



NATIONAL ASSOCIATION OF NIGERIA NURSES & MIDWIVES

NATIONAL SECRETARIAT:

Nurses House 13 Makurdi Str. Behind Post Office, Garki, Area 10, Abuja
 E-mail: nigerianurses20@yahoo.com

THE NIGERIAN NURSE: AN ENDANGERED SPECIE.

It has become most important and compelling to once again alert the nation on the dangers nurses in Nigeria face in their line of duty of caring for the sick and the wounded, especially, with the current outbreak of Ebola virus in some countries in our sub-region (West Africa) and Nigeria. It is pertinent to note that, National Association of Nigeria Nurses and Midwives (NANNM) on May 11, 2014, as part of our activities to mark the "NURSES WEEK" which is held annually in Nigeria and globally, held a Press Conference at Nurses House in Abuja, inter alia to warn and advise the government of an impending outbreak of Ebola virus in the country and the need for the Federal Government through the Federal Ministry of Health to take Precautionary measures to educate Nigerians and protect them from the Ebola virus as the disease was already causing havoc in some neighboring countries in our sub-region (West Africa). The warning and advice fell on deaf ears.

It is thus of great concern that Five (5) Nigerians. Unfortunately, two (2) nurses have become victims of the dreaded Ebola disease with Miss Justina Ejelonu being the first victim. The saying which goes; "Prevention is better than cure" would have saved the lives of those who died and the panicky situation in the country, if only NANNM's advice to the government was heeded. Similarly, on the 9th July, 2014, ever before the outbreak of the Ebola virus in the Country, the leaderships of NANNM and Medical and Health Workers Union (M&HWU) were on AIT programme kakaaki to further alert the nation on the possible outbreak of the Ebola virus in the country. Another press conference was recently held in Lagos on the 9th of August, 2014 to continuously educate the public and further alert the government.

The outbreak of Ebola virus disease that has claimed more than 1000 lives in West Africa this year poses a serious ongoing threat to Nurses and the general public in Nigeria and presents new challenges to not only nurses but all healthcare professionals in the country. It is our belief that Proven Proactive Public health measures and sharpened clinical vigilance will contain the epidemic and thwart further spread. NANNM has deemed it very necessary and central to educate the Nigerian Public that the Ebola virus which was first discovered in 1976 in what is now the Democratic Republic of the Congo near the Ebola river where the disease got its name causes Hemorrhagic fever. Ebola hemorrhagic fever (EbolaHF) is one of the numerous viral hemorrhagic fevers. It is severe, often fatal disease in humans and nonhuman primates (such as monkeys, gorillas and chimpanzees) etc.

Scientists have discovered that Ebola disease is caused by infection with a virus of the family Filoviridae, when infection occurs symptoms usually begin abruptly. There are five identified subspecies of Ebola virus. Four of the five have caused disease in humans; ebola virus (Zaire ebola virus); Sudan virus (Sudan ebolavirus); Tai forest virus, formerly cote d'Ivoire ebolavirus) and Bundibugyo virus (Bundibugyo ebolavirus) the fifth, Reston virus (Reston ebolavirus) has caused disease in nonhuman primates, but not in humans. There is no doubt there exist interrelatedness among humans, animals and the environment in which we live. Therefore, the natural reservoir host of Ebola virus remains unknown. However, on the basis of available evidence and the nature of similar viruses, scientists and researchers believe the virus is Zoonotic (animal-borne) with fruit bats being the most likely reservoir. The 2014 Ebola outbreak is the largest Ebola outbreaks in history and the first in West Africa. It is currently affecting Guinea, Liberia, Sierra Leone and our country Nigeria.

Ebola virus has claimed 5 lives in Nigeria including 2 nurses. Suspected and confirmed case count is 15, while laboratory confirmed cases is 12. There has been a total of 2240 suspected and confirmed cases in our sub-region (West Africa) with 1230 suspected deaths, and 1383 laboratory confirmed cases. Symptoms of Ebola virus disease include fever, and additional symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding, rashes, cough, sore throat, weakness, dehydration. Incubation period is 2 to 21 days after exposure to Ebola virus, although 8-10 days is most appropriate. Death usually occurs during the second week of symptoms, and the infected person typically dies from massive blood loss. The virus is spread through direct contact (through broken skin or mucous membranes) with the body fluids (blood, urine, feces, saliva, semen and other secretions) of a person who is sick with Ebola or with objects like needles that have been contaminated with the virus or infected animals. Ebola is not a respiratory disease like flu, so it is not transmitted through air. Neither is it a food borne illness, nor is it a waterborne illness.

It is important to emphasize to the Nigeria Public that an infected person with Ebola Virus is not contagious until symptom appears. However, nurses in Nigeria are sad to note that since 1976 Ebola virus was first discovered in the Democratic Republic of Congo, as at today no significant scientific research has been reported or achieved to find a vaccine that will cure or kill the virus. This exposes the lack of political will on the part of the Nigerian Governments both States and the Federal Government to health and scientific research funding in the country. It is expected that since 1976, Nigerian Scientists and researchers should have come up with a vaccine against the virus. Though Ebola virus is an African endemic virus, the United States of America, Canada, Britain etc have come up with trials vaccines. Little wonder why Sierra Leonean doctor, Sheik Umar Khan was reported to have died after contacting the disease while treating a patient, in the same vain two American missionaries who were equally infected by the Ebola virus were flown back to the United States, and report has it that they are responding to treatment.

