NATIONAL OPEN UNIVERSITY OF NIGERIA
INTERNATIONAL JOURNAL OF MIGRATION AND GLOBAL STUDIES- [IJMGS]

PUBLISHED BY
CENTRE OF EXCELLENCE IN MIGRATION AND GLOBAL STUDIES

VOLUME 1, NUMBER 2, August 2021
ISSN: 2782-7534

Editorial Board

Editorial Brief

We have in the second volume of IJMGS articles that were peer reviewed by scholars in the field. All, but one, were presented at various times on virtual weekly webinar organized by the Centre. They were then revised and independently reviewed as part of intellectual rigour the Journal editorial is noted for. The coverage is multidisciplinary in contents, and trans-global in analyses. The current world discourse is predicated on three main issues: health and development in the midst of ravaging COVID-19 pandemic; climate change; and food security. The commonality with the three challenges, and scholar's interrogation, is the phenomenal transdisciplinary Migration and its global context. The articles in this volume are rich in contents, informative in analyses; and refreshing in evidence. They are useful in all parameters and will add value to finding solutions to some of the issues raised on all topics.

Hakeem I. Tijani
Editor

Mandatory Quarantine: Risks, Challenges and Experiences of Nigerians Evacuated from The United States

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Abstract:

Studies have shown that Covid-19 belongs to the class or category of novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and that it is a group of hazardous and very infectious viruses and a contagious virus that tends to induce respiratory symptoms and elevated liver enzymes. These symptoms are moderated by other variables, including genetic, race, ethnicity, and socioeconomic. A significant moderator is the inability of any country to control the spread of this virus. In this study, we surveyed Nigerians' experiences, who have been quarantined by the Nigerian government upon their return from the USA. Primary method of obtaining information through online questionnaire was adopted to elicit information from the respondents during "lockdown". The number of participants was 10. Participants were of different ethnic, socioeconomic, and educational status. The results showed that most of the respondents indicated that the government and the institution's efforts were fairly adequate. The study recommended better institutional support for persons

undergoing quarantine and provision of sound healthcare facility for persons infected with COVID-19 disease in Nigeria.

Comment [b1]: Keywords are not indicated

Introduction

Covid-19, which belongs to the class of novel coronavirus severe acute respiratory syndrome Coronavirus (SARS-CoV-2) has had and continues to have a severe negative impact on many people's lives globally. The infection rate is very different from country to country, and within a nation, the percentage differs state by state. This shows that the virus has no limit to who to infect or not. Thus, the Covid-19 virus has no discrimination in terms of those to be infected. Centers for Disease Control (CDC) have shown that people of color in the United States are more vulnerable to be infected by this virus than their white counterparts. However, besides race as a moderator, this virus appears to run across people of different races, ethnicities, socioeconomic, and immigration political affiliation. It is also important to note that some countries have managed this virus effectively and, thus, reduced its spread in a more meaningful way. In other countries, the spread has been high either due to lack of scientific progress, lack of understanding of science, or denial of scientific results. However, according to scientists, results have shown that severe pneumonia symptoms are caused by SARS-CoV-2 infection.

Regarding contact transmission, studies have shown that vulnerable persons can be infected with the virus when they contact virus-containing body fluids from humans or animals. Such body fluids include sputum, saliva, and facial transmissions. Also, a vulnerable person can be infected with the virus when they encounter body-fluid contaminated vessels or items. Thus, indirect contact is a possible means of transmitting this virus (Zhou, Fu,

Zheng, Wang, Zhao, and Qi, 2020). An infection can also happen through other transmission routes such as Aerosol transmission, Mother-to-child transmission, facial-oral, and urinary transmission. Recently in the USA, the CDC affirmed that the respiratory droplet could hang up in the air for a short period. Thus, making the transmission possible (CDC, 2020).

Emerging infectious diseases (EIDs) like COVID-19 are diseases that have appeared recently or that have recently increased in frequency, geographical distribution or both (Metcalf and Lessler, 2017). Since the end of the 20th century, there has been a constant stream of newly identified pathogens and an increasing occurrence of pandemic threats to global health (Fauci and Morens 2012). These infections are due to new agents (HIV-1, Severe Acute Respiratory Syndrome CoronaVirus-SARS-CoV- (2003), avian influenza virus H5N1 (2005), among others. In France, there are more than 20 million travellers every year, 4.5 million of which are destined for areas at high risk for health (Delisle, Rousseau, Broche, Leparc-Goffart, L'Ambert and Cochet, 2015). There are several modes of travel: tourist, business or visiting friends and relatives. Trips can be very short or extended in time. We have seen (re-)emergence of diseases imported by travellers in Europe, such as chikungunya and dengue in France and Italy (Marchand, Prat, Jeannin, Lafont, Bergmann, Flusin, 2013), and malaria in Greece (Tseroni, Baka, Kapizioni, Snounou, Tsiodras, Charvalakou, 2015).

In order to contain the spread of COVID-19, many countries of the world including the USA and Nigeria adopted "lockdown" and "stay at home" measures. In the Netherland, there were restrictions in tiers. Tier one restrictions include 10pm public curfew while tier two refers to an area being on 'high' alert, for example, Nottinghamshire with a ban on households mixing

indoors, but public and restaurants still remained open for business. According to Jonathan Gribbin, Director of Public Health for Nottinghamshire County Council:

> Positive Covid-19 cases are increasing across the entire county in some areas the increase is steep. To slow the spread and prevent the need for stricter measures, we must only mix indoors within our own household (or support bubble) and we all have to observe the rules on hands, face, and space. . . If you get symptoms you need to isolate and take a test . . . Key to this is making sure you stay two metres apart, wear masks where applicable and wash hands regularly. Hands, face, space. It could not be any clearer . . . to prevent the vulnerable becoming ill, and stop the numbers of hospital admissions rising" (Gedlingeye.co.uk, 2020)

In Nigeria, in a move to combat the pandemic disease, on Monday March 30, 2020 President Muhammadu Buhari directed the cessation of all movements in Lagos and Federal Capital territory Abuja for an initial period of 14 days which was later extended to all the thirty-six states of the federation (Nairametrics.com, 2020). One of the effects of the lockdown was that some sojourners became stranded in their countries of sojourn. Thus, some Nigerians visiting the United States of America were stranded and could not return to Nigeria as scheduled on their flight tickets. To ease the effect of lockdown, the Nigerian government arranged for the evacuation of some Nigerians from the USA to Nigeria, however, such evacuees were to observe mandatory quarantine regulations for 14 days upon arriving Nigeria. Therefore, this paper investigated the risks, challenges and experiences of some Nigerians evacuated from the United States.

