, the paper was in accordance with the research ethics guidelines of the Nile University of Nigeria, Abuja, Nigeria.

Disclosure of interest

The authors declare that they have no competing interest.

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