



# PAN NEWS

Informing you about recent events in the world of Paediatrics



## President's welcome address

The current Executive Council of Paediatric Association of Nigeria (PAN) has, as part of its major agenda, improvement of communication amongst members, between the executive and members and between the Association and its stakeholders. It is for this reason that we have revamped our website, updated membership data including the issuance of customized PAN e-mail addresses to all our members; and resuscitated the PAN Facebook <https://www.facebook.com/PANigeria> and Twitter [https://twitter.com/pan\\_ngr](https://twitter.com/pan_ngr) accounts. We are also trying to further encourage the use of our Telegraph platform and the traditional e-mail channel.

The purpose of PAN News is primarily to inform members of the activities of PAN coming from the Secretariat as they occur. It is also to disseminate other current news related to child health wherever they are coming from and to share news related to our members, affiliates and other stakeholders.

I am glad that Dr Iroro Yarhere and his team are able to come out with this current edition of PAN News in spite of the times. I congratulate them.

I encourage members to be part of this publication not only by reading the contents but by also sending constructive comments and suggestions for improvement. Send news to the secretary and the editor as it is happening in your various stations and I have no doubt that PAN News will beat all expectations in the shortest possible time.

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A promise of bliss.....

PANCONF Uyo 2021 visit [panconf.pan-ng.org](http://panconf.pan-ng.org)



## Message from the secretariat

Greetings from the Secretariat of the Paediatric Association of Nigeria (PAN) as we continue to navigate this uncharted territory in this millennium. Many colleagues have been affected by and some, infected with COVID-19. As children are less susceptible to the disease, they face some other challenges including reduced access to health care, feeding issues, school closure and more importantly, vulnerability to the whims and caprices of criminals.

The first quarter meeting of the Executive Council (EXCO) was successfully held via the Zoom online meeting platform. Other meetings and communications between the EXCO, collaborators/partners and subcommittees are also done via Zoom and similar online platforms; thus our on-going projects/collaborations and administrative duties are on schedule. There is no stopping PAN!

The secretariat has been working tirelessly to ensure the website of PAN [www.pan-ng.org](http://www.pan-ng.org) is functional, interactive and informative. The PAN facebook and twitter handles have been reactivated also adding news and commenting on topical issues affecting children in Nigeria and the world.

PAN is also collaborating with American Academy of Pediatrics (AAP) to survey immunization practices and actions among healthcare workers who deal with immunization services in Nigeria including paediatricians, nurses and hospital administration in the private setting. The survey has received ethical approvals from the CDC and the ethics committee in Nigeria. PAN is also collaborating with AAP, and UNAPSA on several other projects that will impact positively on the health of children in Nigeria.

As of this quarter, over 300 PAN members have their personalised PAN email; [forename.surname@pan-ng.org](mailto:forename.surname@pan-ng.org), where PAN related emails are sent from the secretariat. Members are encouraged to update their PAN profiles and get their personalized email addresses while also updating their financial status with the Association. this can be done easily from the PAN web portal.

PAN members in collaboration with Nigeria Info FM on facebook, has launched a series of COVID 19 and other health related topics in children public enlightenment talks. These talks will focus on simplified explanation of the pandemic and suggestions and advise parents on how to engage children to take appropriate preventive measures as they prepare to resume school. The series will run for six weeks in the first instance. Members in other cities will be called upon to engage with their local media outfits to represent PAN in public enlightenment.

PAN is also reviving its Continuing Medical Education (CME) Programmes via Webinars series in the different specialties. PAN CME points will be awarded for attendance in these sessions. Notices for the Webinar series will be disseminated via PAN personalized e-mails and PAN Telegram platform.

We are committed to being part of your celebrations, promotions and academic successes. We attended the burial ceremony of the spouse to our former President, Dr. Esangbedo in February 2020. Kindly send invitations and information about events, milestones and any administrative or PAN related issues to the secretariat at [info@pan-ng.org](mailto:info@pan-ng.org) or [secretary@pan-ng.org](mailto:secretary@pan-ng.org).

As we anticipate an end to the pandemic and a return to normalcy, we want to assure our members that PAN CARES! So please keep safe and stay healthy!

Dr Petronila Tabansi. Secretary, PAN.

## Internet and learning in response to COVID -19 in Nigeria

By Iroro Yarhere

***Change is certainly the only concept that is constant in the world because what we know today is certainly influenced by the experiences and values attached to events. If paediatricians were told that they will have to consult and prescribe over the phone, less than 50% would have agreed to undertake such "unethical" act and condemned it with vehemence. Dr. Yarhere discusses his use of Internet, WhatsApp and Google classroom during the COVID-19 pandemic.***

Prescribing medications over the phones and using social media applications are behaviours I have frowned against since the inception of audio and visual data devices. This is especially so because what is seen or heard over the telephones and internet are not a perfect representation of what is on ground so proxy diagnosis and prescriptions may be done in error causing more harm than good. Then came COVID 19 in January 2020 and the world changed where WHO gave pronouncements that unless you are critically sick, you shouldn't go to the hospital. Of course the Internet and telephones became the saving grace for many sick people.