Conceptual Clarification

Mandatory Quarantine

Quarantine is a condition, period of time, or place in which a person, animal, plant, vehicle, or amount of material suspected of carrying an infectious agent is kept in confinement or isolated in an effort to prevent disease from spreading. Usually, it is the period of 40 days, during which an arriving vessel suspected of carrying contagious disease is detained in port in strict isolation. Thus, it means any isolation or restriction on travel or passage imposed to keep contagious diseases, from spreading (Merriam-Webster Dictionary, 2020). Quarantine is also a system of measures maintained by governmental authority for preventing the spread of disease. British dictionary explained that it is a period of isolation or detention, especially of persons or animals arriving from abroad, to prevent the spread of disease, usually consisting of the maximum known incubation period of the suspected disease. Mandatory is the result of a *mandate* or order, which usually comes in the form of a law, rule, or regulation (Merriam-Webster Dictionary, 2020). Therefore, based on the above definitions, we can describe mandatory quarantine as the government order or regulation of a period of 14 days isolation of persons arriving from abroad during the lockdown, to prevent the spread of COVID-19 pandemic disease, during the known incubation period of the virus.

COVID-19

Scientists have identified that COVID-19 virus emerged first in Wuhan City, Hubei Province, China, in December 2019. On February 11, 2019, the World Health Organization (WHO) formally identified the virus caused by SARS-CoV-2 as coronavirus disease 2019 (COVID-19). WHO scientists list some of the clinical symptoms of COVID-19 to include fever, dry cough, fatigue, and sometimes pulmonary symptoms. According to epidemiologists, SARS-CoV-2 is very contagious. Other studies have also shown that most individuals in the global population are both susceptible and vulnerable to being infected and that this disease emerged first from wild animals and transmitted to humans- 'Zoonotic' (Rothe, Schunk, Sothmann, Bretzel, Froeschl, Wallrauch, Hoelscher, 2020); Xu, Shi, Wang, Zhang, Huang, Zhang, Liu, Zhao, Liu, Zhu, Tai, Bai, Gao, Song, Xia, Dong, Zhao, Wang, 2020).

Statement of the Problem

Although, the general global community appears to be at risk in terms of the vulnerability of a population, however, the level of risk varies. For instance, in the USA, studies have shown that people of color appear to be at higher risk of being infected than the white population (CDC, 2020). Other studies have identified chronological age as a moderating factor in terms of susceptibility. Thus, individuals over 50 years of age account for 53.6% vulnerability, and individuals ten years or old account for 0.9% vulnerability. In terms of gender, males appear to account for 51.4% (Special Expert Group for Control of the Epidemic of Novel Coronavirus Pneumonia of the Chinese Preventive Medicine Association, 2020). Other studies also identified that co-morbidity patients appear to be at high risk of infection. These underlying co-

morbidities include the following: cancer, pre-existing respiratory condition, hypertension, diabetes, obesity, and cardiovascular disease. Patients with these co-morbidities also are at higher risk of developing complications resulting from their infections (Guan, Ni, Hu, Liang,, Ou, He, Liu, 2020).

Vignier and Bouchaud (2018) reported that in their study conducted with a number of 347 doctors in France (infectious diseases and general practitioners), they were asked if first-time migrant people represent a vector of infectious diseases different from the majority population: 8% answered no, 13% yes but weakly, 44% yes but moderately, 27% yes significantly and 9% did not know. The introduction of EIDs into human populations seems to be more often a consequence of economic development that brings zoonotic reservoirs in closer proximity to people. Indeed, most pandemic threats are caused by viruses from either zoonotic sources or vector-borne sources (Graham and Sullivan, 2018).

Criteria for Assessing the Severity of COVID-19

The symptomology of COVID-19 has been studied extensively, although a lot is yet unknown. Several studies have divided its symptoms based on mild, moderate, and severe presences of the symptoms at different stages of the progression. Among symptomatic and asymptomatic patients, the transmission is possible from person to person. (CDC, 2020). Other studies have presented lists of the most common symptoms of patients who have been diagnosed with COVID-19, as shown from this table below.

Severity	**Criteria**
Mild	Minimal symptoms without pulmonary involvement in chest imaging studies
Moderate	Fever and/or respiratory symptoms; multiple limited patchy shadows and interstitial changes in chest imaging
Severe	Dyspnea with a respiratory rate of >30 breaths per minute; resting oxygen saturation below 95% or arterial blood oxygen partial pressure/oxygen concentration ≤300 mmHg (1 mmHg=0.133 kPa); multi-lobular disease or lesion progression of >50% within 48 h; sequential organ failure assessment (SOFA) of ≥2 points; pneumothorax and/or other clinical conditions requiring hospitalization
Critically ill	Respiratory failure requiring mechanical ventilation; septic shock; additional organ failure

Source: Shi et al., 2020.

However, in the USA, the CDC has noted that these symptoms are not rigid but can change their symptomology in an individual and at any different progression stages. The implication is that these symptoms are relatively individualistic in their manifestations and duration. Meanwhile, a lot of countries have been working very hard to reduce the continuous transmission of COVID-19. For instance, EU countries have been able to manage the spread of COVID-19. Thus, the spread has been under control and in a manageable state. In countries doing well to address the transmission of the virus, most of the management resources are made available by scientists.