Therefore, NANNM is calling on the Federal Government through the Federal Ministry of Health to pay more attention to funding health and scientific research in Nigeria. There must be a Health Science Research Funding Policy, a

special commission (National Health Science Research Trust Fund) similar to the Tertiary Education Trust Fund in the education sector should also be set up in the health sector to support health science research in Nigeria and fund continuous training and re-training programmes for the health workers in Nigeria, so as to meet current national and global health challenges. The National Health Research Policy should compel foreign and indigenous pharmaceutical companies to contribute a certain percentage of their profits to the fund. This will go a long way to strengthen scientific health research in Nigeria and proactively find solutions to the numerous health challenges facing our country and the continent. Other governments within the sub-region should be encouraged to set up their own Health Science Research Fund, the need to collaboratively share scientific research, skills and information from intensive and extensive research work by not only nurses but other health workers in West Africa can not be over emphasized, and it is a vital weapon to combat and curb not only the deadly Ebola virus, but all other deadly diseases ravaging the human race today.

However, at the center of the current Ebola virus challenge is the hazardous central role of the Nigerian nurse who is put at risk of being infected in the process of caregiving. Nurses in Nigeria are very sad and disheartened that some of our members e.g. Late Miss Justina Obioma Ejelonu a graduate nurse from Ebonyi State University who worked in a hospital in Lagos, and had her first day at work has become the first Nigerian victim of the Ebola virus. A second victim of Ebola virus disease death has been recorded among nurses. Our hearts go to the families of the late Nurses. In fact, the deaths of the two nurses bring to light the hazardous nature of the nursing profession in Nigeria, it is sad to say nurses have always been victims of so many hemorrhagic, communicable and other contagious diseases, as nurses are the first or primary contact. They remain 24 hours with the patients in the wards, and are susceptible to all kind of infections. Therefore, the urgent need for governments, be it Federal, states or local governments to intensify efforts at protecting and adequately providing the Nigerian nurse with standard Personal Protective equipment and must be made available to nurses and health workers in all hospitals to avoid more casualties.


It is also common knowledge that health workers are running away from isolated wards and infectious diseases department in the hospitals for fear of contacting the Ebola virus and also the stigma associated with the disease. NANNM therefore, is encouraging members to continue to render their humanitarian services to the sick, while we demand that the government implements the World Health Organization (WHO) recommendation of providing proper personal protective equipment for the Nigerian nurses who are willing to be involved in treating and attending to the Ebola infected persons. This brings to fore the long agitation by the nurses for the Federal and state governments to pay adequate hazard allowances and insure all nurses in Nigeria. The current lip service by the Federal government to insure all nurses and health workers who are involved in the treatment of Ebola virus patients is not acceptable to NANNM. We demand that the insurance policy papers must be made open to all Nurses/Health workers if they must risk their lives.

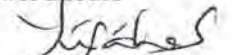
NANNM commends the effort of President Goodluck Ebele Jonathan, the Minister of Health and the Lagos State Government for the swift action taken in curtailing the deadly virus. We hope that the lessons learnt from the outbreak will propel government to be more proactive and embark on research funding as to prevent future outbreak and possible cure through vaccine development.

Though there has been no cure so far, Nigerians are advised to inculcate the habit of personal hygiene at all times and report strange symptoms and illnesses to the nearest health care center. Stigmatization of Health workers giving care to the victims of Ebola should be avoided. There is no need to create panic in society. Scientists and researchers have confirmed through World Health Organization that Human to human transmission is only achieved by physical contact with a person who is acutely and gravely ill from the Ebola virus or their body fluids. The virus is easily killed by contact with soap, bleach, sunlight or drying. It is advised that good hand washing with soap should be practiced. Ebola can never be contacted if an Ebola patient is not touched. Therefore, barrier nursing is the solution to caregivers to Ebola patients.

The Leadership of NANNM appreciates the efforts of the Lagos State Government for the remuneration and motivation of nurses and health workers who are currently at the forefront of the treatment of Ebola virus disease patients in the state. We therefore, call on other states and local governments to emulate the efforts of the Lagos State Government. The leadership of our Association NANNM is concerned about the media pronouncement, attention and publicity given to the Doctor that died due to Ebola virus disease without much attention paid to the Nurses and others. No Nigerian life is more important than the other.

Finally, it is important that all health professionals who in the cause of saving lives during the Ebola crisis became infected and died deserve recognition and be immortalized. This must not be restricted to the late Doctor considering the fact that nurses are more exposed than others health professionals when it requires barrier nursing for any infectious condition and not only in Ebola virus disease


 Nurse Abdrafu Alani Adenji
 National President.


 Com. Yusuf - Badmus, W,G
 General Secretary.