

Mitigating Community Transmission of Covid-19 Pandemic in Abia State, Nigeria: the Place of Information Sharing and Utilization

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Abstract

Quality health information dissemination is key to the prevention and control of diseases especially novel ones like COVID-19. The place of information sharing and utilization in mitigating community transmission of COVID-19 in Abia State, Nigeria is the focus of this study. Using a questionnaire distributed through email as the instrument for data collection, 375 respondents drawn from church groups, community-based socio-cultural organizations and community development unions from six local government areas across the three senatorial zones that make up the state whose emails could be obtained, were surveyed. Purposive sampling techniques were used to determine the sample size of the respondents. Seven objectives and seven research questions were formulated to guide the focus of this study. Data collected in line with the research questions were collated and presented in tables respectively. Simple percentage, frequency counts and mean values were used for data analysis, while the research questions formed the basis for data analysis. Results from the analysis of data revealed that people in Abia State were well aware of the existence of the novel coronavirus disease (COVID-19), however, information shared and received were not well utilized. The study also identified various barriers to the utilization of the shared information such as unreliable information, unverified information and some mitigation strategies. The study, therefore, recommended that government should re-strategize on their methods of disseminating information for the mitigation of community transmission of COVID-19 in Abia State among others.

Keywords: *Community transmission, COVID-19, pandemic, information sharing, health information.*

Introduction

The world is grappling with a serious health challenge of crisis dimension occasioned by the novel Corona Virus pandemic. A pandemic is defined as “an epidemic occurring worldwide or over a very wide area, crossing international boundaries and

usually affecting a larger number of people (Kelly, 2011). A pandemic affects more people and takes more lives than an epidemic (WebMd, 2020). The COVID-19 Pandemic, also known as the Corona Virus pandemic is an ongoing pandemic of Corona Virus disease caused by severe acute respiratory syndrome 2 (SARS-

CoV2). The outbreak was first identified in Wuhan, China in December 2019 (WHO, 2020).

From the sociological point of view, a community can be described as a sociological unit (a group of living things) with commonality such as norms, religion, values, customs or identity; a group of people living in the same place or having a particular characteristic in common or the condition of sharing or having certain attitudes and interests in common (Study Lecture Notes, 2020). Community transmission is the third of the four stages of a pandemic. It represents a stage where the virus cannot be traced to a certain index case person but continue to spread within a community. It happens when the virus begins to randomly affect people and their source of contact is not known (Down to Earth, 2020).

To mitigate the spread of the virus at the community transmission stage, information sharing and utilization has become very essential. Information sharing can be understood as a set of activities by which information is provided to others, either proactively or upon request, such that the information has an impact on another person's image of the world and creates a shared, or mutually compatible working, understanding of the world (Savolainen, 2017). Right from the pre-historic era, information gathering, sharing and utilization have been of essence to society, and the importance of every piece of information lies on its utilization. Hornby (2000) posits that to utilize means the ability to make practical use of something

to use effectively. Similarly, Utilization according to Uhegbu (2007) is the actual putting into appropriate use of something or the process of making use of something available. The ultimate purpose of utilization is to satisfy the seeker's need. In the context of this study, such appropriate information utilization and its concomitant outcome would infer mitigating the spread of COVID-19 within communities in Abia State.

In the absence of any officially approved vaccine for the prevention of the disease, the World Health Organization (WHO) and local agencies for the control of the dreaded disease have recommended hand washing, covering ones mouth when coughing, maintaining physical distance from other people, wearing a face mask in public setting and monitoring and self- isolation for people who suspect they are infected. For the guidelines to be effective, information on the virus must be shared, received and utilized; the National Centre for Disease Control (NCDC) and the Presidential Task Force (PTF) on the control of COVID-19, both in Nigeria, have employed various means of information sharing. However, it remains a puzzle that despite the safety guidelines and protocols on the prevention of the disease, the number of infections continues to skyrocket in the country on daily basis. On the increasing cases of misinformation about the pandemic, Clamp (2020) observed that misinformation about the virus has circulated through social media and the mass media. It is in the light of the foregoing that the study investigates mitigating community transmission of COVID-19

pandemic in Abia State, Nigeria and the place of information sharing and utilization.