> "The most effective technique is to use handheld sanitizer, wash hands, avoid interaction with face and mouth after engaging in contaminated areas. Infected caregivers should use PPE, gloves, eye cover, gowns, and face mask (N95 or FFP3) to avoid the spread of the pathogen" (Amawi, Deiab, Aljabali, Dua & Tambuwala, 2020).

However, in some countries, there has been a high COVID-19 infection and death, such as the USA. Thus, most travellers returning to their country of birth have faced restrictions on the self and mandated isolation including Nigerians who have travelled to the USA.

Institutional Quarantine in Nigeria

In response to the outbreak of COVID-19, the Nigeria government has recommended mandatory quarantine for all returnees to Nigeria. Consequently, the mandatory institutional quarantine is to be administered by the National Centre for Disease Control (NCDC) to regulate or control the

spread of COVID-19 diseases. Thus, NCDC has described mandatory/institutional quarantine as a restriction of persons' activities when they are not ill with COVID-19 for the purpose of protecting unexposed members of the communities from contracting the disease. This is important for persons who may have been in close contact with a person with signs and symptoms of COVID-19 or has travelled from one of the areas with high transmission of COVID-19 (NCDC, 2020). This means that the person will stay at a facility identified by the government without mixing with family members or the general public for a mandatory period of **14 days**. However, individuals will be required to interact only with surveillance officers dressed in appropriate Personal Protective Equipment (PPE) who will come routinely for monitoring.

According to the US Department of Health and Human Services (2020), isolation and quarantine are public health practices used to protect the public by preventing exposure to people who have or may have a contagious disease. While **isolation** separates sick people with a contagious disease from people who are not sick, q**uarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. CDC (2020) recommends that all people, whether or not they have had COVID-19, take steps to prevent getting and spreading COVID-19. Wash hands regularly, stay at least 6 feet away from others whenever possible, and wear masks.

Thus, quarantine is used to keep someone *who might have been exposed to COVID-19* away from others and it helps to prevent the spread of the disease that can occur before a person knows they are sick or if they are

infected with the virus without feeling symptoms. People in quarantine are advised to stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department. Institutional quarantine is intended to facilitate early detection of ill health due to COVID-19 and to prevent its spread to loved ones, within the communities, and/or other parts of the country. Thus, by NCDC regulation, all returning travellers to Nigeria and anyone who has been in close contact with a confirmed case of COVID-19 shall be institutionally quarantined for 14 days at their own cost, in a facility identified by the government.

Guidelines for Institutional Quarantine in Nigeria

The federal government has put the responsibility of institutional/mandatory quarantine under the NCDC and state surveillance team daily and the guideline has stated that travellers coming into Nigeria will be institutionally quarantined at their own cost (NCDC, 2020). They shall be quarantined for 14 days in a facility identified by the government; be monitored by NCDC and state surveillance team daily; be provided with a digital thermometer to record and document daily temperature reading; undergo mandatory test on the 14th day before exit of quarantine or at any point a returnee shows symptom; no family members or friends can visit; after completion of the 14 days of quarantine without any symptoms or tested negative for COVID-19, NCDC and the state surveillance team will formally discharge the traveller from quarantine and hand over his/her international passport back to him/her; and a medical certificate of completion of self-quarantine will be issued, if positive to the COVID-19 test with or without symptoms, the traveller will be moved by the case

management team to a treatment site for treatment (NCDC, 2020). These guidelines sometimes appear to be very harsh and challenging for the individual and their families. Thus, this paper intends to identify and explore some of the risks, challenges, and experiences of those who have been quarantined by the Nigerian government upon returning from the USA.

Methodology

The research methodology adopted in this study is qualitative design. Both primary and secondary data were collected and utilized. Key Informant Interview (KII) was employed as the instrument for gathering the data for the study. This instrument was deemed most appropriate to generate qualitative data because it provided the researchers the opportunity to have a direct interaction online with key informants to elicit deeper responses from them, purposively chosen from amongst the Nigerians evacuees from the USA during COVID-19 lockdown. KII questions were administered online to a small group of ten persons being Nigerians stranded in the United States of America during COVID-19 and were evacuated from New York by Ethiopian Airlines on 9th May, 2020 arriving Abuja on 10th May, 2020. Evacuees were lodged at the Royalton Hotel, Gongola Street, Area 2, Abuja from 10th to 24th May, 2020. The KII was divided into five sections being demographic details of respondents, basic knowledge on pandemic, risks factors to COVID-19, impacts of quarantine on travellers, and challenges of institutional agencies managing evacuation of Nigerians abroad under COVID-19 lockdown. The authors obtained online consent from the respondents who willingly responded to the questionnaires online.

Theoretical Framework

This study adopted the Push-Pull theory of migration proposed by Everett Lee in 1966, which was an adaptation of the original theory propounded by E.G. Ravenstein in the 1880s. According to Lee, migration in any area is the net result of the interplay between place of origin, place of destination, intervening obstacles, and personal factors (Faridi, 2018). He cited Lee (1975:191) which postulates that while positive factors attract people from other areas, negative factors tend to repel them and that some factors remain neutral and people are essentially indifferent.

Public health has been importantly influenced by human mobility patterns since time immemorial (Miller, 2010). Morens, Folkers and Fauci (2008) have noted that the relationships between migration and introduced diseases of epidemic proportions are a recurrent story in human history; and that epidemic events and other scourges of mankind have always travelled along the lines of human population mobility. Disease has frequently followed those pulled to new destinations by opportunity, better conditions, or simple inquisitiveness; or pushed from their homes by events, calamity, or chaos (Gushulak and MacPherson, 2010).

It has been found that experiences involving disease and migration have been woven into humankind's social, cultural, and medical history (IOM, 1992). Remotely, epidemics of plague, cholera, leprosy, and syphilis, and more recently, HIV/AIDS, viral hemorrhagic fevers, severe acute respiratory syndrome (SARS), and swine influenza H1N1 have defined policy responses to protecting regional interests in economics, trade, security, and health (IOM, 1992).

