International Journal of Advanced Multidisciplinary Research
ISSN: 2393-8870
www.ijarm.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijamr Volume 9, Issue 9 -2022

Research Article

DOI: http://dx.doi.org/10.22192/ijamr.2022.09.09.004

COVID 19: Factors Associated with Implementation and Practice of Covid-19 Prevention

Emmanuel Ifeanyi Obeagu

Department of Medical Laboratory Science,Kampala International University, Western Campus, Uganda.
E-mail: *emmanuelobeagu@yahoo.com*
https://orcid.org/0000-0002-4538-0161

Keywords

Covid-19, prevention, implementation, practice, mortality, morbidity

Abstract

COVID-19 has been reported as an ongoing global epidemic from Wuhan, China, since it first emerged in December 2019. Coronavirus disease, severe acute respiratory syndrome coronavirus 2 (SARS-2), is a zoonotic disease that can be transmitted from animals to humans and from humans to humans. The main way COVID-19 spreads is droplets released by an infected person when they sneeze or cough. This literature provides an overview of incidence, causes, symptoms, and complications. Lack of personal protective equipment, heavy work, knowledge of and access to infection prevention, lack of training of health workers, lack of knowledge of infection and universal standard safety precautions, unmanageable chronic respiratory illness, and COVID Implementation and Practice-Related Factors-19 Prevention.

Introduction

Coronavirus (COV) is an enveloped single-stranded RNA virus that causes influenza-like illness characterized by severe acute respiratory symptoms with morbidity and mortality (Arajuo 2020; Asogwa *et al.*, 2021; Hassan *et al.*, 2022; Obeagu *et al.*, 2021). These viruses are highly lethal and contagious, confined to Asia and the Middle East, and have spread through human migration in several countries (Kerwant and Sohrabi, 2019). Clinical symptoms of Covid-19 include fever, body aches, dry cough, fatigue, sore throat, difficulty breathing, chest pain, decreased pressure with speech and movement, and asymptomatic illness in Nigeria and Nigeria. Includes gastrointestinal syndrome in people with Other African countries (Enenche and Okeh, 2020).

In sub-Saharan Africa, the number of laboratory-confirmed cases is still relatively low compared to other continents. This image may be due to low testing capacity and lack of an active monitoring

system. The small number of confirmed cases required good isolation centers, waste management and environmental decontamination, advice and psychosocial support from mental health professionals, and public health education (Rothan and Byrareddy, 2020). Morbidity and mortality are high in developing countries because of poor sanitation practices, poverty, poor infection control measures, and weak immune systems. Standards for universal infection control measures and health education efforts have been identified as key strategies for reducing morbidity and mortality from the COVID-19 outbreak and invasion (WHO, 2020). Medical health training and refresher courses on infection control measures and universal policy precautions in healthcare facilities focus on providing healthcare workers and nurses with the knowledge they need to ensure successful implementation and practice is placed.

Covid-19

Coronavirus disease 2019 (COVID-19) is defined as the disease caused by a new coronavirus currently called severe acute respiratory syndrome coronavirus 2 (SARS_COV2; previously called 2019 Cov). This was first confirmed in a case of respiratory disease that occurred in Wuhan, Huber province, China. First reported to WHO on 31 December 2019. On 30 January 2020, WHO declared his CONVID-19 outbreak a global health emergency. On March 11, 2020, WHO declared her COVID-19 a global pandemic. This was the first designation since 2009, when an HIV, influenza, or pandemic was declared. This disease caused SARS COV2. The name was chosen to avoid stigmatizing the origin of the virus with respect to population, geography, or animal associations. On 11 February 2020, the Coronavirus Research Group of the International Commission on Taxonomy of Viruses issued a statement announcing the official name for acute respiratory syndrome coronavirus 2 (SARS COV2) (WHO and NCDC 2020).

