



**Improving uptake of Covid-19 Vaccine: our collective responsibility**

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## From the Editor's Desk

This year, 2021 has witnessed a shift from 2020 that was characterised by lock down occasioned by Covid-19 pandemic. A major development in 2021 is the availability of Covid-19 vaccine in Nigeria, which signals the beginning of the end of the disease. However, the uptake of Covid-19 vaccine is slow, which may not be unconnected with the myths and misconceptions that have generated controversies on the vaccine. In this volume, we serve you with facts from the stable of experts that dispel the misconceptions on Covid-19 vaccine, which is a major pharmaceutical intervention needed for life to fully return to normal. Happy reading! **Prof. Abigail Ogwezy-Ndisika**

## Improving Uptake of Covid-19 Vaccine: our Collective Responsibility



Participants at the 20th NETBRECSIN Meeting in Kaduna, Kaduna State

Since the outbreak of Covid-19 pandemic, the world has been in search for solution and the discovery of Covid-19 vaccine signals the beginning of the end for the disease. However, the vaccine has been greeted with myths and misconceptions, leading to low uptake in Nigeria.

Dispelling the myths and misconception, the Network for Behavioural Research on Child Survival in Nigeria (NETBRECSIN), a panel of experts during its 20<sup>th</sup> meeting held from July 1-6, 2021, in Kaduna, stated that having the majority of Nigerian population vaccinated, will protect families, communities and the nation, including the vulnerable against Covid-19. According to NETBRECSIN, it is our collective social responsibility not to dump; rather keep to the Covid-19 prevention protocol as advised by the Nigerian Centre for Disease Control (NCDC) and the Presidential Steering Committee (PSC) on Covid-19 to reduce the community transmission, because the borderless and classless Covid-19 is an equal opportunity killer. This way our collective effort at minimizing effects and curtailing transmission will surely yield positive results.

The group further argued that considering the level of poverty, unemployment and the fact that many Nigerians are daily income earners; having majority of Nigerians vaccinated against Covid-19, is one sure way of de-escalating a spike and resurgence of Covid-19, flattening the curve and defeating the pandemic.

The expert group, through intellectual deliberations highlighted that it is in our collective interest to latch on the facts, discountenance the myths and misconceptions; and get vaccinated against Covid-19. Apart from getting vaccinated, NETBRECSIN advised the general public to keep to other public health advisories by NCDC and PTF, because a moment of foolishness may prove to just be too costly! Furthermore, NETBRECSIN advised the NCDC and PTF to be more aggressive in their civic education and media sensitisation campaigns on [public health advisory](#) to encourage personal hygiene, including wearing of face masks; regular hand washing with soap under running water; practising physical distancing rules at all times; avoiding crowded places; and staying away from offices, markets, places of worship and social gathering, particularly, if sick.

NETBRECSIN also appealed to all Nigerian citizens and residents to train their minds to remain individually and collectively responsible in the fight to combat Covid-19. So, let us activate our collective sense of self-preservation, because Covid-19 is a lethal agent of equal opportunity; and death by Covid-19 is avoidable and preventable. Together we can reduce Covid-19 vulnerability and eventually conquer the disease. Hence, the need to keep our eyes on the ball as a nation in order to conquer Covid-19 as we did with Ebola; and stand tall as a nation.

# PANEL DISCUSSION

## Expert Debunks Misconceptions about Covid-19 Vaccine



Nothing has been so controversial in recent history like the Coronavirus: its emergence, spread, prevention, cure, remedy and lately, the covid-19 vaccine. On the vaccine, available evidence suggests a high rate of none compliance to the vaccine among Nigerian populace because of myths and misconceptions. Leading an expert panel discussion on July 2<sup>nd</sup>, 2021 at the 20<sup>th</sup> NETBRECSIN meeting held in Kaduna, a Professor of Community Medicine, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Professor Mansur O. Oche debunked the misconceptions associated with Covid-19 vaccine in a paper titled 'Covid-19 Vaccines: Misconceptions and Facts'. Below are the highlights of the misconceptions and facts on Covid-19:

**Misconception:** The rapidity with which the vaccines were produced makes them unsafe.

**Fact:** Covid-19 vaccines have gone through scientific stages of clinical trials and safety reviews.

**Misconception:** One can get covid-19 infection from the vaccines.

**Fact:** Covid-19 infection cannot be gotten from the vaccines as none of the currently authorized vaccines is capable of producing the virus.

