The coronavirus pandemic currently shocking the world gained entry into Nigeria with its first case confirmed on the 27th of February, 2020 in Lagos state. The discovery spiralled into a frenzy of misinformation as the NCDC and Federal Ministry of Health worked to allay citizens’ fears and contain the outbreak. It is important that we all play a role in beating the virus by sharing only validated information and promoting effective preventive measures.

The Coronavirus CivActs Campaign (CCC) gathers rumours, concerns and questions from communities across Nigeria to eliminate information gaps between the government, media, NGOs and citizens. By providing the public with facts, the CCC ensures a better understanding of needs regarding the coronavirus and debunks rumours before they can do more harm. Information sharing will be critical to defeating the virus, due to the diverse cultural backgrounds and drawbacks in national education.

Coronavirus poses a serious threat to Nigeria’s population of over 180 million people given the country’s weak healthcare system, high level of poverty, crowded living conditions and deep-set corruption in government. Economic and insecurity conditions in Nigeria were already tenuous before this outbreak, and Nigeria already fares badly against any health indicators, with high mortality rates and poor life expectancy. When and if coronavirus hits the highly populated communities of Nigeria’s cities, it could be a disaster.

It is absolutely critical that Nigeria deals with this pandemic in forward-thinking, open, transparent ways to ensure the well-being of citizens, build resilience and rapidly curb the potential for social conflict. In Nigeria, this is a huge challenge but also a real opportunity to reimagine public health systems, redefine the relationship between citizens and those in power, and reinvigorate governance.

### Update on lockdown guidelines

The Presidential Task Force on COVID-19, on the 26th of January, 2021 announced the extension of the guidelines of phase 3 of the eased lockdown by one month (four weeks). This follows the rising cases of coronavirus disease across the country and the expiration of phase 3 of the eased lockdown. The requirements of Phase 3 as determined by the task force are outlined below:

**A) Nationwide curfew has been revised to 12AM – 4AM daily**

**B) Public spaces and Hospitals**

The following restrictions are mandatory in public spaces:

1. Use of Face masks
2. Temperature checks
3. Handwashing facilities and hand sanitizers
4. Physical distancing of at least 2 metres
5. No gatherings of more than 50 people
6. Hospital visits limited to patient’s immediate family only
C) Travel
1. Avoid unnecessary travel
2. Air travel resumed
3. Arrive early to the airport to avoid delays

D) Schools and NYSC
1. All schools to reopen in phases
2. Government to assess risks and monitor school compliance with guidelines
3. NYSC camps reopening with guidelines and safety measures in place

E) Markets and Restaurants
1. No mask, no entry. No mask, no service.
2. All restrictions on open days and occupancy in stores now removed
3. Restaurants open for outdoor service only

F) Places of worship
1. Restricted opening as agreed by state governments and FCT.
2. Multiple services to be prioritized.

G) Government Offices
1. Operate regular hours
2. All staff to resume work, alternate-day attendance for staff below GL 12.
3. Heads of MDAs to determine optimal capacity.

H) Private Offices
1. Maintain regular hours.
2. Determine optimal capacity.
3. Comply with mandatory safety measures.

I) Exercise and Entertainment
1. Restrictions removed on contact sports.
2. Use of recreational parks for physical activity is permitted.
3. Sporting leagues to resume in stadiums with no audience.
4. Event centers with outdoor spaces can open.
5. Gyms and cinemas to open at half capacity.
6. Hotels to remain open and observe mandatory safety measures.
<table>
<thead>
<tr>
<th>RUMOURS</th>
<th>FACTS</th>
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<tbody>
<tr>
<td>COVID-19 vaccines can give you COVID-19</td>
<td>The COVID-19 vaccines cannot transmit COVID-19. Regardless of the type of vaccine, none contains the live virus. Any side effects, such as headache or chills, are due to the immune response and not an infection.</td>
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<tr>
<td>I have already had COVID-19, I do not need the vaccine</td>
<td>According to the CDC, due to the severe health risks associated with COVID-19 and the fact that re-infection is possible, vaccine should be offered to you regardless of whether you already had COVID-19 infection.</td>
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<tr>
<td>COVID-19 vaccine will alter my DNA</td>
<td>COVID-19 vaccines are mRNA vaccines and do not alter your DNA in any way. The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept.</td>
</tr>
<tr>
<td>Once I have been vaccinated, I cannot transmit the virus</td>
<td>COVID-19 vaccines are designed to prevent people from becoming ill following infection. However, a person who has been vaccinated may still be able to carry the virus, which means that they might also be able to transmit it.</td>
</tr>
<tr>
<td>The vaccine will protect against COVID-19 for life</td>
<td>According to the WHO, it’s too early to know if COVID-19 vaccines will provide long-term protection.</td>
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</tbody>
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In late November and early December of 2020, the NCDC surveillance system recorded a sharp increase in COVID-19 cases across the country. This has been attributed to the discovery of the B117 variant strain of the virus, which was first reported in the United Kingdom, in Nigeria. This new strain of the virus is a mutated version that has been shown in the lab to increase the ability of the virus to infect cells. UK Prime Minister Boris Johnson stated that the variant may be up to 70% more transmissible.

A new variant detected in South Africa, the 501Y.V2 variant, has been powering record case numbers in South Africa and the sub-region. It has been found in Botswana, Ghana, Kenya, Comoros, Zambia and 24 non-African nations. A new experimental vaccine, developed by the biotech firm Novavax, has proven to be 85% effective against the COVID-19 variant identified in the United Kingdom, but less than 50% effective against the variant detected in South Africa.