Studies have found that there is an intimate relationship between human mobility, the introduction and spread of infectious diseases, and consequential attempts at control and mitigation of adverse health outcomes (Cunha, 2004; Gellert, 1993). To be effective, programs, practices, and policies must reflect the nature and dynamics of current challenges. At different time, religious orders, cities, states, and nations have implemented disease control policies and practices in what would be recognized today as public health interventions triggered by population mobility and disease events. For example, extensive and coordinated attempts were made to mitigate the impact of leprosy in medieval Europe (Miller and Smith-Savage, 2006) where facilities and institutions were constructed to house and deal with those believed to have the disease. Also, in the 14th century Roman Empire, periods of detention sufficient to allow incubating disease to present with clinical illnesses were introduced and the process of quarantine was born to control the outbreaks of plague in close association with the arrival of vessels carrying individuals who were ill or who became ill shortly after arrival (Gushulak and MacPherson, 2010). Similarly, quarantine practices accompanied the Europeans during their subsequent colonization activities and were introduced in the Americas and other regions. While originally focused on specific infections of epidemic potential such as plague, cholera, and yellow fever, quarantine became the cornerstone of organized, coordinated attempts to deal with globalization and disease control.

According to Baldwin (1999), the impacts on commerce associated with the global pandemic of cholera in the nineteenth century precipitated regional responses to regulate the movement of vessels, goods, and individuals in an attempt to reduce imported disease risk. The principles of inspection,

isolation, and denial of admission were applied to new arrivals at quarantine stations and ports of entry (Parascandola, 1998). The health policies and practices of traditional border inspection services were created to prevent the introduction of diseases arriving with immigrant populations. As major immigration nations began to regulate the process through legislation at the end of the nineteenth century, the medical inspection of newly arriving immigrants became required in nations such as the United States and Canada. The requirement for systematic medical inspection to detect both noninfectious and some infectious diseases resulted in the expansion of port-of-entry medical activities (Gushulak and MacPherson, 2010).

The true effectiveness of these activities was influenced by availability of accurate screening processes (Imperato and Imperato, 2008), the failure of inspection to detect those arriving with latent or subclinical illness, the logistical challenges of providing services at multiple ports of entry (Stern and Markel, 1999) and the application of screening based on the status, class of transport (i.e., steerage), or nationality of the arrival (Fairchild, 2004). The general approach to immigration health remains focused on the screening of certain groups for certain diseases, predominantly transmissible infections.

Therefore, with the risk associated with travellers spreading emerging infectious disease, the principles of inspection, isolation, and denial of admission were applied to new arrivals at entry ports as mandatory quarantine for at least fourteen (14) days of incubation (curation) period, before mixing with the family members and the larger society, was introduced as remedy for the spread of the infectious disease – COVID-19, among

Nigerians evacuated from the USA during the lockdown emanating from the pandemic.

Results

Comment [b2]: Insert tables

Demographic Data

Row Labels	Count of Sex
Female	2
Male	8
Grand Total	**10**

From the Table above, majority of the respondents on isolation were males

Row Labels	Count of Age
11-20	1
31-40	2
41-50	1
51-60	4
61-70	2
Grand Total	**10**

The above Table shows that majority of the respondents on isolation were between the ages 51-60yrs followed by 31-40yrs and 61-70yrs respectively.

Row Labels	Count of Nationality
Nigerian	9
USA	1
Grand Total	**10**

The Table above indicates that majority of the respondents on isolation were Nigerians.

Row Labels	Count of Highest Educational Qualification
Degree	2
PhD	3
Undecided	1
WASC (West African School Certificate)	1
Masters	2
Student pilot	1
Grand Total	**10**

The Table shows that majority of the isolated respondents were Ph.D. holders while others were Masters and Degree holders.

Row Labels	Count of Social Status
Civil servant	1
Entrepreneur	1
Farmer	1
Gentleman	1
Lawyer	1
Nil	1
Undecided	1
Pilot	1
NA	1
Philanthropist	1
Grand Total	**10**

The Table indicates that the respondents were of different social status.

Row Labels	Count of Occupational Status
Analyst	1
Architect and contractor	1
Auditor	1

Businessman	1
Civil servant	1
Lecturer	1
Retiree	1
Student	1
Teaching	1
Undecided	1
Grand Total	**10**

The Table indicates that the respondents were of different occupational status

Row Labels	**Count of State of Residence**
Delta State	1
Kano State	1
Kogi State	1
Kwara State	2
Lagos State	3
Plateau State	1
Grand Total	**9**

The Table shows that majority of the respondents reside in Lagos; others were residents of other States in Nigeria.

Row Labels	**Count of Local Government of Residence**
Epe	1
Ikeja	1
Ilorin	1
Ilorin South	1
Jos South	1
Mushin	1
Nassarawa	1

Warri South	1
Yagba West	1
Grand Total	**9**

The Table shows that the residents were from different local governments of their States of residence.

Analyses of Variables

Row Labels	Count of Have you heard of Corona Virus popularly called COVID-19?
Yes	10
Grand Total	**10**

The Table above shows that all the respondents have heard of Corona Virus popularly called COVID-19

Row Labels	Count of 2. Can you explain what you know about COVID-19?
Disease with cold symptoms	1
First case reported in China and has since been spreading all over the world through human contract and contact	1
It is a pandemic that has killed about 300 000 people worldwide.	1
It is a killer disease, although I came to hear of it in February 2020.	1
Lethal	1
RNA virus associated with severe acute respiratory symptoms	1
Started in China and now spreading all over the world through human close contact	1
World cannot explain	1

It is a virus infection that is spread by droplets and affect the respiratory system	1
Undecided	1
Grand Total	**10**

According to the Table above, the respondents have divergent meanings to Corona Virus. It is a disease with cold symptoms as perceived by one of the respondents. To another, it is a pandemic that has killed about 300,000 people worldwide while another respondent said it is a virus infection that is spread by droplets and affect the respiratory system. Another respondent indicated that the world cannot explain it.