**Misconception:** The vaccine can alter one's genetic codes.

**Fact:** The Covid-19 vaccine does not alter one's genetic codes. When injected into the body, the vaccine will make the body to produce immunity against Covid-19 and has nothing to do with one's genetic codes.

**Misconception:** Severe side effects do occur such as allergic reactions

**Fact:** Reports of serious side effects are very rare. There are just common minor expected side effects, such as a sore arm at the injection site and a mild fever, which usually subside after a day or two.

**Misconception:** Anyone who has had covid-19 infection does not need to be vaccinated.

**Fact:** Having the virus dose not immunize the body against the virus. Therefore, health experts advice that people who have had Covid-19 infection should be vaccinated.

**Misconception:** The fatality rate of Covid-19 is so low, so one does not need to be vaccinated

**Fact:** Covid-19 vaccine reduces the risk of severe infection and hospitalization. People who are vaccinated are probably less likely to transmit the disease.

**Misconception:** There is no need for mask wearing and social distancing after receiving Covid-19 vaccine.

**Fact:** Everyone must remain cautious and continue to wear masks, practice physical distancing and observe enhanced hygiene routines. While vaccines are effective, they do not stop every case of Covid-19 infection and transmission, so these precautionary measures are important at all times.

**Misconception:** People with underlying conditions should not be vaccinated.

**Fact:** Everyone, 12 years of age and older is eligible for the Covid

19 vaccine. The vaccines are safe to be administered to even people that are sick.

**Misconception:** Covid-19 vaccines are not effective against the new variants.

**Fact:** Experts are watching this very carefully. If a change in vaccine needs to be made, the vaccines can be quickly adjusted for new strains, in a similar way that flu vaccines are adjusted each year.

**Misconception:** The Covid-19 vaccine includes a tracking device.

**Fact:** This claim is false. The truth is the vaccine contains a substance that identifies the origin of the vaccine. It is not meant to track people or to cause any harm.

**Misconception:** The Covid-19 vaccine causes infertility in women.

**Fact:** Experts say the vaccine is not capable of causing infertility.

**Misconception:** Certain blood types have less severe Covid-19 infections, so getting a vaccine is not necessary.

**Fact:** There is no scientific proof for to show that certain blood types have less severe Covid-19 infections.

**Misconception:** Receiving Covid-19 vaccine causes one to be magnetic

**Fact:** Receiving a Covid-19 vaccine will not make you or any part of your body magnetic, even the site of vaccination which is usually your arm. There is no ingredient in the vaccine that can cause any part of the body to be magnetic. The Covid 19 vaccines



## PANEL DISCUSSION continued

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**Fact:** Receiving a Covid-19 vaccine will not make you or any part of your body magnetic, even the site of vaccination which is usually your arm. There is no ingredient in the vaccine that can cause any part of the body to be magnetic. The Covid 19 vaccines are free from metals such as iron, nickel, cobalt, lithium, and rare earth alloys, as well as any manufactured products such as microelectronics, electrodes, carbon nanotubes, and nanowire semiconductors.

**Misconception:** The Covid-19 vaccines authorized for use shed or release any of their components.

**Fact:** Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened version of the virus. None of the vaccines authorized for use contains a live virus. Vaccine components are not shed by Covid-19 vaccines, so it is not possible for the any of the vaccine components to accumulate in the body tissue or organs, including the ovaries.

## NYSC Shares the Success Story of U-REPORT

... U-Reporters want to know the result of Polls, says participating institutions

At the 20th NETBRECSIN Business Meeting held at the Bafra Hotel, Kaduna in July 2021, an official of the National Youth Service Corps (NYSC) Mrs. Ufuoma Dick-Iruenabere led a discussion the impact of U-Report on population affected by conflict in the North-East region of Nigeria including Borno, Yobe and Adamawa States. She informed the participating institutions that the U-Report platform is used to share lifesaving information with community members in conflict zones during emergency situations such as disease outbreak.