Objectives of the Study

The general purpose of the study was to investigate the place of information sharing and utilization in mitigating community transmission of COVID-19 pandemic in Abia State, Nigeria. The specific objectives of the study were to:

1. determine the awareness level of COVID-19 pandemic among people in Abia State;
2. determine types of information received and shared for mitigating community transmission of COVID-19 pandemic in Abia State;
3. examine sources of information received and shared for the mitigation of community transmission of the pandemic in the State;
4. ascertain the extent of utilization of the received and shared information for mitigating community transmission of COVID-19 pandemic in the State;
5. examine ways in which the sharing and utilization of information about COVID-19 pandemic contribute in mitigating community transmission of the disease?
6. investigate the barriers/challenges to utilization of received and shared information for community transmission of COVID-19 pandemic in the State; and
7. find out possible strategies for mitigating community transmission

of COVID-19 pandemic in Abia State, Nigeria.

Research Questions

The following research questions derived from the objectives of the study were designed to guide the study as follows:

1. What is the level of awareness on the COVID-19 pandemic among people in Abia State?
2. What are the types of information received and shared amongst community members for mitigating community transmission of COVID-19 pandemic in Abia State?
3. What are the sources of information received and shared amongst community members for the mitigation of community transmission of the COVID -19 in the State?
4. What is the extent of utilization of the received and shared information for mitigating community transmission of the pandemic?
5. In which ways do the sharing and utilization of information about COVID-19 pandemic contribute in mitigating community transmission of the disease?
6. What are the barriers and challenges to utilization of received and shared information for mitigating community transmission of COVID-19 in the State?
7. What are the other information-related possible strategies for mitigating community transmission of COVID-19 in Abia State, Nigeria?

Review of Related Literature

History of COVID-19 Pandemic

The COVID-19 pandemic, also known as the coronavirus pandemic is a coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome 2 (SAR-CoV-2). There are several theories about where and when the very first case originated. According to an unpublished report from the Chinese government, the first case of the novel Coronavirus can be traced to 17 November 2019; from a 55-year old citizen in the Hubei province of china (Ma, 2020). From official Chinese sources, the early cases of the virus were mostly linked to the Huanan Seafood Wholesale Market, which also sold live animals (Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 2020). Officially, however, the outbreak was first identified in Wuhan, China, in December 2019 (WHO, 2020). WHO-China Joint Mission (2020) reports that in early and mid-January 2020, the virus spread to other Chinese provinces, especially Wuhan, helped by the Chinese New Year Migration and Wuhan being a transport hub and major rail interchange.

The World Health Organization, however, declared the outbreak as a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on 11 March 2020 (The Globe & Mail Inc., 2020). On 31 January, Italy had its first confirmed cases. As of 13 March 2020, the WHO considered Europe the active centre of the pandemic. On 19 March 2020, Italy overtook China as the country with the most reported deaths. By March 26, the United States had overtaken China and Italy with

the highest number of confirmed cases in the World (McNeil, 2020). Research on corona Virus genomes indicates that the majority of COVID-19 cases in New York came from European travelers, rather than directly from China or any other Asian country (New York Times, April 8, 2020). Retesting of prior samples found a person in France who had the virus on 27 December 2019 and a person in the United States who died from the disease on 6 February 2020 (Irish, 2020; Deslands *et al*, 2020).

On 29 June, WHO warned that the spread of the virus was still accelerating as countries reopen their economies, although many countries had made progress in slowing down the spread (Kim, Will and Jasmine, 2020). As of 29 July 2020, more than 16.7 million cases had been reported worldwide; more than 660, 000 people had died and more than 9.76 million had recovered from the sickness (Johns Hopkins University (JHU), 2020).

