Coronavirus Pandemic: Situation in Nigeria

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ABSTRACT

COVID-19 is an issue ravaging the whole world. Numerous deaths have been recorded particularly elderly individuals and the most vulnerable. In Nigeria, the case isn’t extraordinary. The aim of the study was to quantify the number of cases reported in Nigeria. To this effect, the global literature cited in the Nigeria Centre for Disease Control (NCDC) website, the WHO COVID-19 database, other expert-referred scientific articles, and bibliographic databases were used. The results show that as at the sixteenth of May 2020, 288 new affirmed cases and 3 deaths were recorded in Nigeria. Till date, 5445 cases have been affirmed, 778 cases have been released and 171 deaths have been recorded in 34 states and the Federal Capital Territory. While Lagos State is for the most part influenced with 36 deaths in comparison with the cases revealed by the World Health Organization (4,425,485 cases affirmed, 89,269 new cases and 302,059 deaths). The death rate in Nigeria is about 0.05% of the global deaths. The explanation could be because of high temperature (> 30 °C), the intake of garlic, ginger, honey, and heated water by the individuals, and to stop the spread, the Nigerian government has implemented the utilization of nose cover, social distancing, and semi-lockdown of the towns and urban communities. Like HIV and Laser fever this pandemic will be an issue of the past when the adequate vaccine is made available.

Keywords: COVID-19, death, WHO, nose cover, ginger, Nigeria.
**Introduction**

In December 2019, a novel coronavirus became identified in Wuhan City, Hubei Province, China, and finally developed into a plague (Huang et al., 2019) (Zhou et al., 2020). On January 7, 2020, the WHO briefly named the brand new coronavirus as “2019 novel coronavirus. On March eleven, 2020, the World Health Organization (WHO) officially announced that COVID-19 had reached a worldwide pandemic level (Qu et al., 2019). COVID-19, as a respiration-infectious disorder, has been added to the Class B infectious sicknesses stipulated within the Law of the People’s Republic of China on the Prevention and Control of Infectious Diseases and managed as a Class A infectious disease (Shanghai Clinical Treatment Expert Group for Corona Virus Disease, 2019).

The incubation duration is 1-14 days, primarily 3-7 days, with an average of 6.4 days. Fever, fatigue, and dry cough had been the main manifestations. It may be followed through the runny nose, sore throat, chest tightness, vomiting, and diarrhea. Some sufferers have mild signs, and a few have no signs or pneumonia. In extreme cases, chest tightness and dyspnea may additionally progressively develop after 7−10 days. Acute breathing distress syndrome, septic shock, metabolic acidosis that are in a particularly tough to correct, and coagulation dysfunction can arise in seriously ill patients. Notably, sufferers with severe contamination will have moderate to low fever, even without obvious fever signs and symptoms. Mild cases of contamination usually manifest as low fever, fatigue, and no signs of pneumonia. Although maximum patients have an awesome diagnosis, a few patients (approximately 5%) turn out to be severely unwell and can die.

The aged and those suffering from diabetes, high blood pressure, coronary atherosclerotic coronary heart disorder, severe obesity, and different fundamental diseases are vulnerable to change into excessive course after contamination. Some sufferers evolved dyspnea one week after the onset of the disease, and the intense instances could develop into acute respiratory distress syndrome (ARDS) and more than one organ function damage. The percentage of youngsters sufferers is less, and patients are distributed at different ages. It is normal in kids with fever and frequent breathing infections, which carry many problems to early popularity and effective identity of the disease (Group of Pediatrics, 2020). Several case reviews have found that many scientific personnel had been infected by SARS-CoV-2, suggesting that COVID-19 has extraordinarily strong infectious potential via direct contact or aerosol (Wang et al., 2019).

In Nigeria, 5445 cases were affirmed, 778 instances have been released and 171 deaths were recorded in 34 states, and the Federal Capital Territory, While Lagos State is the state most affected with 36 deaths (The Nigeria Centre for Disease Control, 2020) in comparison with the cases reported by the World Health Organization (four,425,485 cases affirmed, 89,269 new instances and 302,059 deaths) (WHO, 2020). The variety of sufferers, inflamed with COVID-19, started to increase very swiftly in Nigeria from March 2020. The country was put on lockdown which affected the economic, schooling, sporting, commercial, and other activities. Based on the authors’ realistic reviews and available international data, this article evaluates the up to date record on corona virus with the view of contributing to expertise on the subject matter.