She also informed the participating institutions that Nigeria is the leading country with U-Reporters, but Sierra Leone is working hard to become the highest in the world. As such, all hands must be on deck to ensure that we remain the leading country.

Furthermore, the participating institutions, in line with the tradition of NETBRECSIN meeting, gave update on their U-Report activities,

ranging from the tools deployed for the recruitment of U-reporters and ambassadors to the locations for the activities.

Participants from Jos University Teaching Hospital (JUTH), Plateau State, Nigeria, conducted U-Report sensitization and enlistment



activities among the students in their institution including the Resident Doctors, Medical Students and the Community Health Officers; while the participant from Bayero University, reported conducting U-Report recruitment campaign in the host community, Kano. She conducted the sensitization and enlistment exercise during a football match involving their students, who wore U-Report T-shirts during the tournament. The use of U-Report T-shirts during the tournament was not only gratifying for the players, it

also gave U-Report more visibility. Similarly, the Department of Mass Communication, University of Lagos reported registering students of the institution as U-Reporters.

In addition, participants from the College of Medicine, University of Lagos took the enlistment drive to the Health Care Workers at Palm Avenue Primary Health Care Center, Mushin Local Government Area of Lagos State, Nigeria where they sensitized the Nurses, Immunization Officers and the Disease Surveillance Officers about U-Report, who hitherto was unaware of U-Report. They were enlisted as U-Reporters and were encouraged to enlist other healthcare workers and members of their communities.

Although, the enlisted U-Reporters have been receiving and responding to U-Report text messages; they complained of not being briefed on the uses of their responses to questions. They also requested that U-Report should share the results of polls. In a related development, the participating universities complained about insufficient promotional materials and slow registration process.

## Association of Public Health Physicians of Nigeria: Another NETBRECSINer emerges President

The Association of Public Health Physicians of Nigeria (APHPN), the largest professional organization of Disciplinary Public Health Physicians and other Public Health Practitioners in Africa has produced Prof. Alphonsus Rukevwe Isara, of University of Benin Teaching Hospital (UBTH), Benin City as its new President.

Prof. Isara, who had served as the Secretary General of APHPN from 2009 to 2013, was elected in an election that held during the 37<sup>th</sup> Annual General Meeting of the

Association held on the 17<sup>th</sup> June, 2021 in Abuja. He took over from Prof. B. S. C. Uzochukwu. Prof Isara will serve for a period of two years in the first instance.

The current and immediate past President of APHPN are part of the leadership of the Network on Behavioural Research for Child Survival in Nigeria (NETBRECSIN); and at present, Prof. Isara is the Secretary of the Network. Furthermore, Professors Uzochukwu and Isara are top notch Nigeria medical scholars with decades of teaching and research

experiences in medicine and are game changers. They have produced medical experts, who are doing groundbreaking researches and written their names in gold as solution providers to health issues globally. Again, they have managed different programmes and innovations for better health care at the national and sub-regional levels; and the findings of their researches over the years find expression in their community service activities, which focus on repositioning public health.



# UPDATE FROM UNIVERSITIES ON SUPPORTIVE SUPERVISION OF HEALTH FACILITIES

Participating institutions of NETBRECSIN presented reports of supportive supervision during the business meeting in July 2021. The goal of the supervision was to support the frontline health workers to function professionally and correctly in order to improve the quality of care, uptake of services and human resources for health retention.

Participants from the College of Medicine, University of Lagos visited Palm Avenue Primary Health Care (PHC) Center, Mushin Local Government Area, Lagos State, Nigeria. Key challenges in the facility were inadequate skilled manpower and inadequate/poor infrastructure. There was stock-out of Integrated Management of New-born and Childhood Illness (IMNCI) essential drugs at some time in the year because of the logistic issues between the drug store and the PHC. The healthcare workers could not conduct outreaches as planned due to the current COVID-19 pandemic and due to lack of logistic support for transportation. There was also inadequate staff in the facility due to the current COVID-19 vaccination exercise. Routine delivery and post natal care services were not provided in this facility. The team suggested advocacy visit to the local government authority as their proposed intervention. They recommended provision of facilities and support for

transportation; employment and training of more staff to provide technical support to improve and strengthen immunization activities; as well as the need to provide delivery and post natal care services.