Public health groups managing the 2019 pandemic coronavirus disease (COV19), including the U.S. Centers for Disease Control and Prevention (CDC) and WHO, can appear 2 to 14 days after exposure. Incubation period. Signs and symptoms of coronavirus include fever, cough, fatigue, loss of taste or smell, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, runny nose, headache, conjunctivitis, chest pain, rash, nausea, vomiting, and diarrhea. And so on. , and pneumonia. Many health experts believe that the new strain of coronavirus likely originated from angorism or bats.The first human infection occurred in Wuhan, China. Since then, the virus has spread mainly through personal contact (Agulanna and Hong Chen 2019). Coronaviruses belong to a family of viruses that cause a variety of symptoms such as pneumonia, fever, difficulty breathing, and lung infections. These viruses are common in animals worldwide, but few cases are known to affect humans. The World Health Organization (WHO) used the 2019 novel coronavirus that affected the lower respiratory tract of a patient with pneumonia on December 29, 2019 in Wuhan, China. The current reference name is severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2). In December 2019, it was reported that a group of patients with pneumonia of unknown origin was involved in the South China Seaford Market in Wuhan, Hubei Province, China (Hamzah and Mohammad, 2020).

In response to the outbreak, the China Centers for Disease Control and Prevention (China CDC) dispatched a rapid response team to accompany health authorities in Hubei and Wuhan to initiate epidemiological and etiological investigations. The WHO confirmed that the outbreak of the coronavirus epidemic was linked to the South China Seaford Marketplace, but did not identify a specific animal link. Starting to investigate the origin, on January 10, 2020, the first genome of COVID-19 was released by a research team led by Professor Yung Zhen Zhang. Within a month, the virus spread rapidly across China during the Chinese New Year. This period is when the Chinese population exhibits a high degree of human mobility. Although it is still too early to predict susceptible populations, early patterns show trends similar to those seen with severe acute respiratory syndrome (SARS) and Middle

East respiratory syndrome (MERS) coronaviruses (Tian and Zixiang, 2020). Susceptibility appears to be related to age, biological, gender, and other health conditions. COVID-19 has been declared a Public Health Emergency of International Concern by the WHO, given the spread of the novel coronavirus and its impact on human health. The research community has responded quickly to the new virus and many preliminary research articles on it. The epidemic has already been published (Zhong and Luoliu, 2020).

Factors associated with implementation and practice of covid-19 prevention

The World Health Organization declared the 2019 coronavirus a pandemic on March 11, 2020, after declaring it a public health emergency for 11 days. COVID-19 has been reported as an ongoing global epidemic from Wuhan, China, since it first emerged in December 2019. COVID-19 is a zoonotic disease that is transmitted from animals to humans and from humans to humans. The main way COVID-19 spreads is droplets released by an infected person when they sneeze or cough. And since the virus can live anywhere, it spreads through infected surfaces and objects. Covid-19 is characterized by a wide range of clinical features ranging from asymptomatic to severe respiratory illness. Typical signs/symptoms of Covid-19 include difficulty breathing, fever, cough and shortness of breath. Symptoms such as headache, muscle pain, sore throat, loss of taste and smell, hemoptysis, and diarrhea have been occasionally observed (Kerwan and Sohrabi, 2019).

The burden of Covid-19 is increasing globally in terms of morbidity, mortality and economic crisis. As of 27 July 2020, more than 16,249,165 confirmed cases of his Covid-19 and 649,208 deaths have been reported worldwide. While the prevalence of COVID-19 is highest in Europe and the Americas, it is increasing at an alarming rate in Africa. In sub-Saharan Africa, the situation can be exacerbated by high comorbidities (HIV, tuberculosis, and malaria), poverty, poor quality of health care and poor access to health facilities. As of 27 July 2020, 847,628 confirmed cases and 17,757 deaths have been reported from Africa.