History of COVID-19 in Nigeria and Abia State

The first confirmed case of COVID-19 disease in Nigeria was announced on February 27, 2020, when an Italian citizen in Lagos tested positive for the virus. On March 9, a second case of the virus was reported in Ewekoro, Ogun State, a Nigerian who had contact with the Italian (Wikipedia Project Nigeria, 2020). Nigeria confirmed her third case in Lagos State on March 17, a 30-year-old Nigerian female citizen that returned from the United Kingdom (Olatunji, 2020). On March 30, there were twenty new cases: thirteen in Lagos State, four in the FCT, two in Kaduna

State and one in Oyo State. Five persons were discharged with one death, while the suspected cases Nigeria was tracing rose to 6,000 (Ojerinde, 2020).

The spread of the virus across states of the federation has remained on the increase, and the National Centre for Disease Control (NCDC) takes daily statistics of new confirmed cases, active cases, recoveries and deaths. On 30th April, Nigeria recorded two hundred and four new cases across 17 states of the federation and the Federal Capital Territory (FCT). On the last day of May 2020, Nigeria had a total confirmed cases of 10, 162 with three hundred and seven new cases across the states: one hundred and eighty-eight in Lagos State, forty-four in FCT, nineteen in Ogun State, fourteen in Kaduna State, twelve in Oyo State, nine in Bayelsa State, five in Gombe State, three in Kano State, three in Delta State, two in Imo State, two in Rivers State, two in Niger State, two in Bauchi State, one in Plateau State, and one in Kwara State (Oyeleke, 2020). At the end of June 2020, Nigeria had a total of 25, 694 cases with five hundred and sixty-one new cases (Royal, 2020). On July 31, the toll had increased to 25, 694 with seven hundred and ninety new cases across eighteen states of the federation (Royal, 2020). As at July 31, 2020, Nigeria had 279, 675 samples tested, 42689 confirmed cases, 22, 541 active cases. A total of 19, 270 patients were discharged, while 878 deaths were recorded (NCDC, 2020).

In Abia State, there was no record of COVID-19 until April 20, 2020, when two septuagenarians tested positive for the

disease. From this date, like in other states of the federation, record of confirmed cases has steadily been on the increase as more tests are conducted. As at April 2, 2020, Abia State had only two cases out of the 38 new cases recorded in Nigeria. In May, the toll rose to five. There was a further rise in June. As at July 31, 2020, Abia State had a total of five hundred and forty-five confirmed cases; one hundred and fourteen were active cases, four hundred and 26 patients recovered after treatment, while five deaths were recorded (NCDC, 2020).

Transmission Modes, Symptoms and Treatment of the Virus

There are many views on the spread/transmission mode, symptoms and treatment of the virus. A report in *The Lancet* on 24 January indicates human transmission and strongly recommended personal protective equipment for health workers, and testing for the virus due to its pandemic potential. According to WHO (2020), the virus is primarily spread between people during close contacts, most often via small droplets produced by coughing, sneezing, and talking. CDC (2020) reports that less commonly, people may become infected by touching a contaminated surface and then touch their face and it is most contagious during the first three days after the onset of the symptoms, although the spread is possible before symptoms appear, and from people who do not show symptoms. According to current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes. In an analysis of 75, 465 COVID-19

cases in China, airborne transmission was not reported (Johns Hopkins University, 2020).

However, recent evidences have shown that airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed (Liu, Liao & Qian, 2020). Zhang et al (2020) note that there are reports from settings where symptomatic COVID-19 patients have been admitted and in which no COVID-19 RNA was detected in air samples. According to Ong (2020), WHO is aware of other studies which have evaluated the presence of COVID-19 RNA in air samples, but which are not yet published in peer-reviewed journals. While the argument continues, further studies are needed to determine whether it is possible to detect COVID-19 virus in air samples from patients' rooms where no procedures or support treatments that generate aerosols are ongoing i.e. whether the virus is airborne (Zhang et al, 2020).

Common symptoms of the virus according to Velavan & Meryer (2020) and Hopkins (2020) include fever, cough, fatigue, and shortness of breath and loss of sense of smell. Complications may include pneumonia and acute respiratory distress syndrome. Less common symptoms include aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, a rash on the skin, or discolouration of fingers or toes. Serious symptoms include difficulty in breathing or shortness of breath, chest pain or pressure and loss of speech or movement (WHO, 2020). Other common symptoms have been

reported, such as rash, nausea, vomiting and diarrhea. Children have similar symptoms to adults and generally have mild illness. Older people have a higher risk of serious illness from COVID-19, and the risk increases with age. People who have existing chronic medical conditions also may have a high risk of serious illness (Mayo Clinic, 2020).

