# Covid-19 In Ekiti State Nigeria: Why Should We Worry?

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***Abstract:*** **Ekiti State recorded her first case of COVID-19) precisely March 15th 2020 shortly after Nigeria recorded her first case imported by an Italian businessman whose identity was not disclosed on the 27th February 2020. The disease has since then continued to spread despite the lockdown measures. The spread and occurrence ofCOVID-19 in Nigeria is not surprising considering its rate of spread globally. The disease broke out in China and on the 30th January, 2020 it was declared to be transmissible through human to human contact while there is knowledge of the fact that the virus spread through asymptomatic patients making it hard to track the infection. Ekiti State which happened to be the first to react out of all the 36 states in Nigeria responded swiftly by setting up COVID-19Task Force in order to be able to fight the possible occurrence of the disease even before the State recorded her first case of COVID-19.However, it became worrisome that easing of lockdown measures without stiffer actions to regulate compliance might expose the State to a surge in numbers. This review reveals how well the State has been able to respond to the spread of this novel virus and the challenges.**

***Key words:*** **Ekiti State, COVID-19, Rapid Spread, Lockdown, Severe Acute Respiratory Syndrome (SARs)**

## I.INTRODUCTION

Corona-virus disease originated from Wuhan-China, while many speculated that the disease spread through a wet market in China while there are claims that it was from a laboratory in Wuhan-China ,there are however no evidence to this claim as China refuted the claim many times. China however was able to control the infection and minimize death through rigorous lockdown measures and disinfection of public places. China recorded few cases of child infection according to some studies(1,2,3,4,5,7)as they recorded nine children out of thousands of infection recorded[8,9,10].The symptoms shown at early stage made it easy to identify suspected cases while danger looms as asymptomatic individuals can continue to spread the virus unnoticed which made it difficult to control[12,14]. The symptoms are similar in all affected countries including Chinwhere it originated. Surprisingly, COVID-19 was noted as flu in 1960, about 500 infected people were said to have been infected and suffered from Cold and flu.[16, 17, 18].Ever since then, COVID-19 was not seen as a major threat but as a low fatality infection until over a decade ago. Precisely 2003 there were evidence of outbreak of Severe Acute Respiratory Syndrome (SARs) in some European and Asian countries with over 1000 infected cases recorded[21,22,25]. It was confirmed that SARs is traceable to the Corona Virus family [27]. COVID-19 in Nigeria has so far increased on daily basis with the highest daily record in the excess of 500 according to Nigeria Center for Disease Control (NCDC), the economy of the country was impacted hence, the Federal Government of Nigeria took serious mitigating measures to control the spread of the virus and return the country back to business as usual. The county closed her borders and halted international flights which greatly impacted the economy of Nigeria. The first confirmed case in Nigeria was linked to an Italian who showed no symptom on flight hence all passengers onboard and those he had contact with were expected to be isolated and traced in order to prevent further spread of the virus[28].

## II. WHAT WE NEED TO KNOW ABOUT THE VIRUS

The Virus possesses a pleomorphic shape and it is a single strand organism engulfed RNA which is covered in glycoproteins. Types of coronavirus includes; Delta, Alpha, Beta and Gamma CR that has the ability to infect man and animals [29]. They are known to cause flu and cold like the known SARs. The infection spread rapidly un-noticed through person to person and it was confirmed airborne. The symptoms are noticeable in symptomatic patients which includes continuous sneezing, coughing and high temperature before severe symptoms like shortness of breath, pneumonia, diarrhea, infection of the upper respiratory tracts cellular damage and lung damage. Hence, the best way to avoid being infected is to avoid close contact with an infected person by maintaining social distancing up to about 2m, washing of hands with soap and water or by using alcohol-based hand sanitizer, this should be done regularly. Ekiti State Government isolated the first patient which helped in maintaining a low number till today (30). The virus lives in

