

by **Tayo Fasuan**

COVID-19 pandemic showed the world a new meaning of global epidemic in recent times with the way it spread across the world within a few months of its original outbreak in China. Aided by being a respiratory and air-borne virus, it quickly reached almost the entire world, infecting more than 50 million people.

Unknown to many however, some countries have also been dealing with their own local disease outbreaks internally. For instance, the USA has been troubled by influenza virus before the advent of COVID-19. Some parts of East Africa are still battling Ebola resurgence. Asian countries are trying to manage Middle East respiratory syndrome coronavirus. Nigeria has also seen a rise in cases in Lassa fever infection. The list of countries battling different infectious diseases within their territories is more than this. However, the reason they are not in the news is the way they are managing and containing them. Most of these countries already have structures in place to effectively combat any sudden outbreak of infectious diseases, and prominent among these measures is infectious disease surveillance.

Infectious disease surveillance is very important in monitoring the health of a population, especially in three ways: (1) in describing the current burden and epidemiology of disease, (2) in monitoring disease trends, and (3) in identifying outbreaks and new pathogens.

Surveillance could be passive or active. Passive surveillance means waiting for a 'serendipitous discovery' of cases by medical practitioners or health workers and reporting it. Active surveillance means being deliberate about the search, and actively seeking for infectious disease within the community.

Without trying to sound prejudiced against the country, Nigeria lacks both means.

Although passive surveillance is being carried out for most infectious diseases in Nigeria due to the expensive and grueling nature of active surveillance, much is still left to be desired in the whole setup. Most of the diseases being currently actively or passively being monitored are those whose activities are being funded by international bodies like Poliomyelitis, and

recently COVID-19. The recent upsurge of cases of Lassa for instance showed that local diseases with no international funding are being ignored or mismanaged. According to the Nigeria Centre for Disease Control (NCDC), the country faced unprecedented outbreaks of diseases such as Cerebrospinal Meningitis, Lassa fever, Yellow fever, Cholera and even Monkeypox in 2017. Although they claimed they responded with emergency tactics, three years later, our responses to recent outbreaks are still faulty.

While this article is not aimed at criticizing the nation's public health sectors, there are so many loopholes to fill to avoid major disease outbreaks in the country. The lack of complete digitization of the entire disease surveillance and reporting network in the country, as well as an online database where anyone can access to be updated and to report notifiable diseases, is a big problem. The channels provided for disease reporting in Nigeria are too complicated, mostly unavailable, and they lack encouraging responses. Most people don't even know how to report because they don't even know the case definitions for most of these diseases. Also, personnel involved in most of these surveillance are not rightly trained and updated in what and how to do their jobs, neither are they remunerated and compensated for the hazards they face in carrying out these obviously dangerous tasks.

Perhaps, the most important issue here is the lack of facilities and equipment needed to carry out these surveillance, either passive or active. The outbreak of COVID-19 really exposed the lack of preparation for any disease outbreak from the government despite the numerous infectious diseases which have been circulating in the country for long. The panicked and fire-brigade approaches being employed in setting up isolation and testing centers in the heat of the outbreak, despite having been aware of the international spread for months, were prime examples of what the country should make sure never to happen again. It was embarrassing and at the same time scary that we never prepared for an epidemic of such magnitude until it was confirmed to be present in the country, the same thing that was obtainable for Ebola a few years ago.

We should be prepared for future occurrences of other outbreaks, not only for worldwide

outbreaks such as COVID-19, but for our own localized diseases as well. The isolation centers set up during this COVID-19 outbreak must be upgraded, maintained and well-equipped for other disease outbreaks in the future. Isolation centers must not be seen as another prison yard where inmates are kept in terrible conditions. Testing centers can be set up within the isolation centers, and they must be well-funded and equipped too with well-trained personnel and state-of-the-art machinery which must be well-maintained and upgraded regularly to produce results as and when needed.

Case definitions for diseases must be well-stated and standardized. There should be no reason to keep people in isolation when their symptoms have not matched the case definition of the disease suspected. And results must be timely to avoid patients eventually distrusting the system. And in order to do this, well-trained staff and well-equipped facilities must be provided. And after this, perhaps, we can start having faith in our disease management system again in Nigeria.

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