The situation is no exception in Ethiopia, where about 13,968 confirmed cases and 223 deaths were reported as of 27 July 2020, increasing the burden of Covid-19 (Hemalatha and Shaik Syed 2020). Healthcare workers are the group most at risk for COVID-19. Because their work routinely exposes him to infection with COVID-19. Several healthcare workers have contracted her Covid-19, and her work-related COVID-19 has resulted in deaths worldwide. Unless special precautions are taken to ensure the safety of health care workers and their jobs, the system has a large number of health care workers and, unlike others, is experiencing her COVID-19 and other illnesses around the world. It severely affects your ability to fight infections. A healthcare worker has a dual source of contracting her COVID-19 from the community and workplace.

Prolonged exposure is one of the main reasons healthcare workers become infected with COVID-19. B. Shortage and poor quality of personal protective equipment (PPE). Health care workers are a typical source of infection from family members, patients and communities (Rothan and Byrareddy, 2020).

So far, we know a lot about spread, prevention and support, but there are no recommended treatments or vaccines for COVID-19. WHO recommends human-to-human transmission by avoiding close contact, washing hands frequently with soap or alcohol-based hand sanitizer, wearing PPE (face mask shield and gloves), and avoiding crowded places. It is also important to improve the knowledge and prevention practices of healthcare workers and communities through regular updates on COVID-19. Healthcare professionals' access information resources, expand their knowledge, apply protective equipment to prevent COVID-19, and provide appropriate care to patients, families, and communities. Recent literature on infection prevention practices by health professionals at the international level also indicates the existence of relatively good knowledge and attitudes about infection prevention practices. However, the prevention practices of most health professionals are not at their level of knowledge and attitude.

It may be related to worker carelessness, uncomfortable workplaces. Moreover, there is no recent evidence of pre-existing preventive practices of health care workers against COVID-19.

Infection control and prevention

Isolation precautions are guidelines designed to prevent microbial transmission in hospital settings. Hospital Infection Control Practices The NCDC Advisory Committee recommends two levels of isolation precautions. The first level, called Standard Precautions, is designed for the care of all patients in a hospital and represents the primary strategies for preventing nosocomial infections. Infectious diseases transmitted by airborne droplets or contact routes (Hamzah and Mohammad, 2020).

Standard precautions are the current best model for best practice in infection control. They are designed to reduce the risk of nosocomial transmission of blood-borne and other pathogens from both recognized and unrecognized sources and apply to all patients at all times. . Their implementation requires nurses and other medical professionals to take appropriate steps. Gloves to avoid contact with water, blood, all body fluids, sweaty secretions and excretions. Regardless of whether they contain visible blood, untouched skin and mucous membranes. (Bayer and Barbara, 2010).

The premise of Standard Precautions is that all patients, symptomatic or not, are colonized or infected with the organism and that all patients should be treated with a consistent level of care. Medical staff should use additional barriers in the form of personal protective equipment (PPE), masks, eye protection, and drapes, depending on the expected level of exposure to patient excretions and secretions. . Elements of universal standard safety practices include hand hygiene, use of PPE, proper patient handling, equipment and bedding care, environmental controls, avoidance of sharps injuries and patient injury during medical facility assignments. It is included. Hand hygiene, gloves, prevention and avoidance of splashes and sprays of bodily fluids (Dilucca and Souri, 2020).