Participants from the University of Nigeria Teaching Hospital, Enugu had the supportive supervision activities in Abakpa health center. The key challenges in the health care facility were: disruption in the supply of IMNCI essential drugs, inability to conduct outreaches as planned, temporary stock-out of Vitamin A from source, poor acceptability of family planning services, unavailability of partographs for use during normal deliveries and poor attendance at postnatal clinics. The team educated the health workers on the need for proper medicine management to avoid stock out of essential medicines. The team also educated the health workers on the need to sensitize mothers during ante natal care to attend the three postnatal care visits and to accept family planning services offered during the visits. The health workers were educated on the need for constant hand washing after attending to patients and the need for use of partographs during delivery. The team also plans to pay advocacy visit to the Honorable Commissioner for Health and discuss the need to print and distribute partographs to health facilities in the state.

Participants from Usmanu Danfodiyo University Teaching Hospital, Sokoto had the supportive supervision activities in Sokoto South and Kware Local Government Areas. They visited Yar Akija and Kware PHCs. In both health facilities, no health worker was trained in IMNCI in the first two quarters of the year. The facilities also had stock out of essential drugs for IMNCI. Yar Akija PHC do not provide counselling for mothers on infant feeding in the context of HIV. This health facility does not provide TB microscopy for HIV clients and does not provide DOTS for TB patients. In the first quarter of the year, both facilities did not have trained Community Health Workers to provide integrated package of services within the community.

Participants from Aminu Kano Teaching Hospital, Kano paid supportive supervisory visit to the Immunization clinic and Dental clinic at the Comprehensive Health Centre, Kumbotso. They also had an advocacy meeting with the Emir of Kano and the community advisory board of the emirate.



Dr. A. U. Gajida inspecting the newly installed dental chair at the Comprehensive Health Centre, Kumbotso

## Policy brief now NETBRECSIN deliverable

During a capacity building session organized for both postgraduate dissertation supervisors and students, the Chairman of NETBRECSIN, Prof. Bayo Onajole of the Department of Community Medicine, College of Medicine, University of Lagos stated that henceforth, policy brief will be part of the laureates' deliverables to the Network. In addition, he charged all laureates of NETBRECSIN to take implementation science seriously by carrying out interventions and sharing findings of their researches with the communities where they gathered data for their studies. He said sharing the findings with the communities will aid positive behavioral change that will improve child, maternal and adolescent

health.

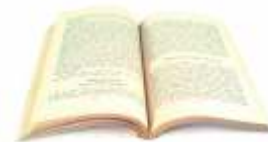
Prof. Onajole, further tasked NETBRECSIN researchers on developing strong interest in implementation science by channeling their efforts towards disseminating health-related research findings to policy makers, donor agencies and other stakeholders using policy briefs; not discounting the use of publications, conferences and media engagements/contents.

In a paper titled "How to Write a Policy Brief", Prof. B.S.C. Uzochukwu of the Department of Community Medicine & Institute of Public Health, College of Medicine, University of Nigeria, Enugu Campus, enjoined

participants to embrace the use of policy briefs for the dissemination of research findings. He stressed that a policy brief, which is a viable tool for communicating research findings to policy actors, is a short document that presents the findings and recommendations of a research project succinctly to a non-specialized audience.

Prof. Uzochukwu added that policy brief is, as well a vehicle for providing policy advice as it uses persuasion to address specific development needs of participants' groups at national and sub-national levels. He added that it matches such needs with clear and feasible recommendations on policy steps for action.