Many reports have been released on COVID-19 due to the effects on nations. Wang et al. (Wang et al., 2019), Shanghai Clinical Treatment Expert Group for Corona Virus Disease (Shanghai Clinical Treatment Expert Group for Corona Virus Disease, 2019), Group of Pediatrics (Group of Pediatrics, 2020) and Shereen et al. (Sheren et al., 2020) reported on China; Shrestha et al. (Shrestha et al., 2020) and Roy et al. (Roy, 2020) reported on India; The US (Kominers et al., 2020) (Sharif et al., 2020)(Pierce-Williams et al., 2020); Bangladesh (Jahan et al., 2020)(Mamum and Driffiths, 2020), but not many were recorded in Nigeria (Ohia et al., 2020). It will not be out of place if this report complements the existing ones.

**Materials and Methods**

This publication is based on the data obtained from NCDC (The Nigeria Centre for Disease Control, 2020) and WHO (WHO, 2020) web sites. The figures were obtained for samples tested, confirmed, active, discharged, and
death cases. All these were subjected to statistical analyses using Minitab and Excel softwares.

Results and Discussion

Results
The results generated in this study are presented in Figures 1 - 4 and Table 1.

Discussion
Figure 1 depicts reports of cases of pandemic that occurred between February and May of the year. From the graph it was observed that there were four different cases namely, confirmed, active, discharged, and death which ranged as follows: 5445, 3954, 1320, and 171 respectively. Of these, 32294 samples were tested in the NCDC laboratories, 73% cases was active, while discharged and even death cases were 24% and 3% respectively (Figure 2). The incidence of COVID-19 has been on the increase since the inception of the pandemic (Figure 3) between April and May the was the sharp increases in the number of cases. The reason for this was due to the influx of Nigerians and foreigners from oversea countries especially from the UK, USA, China and other African countries.
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Figure 3. The incidence of COVID-19 Since February to May 2020. Source: NCDC (The Nigeria Centre for Disease Control, 2020)

Table 1 shows the record of the case to state by state. From the table, Lagos, Kano, FCT, Kastina, Bauchi, Bornu, Jigawa, Ogun, Kaduna, Gombe, and Sokoto had high numbers of confirmed cases. Unfortunately, Lagos (36), Kano (33), Bornu (20), Sokoto (13), and Kastina (12) reported high numbers of deaths. The reasons for this could be due to their nearness to neighbouring countries and the visits of the travelers from the western world to the states. From NCDC source, the increase in the pandemic incidence in Nigeria was due to the influx of citizens and foreigners from abroad.

An increase in the side effects of depression and anxiety is as of now being accounted for in various nations due to the COVID-19 pandemic. Information by WHO in 2020 indicated various folds increments in the cases confirmed (4,425,485), new cases (89,269) and 302,059 deaths. The death rate in Nigeria is about 0.05% of the worldwide deaths given by WHO. Hardly any instances of newborn children affirmed to have COVID-19 have been accounted for; the individuals who are contaminated have encountered mild sickness (Cai et al., 2020).

Table 1. Incidence of COVID-19 Reported Cases in 35 States including Federal Capital Territory