the guts before breaking into the respiratory tract, the virus can also be detected in blood samples of infected persons however; it is yet to be isolated in urine and feces of patients [31]. The disease can be prevented through some carefully structured guidelines set for health personnel and general public [32].The World Health Organization (WHO) made provision for guidelines which includes: not to come in contact with sick people, closure of major markets and fumigation, social distancing, ban of large gathering, regular washing of hand with soap and water or alcohol-based hand sanitizer, reduce contact with animals, use of face mask etc. Till date, no vaccine has been discovered. Madagascar's claim of organic therapy is yet to be scientifically proved while efforts are on-going through rigorous research on vaccines and drugs to treat the disease. Patients have been placed on the use of drugs, pain killers, hydration therapy, antibiotics and use of ventilators in critical cases. No cure has been found yet.

## III. DIAGNOSIS

Nigeria as of today has increased her laboratories to 38; the laboratories are designated for testing and confirmation of coronavirus infection under the supervision of the NCDC. Samples are collected and transported under safe conditions. Ekiti State recently announced the commencement of testing after completing the construction ofCOVID-19 molecular laboratory testing-center and so far conducted 177 tests randomly while also trained 13,000 health workers as at the time of writing this article.

## IV.TRAINING OF HEALTH WORKERS

The Nigeria Government claimed to have trained 13,000 health workers which is relatively low compared to the population. The need to train health workers in Ekiti State become apparent so as to be on top of the situation in the fight against COVID-19 in the State. NCDC should liaise with the State Ministry of Health, Ministry of Environment and agencies who are expected to step down such training to other health team in the State. This will no doubt increase the strength of the State in knowing how to swiftly respond to any case of the novel virus. The training is expected to kick off before the number of cases spike up. WHO should also give necessary support to affected States including Ekiti State by promoting and sponsoring of E-Training on COVID-19.

## V. FUNDING

The Federal Government of Nigeria claimed to have appropriated and spent millions of naira including donations from prominent Nigerians and organizations donating billions of naira in the fight against this novel virus. Ekiti State Government got funding from prominent Ekiti indigenes and diaspora in the excess of 600 millionnaira. The government responded by releasing palliatives to Ekiti people. However, the fund is inadequate due to the population compared to the funds available. The Federal Government should do more while agencies should provide the needed support to assist the State to keep the case at a low while the State Government should utilize the fund accordingly.

## VI. HEALTH INFORMATION AND SOCIAL MEDIA

We live in the 21st century where social media like Facebook, Twitter, Instagram and the likes are the heart of communication as it connects billions of people across the globe. The dispensation of health information is extremely important and essential to be able to control panic spread and mis-information. There were different theories circulating across the state, while some claimed COVID-19is just a hoax, some claimed it was 5G conspiracies, some even said it was 'A new World Order Project' by Bill Gates. All these are unsubstantiated claims that catch the populace off guard in the wake of the spread of this virus in Nigeria. Hence, there should be a media team working directly under the State Task force on COVID-19 to make sure Ekiti people are well informed and kept abreast of the ways to protect themselves instead of pressing the panic button or been misled by erroneous information about the disease.

## VII. EKITI STATE RESPONSE

Ekiti State Government responded swiftly as the first State in Nigeria to set up COVID-19 Task Force, with rigorous lockdown measures to prevent outbreak of the novel virus, an act which paid off on the long run as the case of Ekiti as at the time of writing this review sits at 30 compared to other States who recorded same first case initially. Nigeria as at the time of compiling this article; has a total confirmed cases of18,480 with number of deaths at475 while recovered cases stands at 6,307 hence cases that are active stands at 11,698. Ekiti State made strict regulations to curb the spread of the coronavirus disease with measures like curfew, ban of vehicular movement and human movement except those on essential services, business activities were banned before the lockdown was eased in May 2020 while those who refuse to comply were sanctioned accordingly, the use of face mask was made primus inter pares for anyone going to the markets, supermarkets and store while ban of social gatherings, religious gatherings and schools closure remain effective as at the time of compiling this report. The number of COVID-19 cases in Ekiti stands at 30, 24 recoveries and 2 deaths with 4 active cases which substantiate the effectiveness of swift lockdown measures and early response to combat the novel virus.

