

Nigeria and health epidemics: acting quickly for a reason

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A new outbreak of Ebola that has killed 17 people in the Democratic Republic of Congo is thousands of miles (kilometres) from Nigeria.

But health officials in Abuja this week moved quickly to introduce emergency measures, including screening visitors from the DRC and neighbouring countries—and for good reason.

Not only was Nigeria one of the countries affected by the last outbreak that killed over 11,000 across West Africa, it also regularly faces sudden, deadly and often unknown epidemics.

Last year, some 1,100 people died and nearly 15,000 were infected in a meningitis C outbreak, while there were also cases of monkey pox.

This year, there have been record numbers of Lassa Fever cases. In the past, health workers have scrambled to contain the spread of polio.

With a hot and humid climate near the Equator, Nigeria—Africa's most populous nation with more than 180 million people—is a fertile breeding ground for viruses.

That, a crumbling healthcare system and transport links to the rest of the continent and wider world means health experts pay Nigeria extra special attention.

"Climate change, demographic growth, rapid urbanisation and

promiscuity are aggravating factors, so outbreaks are something we have to be more careful about," said Valerie Nkamgang Bemo, emergency response deputy director for the Gates Foundation.

Preparation vital

In a country where an "average" town has about one million inhabitants, and where there are two cities with more than 10 million people, preparation is key.

Medical teams need to be trained, data from previous epidemics analysed and the transportation of samples organised in advance.

"Each state must have an [emergency response](#) to epidemics, depending on the specific risks they face," said Bemo.

Nigeria is situated at the heart of the "meningitis belt" that stretches across sub-Saharan Africa from Senegal in the west to Ethiopia in the east, making outbreaks common.

But Bemo said: "It is not acceptable to have so many deaths of meningitis, a seasonal disease, when you know it's coming."

In recent years, the Nigerian Centre for Disease Control (NCDC) has been at the forefront of efforts to combat highly [infectious diseases](#).

In 2014, when the first case of Ebola was detected in Lagos, the world held its breath.

Lagos is Nigeria's teeming economic capital, where some 20 million people live cheek by jowl. Rapid transmission both inside and outside the country was feared.

But in the end, only seven people out of 19 confirmed cases died of the virus. The WHO at the time hailed Nigeria's containment of the disease as a "spectacular success story".

Certainly luck played a part—the first patient, a Liberian diplomat, was prevented from leaving the hospital when he first showed symptoms—but so did preparation.

Contingency plans for an outbreak of polio were dusted down and adapted, giving health professionals a blueprint to work from.

At the same time, Nigeria's government came under heavy pressure from foreign countries to contain the spread.

Global attention

Adaptation is key, said the Gates Foundation's Bemo. "In West Africa, people travel a lot, they are nomadic and impossible to trace," she added.

"The mistake in Sierra Leone during Ebola is that people wanted to address it like it was an outbreak in a forest village in Congo."

But the best-laid plans risk being scuppered by inadequate funding of the public health sector, making foreign help essential.

This year, the federal government has set aside 340.5 billion naira (\$945 million, 800 million euros) for health, the equivalent of 3.9 percent of its total budget.

That is still well below the 13 percent recommended by the World Health Organization, and not enough to raise standards of care or help improve the overall [health](#) of Nigerians.

Public sector [health workers](#) have currently been on strike for three weeks.

In areas from infant and maternal mortality to malnutrition, Africa's biggest oil producer, which is also one of the continent's top economies, performs poorly.

Despite this Nigeria "has more resources in comparison with any other country in West Africa", said Christian Happi, director of the African Center of Excellence for Genomics of Infectious Diseases at Redeemer's University in southwest Nigeria.

That includes a European Union-funded mobile laboratory, based in Irrua, in the southern state of Edo, for the rapid detection and diagnosis of haemorrhagic fevers.

"The world has invested a lot of money in Nigeria because it's highly populated. It can become a global problem, a time bomb."

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