| States Reported | Confirmed Cases | Active Cases | Discharged Cases | Deaths |
|-----------------|----------------|-------------|-----------------|--------|
| Lagos           | 2278           | 1701        | 541             | 36     |
| Kano            | 761            | 638         | 90              | 33     |
| FCT             | 386            | 291         | 88              | 7      |
| Kastina         | 239            | 198         | 29              | 12     |
| Bauchi          | 210            | 166         | 41              | 3      |
| Borno           | 204            | 140         | 44              | 20     |
| Jigawa          | 191            | 184         | 4               | 3      |
| Ogun            | 145            | 81          | 59              | 5      |
| Kaduna          | 134            | 78          | 53              | 3      |
| Gombe           | 124            | 32          | 90              | 2      |
| Sokoto          | 112            | 46          | 53              | 13     |
| Edo             | 93             | 61          | 27              | 5      |
| Oyo             | 76             | 46          | 28              | 2      |
| Zamfara         | 73             | 39          | 29              | 5      |
| States Reported | Confirmed Cases | Active Cases | Discharged Cases | Deaths |
|-----------------|-----------------|-------------|------------------|--------|
| Kwara           | 58              | 45          | 12               | 1      |
| Osun            | 42              | 8           | 30               | 4      |
| Rivers          | 33              | 20          | 10               | 3      |
| Yobe            | 32              | 28          | 3                | 1      |
| Kebbi           | 31              | 16          | 11               | 4      |
| Nasarawa        | 29              | 23          | 5                | 1      |
| Delta           | 25              | 12          | 9                | 4      |
| Plateau         | 21              | 17          | 4                | 0      |
| Adamawa         | 21              | 10          | 11               | 0      |
| Ekiti           | 19              | 5           | 13               | 1      |
| Ondo            | 19              | 7           | 11               | 1      |
| Taraba          | 17              | 16          | 1                | 0      |
| Akwa Ibom       | 16              | 2           | 12               | 2      |
| Niger           | 14              | 12          | 2                | 0      |
| Enugu           | 12              | 10          | 2                | 0      |
| Ebonyin         | 9               | 8           | 1                | 0      |
| Imo             | 7               | 5           | 2                | 0      |
| Bayelsa         | 6               | 3           | 3                | 0      |
| Benue           | 4               | 4           | 0                | 0      |
| Anambra         | 2               | 1           | 1                | 0      |
| Abia            | 2               | 1           | 1                | 0      |

Source: NCDC (The Nigeria Centre for Disease Control, 2020)

The Nigerian government has compelled the utilization of nose cover, social distancing, washing of hands with soap and water, use of hand sanitizers, and semi-lockdown of the towns and urban communities. By and large, NCDC prescribes visits to medical clinics and isolation centers if individuals are having the symptoms of the corona virus, however, the lockdown has adversely affected the individuals’ economy. Many lost their jobs and many were not paid their salaries to these effects not many can avoid buying the recommended drugs and so many resulted in the use of herbs. Some of the recipes (Figure 4) include: the mixture of leaves of Mangifera indica (Mango), Azadirachta indica (Neem), Cymbopogon citratus (Lemon grass) or mixture of Zingiber officinale (Ginger), Citrus limon (Lemon fruit), Allium sativum (Garlic), Curcuma longa (Turmeric), and Cymbopogon citratus (Lemon grass). The mixtures are boiled, drank hot (three times a day in between meals), and bath/steam with them. The majority of the users have attested to the efficacy of the herbs to COVID-19. According to Tih (Tih, 2020), the government of Madagascar has already released its herbal drink Covid Organics (CVO), which contained Artemisia annua (Sweet wormwood) and other indigenous herbs. Artemisia annua is a plant with proven efficacy against malaria. Some of the herbal formulations mentioned in the present study have been subjected to prior clinical investigations.
Conclusions

From the study, it is pertinent that the death and the confirmed case of COVID-19 in Nigeria are increasing. The death cases is about 0.05% of the number of deaths reported by WHO globally. Lagos (36), Kano (33), Bornu (20), Sokoto (13), and Kastina (12) reported high numbers of deaths. Children worldwide are the least affected by the pandemic. The Nigerian government has mandated the utilization of nose cover, social distancing, washing of hands with soap and water, use of hand sanitizers, and semi-lockdown of the towns and urban communities. Presently, most low-income earners have resorted into the use of herbs as remedies. The leaves of *Mangifera indica* (Mango), *Azadirachta indica* (Neem), *Cymbopogon citratus* (Lemon grass) or a mixture of honey, *Zingiber officinale* (Ginger), *Citrus limon* (Lemon fruit), *Allium sativum* (Garlic), and *Curcuma longa* (Turmeric) are widely used. Presently, Madagascar has released its remedy which is under confirmation by the WHO.

The contemporary COVID-19 pandemic is unprecedented, but the international reaction draws on the problems discovered from different ailment outbreaks during the past decades. The Nigerian government reaction to the pandemic should set off accelerated diagnostics, vaccines, and therapeutics for this novel corona-virus. This clarion call should improve collaborations between Nigerian scientists and
worldwide health professionals, boost up the research and developmental process, and expand new norms and standards to learn from and improve upon the global reaction. Also, further well-designed clinical studies investigating the efficacy of the herbal mixture on the COVID-19 are warranted.

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Results and Discussions
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