Row Labels	**Count of Do you know of anyone that has been infected by COVID-19?**
No	7
Yes	3
Grand Total	**10**

The Table above shows that 7 respondents do not know anyone that has been infected by COVID-19 while 3 of the respondents know someone that has been infected by COVID-19

Row Labels	**Count of Do you think that Travelers are predisposed to COVID-19 infection?**
Maybe	1
No	2
Yes	7
Grand Total	**10**

The Table above indicates that 7 respondents were of the opinion that travellers are predisposed to COVID-19 infection while 2 of the respondents said travellers are not predisposed to COVID-19 infection. On the other hand, one of the respondents was indifferent.

Row Labels	Count of If yes, can you explain the risk factors that could predispose or expose Travelers to COVID-19 pandemic with respect to the following?
Close contact and contraction, and poor hygiene	1
Close contact, touching eyes, nose and eye without washing hands after exposure to infected person or thing	1
Contact with infected person or body fluids from an infected person	1
Droplets from people around infect other people around . It is very contagious	1
People are coming from different places with different levels of exposure and hygiene	1
Reduced social distancing	1
When one is contact with the person that the infection.	1
Grand Total	**7**

Following the responses to Table 13 above, the respondents indicated that close contact and contraction, and poor hygiene, touching eyes, nose and eye without washing hands after exposure to infected person or thing, droplets from people around infect other people. The virus is very contagious, people coming from different places with different levels of exposure and hygiene; and reduced social distancing are risk factors that predispose or expose travellers to COVID-19 pandemic.

Row Labels	Count of Do you live in Nigeria or USA?

ia	9
USA	1
Grand Total	**10**

The Table above shows that 9 respondents live in Nigeria while i other lives in the United States of America

Row Labels	Count of What was your mission in the USA before/during COVID-19 lockdown
Business	1
Business and UN CSW64	1
Conference	1
Doing my training	1
Family Visit	5
To visit my daughter in school	1
Grand Total	**10**

When asked about the respondent's mission in the USA before/during COVID-19 lockdown in the Table above, 5 of the respondents indicated that they were in the USA for family visit while others were there for business, United Nations Conference, training, and visit to daughter's school.

Row Labels	Count of What was your experience in the US during the lockdown/State briefly
Could still move around and get essential things	1
Hectic	1
I was also locked down	1
I was in my house, going out to get essentials only	1
I wasn't in lockdown where	1

I lived in the US	
It is not a good one because all social activities were grounded, and I could not visit the historical and important places of interest.	1
No movement	1
The essential service worker, notably food factory workers kept on working unhindered. Their BRT bus was running fare free	1
The partial restrictions partially affected my ease of movements.	1
Undecided	1
Grand Total	**10**

Highlighting the experience of the respondents in the US during the lockdown in the Table above, one of the respondents stated that there was no movement; another respondent said the partial restrictions partially affected the ease of movement while one other said it was not a good one because all social activities were grounded. However, another respondent said there was no lockdown where he lived.

Row Labels	**Count of How did you know about the Nigerian government notice for evacuation to Nigeria?**
I got the information through a friend back home in Nigeria who was aware that I was stranded in the USA due to the lockdown...	1
Online	1
Social media	1
Television news	2
Through friends and social media	1
Through NIDCOM's link sent by a	1

friend	
Undecided	1
Through a friend	2
Grand Total	**10**

When asked on how the respondents got to know about the Nigerian government's notice of evacuation to Nigeria, from the Table above, one of the respondents said that the information was gotten from a friend back in Nigeria while another got the information through NIDCOM link sent by a friend; another said from social media. Two of the respondents said the information was gotten from friends and television news respectively.

Row Labels	**Count of What procedure was put in place for the evacuation?**
Airlifting	1
Chartered Flight	1
Come to Embassy	1
Fill a form, Pay the fare, Come to Airport	1
Government evacuation plan through NIGERIA Embassy	4
The last minute	1
Undecided	1
Grand Total	**10**

On procedures taken for the evacuation exercise, 4 respondents revealed that it was through Nigerian government evacuation plan through Nigerian Embassy; some revealed that it was through airlifting, chartered flight, visit to the embassy, fill a form and pay the fare.

Row Labels	**Count of What airline**

	was used for the evacuation?
Ethiopian Airlines	9
Undecided	1
Grand Total	**10**

From the Table above, the respondents revealed that Ethiopian Airlines was used for the evacuation process.

Row Labels	Count of Was the evacuation flight free?
No	9
Yes	1
Grand Total	**10**

The Table above shows that the evacuation flight was not free as revealed by the respondents.

Row Labels	Count of If No, how much did you pay for flight ticket?
$1,790	2
$1,902	1
$1,915	1
$2,000	3
3808 for 2 adults	1
Undecided	1
$1905	1
Grand Total	**10**

From the Table above, it was revealed that the respondents paid different fares for the evacuation process ranging from $1,790 - $3,808.

Row Labels	Count of Did you have a return ticket back to Nigeria before the lockdown?

Yes	10
Grand Total	**10**

Prior the lockdown in the US, the respondents revealed that they had a return ticket back to Nigeria.

Row Labels	Count of If yes, did you use the flight ticket to travel back during the evacuation?
No	9
Yes	1
Grand Total	**10**

The Table above shows that the respondents were not able to use their respective return tickets back to Nigeria during the evacuation process in the United States.

Row Labels	Count of If No, was the flight sum refunded or undertaken to be refunded by the Airline?
No	8
Yes	2
Grand Total	**10**

The Table shows that the flight sum were not refunded or undertaken to be refunded by the Airline after the evacuation process.

Row Labels	Count of Is the quarantine hotel in Abuja free of cost?
No	3
Yes	7
Grand Total	**10**

The Table above shows that majority of the respondents revealed that the quarantine hotel in Abuja was free of cost.

