

COVID-19 on Tuberculosis and Human Immune Deficiency Virus in Nigeria: A Menace Combination Intervention in Disease

Abdullahi Aborode

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Table of Contents

Original Manuscript.....	4
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Abdullahi Aborode

Corresponding Author:

Abdullahi Aborode

Phone: +2349033024616

Email: ambassadorabdullah0@gmail.com

Abstract

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Original Manuscript

COVID-19 on Tuberculosis and Human Immune Deficiency Virus in Nigeria: A Menace Combination

Aborode Abdullahi Tunde

Department of Chemistry, University of Ilorin, Ilorin, PMB 1515, Nigeria

Corresponding Author: Aborode Abdullahi Tunde

Corresponding Author Email: ambassadorabdullah0@gmail.com

ABSTRACT

There has been much awareness during the past week about the catastrophe that awaits once coronavirus disease 2019 (COVID-19) establishes itself especially in the poorest communities of Nigeria and, importantly, in informal settlements. Evidence to date suggests that COVID-19 is efficiently and have great health impacts which are dangerous to patient with HIV and Tuberculosis in Nigeria. This expose the nonchalant the health system show towards the care for patients with tuberculosis and HIV while facing COVID-19 not giving of the menace on this patients health and Well-being.

Keywords: COVID-19; Tuberculosis; HIV; Health; Menace

Respected Sir,

Letter to the Editor-in-Chief,

Different interference information's have been made by people which is based on inconclusive evidence for some months ago about the aftermath that awaits once the coronavirus disease 2019 (Covid-19) implements itself in the rural communities of Nigeria and more significantly the compact settlements, which have been really happening now in Nigeria in some state like Lagos, Kastina, Kano, Kaduna and so on. Today, proof of data and information's gathered around the world indicates that Covid-19 is effectively transferred from individual or person infected through large droplets and also hard-surface [1].

Looking at the house population per each area, toilet and tap facilities used together by many people in compact settlements or communities that their house are near one another, different implementations and actions such as washing hand always, doing social distance among one another at least 2 meter away and self-isolation for 14 days will be an herculean task to accomplish. However, the disproportionate and disorganized problem of tuberculosis and HIV have make most people suggests different aftermath that will come up with the patients with both diseases and how the health system that is weak will not be able to respond well, conditionally when Covid-19 reaches those communities, it will be more dangerous for the health system to handle [2].

During the World Tuberculosis Day, this would remind the readers why tuberculosis (TB) is a significant factor and have a wide consideration for vulnerable populations that are related to Covid-19. During the time of drafting this manuscript (04 May, 2020), Nigeria have detected and reported 2802 Covid-19 cases, 2292 are active, 417 recovered and 93 death and this are largely ubiquitous among people aged 21-60 years old [3].

As at today, Nigeria pandemic curve have increased widely with high number of cases detected and reported on daily basis. Early data collected from china suggest that people that are most at risk for severe response to Covid-19 are those between aged that are greater than 60 years old and those with health issues such as chronic respiratory disease such as asthma, pneumonia etc, hypertension, cardiovascular disease and diabetes [4-6].

Till today, no studies have started on Covid-19 in the low and middle income generating countries with high endemic of HIV and Tuberculosis. About 7.7 million people are living with HIV and Tuberculosis in Nigeria [7], which have serious concerns about the consequence of Covid-19 on people with low immune systems and this have great dominated their susceptibility to Covid-19, yet Nigeria and the health system show less concern an d that is why they are unable to distinguish between patients with Tuberculosis and HIV when doing the Covid-19 testing.

In Nigeria alone, an estimation of 407,000 people has tuberculosis each year, and nearly 63,000 people are also infected with HIV each year [8]. It is unexplainable on how Covid-19 have inject itself in a large population that Nigeria have. In no regard to HIV status, people without diagnosis of pulmonary tuberculosis (PTB), those people with drug-resistant tuberculosis or high presentations such as circulation forms, and those with early PTB treatment may be at high risk to response severely if they are infected with Covid-19. With the information about PTB and silicosis, combination of pulmonary diseases can increase high due to the gravity of the situation of their susceptibility to Covid-19 [9].

However, the common Covid-19 symptoms are cough, fever and shortness of breathing which overlaps with the pulmonary tuberculosis symptoms and these similarities may create an undistinguishable problem for the healthcare workers in a high burden or task communities.

Sputum production which is a common factor of pulmonary tuberculosis has become low among

individual or people infected with Covid-19 and also those infected with tuberculosis and HIV infection [10]. It is significant for medical personnel to stay awake and consider pulmonary tuberculosis in their differential diagnosis pertaining to Covid-19 alongside with the probability of two infections co-exist that is, Covid-19 and pulmonary tuberculosis and also most especially among people living with low immune system mostly HIV.

It is equally suggested that the importance of patients or individual with confirmed or affirmed pulmonary symptoms must be a priority for Covid-19 testing. Tuberculosis and Covid-19 may be as an outcome in a poor or inadequate treatment results mostly if the tuberculosis treatment is subjected. Another menace is the poor prioritization of tuberculosis treatment when the health structure becomes covered with individuals experiencing severe acute respiratory syndrome from the infection contact from Covid-19. There is a huge risk of enlarging the effect when people with pulmonary tuberculosis return to their communities without sufficient treatment and this will lead to high potential aftermath that will go beyond the Covid-19 pandemic. It is therefore important to all medical practioners and individuals to put action into place now so as to reduce the spread of Covid-19 transmission through medical practices and communication.

Enacting continuation of tuberculosis treatment and attention will need adequate medications for the individual infected to take home to avoid coming to hospital daily, the improvement of digital technologies and other community support systems is to provide outpatient and community treatment when it is safe to do so.

People with high risk of getting infected with Covid-19 undergoing self-isolation may see it as a challenge, adequate testing and implementation of tight enforcement of infection control procedure, cough etiquette and avoidance of large people meeting who may have either tuberculosis or Covid-19 infection among in and out patients will be of a great significance to reduce the spread of the infections.

CONCLUSION

The widespread of COVID-19 amidst people and patients living with or having Tuberculosis and HIV is a serious concern that needs to be look into in Nigeria. The consequence of people with or without Tuberculosis and HIV must be proportionately be considered. Different factors related to Pulmonary Tuberculosis (PTB) and Tuberculosis-HIV infections may aggravate clinical effectiveness for either COVID-19 or Pulmonary Tuberculosis and this need urgent clinical attention. The anonymous factors regarding the COVID-19 in the environment of Nigeria's give it a special and great health task, the outstanding action to flatten or straighten the curve remain of critical or urgent significance.

COMPETING INTERESTS

The author declares no competing interests.

AUTHOR'S CONTRIBUTIONS

COAA: Contributed to the Literature Search, Facts and Write-up of Manuscript.

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