

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

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

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

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

## Oxford/AstraZeneca vaccine arrives Nigeria

On the 2nd of March, Nigeria acknowledged receipt of about 3.94 million doses of the Oxford Astrazeneca COVID-19 vaccines from India through an Emirates flight at the Nnamdi Azikiwe International Airport Abuja. This makes Nigeria the third country to receive jabs from COVAX, a WHO sharing initiative. The executive director of the National Primary Health Care Development Agency (NPHCDA), Dr Faisal Shuaib, said that President Muhammadu Buhari and Vice President Yemi Osinbajo will be among the first set of Nigerians to receive the COVID-19 vaccine and that they will receive the vaccine on live television.

Frontline health workers and support staff are expected to be vaccinated in the first phase. Phases 2, 3 and 4 will target the elderly, those who suffer from two or more diseases, and citizens between the ages of 18 and 49, respectively. Following NAFDAC analysis of a sample of vaccines on 3rd and 4th of March, the campaign is expected to begin on Friday while Leaders and top government officials will get vaccinated on March 8.

To register for COVID-19 vaccination, you can visit the website <http://nphcda.gov.ng> and click on "COVID-19 vaccination e-registration"

# Facts to know about the Oxford/Astrazeneca vaccine

## Origin

The vaccine was developed by British firm AstraZeneca, working in partnership with Oxford University. It is however manufactured under license by the Serum Institute in India. It is a version of a virus that normally infects chimpanzees and has been modified with a portion of the COVID-19 coronavirus called the "spike protein" to fire the immune system.

## Rejection by South Africa

South Africa had initially ordered about 1.5 million doses of Oxford/AstraZeneca vaccine but they were rejected after it was said to provide insufficient protection against the new COVID-19 variant in country, 501Y.V2. The AstraZeneca jab only provides about 10 per cent protection against mild to moderate COVID-19 disease caused by the South African variant.

## Protection against other variants

The AstraZeneca vaccine proved effective against mild to moderate cases from the B.1.1.7 variant of the virus, first detected in the UK, according to early data from researchers at the University of Oxford. Nigeria has now confirmed at least 30 cases of the B.1.1.7 variant in the country.

## Protection against transmission

Emerging data for the AstraZeneca vaccine in the Lancet revealed that the jab is most likely to block transmission after a single dose. A separate study suggests the AstraZeneca vaccine also has potential to substantially affect virus transmission, by reducing the number of highly infectious people in a population.

## Price

The Oxford-AstraZeneca vaccine has the major advantages of being cheap, costing about £2.50 (1,329 Naira) per dose. This makes it ideal for large-scale vaccination programs hence the reason it was COVAX choice.

## Storage and Distribution

The vaccine can be kept at normal refrigerator temperatures of between two and eight degrees Celsius making it the most suitable for developing countries such as Nigeria. It can be widely distributed with relative ease. By contrast, the Moderna vaccine needs to be stored at -20C, while the Pfizer/BioNTech product must be kept at -70C and needs ultra-modern freezers which is very costly and high in demand.

## Timing of doses

There is some variability in the vaccine's efficacy depending on the dosage and timing. In initial studies, the vaccine's efficacy was 62 per cent with two standard doses. More recently, a preprint manuscript in The Lancet shows the vaccine demonstrated 82.4 per cent efficacy after two standard doses three months apart.

## Safety for the elderly

In the Phase 2 human trials in Germany, the vaccine was found to be safe, showing just some mild and moderate reactions, and it induced similar immune responses across age groups.

## Side effects

Astrazeneca announced in interim findings in November that its vaccine was on average 70 per cent effective, compared with more than 90 per cent for Pfizer/BioNTech and Moderna. The efficacy of the Oxford-AstraZeneca vaccine was 90 per cent for volunteers who first received only a half-dose and then a full dose one month later, but only 62% for another group that was vaccinated with two full doses one month apart.

## Commonly made facemask-wearing errors

### 1. Wearing the mask incorrectly



Facemasks come in a variety of sizes and type. Everyone is a little bit different, so a mask should fit your face in particular. It should completely cover the nose and mouth and extend below the chin.

### 2. Putting the mask on/removing the mask incorrectly



When removing the mask, take it off by unlooping or untying it from the ears, taking care to avoid touching the front.

### 3. Touching the mask too much



Once the mask is on, try to touch it as little as possible. This helps avoid contaminating the front of the mask or hands. While in a public space (such as at a grocery store), adding a face shield can help resist the urge to touch the face.

### 4. Pulling down the mask to talk



If someone pulls down their mask or unhooks it from their ears when talking to others, they're defeating the purpose of wearing a mask. It can take some time to adjust, but it's important to keep the mask on the face in the correct position. Again, adding a face shield can help resist this temptation.

### 5. Not practicing hand hygiene



Remember the importance of hand hygiene (wash your hands with soap and water or use an alcohol-based hand sanitizer with at least 60% alcohol) before putting on a mask and after you remove it.

## 6. Wearing the mask under the chin



Wearing a facemask under the chin can lead to the wearer infecting their mask with bacteria or spreading germs around the face, if you don't need to wear your face mask, it's best to take it off completely.

## 7. Wearing the mask beneath the nose



When removing the mask, take it off by unlooping or untying it from the ears, taking care to avoid touching the front.

## RUMOURS



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## FACTS

Face masks always protect against the coronavirus

The coronavirus is the deadliest virus known to humans

You can contract the coronavirus in swimming pools

COVID-19 vaccines are unsafe because drug companies created them quickly.

If I have allergies, I can't get a COVID-19 vaccine.

Disposable and cloth masks can protect against droplets, but neither can protect against aerosolized particles. Even while wearing a mask, it is essential to continue with other precautions, such as not touching the face, physical distancing, and washing the hands frequently.

While SARS-CoV-2 does appear to be more dangerous than influenza viruses, it is not the deadliest virus that people have faced. Others, such as the Ebola virus, have higher mortality rates.

As the CDC observe, no evidence suggests that SARS-CoV-2 transmits via the water in swimming pools, hot tubs, or water parks. If this water is disinfected with chlorine or bromine, it should inactivate the virus.

Because we're in a global pandemic, drug companies spent lots of time and money quickly making the COVID-19 vaccines. But that doesn't mean they're unsafe. All vaccines in the U.S. go through strict studies to make sure they're safe and will work.

In rare cases, some people have had a serious allergic reaction to the COVID-19 vaccines. If you're allergic to any ingredient in a COVID-19 vaccine, don't get the shots. But if you have an animal, food, pollen, or other types of allergies, you can get vaccinated