Row Labels	Count of If No, how much do you

pay per night?	
N15,000	2
N18,600	1
Grand Total	**3**

The Table above shows that the respondents that paid during the quarantine period at the quarantine hotel in Abuja paid between N15,000 – N18,000 per night,.

Row Labels	Count of How long duration is the lodging under quarantine?
14 days	6
15 days	1
16 days	2
Undecided	1
Grand Total	**10**

The Table above shows that six respondents spent 14 days during the lodging under quarantine; two respondents spent 16 days while one respondents spent 15 days. One of the respondents did not disclose the duration of his/her stay.

Row Labels	Count of Is feeding free during quarantine?
No	3
Yes	7
Grand Total	**10**

From the Table above, it was shown that feeding during the quarantine was free as indicated by seven respondents.

Row Labels	Count of If no, how much is feeding per meal?
N1,200	2
N3,600	1

Grand Total	**3**

For those that paid for the feeding per meal during the quarantine period at the quarantine hotel in Abuja, two respondents indicated that they paid N1,200 while the other paid N3,600 per meal.

Row Labels	Count of Do you think that COVID-19 quarantine have negative impacts on Travelers with respect to
No	2
Yes	8
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to>>>>>>>

Row Labels	Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [The supply of basic needs]
No	3
Yes	7
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to supply of basic needs

Row Labels	Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Social life]
No	2
Yes	8

Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to social life

Row Labels	Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Psychosocial trauma]
No	3
Yes	7
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to psychosocial trauma

Row Labels	Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Lockdown effect on the economic livelihoods of the Travelers.]
No	1
Yes	9
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to lockdown effect on the economic livelihood of the travellers.

Row Labels	Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Health Impact]

No	3
Yes	7
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to health impact.

Row Labels	**Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Food Supplies]**
No	3
Yes	7
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to food supplies.

Row Labels	**Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Accessibility of Travelers under quarantine to supply of necessities]**
No	2
Yes	8
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to accessibility of travellers under quarantine to supply of necessities.

Row Labels	**Count of Do you think that COVID-19 quarantine has negative impacts on Travelers with respect to [Behaviours and attitudes of Travelers towards COVID-19.]**

No	2
Yes	8
Grand Total	**10**

The Table above shows that majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to behaviours and attitude of travellers towards COVID-19.

Row Labels	Count of Can you identify the state and non-state institutions/agencies that are assisting in the evacuation and management of COVID-19 Travelers?
FEVIC /NCDC	1
NCDC	4
No	3
No idea	2
Grand Total	**10**

From the Table above, one of the respondents revealed that it was only FEVIC/NCDC as an institution that assisted in the evacuation and management of COVID-19 travellers. Four of the respondents revealed that NCDC was the only agency that assisted in the evacuation and management of COVID-19 travellers while five other respondents do not know the agencies/institutions involved in the evacuation process.

Row Labels	Count of How would you describe the measures put in place by these institutions toward responding to COVID-19 pandemic Travelers?
Excellent	1
Fair enough by local standards	1
Good	2

It's a good idea. We couldn't have moved	1
Measures improperly coordinated	1
Unsustainable	1
Grand Total	**7**

The Table above shows that the measures put in place by the agencies/institutions toward responding to COVID-19 pandemic for travellers was good as indicated by two respondents. One of the respondents revealed that it was an excellent measure put in place while one other said it was fair enough by local standards. On the other hand, one of the respondents indicated that the measure was improperly coordinated while one other revealed that it was unsustainable.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Lockdown and restriction of movement.]**
Adequate	4
Fairly Adequate	1
No Measure was taken	2
Not adequate	2
Very Adequate	1
Grand Total	**10**

On how adequate were the measures taken by the institutions/agencies i.e. lockdown and restriction of movement, five respondents indicated that the measures were adequate; two indicated that the measures were not adequate while two others indicated that no measure was taken.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Accommodation provision.]**

Adequate	5
Fairly Adequate	1
Not adequate	2
Very Adequate	1
No Measure was taken	1
Grand Total	**10**

For the provision of accommodation as a measure taken by the agencies/institutions, six respondents indicated that the measure was adequate; while two of the respondents revealed that the measure was not adequate.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Setting up of isolation centers for suspected COVID-19 patients who are Travelers]**
Adequate	3
Fairly Adequate	1
No Measure was taken	2
Not adequate	4
Grand Total	**10**

For setting up isolation centres for suspected COVID-19 patients who are travellers as a measure taken by the agencies/institutions, three respondents indicated that the measure was adequate; while two of the respondents revealed that no measure was taken. On the other hand, four respondents revealed that the measure was inadequate.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Provision of hygiene materials such as hand sanitizers, soap, running water etc.]**
Adequate	4
Fairly Adequate	1

No Measure was taken	1
Not adequate	3
Very Adequate	1
Grand Total	**10**

From the Table above, five respondents revealed that the measures taken in the provision of hygiene materials such as hand sanitizers, soaps, and running water amongst others were adequate; one each revealed that the measures taken were fairy adequate, three respondents showed that the car was not in good shape.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Provision of testing kits for COVID-19 suspected cases.]**
Adequate	3
Fairly Adequate	1
No Measure was taken	3
Not adequate	2
Very Adequate	1
Grand Total	**10**

The Table above shows that 4 respondents were of the opinion that measures taken in the provision of testing kits for COVID-19 suspected cases were adequate; three respondents revealed that provision of testing kits for COVID-19 suspected cases were inadequate; while two others were of the opinion that the measures were not adequate.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Awareness and sensitization programmes on prevention of COVID-19 virus.]**
Adequate	3

Fairly Adequate	1
No Measure was taken	2
Not adequate	3
Very Adequate	1
Grand Total	**10**

The Table above shows that 4 respondents were of the opinion that measures taken in awareness and sensitization programmes on prevention of COVID-19 virus was adequate; three respondents revealed that awareness and sensitization programmes on prevention of COVID-19 virus were inadequate; while two others indicated that no measure was taken.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Enforcement of social distancing protocol.]**
Adequate	3
Fairly Adequate	1
No Measure was taken	2
Not adequate	3
Very Adequate	1
Grand Total	**10**