Presently, there are no specific known vaccines for or medicines for COVID-19. However, primary symptomatic and supportive therapy recommended preventive measures such as hand washing, covering one's mouth when coughing, maintaining distance from other people, wearing a face mask in public setting, and monitoring and self-isolation for people who suspect they are infected (WHO, 2020). Others include disinfecting surfaces, increasing ventilation and air filtration indoors (CDC Staff, 2020). According to Healthline (2020), treatment focuses on managing symptoms as the virus runs its course. Patients who have contacted the virus are advised to seek medical help from doctors who will recommend treatment for any symptoms or complications that develop (WHO, 2020). Meanwhile, the antiviral drug remdesivir gained emergency use authorization (EUA) from the FDA on May 1, 2020, based on preliminary data showing a faster time to recovery of hospitalized patients with severe disease (FDA, 2020). Numerous other antiviral agents, immunotherapies, and vaccines are still being investigated and developed as potential therapies (Biegel *et al*, 2020).

There is still a raging argument on the use of azithromycin and hydroxychloroquine in

the treatment of the virus. French researchers made opposing conclusions regarding viral clearance and clinical benefits with the regimen of hydroxychloroquine plus azithromycin (Gautret, Lagier, Parola, Hoang, Meddeb & Mailhe, 2020). A small prospective study found no evidence of a strong antiviral activity or clinical benefit from the use of hydroxychloroquine plus azithromycin (Medscape, 2020). In Nigeria, the Health Minister, Dr Osagie Ehanire has announced the clinical trials of the drug - dexamethasone to aid in the treatment of COVID-19 patients.

Responses by Nigeria and Abia State in Treatment and Curbing the Spread

The pandemic has caused global social and economic disruption, including the largest global recession since the Great Depression (IMF, 2020). A total of 188 countries and territories have had at least one case of COVID-19 so far. Consequently, authorities worldwide have responded by implementing travel restrictions, lockdowns, workplace hazard controls, and facility closures (Johns Hopkins University, 2020). By 26 March, at least 1.7 billion people worldwide were under some form of lockdown, which increased to 3.9 billion people by the first week of April, more than half of the world's population. Many places have also worked to increase testing capacity and trace contacts of infected persons (Jones & Kassam, 2020).

In Nigeria, the National response is led by the Presidential Task Force (PTF) led by SGF, Boss Mustapha along with a national coordinator and relevant ministries, chief

among them, Health, Foreign Affairs and Education ministries. At the heart of the response is the Nigeria Centre for Disease Control (NCDC). On March 9, 2020, the President, Muhammad Buhari established the Presidential Taskforce (PTF) for the control of the virus in the country. As part of the national response against the spread of the virus, on 18 March, the Management of the National Youth Service Corps (NYSC) suspended the 2020 Batch A Stream One 21 days orientation exercise indefinitely. Still the same day, Nigeria placed a travel ban on 13 countries with high cases of the virus (Wikipedia Project Nigeria Note 186, 2020). Other responses include suspension of all passenger services by the Nigerian Railway Corporation; closing of all courts by the Chief Justice of Nigeria, Tanko Mohammed; closure of all land borders and the suspension of the Federal Executive Council (FEC) meeting indefinitely. The Independent National Electoral Commission (INEC) also announced the suspension of all their activities for fourteen days, while the Nigerian Senate adjourned plenary to April 7 and the Nigerian House of Representatives adjourned indefinitely.

From 27 March, the federal government announced the closure of tertiary institutions; secondary and primary schools and on March 28 ordered the immediate closure of international airports and land borders in the country for 4 weeks (Wikipedia Project Nigeria Note 254, 2020). On June 29, the federal government lifted the ban placed on interstate travels and announced the re-opening of schools for only graduating students effective, August 4. On July 8, the NCDC announced the establishment of five new molecular

laboratories, which brought the total number of laboratories to 58 across thirty states of the federation. On July 24, the federal government directed civil servants to undergo COVID-19 tests.