General precautions provide general guidelines for infection control. These guidelines are designed to reduce transmission of blood-borne pathogens and other pathogens and apply to all patients regardless of diagnosis. The guidelines reinforce the idea that all bodily substances are potential sources of infection. They include recommendations for avoiding droplet contact, direct or indirect contact, and airborne transmission of infectious diseases. Precautions include washing hands with soap and water and wearing gloves after contact with patients, wearing gloves if contagion is present, and a reasonable expectation that airborne infections are contagious. This includes wearing a disposable face mask. Sharps and needles should be placed in protective disposable containers that can be sealed with lids, gloves should be worn when handling specimens, and all specimens should be handled carefully to minimize spillage. Thoroughly clean all equipment to remove organic matter prior to disinfection/sterilization. Nurses are usually taught clean techniques, although they must primarily use aseptic techniques when performing most procedures. Information should be enough to fight infections safely. Maintain a high level of health through a balanced diet and adequate sleep, rest, sunlight, fresh air and exercise. Droplet and droplet protection Appropriate barriers can be used when healthcare providers are involved in activities that may spray/splash body fluids. Goggles and a face mask are required if splashing on your face is likely. Health-care workers should wear protective gowns when they are involved in procedures that could contaminate their clothing with biological agents (Fatokun and Khan, 2019). The most important aspect of reducing the risk of blood borne infections is preventive injury avoidance. Great care must be taken in all situations involving the handling of needles, scalpels, and other sharp objects. Do not reseal used needles; place them directly in a puncture-resistant container near where they will be used.

Nigeria had its first reported case of COVID-19 in Lagos on 27 February 2020, but the number of

cases and deaths has steadily increased. As of June 12, 2020, his number of COVID-19 cases in Nigeria has reached 15,181 and his 399 deaths, including health workers.

Healthcare workers around the world are on the front lines of containing the COVID-19 outbreak and diagnosing and managing infected patients. Unfortunately, healthcare workers are also sources and means of nosocomial and community-acquired infections. The burden of disease in both developed and developing countries is difficult to address and manage due to inadequate provision of personal protective equipment for health workers, contamination, overcrowding and inadequate provision of adequate isolation facilities worsening strategy. Therefore, in order to contain the rising number of COVID-19 cases, healthcare workers must adhere to recommended measures to prevent transmission. These measures are primarily influenced by frontline knowledge and attitudes.

Precautions and Measures towards Covid-19

Gloves provide an effective barrier to the hands from the microbiota associated with patient cases. Gloves should be worn by HCWs when in contact with patient secretions and discarded after each contact with patient care. Microorganisms that colonize the hands of healthcare workers can thrive in the warm, moist environment provided by gloves, so gloves should be cleaned or disinfected after removal. As patient advocates, healthcare workers play an important role in promoting hand hygiene and gloves for use by laboratory staff, technicians, and other hospital personnel who come in contact with patients.

Some organisms are highly contagious and of epidemiological importance, and when such organisms are identified, special precautions beyond standard precautions should be taken. The National Centers for Disease Control and Prevention recommends a second tier or precaution called contagion-based precautions. The insulation category is airborne, splash, and control precautions.

Contact precautions are used against organisms spread by skin contact. They are designed to emphasize the use of careful techniques and biological barriers with serious epidemiological consequences for organisms that are easily transmitted by contact. Between medical staff and patients, patients who require contact isolation are housed in private rooms whenever possible to promote hand hygiene and reduce environmental contamination. Masks do not need to be closed (Okechukwu and Bolanune, 2012).

Conclusion

The review's conclusions show that there is sufficient knowledge, implementation, and attitudes towards COVID-19. Ministries, stakeholders and medical technologists are expected to plan programs in line with these revelations. Proactive interventions should facilitate the practice of preventive measures.

References

Agulanna, C. (2010) Religion, Morality and Realities of Nigerian Experience. Lumina, pp 1-15.

Asogwa, E.I., Obeagu, E.I., Abonyi, O.S., Elom, C.O., Akamike, I.C., Udeoji, D.U., Egbumike, C.J., Agunwah, E.U., Eze, C.N. and Esimai, B.N. (2021). Mitigating the Psychological Impacts of COVID-19 in Southern Nigeria. *Journal of Pharmaceutical Research International*.; 33(30A): 72-83

Bolanale, J. A. & Abdus Salam, S.I (2019) Chemical presentation Case management and Outcome for the first 32 convid-19 patients in Nigeria. Afr. Med. J.pp1-4).