The Table above shows that 4 respondents were of the opinion that measures taken in enforcement of social distancing protocol was adequate; three respondents revealed that enforcement of social distancing protocol was inadequate.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Enforcement of wearing of face masks.]**
Adequate	4
fairly Adequate	1
No Measure was	1

taken	
Not adequate	3
Very Adequate	1
Grand Total	**10**

The Table above shows that 5 respondents were of the opinion that measures taken in enforcement of wearing of face masks was adequate; three respondents revealed that enforcement of wearing of face masks was inadequate; while one respondent was of the opinion that no measure was taken.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Treatment and care of infected Travelers by the CPVID-19.]**
Adequate	3
Fairly Adequate	1
No Measure was taken	2
Not adequate	3
Very Adequate	1
Grand Total	**10**

The Table above shows that 4 respondents were of the opinion that measures taken in treatment and care of infected travelers by the COVID-19 was adequate; three respondents revealed that treatment and care of infected travelers by the COVID-19 was inadequate; while two others indicated that no measure was taken.

Row Labels	**Count of Can you explain how adequate are the following measures taken by these institutions/agencies? [Coordination between Travelers and managing Institutions/Agencies]**
Adequate	3

No Measure was taken	3
Not adequate	3
Very Adequate	1
Grand Total	**10**

The Table above shows that 4 respondents were of the opinion that measures taken in coordination between travelers and managing institutions/agencies was adequate; three respondents revealed that coordination between travelers and managing institutions/agencies was inadequate; while three others indicated that no measure was taken.

Row Labels	**Count of How would you describe the efforts of Government and the institution? do you also think that they are adequate?**
Adequate	2
Fair	2
Good	2
I will say averagely	1
Not adequate	2
Undecided	1
Grand Total	**10**

The Table above shows that 2 of the respondents indicated that the efforts of the government and the institution were adequate; two each indicated that the efforts were fair, good and inadequate respectively.

Row Labels	**Count of Any other useful information:**
Information dissemination upon arrival before disembarking from the aircraft (where they are going, duration of the journey to accommodation reservation area). Finally, I	1

will want to commend the NCDC management for the great work and care, God bless you all. Don't mind my spelling and choices of words used.	
Pls being in quarantine does not make one a felon	1
Sample collection procedures need improvement, results turnaround time poor	1
Synergy between government agencies and the State law enforcement organs	1
The passport needed not to have been seized.	
Everywhere is on lockdown	1
While lockdown is ongoing, government should brief the public on progress on the cure of COVID19	1
Grand Total	**6**

Discussion of Results

Demographic Data of Respondents

Result showed that there were 8 males and 2 females, majority (4) of them aged between 51-60 years old. 9 of them except one were Nigerians and 7 of them had First degree as minimum educational qualification. They were of different social and professional status and majority were from Lagos while others were from other states. This is a reflection of the fact that the respondents were well educated and professionally engaged in various jobs being mainly citizens of Nigeria from different states and they are matured elites.

Basic Knowledge of COVID-19 Pandemic

Result showed that all the respondents have heard of COVID-19 before, they have basic knowledge of the disease. However, they have divergent opinions on the symptoms, the number of persons affected and the death tolls globally.

Risks Factors to COVID-19 Virus

All the respondents indicated to know the risk factors in the spread of the virus. Majority (7) respondents were of the opinion that travellers are predisposed to COVID-19 infection while 2 of the respondents said travellers are not predisposed to COVID-19 infection. On the other hand, one of the respondents was indifferent. Following the responses of the respondents, they have diverse opinion on the causes and spread of COVID-19 through close contact and contraction, poor hygiene, touching eyes and nose without washing hands after exposure to infected person or thing and that droplets from people around can infect other people. Respondents also said it is very contagious, people coming from different places with different levels of

exposure and hygiene; and reduced social distancing are risk factors that predispose or expose travellers to COVID-19 pandemic.

Impacts of Quarantine on Travellers

Results showed that 9 out of 10 respondents live in Nigeria. Only one lives in the USA. Majority of them were in the US for family visits while others went for business, conference, and training. Respondents had different experiences in the US during the lockdown and information of evacuation to Nigeria were mainly received through friends and the media. Majority of them also said evacuation process were through the Embassy and airlifting was by Ethiopian Airline at personal cost of an average of $2,000 per evacuee. The respondents were not able to use their respective return tickets bought prior to COVID-19 back to Nigeria during the evacuation process in the United States. Majority of the respondents said the hotel rate was between N15,000 and N18,600 per night and they spent an average of 15 days in the hotel. Majority's responses showed that feeding in the hotel was free while 3 of the respondents said they paid between N1,200 to N3,600 per meal. These experiences had grave financial cost for the evacuee.

Also, majority of the respondents were of the opinion that COVID-19 quarantine has negative impact on travellers with respect to supplies of basic needs, social life, psycho social trauma, economic livelihood, health, food, supply of necessities, behaviours and attitudes of travellers towards COVID-19. The implication is that participants appeared to have their human needs put on temporary hold upon arriving Nigeria. This is to reflect the fact that we are all operating and living within unusual time. Thus, the psychological, financial, and social impacts cannot be ignored.

Challenges of institutional Quarantine during COVID-19 Lockdown

The majority of the respondents could only identify NCDC as the agency managing the institutional quarantine. There is diverse opinion on suitability, coordination, and sustainability. The majority indicated that the accommodation was adequate. However, participants reported mixed feelings and responses on the adequacy of setting up isolation centers for suspected COVID-19 patients returning to Nigeria from the U.S.A. Such inadequacies include the provision of hygiene, testing kits, sensitization programs on prevention of the COVID-19 virus, enforcement of social distancing, wearing face masks, treatment, and care of COVID-19 patients. Also, there were inadequacies related to coordination between travelers and managing institutions/agencies and the government's efforts.

