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Ebola Out Break in Nigeria: Strategic Control

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Abstract: *Ebola Outbreak control relies on a package of interventions including intensive supportive care of patients, infection prevention and control, disease surveillance and contact tracing, laboratory services, safe and dignified burials, vaccination if relevant, and social mobilization. The deadly virus found its way into the Nigerian soil on July 2014. The efficacy of the response against Ebola virus disease (EVD) outbreak of 2014 in Nigeria proved that indeed, though challenging, proactive and effective outbreak response is not impossible in Nigeria as WHO officially declared Nigeria Ebola free in October,2014. The Nigerian success story in stopping Ebola outbreak was largely part of the Center for Disease and Prevention unique expertise in epidemiology, infection prevention control and community engagement.*

Keywords: Ebola, break, Nigeria, strategic control

INTRODUCTION

The history of Ebola in Nigeria was fortunately a very short one. It is one of the health challenges that enlightened Nigerians that policies can work effectively in Nigeria. The deadly virus found its way into the Nigerian soil on the 20th of July 2014. Liberian diplomat who was infected had flown into Lagos from Morovia city of Liberia, he collapsed on arrival and was rushed to hospital where he was diagnosed to have had Ebola. And he died on July 25, 2014 after infecting health workers that attended to him. The infectious disease outbreak preparedness and response stated that effective disease outbreak response has historically been a challenge accomplishment for the Nigerian health system (Reliefweb, 2021). However, the health policies on infectious diseases was utilized to effectively curtail the outbreak outbreak of Ebola. The efficacy of the response against Ebola virus disease (EVD) outbreak of 2014 proved that indeed, though challenging, proactive and effective outbreak response is not impossible in Nigeria as WHO officially declared Nigeria Ebola free in October,2014 (Borgen Project, 2014).

Ebola overview

Ebola virus disease (EVD) is a deadly disease with occasional outbreaks that occur mostly on the African continent. EVD most commonly affects people and nonhuman primates (such as monkeys, gorillas, and chimpanzees). It is caused by an infection with a group of viruses within the genus Ebolavirus (Center for Diseases Control CDC, 2020). EVD formerly known as Ebola hemorrhagic fever, is a rare but severe, often fatal illness in humans. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. Ebola is a virus that causes severe bleeding, organ failure and can lead to death. The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks (World Health Organization WHO. 2014). Ebola virus causes acute serious illness which is often fatal if untreated.

EVD first appeared in 1976 in two simultaneous outbreaks, one in what is now Nzara, South Sudan, and the other in Yambuku, Democratic Republic of Congo (WHO, 2021). The latter occurred in a village near the Ebola River, from which the disease takes its name. The 2014–2016 outbreak in West Africa was the largest Ebola outbreak since the virus was first discovered in 1976. The outbreak started in Guinea and then moved across land borders to Sierra Leone and Liberia (GOV, UK, 2021).

WORLD HEALTH ORGANIZATION IDENTIFIED STEPS FOR EBOLA CONTROL

WHO emphasized that the following steps are paramount in the control of Ebola outbreak:

- Community engagement which is key to successfully controlling outbreaks.
- Good outbreak control relies on applying a package of interventions, namely case management, infection prevention and control practices, surveillance and contact tracing, good laboratory service, safe and dignified burials and social mobilization.
- Vaccines to protect against Ebola have been developed and have been used to help control the spread of Ebola outbreaks in Guinea and in the Democratic Republic of the Congo (DRC).
- Early supportive care with rehydration, symptomatic treatment improves survival. Two monoclonal antibodies (Inmazeb and Ebanga) were approved for the treatment of Zaire Ebola virus infection in adults and children by the US Food and Drug Administration in late 2020.
- Pregnant and breastfeeding women with Ebola should be offered early supportive care. Likewise, vaccine prevention and experimental treatment should be offered under the same conditions as for non-pregnant population (WHO, 2014).