Abia State was free of COVID-19 pandemic until April 20, 2020, when two septuagenarians tested positive for the disease. As at the above date, Abia State had no testing centre, but the spokesperson of the COVID-19 Committee, Chief John Okiyi Kalu said over 60 tests had been done by the State. Before the index cases in the State, the State had rolled out measures to contain the spread such as banning of burial and wedding ceremonies of more than 30 guests, banning of religious activities of more than 50 persons for 30 days. It also announced a four weeks closure of the State borders and markets from April 1, directing residents to stay at home to observe a total lockdown. A dusk to dawn curfew was imposed on the State, effective from April 27. Today, the State has 3 Isolation Centres, wearing of face mask in public places has been made compulsory and three mobile courts inaugurated to try and sanction defaulters (Ugwu, 2020).

Research Methods

The study adopted a survey research design. Seven research objectives and questions

were formulated to guide the study. The population of the study comprised adult citizens of Abia State who can volunteer information on COVID-19. Purposive sampling technique was used to determine a sample size of 420 persons drawn from church groups, community-based socio-cultural organizations and community development unions from six local government areas across the three senatorial zones that make up the state namely, Aba South, Osisioma Ngwa, Umuahia South, Ikwuano, Ohafia and Isuikwuato. Accordingly, 420 questionnaire were administered on the respondents. Out of the 420 copies of the questionnaire administered, the researchers got response from 375 (89%) respondents and were found useful for the analysis. Data collected in line with the research questions were collated and presented in tables 1- 6 respectively. Simple percentage, frequency counts and mean values were used for data analysis, while the research questions formed the basis for data analysis.

Presentation of Results and Discussion of Findings

Research Question One: What is the awareness level of COVID-19 pandemic among people in Abia State?

Table 1: Awareness Level of COVID-19 Pandemic among People in Abia State?

S/N	Awareness Level of COVID19	No. of Respondents	Percentage
1	Very highly aware	191	51
2	Highly aware	82	22
3	Lowly aware	74	20
4	Not aware	28	7
	Total	375	100

Table 1 indicates that 191 respondents (51%) were very highly aware of the outbreak of the disease, 82 respondents (22%) were highly aware, 74 (20%) were lowly aware, while 28 respondents (7%) were not aware within the period of the study. The above data indicate that many people in Abia State were aware of the outbreak of the virus. However, attitudes exhibited by respondents suggests that even

though many people are aware of the outbreak of the pandemic, they either do not believe in the potency of the virus or see it as highly politicized by the authorities.

Research Question Two: What are the types of information received and shared for mitigating community transmission of COVID-19 pandemic in Abia State?

Table 2: Types of Information Received and Shared for Mitigating Community Transmission of COVID-19 in Abia State

S/N	Types of Information	SA	A	D	SD	Mean	Decision
1	Means of transmission/spread	250	48	40	37	3.4	S
2	Symptoms of the disease	255	51	42	27	3.4	S
3	Preventive strategies	257	96	20	2	3.6	S
4	COVID-19 health protocols	258	95	14	8	3.6	S
5	Cure and treatment of the disease	254	102	10	9	3.6	S
6	Statistics of infections, recovery and deaths	248	125	1	1	3.7	S
	Significant mean = 3.0						

Table 2 indicates the types of information received and shared for mitigating community transmission of COVID-19 in Abia State. From the analysis, all the six types of information received and shared for mitigating community transmission of COVID-19 were significant because their mean scores were above the significant mean of 3.0. They are means of transmission/spread ($\bar{x} = 3.4$), symptoms of the disease ($\bar{x} = 3.4$), preventive strategies ($\bar{x} = 3.6$), cure and treatment of the disease ($\bar{x} = 3.6$) and statistics of infections, recoveries

and deaths ($\bar{x} = 3.7$). The finding of the study is in line with Clamp (2020) who observed