Implications for Practice and Policy

Over nine months into the detection of COVID-19, the Nigerian government seems to struggle to provide sufficient testing resources to the population and individuals quarantined upon their return from the US. Although, centralized testing sites exist, it is essential to note that these sites have left many people behind in testing. Also, the centralization of testing has left healthcare workers without enough personal protective equipment (PPE). Due to the lack of enough PPE and limited testing availability, many healthcare workers have refused to provide services due to fear and anxiety of not being protected. Therefore, it is incumbent on the Nigerian government to ensure that testing centers are decentralized and provide sufficient testing resources to community health centers. Furthermore, the Nigerian

government should give enough PPEs to healthcare workers who provide medical services to Nigerians quarantined.

The participants' results also appeared to have mixed feelings regarding the provision of a hygienic environment, which is part of preventative techniques during this COVID-19 period. The implication is that the government must provide sufficient clean materials for those quarantined and the population. In other words, the government has the responsibility of giving hygienic materials and providing psychoeducation on hygiene on hand washing, healthy coughing techniques, social distancing, and avoidance of large crowd gathering. Therefore, healthcare *"officials also need to ensure that quarantined households have enough supplies for their basic needs and, importantly, the provision of these basic needs must be as rapidly as possible. Coordination for provision of supplies should ideally occur in advance, with conservation and reallocation plans established to ensure resources do not run out…."* (Brooks, 2020:919). These responsibilities could serve as a preventative approach as well as curative approaches.

Furthermore, quarantine could serve as a preventative technique and strategy. Nonetheless, this is not without some mental health side effects. For instance, "during major infectious disease outbreaks, quarantine can be a necessary preventive measure. However, "a quarantine is often associated with a negative psychological effect. During the period of quarantine, these negative psychological effects are unsurprising. Yet studies have shown that the psychological effects of quarantine are detectable months or years later. Other studies have shown that psychological effects of quarantine are troubling and suggest the need to ensure that effective mitigation measures be available as part of the quarantine planning process"

(Brooks, Webster, Smith, Woodland, Wessely, Greenberg, & Rubin, 2020: 917; Jeong Yim, & Song, 2016; Liu, Kakade, & Fuller, 2012). The implication is that the government is responsible for making policies that will work toward developing mental health sites for individuals under the quarantine period. Doing so will help reduce the short and long-term adverse mental health effects during and after the quarantine period.

It is also crucial that individuals quarantined have access to comprehensive COVID-19 related information with regards to how it spreads, infection rate, physical symptoms of the virus, risk factor and protective factors of the virus, individuals' vulnerability, and many more forms of information. Such information will help to ease the catastrophic fear of many individuals under quarantine. Thus, it implies that the government must provide public health workers with all the necessary educational tools to ensure that individuals quarantined have access to a comprehensive knowledge of the virus. Also, "it is important that public health officials maintain clear lines of communication with people quarantined about what to do if they experience any symptoms. A phone line or online service specifically set up for those in quarantine and staffed by healthcare workers who can provide instructions about what to do in the event of developing illness symptoms, would help reassure people that will be cared for if they become ill" (Brooks et al., 2020:918; Manuell & Cukor, 2011).

Conclusion

The study concluded that COVID-19 pandemic has affected all the nations of the earth, causing health challenges, death tolls, restriction of

movement by lockdown, compulsory compliance with some hygiene tips like washing of hands with soap, application of hand sanitiser, wearing of face masks; and also undergoing mandatory quarantine for travellers. Unfortunately, some people who travelled out of their countries of residence were stranded in their host countries, including some Nigerians visiting and stranded in the US and the logistics of evacuating them back to Nigeria and institutional quarantine for 14 days had huge financial costs on them. Other costs related to social isolation which triggered limited and lack of ability to accomplish their physiological needs, physiological conditions such as food, water, and other basic needs were also experienced.

Recommendations

This study recommends that since travelling from one country to the other cannot be stopped during the COVID-19 pandemic and it has been established that travellers are predisposed to COVID-19 infection in the face of the risk factors in the spread of the virus, it is therefore suggested that all healthcare precautions like sound COVID-19 medical test, prevention protocols of wearing of face masks, social distance, avoiding crowded areas, and good health etiquette of washing of hands among others should be institutionalised as compulsory for all travellers without compromise at any level.

To alleviate the challenges occasioned by quarantine, the government can subsidize accommodation or negotiate fair price with designated hotel owners, to make hotel bills affordable to people undergoing quarantine; and should also ensure that good food with balanced diet are provided for travellers on quarantine in order to maintain good health status. Household

necessities like toiletries, little provisions, basic medicals are also provided for each in their hotel rooms since movement and interactions are completely restricted for them during quarantine.

Moreover, the lockdown situation that led to the evacuation of respondents was sudden and unplanned and the arrangement for airlifting was to salvage unnecessary long stay in their host country (USA), through a designated airline (Ethiopian Airline), which necessitated purchase of new flight ticket, being additional cost. It is suggested that travellers should be allowed to use their original return flight ticket at a later date with their respective airline operators instead of forfeiting it.

Above all, the Nigerian government should ensure that testing centers are decentralized and provide sufficient testing resources to community health centers and also give enough PPEs to healthcare workers who provide medical services to Nigerians who are quarantined.

In addition, the government must provide sufficient clean materials for those quarantined and the population, give hygienic materials and provide psychoeducation on hygiene such as, hand wishing, healthy coughing techniques, social distancing, and avoidance of large crowd gathering. This will address the participants' mixed feelings regarding the provision of a hygienic environment, which is part of preventative techniques during this COVID-19 period.

Above all, it is recommended that the Nigerian government should provide modern and well-equipped medical facility around the country, to address medical and social challenges arising from COVID-19 pandemic, and especially

to ensure good provision of sound healthcare for persons infected with COVID-19 disease during isolation and quarantine in Nigeria.

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