POLICIES THAT ASSISTED IN EBOLA ERADICATION IN NIGERIA

Health promotion

Nigerian Government has health policies that should strengthen the health promotion capacity of the national health system. Nigerian health policy is designed to deliver healthcare that is promotional, protective, preventive, restorative and rehabilitative to every Nigerian citizen (National Health Promotion Policy, 2019). Through the National Orientation Agency of Nigeria, the citizens were sensitized on the causes, symptoms, management and prevention of Ebola disease. Social media, posters, radio stations, Television stations, town criers and worship places were mediums used in disseminating information.

Emergency operation centers

The center for disease control activated its emergency operation centers which was part of the health policy to help coordinate technical assistance and disease control activities (CDC, 2014). The centers were activated in strategic positions and were well equipped with human and material resources. It is imperative to state that the emergency operation centers during Ebola outbreak offered 24 hours' services.

Contact tracing

The Nigerian success in stopping Ebola spread was due to the large part of the contribution of the Nigerian field of Epidemiology Training Programs (FETP), which is a CDC- based program which develops expertise to detect disease outbreak locally and prevent it from spreading. As of the time Ebola outbreak occurred, Lagos State already has a strong (FEDT), its team contact tracing effort helped to identify and isolate potential cases of Ebola (CDC, 2014). At the diagnosis of the first incident, emergency operative centre kick started the incident management center to coordinate responses and their first priority was to locate all potential contacts. A team of more than 150 designated contact tracers was able to track down each of the individual. The contact tracing was efficient from the single individual, infectious disease experts generate a list of 898 contacts (Out et al, 2018). A rapid response using all available public health assets was the highest priority (CDC, 2014).

Inter -Ministry collaboration / port of entry control

The Federal and state health ministries worked in conjunction with Ministry of transportation, Ministry of information, national orientation Agency, Nigeria arm forces, immigration etc to curtail the outbreak and spread of the disease. The national orientation agency played a major role in educating the public and most importantly to prevent outbreak anxiety. The ministry of transport especially the Nigerian Port Authority and Airport authority where also use for screening to prevented infected person from entering the country. Immigration land border control which is saddled with the responsibility of entering and exiting through land boarders also contributed to the success.

GAP OBSERVED

On the 23rd of March 2014, WHO reported cases of Ebola virus disease in forested rural region of southern Guinea (CDC, 2014). Though Ebola was discovered in 1976, the 2014 outbreak was already affecting some African countries.Three months before the first incident of Ebola in Nigeria, research scientist affiliated to National Institute for Medical Research and Lagos State Ministry of Health began preemptively to educate the government officials at the port and boarders on Ebola (Peterson & Folayan 2017). Three issues were lacking despite their effort:

1. Nigeria Ports, land borders and airports were still open without restriction or screening of individuals entering the country. No screening or protective equipment were available at the airport, land borders and sea ports as at the time when the first incident was recorded.
2. Secondly, protective equipment's were not readily available for the health workers to use, though procured and stored. Medical staff were not prepared for the outbreak.This was reported on different social media platforms and became daily debate on local radio and Television stations.
3. The information on Ebola control was initially disseminated in English Language making it difficult for none English speakers to comprehend.

CONCLUSION

Nigeria demonstrated the importance of preparedness as it is enshrined in Nigerian health policy with the two elements of Global health security Agenda in place (Borgen Project, 2014). The 2014 Ebola outbreak in Nigeria was effectively controlled using the incident management approach with massive support provided by sister agencies, private sectors and international community. Such ground level work to curtail Ebola outbreak in Nigeria could be referred to as piece of world class epidemiological detective work (WHO, 2018). It was a vigorous and rigorous public health practice. Fast and thorough tracing of all contacts, ongoing monitoring and rapid isolation of actual and potential cases were key to halting Ebola spread in Nigeria.

RECOMMENDATION

The use of local mobilizers should be encouraged as they will impact knowledge with the local dialect of the population. There is need to enforce the implantation of health policies that will prevent initial gap observed during Ebola outbreak as same were repeated during initial period of Covid outbreak.

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