Dilueca, D.M. & Souli, B. G. (2020). Knowledge, Attitude and practice of secondary school students toward convid-19 epidemic in italia A Cross sectional study BioRXW

Eneche, H.W & Okoh, O.E (2020) World Health Organization Naming the Coronavirus Disease (Convid-19) and virus that causes it. Pp 11-16.

Fatokun, A.O & Khan, M. U. (2014) Knowledge and Attitude of HealthCare workers about middle east Respiratory syndrome in hospitals of Qassrin, Saudi Arabia BMC Health.

Hamzah, M R. & Mohammed, T. J. (2020) Public Knowledge, attitude and Practices towards convid-19: A Cross Sectional study analysis

Hassan, A. O., Obeagu, E. I., Ajayi, D. T., Tolulope, A. A., Madekwe, C. C., Madekwe, C. C., Ikpenwa, J. N., & Nakyeyune, S. (2022). COVID 19 Omicron: The Origin, Presentation, Diagnosis, Prevention and Control. *Asian Journal of Research in Infectious Diseases*, *11*(1), 25-33.

Hemalatha, K.A & Shaik Syed, P.S. (2020) Convid-19 (Novel coronavirus 2019) Recent trends Eur. Rev. Med. Pharmacology scie.24(2020), pp 2006-2011.

Obeagu, E.I., Babar, Q., Vincent, C.C.N., Okafor, C.J., Eze, R., Chijioke, U.O., Ibekwe, A.M. and Uduchi, I.O. (2021). Pulmonary Embolism in Covid-19 Pandemic: A Threat to Recovery of the Infected Patients.. Pulmonary Embolism in Covid-19 Pandemic: A Threat to Recovery of the Infected Patients", *Journal of Pharmaceutical Research International*. 33(42A), pp. 90-98.

Okechukwu, B. O. & Bolannwa, M. A. (2020) Knowledge, Attitude, and Perception towards the 2019 Coronavirus Pandemic; a Binational Survey in Africa. Plostine.

Kerwan, A. Z. & Sihrabi , N. O (2019) World Health Organization declaes Global Emergencey: a review of 2019 novel coronavirus (CONVID-19) int. J..76. pp91-97.

Rahman. A.C. & Sathin, N. J. (2020) Knowledge, Attitude and Preventive Practices towards Convid-19 among Bangladesh internet Electron .J. Gen. Med. 17 pem 245.

Rottan, H.A & Byrareddy, S.N. (2020). Epidemiology and pathogensis of coronavirus disease (Convid-19) outbreak J.Autonmine

Tians, S. N. & Zxiang, C. K. (2020) Characteristics of Covid-19 infection in Beginning Zhong, B. L. & Luoliu, N.T. (2020) Knowledge, Attitudes and practices towards CONVID among Chinese residents during rapid rise period of convid-19; quick outbreak online Cross sectional sunery int. Biology Sc pp 1745-1752 scholar.

WHO & NCDC (2020) Africa CDC. Guidance for Assessment, Monitoring, Movement Restriction of People at Risk onvid-19 in Africa. 38260- 38270.

World Health Organization (2020) Advice an Use of Masks in communities during Home care and Health Care settings in context of Novel Coronavirus (2019 n Conv) outbreak internin Guidance. Genesa.

WHO & NCDC (2020) Africa CDC. Guidance for Assessment, Monitoring, Movement Restriction of People at Risk onvid-19 in Africa. 38260-38270.

Access this Article in Online

Website: www.ijarm.com

Subject: Epidemiology

Quick Response Code

DOI:10.22192/ijamr.2022.09.09.004

How to cite this article:
Emmanuel Ifeanyi Obeagu. (2022). COVID 19: Factors Associated with Implementation and Practice of Covid-19 Prevention. Int. J. Adv. Multidiscip. Res. 9(9): 37-42.
DOI: http://dx.doi.org/10.22192/ijamr.2022.09.09.004