S/N	Sources of Information	SA	A	D	SD	Mean	Decision
1	Government health workers	290	125	35	15	3.4	NS
2	Internet search	250	110	10	5	3.6	S
3	Such as radio	258	108	10	9	3.5	S
4	NCDC/PTF/COVID-19 committees (? = 3.4), internet search (? = 3.6), social media (? = 3.6), NCDC/PTF/COVID-19 committees (? = 3.6), print media (? = 3.6), church (? = 3.6), friends and relations (? = 3.5), and television and radio (? = 3.5). The finding of the study is in line with the finding of Oapengba <i>et al.</i> (2020) that the traditional media (radio/television) were the most common sources of health information about COVID-19.	231	120	20	11	3.5	S
8	Television/radio	257	96	20	2	3.6	S
Research Question Four: What is the extent of utilization of the received and shared information for mitigating community transmission of the pandemic?							
Table 4: Extent of Utilization of Received and Shared Information for the Mitigation of Community Transmission of COVID-19 in Abia State							
Key: VHE- Very high extent, HE-High extent, LE-Low extent, VLE-Very low extent							
Table 4 shows the extent of utilization of various types of received and shared information among the citizenry in Abia State for the mitigation of community transmission of COVID-19. From the analysis, information on symptoms identification, and transmission/spread mode were utilized to a very high extent and high extent. This is because the weighted averages of the individual items were found to be above the significant mean of 2.64. However, information such as treatment and cure, protection/preventive measures, obeying government safety guidelines/protocols and daily statistics of infections were found to be utilized to a low and very low extent. This is because the weighted averages of the individual items were below the significant mean value of 2.64. The implication is that the various types of information received and shared for mitigating community transmission of COVID-19 were not properly utilized.							
S/N	Extent of Utilization	VHE	HE	LE	VLE	Mean	Decision
1	Symptoms identification	231	110	29	5	3.51	S
2	Treatment and cure	102	83	200	10	1.80	NS
3	Transmission/spread mode	103	79	175	25	2.70	S
4	Preventive measures	106	80	140	55	2.60	NS
5	Obeying government safety guidelines/protocols	90	50	205	30	2.60	NS
6	Daily statistics of infections	95	31	200	20	2.60	NS
Research Question Five: In which ways does the sharing and utilization of information about COVID-19 pandemic contribute in mitigating community transmission of the disease?							
Table 5: Ways in Which Sharing and Utilization about COVID-19 Pandemic							

information for mitigating community transmission of the pandemic?

Table 4: Extent of Utilization of Received and Shared Information for the Mitigation of Community Transmission of COVID-19 in Abia State

Key: VHE- Very high extent, HE-High extent, LE-Low extent, VLE-Very low extent

Table 4 shows the extent of utilization of various types of received and shared information among the citizenry in Abia State for the mitigation of community transmission of COVID-19.

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Research Question Five: In which ways does the sharing and utilization of information about COVID-19 pandemic contribute in mitigating community transmission of the disease?

Table 5: Ways in Which Sharing and Utilization about COVID-19 Pandemic

Contribute in Mitigating Community Transmission of COVID-19 in Abia State

Table 5 shows how sharing and utilization of information about COVID-19 contribute in mitigating community transmission of COVID-19 in Abia State. From the analysis, all the six ways in which sharing and utilization of information contribute to mitigating community transmission of COVID-19 were significant because their mean scores were above the significant mean of 3.0. They are adoption of behaviours that prevent transmission/spread (? = 3.4), maintain healthy environment (? = 3.4), awareness of COVID-19 facilities within the community

(? = 3.6), access to information and data about the virus (? = 3.6), cure and treatment of the disease (? = 3.6), and appropriate responses against infection (? = 3.7). The finding of the study is in line with Clamp (2020) who observed that misinformation about the virus has circulated through social media and the mass media but identified information access about the virus as one of the various ways in which sharing and utilization of information contribute in reducing the spread of the virus.

Research Question Six: What are the barriers/challenges to utilization of received and shared information for community transmission of COVID-19 pandemic in Abia State?