# Findings from POSTGRADUATE RESEARCH



As part of its mandate, NETBRECSIN continues to provide a platform where researches in the thematic areas of child, maternal and adolescent health are presented, reviewed, thoroughly analyzed professionally; and made user-friendly for policy revision, formulation and implementation aimed at better health outcomes in the quest for Nigeria's attainment of the related sustainable goals (SDGs). The Network, during its 20<sup>th</sup> meeting hosted the presentations of a number of researches in these thematic areas. Below are some of the findings:

## CHILD HEALTH

Findings from a study titled; “Assessment of Immunization and Nutritional Status: A Comparative Study of Children 12-59 Months of Aged in Rural and Urban Communities of Sokoto State, Nigeria” by Abdulaziz Mohammad Danmadami of the Department of Community Medicine, Usmanu Danfodiyo University, Sokoto showed micronutrient deficiencies of iron, vitamin A, iodine, and zinc in under-5 children in urban and rural areas, but significantly higher among children in rural areas. Children who received all the routine immunization had better nutritional status than partially immunized or unimmunized children in both urban and rural areas. The study concludes that immunization rates in both urban and rural areas were abysmally low compared to the acceptable target of

80% set by the National Program on Immunization (NPI) and there is poor nutritional status in children with an incomplete vaccination schedule. It recommends that health policies and programs by the governments at all levels should focus on factors that cause low immunization coverage and undernutrition among vulnerable children.

A survey on “Immunization Coverage and Client Satisfaction with Immunization Services in Ovia South West Local Government Area of Edo State” by Efemena Daniel Onowugbeda, Department of Community Medicine, University of Benin Teaching Hospital, Benin City, Edo State revealed that less than half (43.3%) of the respondents were fully vaccinated, while majority (56.70%) were either partially vaccinated or not vaccinated. Bacille-Calmett-Guerin (BCG) coverage was the highest vaccine received (83.3%), followed by Pentavalent 1 (78.1%). Inactivated Polio viral Vaccine (IPV) had the least coverage of 57.6%. Only 5% of the respondents were never immunized. Delivery in the health facility, number of immunization visits, possessing a vaccination card, good knowledge and attitude were statistically significant predictors of full vaccination status. The study recommends an urgent refocusing on immunization programmes to cater for emergency periods, as well as integrate immunization as one of the key strategies in the National Strategic Health Development Plan.

## MATERNAL HEALTH

In a survey titled, “Assessment of Delivery and Postnatal Care of Mothers of Newborn in Ikpoba Okha, Edo State, Nigeria”, Vivan Obi of the University of Benin, Benin City, Edo State found high level of utilization among the study population as 94.7% of women utilized antenatal care services; 89.6%, delivered in a health facility; 81.7%, went for postnatal care checkups; and 86.3%, utilized postnatal care services for their children. The findings of the study also showed that the staffs of the assessed Primary Health Centres were competent; having undergone several training services on maternal and child health. The facilities have adequate staff, basic equipment, render qualitative maternal and child health services, but had an average level of infrastructure. The study concludes that antenatal care, institutional/skilled attendance at delivery and postnatal care are important interventions required in the continuum to promote optimum maternal and child health, thereby reducing maternal and neonatal morbidity and mortality. Despite good utilization of the health care services in the study area, some barriers to utilization and practices were identified as: socioeconomic status, educational level, poor infrastructures, and poor perception of services. It recommends improving the infrastructure of Primary Health Centres in order to further strengthen service delivery.

## Candidates Share Experiences



Attending the meeting has improved my presentation and research skills, in addition to learning another way of disseminating finished work (Policy brief). This will help me towards the completion of my MPH programme - Sulaiman Abdulwahab KABIR (Dept. of Community Medicine, ABU, Zaria).

NETBRECSIN has given me the opportunity to learn more from a team of experts on research methodology, crafting statement of the problem and rationale for the study - Abdulaziz Mohammad DANMADAMI (Dept. of Community Medicine, UDUTH, Sokoto).



I learnt about logistic regression, Blooms cut off point for good knowledge and the importance of networking with other public health professionals - Pius ODUNZE (Dept. of Community Medicine, Jos University Teaching Hospital, Jos).

I have learnt a lot on how to improve the quality of my proposal and the importance of identifying a problem/crafting the statement of the problem, which will determine the methodology of a research study - Ifeoluwa O. UDOH (Dept. of Community Medicine, Jos University Teaching Hospital, Jos).