## VIII. THE PIT FALLS

Ekiti State Government made known the possibility of re-activating lockdown measures due to the fact that the residents of the State refuse to adhereby the regulations and disregard the safety tips and instructions that followed the easing of lockdown as people move around like business as usual refusing to use face mask, practice hand washing exercise and refusing the use of hand sanitizer. Notably, social distancing was disregarded in markets, stores, motor parks etc. Authors decided to make a tour of all market places and the habits

were the same, people were not concerned about the threat of the virus and that might jeopardize all efforts put in place so far to prevent the disease from spreading like wild fire. There is need to adjust to a new life style, it shouldn't be business as usual as this virus will stay for a while at least until a vaccine or cure is found, the safety and guidelines should be adhered to by everyone. The fear still remains if people continue to disregard rules guiding the easing of lockdown and facet resumption of normal activities, the State and Federal Government cannot afford another lockdown as they could not reach out to affected and less privileged citizens during the lock down effectively and considering businesses that will be banned and lockdown. Hence, another hard time for business owners and majority of the populace. It is more alarming that the face mask used by the very few that complied cannot protect them against the virus, the Government is expected to make provisions for quality and medically certified facemasks that can protect people against the virus while also enforcing its use. The border management is poor as travelers' troop in on daily basis untested and against the border closure in force. All the recent cases in Ekiti State presently are due to exposure to COVID-19 patients that sneaked into the State which shows by now the State would possibly record zero case of COVID-19.

## IX. WHY SHOULD WE WORRY?

COVID-19 has come to stay with us for a while and the fear is that countries that have made attempt to re-open their economy and schools had experienced exponential increase in the prevalence of the novel virus, so the question is, how long can we sustain lockdown?

Despite lockdown measures, Nigeria continues to record daily increase in the number of cases. Ekiti State also recorded about 24 cases out of 30 during the lockdown while presently with 24 recoveries and 2 deaths with 4 active cases. Though the lockdown seems effective as the number is very low compared to other States in Nigeria. Resumption of Schools and opening of State borders will attract people all over the country as tertiary institution students will resume even from States which are epicenter of the disease such as Lagos, Ogun, Osunand FCT Abuja among others. Thus, the risk of imported cases from other States in Nigeria, more worrisome is the pupils who might be exposed to this killer virus if our testing capacity still drags and remain inadequate.

## X. CONCLUSION

COVID-19 will be much around for a while hence the risk of worsened situation becomes apparent unless the Government increases their effort to protect millions of her citizens and equip the health force. Confirmed index cases recently should be managed and treated while contact tracing should be made primus inter pares among other measures. The enforcement of face mask is very crucial as people resume to work and businesses, social distancing in the markets and stores, regular hand washing with soap and water. The Government should also do more in enforcing compliance with closure of interstate border to prevent importation of coronavirus from other States in Nigeria. Finally, it was noted from the findings of this review that; to combat this novel virus until a vaccine or cure is found there must be adoption of a change in lifestyle and positive behavioral adjustment by Ekiti people and Nigeria at large as normalcy returns in phases. More so, this study revealed that it is imperative to have a well-structured plan to resume all activities including worship centers and schools to be able to minimize and totally defeat COVID-19.

## CONFLICT OF INTEREST

The Author declares no conflict of interest.

## FINANCIAL DISCLOSURE

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## AUTHORS CONTRIBUTIONS

Victor SHEGUN Oluwatuyi 50%, Racheal Adedoja Okunade 10%, Mayowa Funmilayo Oluwatuyi 10%, Alaba Tolulope Agbele 10%, Oluwakemi Ifedayo Sam-Ijadele 10%, Mojisola Bello 10%.

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