SN	Items	SA	A	D	SD	Mean	Decision
1	Adopt behaviours that prevent transmission/spread	250	48	40	37	3.4	S
2	Maintain healthy environment	255	51	42	27	3.4	S
3	Awareness of COVID-19 facilities within the community	257	96	20	2	3.6	S
4	Access to information and data about the virus	258	95	14	8	3.6	S
5	Cure and treatment of the disease	254	107	10	9	3.6	S
6	Appropriate responses against infection	248	125	1	1	3.7	S
	Significant mean = 3.0						

Table 6: Barriers/challenges to Utilization of Received and Shared Information for the Mitigation of Community Transmission of COVID-19 in Abia State

of received and shared information for the mitigation of community transmission of

Table 6 shows the barriers to the utilization

Abia State were accepted by the respondents because all the identified strategies had positive means. They are: promoting behaviours that prevent spread of the virus (? = 3.60), maintaining healthy environment (? = 3.70), adherence to safety protocols (? = 3.60), education and sensitization of citizens (? = 3.60), pursue

of virtual events and limitation of group sizes (? = 3.60), and isolation of people diagnosed of the sickness (? = 3.60).

Conclusion and Recommendations

The study investigated the mitigation of community transmission of COVID -19 in

Abia State and the place of information sharing and utilization. The study made the following findings:

S/N	Barriers/Challenges	\$N	\$A	\$D	\$D	Mean	Decision
1.	Unreliable information in Abia State received and shared different types of information, namely means of transmission/spread, symptoms of the disease, preventive strategies, COVID-19 health protocols, cure and treatment of the disease and statistics of daily infections, recoveries and deaths.	258	95	14	8	3.6	S
2.	Unverified information	250	102	12	4	3.6	S
3.	Too many sources of information	242	98	12	4	3.6	S
4.	Unbelief on the existence of COVID-19	258	95	14	8	3.6	S
5.	Sources of information received and shared included Internet search, social media, NGCDC/PTE/COVID-19 committee, print media, church, friends and relations, and the traditional media (radio/television).	260	93	13	9	3.6	S
4.	Pressure on means of livelihood	260	93	13	9	3.6	S
4.	Most of the people in Abia State utilized received and shared information to a low						

extent and very low extent.

recommends as follows:

- Some of the barriers/challenges to the utilization of received and shared information included unreliable information, unverified information, too many sources of information, unbelief on the existence of the virus, and pressure from means of livelihood.

The study, therefore, concludes that received and shared information for the mitigation of COVID-19 in Abia State was not properly utilized. The study, therefore,

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CDC Staff (2020). COVID-19 employer information for office buildings: Develop hazard controls using the hierarchy of controls to reduce transmission among workers. Retrieved July 9, 2020 from <https://www.cdc.org>

S/N	Possible Mitigation Strategies	SA	A	D	SD	Mean	Decision
1	Centres for Disease Control and Prevention (CDC) (2020). How COVID-19 spreads. Retrieved April 3, 2020 from https://web.archive.org/web/20200403001235	960	360	30	10	3.6	S
2	Clamp, R. (2020). Coronavirus and the Black Death: Spread of misinformation and xenophobia shows we haven't learnt from our past. <i>The Conversation</i> . Retrieved from https://theconversation.com/coronavirus-and-the-black-death .	248	123	1	1	3.7	S
3	Adhere to safety protocols	250	101	18	6	3.6	S
4	Education and sensitization of citizens	54	102	10	9	3.6	S
5	Deslands, A., Berti, V., Jandjaoui-Lambotte, Y., Alloui, C., Carbonelle, E., Zahar, J. R., Brichler, S., & Cohen, Y. (2020). SARS-CoV-2 was already spreading in France in late December 2019: Pursue virtual events and limit group sizes. <i>International Journal of Antimicrobial Agents</i> , 55(6):106006. Retrieved from https://www.doi:10.1016/j.ijantimicag.2020.106006	251	98	21	5	3.6	S
6	DownToEarth (2020). COVID-19: What exactly is community transmission that India is so worried about. Retrieved July 15, 2020 from www.downtoearth.org.in/	241	127	6	1	3.6	S
Significant mean = 3.62							

FCD (2020).Coronavirus (COVID-19) update:

FDA issues emergency use authorization for potential COVID-19 treatment. Retrieved from <https://www.fda.gov/news-events/press-announcements/>

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