**ZOOM:** In the past three months, many meetings have held on line with the zoom applications. Teaching, seminars and even workshops have held online with assessments of learning and certifications increasing the possibilities of online learning for undergraduate and postgraduate studies. Families have found ways of celebrating milestones and achievements and other memorable occasions using this application and as the evolution of these web 2.0 applications proceed, we as paediatricians will need to develop programmes that can help in clinical examinations of children to elicit signs and abnormalities precisely for diagnosis and treatment from distances. Do not be averse to such

innovations when they come to you as virtual clinics are becoming a reality in our Nigeria today.

**Unfortunately for medical students and other students in Nigeria, the COVID 19 pandemic made the Federal Government issue a total closure of all schools, so learning and assessment of learning was discontinued.**

Drs Yarhere and Briggs engaged students in learning clinical reasoning using Google classroom, WhatsApp and a zoom meeting for Year 5 medical



students in the University of Port Harcourt. The uptake of this innovation was moderate to poor as many students who initially indicated interest for continued learning, found it difficult to cope with the process. Many students indicated lack of data, power supply for their mobile devices and inefficiency in navigating the Google classroom as reasons for their reluctance in using the platforms of learning. Discussing among themselves was also tedious and attempts at engaging them in high reasoning discourse met with futility. As medical facilitators of learning, while this can be frustrating, it should not deter anyone who has the interest of improving medical education, and profession from

findings ways of making the learning curve an interesting process.

### Global Exchange of Clinical Information

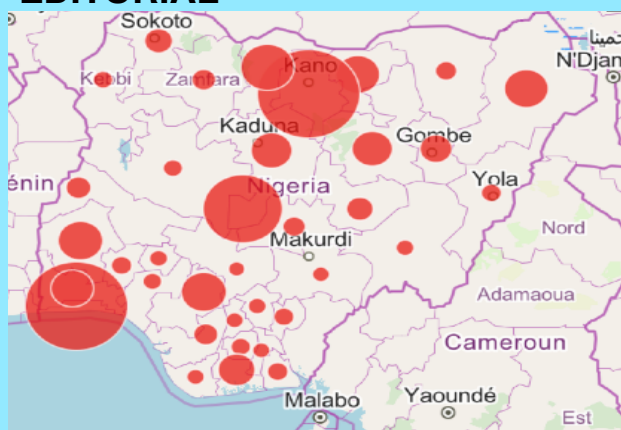
As COVID-19 spread around the world, the Internet facilitated the rapid sharing of clinical information. Several webinars, and online courses were hosted by many Institutions including Harvard University with free certifiable courses.

**Information sharing is more important than information gathering as sharing helps build innovation with collaboration. In using the 4 Cs of 21<sup>st</sup> century learning, many innovations have evolved especially from enthusiastic learners and teachers. Communicating ideas, theories with colleagues bring about collaborations and critical thinking for positive creations.**

Many world bodies developed protocols for clinical management of suspected and confirmed COVID 19 cases, and allowed free accesses to these materials in a time like this. WHO has several posters that are available for download to help spread the preventive measures known to be effective against the virus around the globe. There are several YouTube videos on how to make improvised facemasks for resource limited countries or when there is lack and many hospitals and state governments are mass producing these masks for their staff and citizens to prevent the spread of the disease.

The Internet has helped shape the world today since its inception, and having access to materials for innovations and entrepreneurship can advance the course of Nigeria's education and development.

Yarhere Iroro is the editor of the PAN NEWS and a fellow in medical education of the University of Port Harcourt. Follow Dr Yarhere on Twitter: @IRS91ANGELS Dr. Paeds, [assistant.secretary@pan-ng.org](mailto:assistant.secretary@pan-ng.org)

**EDITORIAL**

Map of Nigeria showing the state burden of Covid-19 virus infection culled from NCDC website, May 16 2020

### **COVID 19: The double burden of malnutrition**

**Malnutrition encompasses a spectrum of nutritional diseases spanning undernutrition to over nutrition and Nigeria is dealing with an increasing prevalence of both spectrum compounded by the COVID scourge.**

Before this year, there were several reports of undernutrition especially as Nigeria was designated the poverty capital of the world following drop in revenue and increase in inflation rate from 9.8 to 14.5% in the past 4 years. Food security increased within the country in the past 3 years as Nigeria continued to increase her agricultural produce for its consumption to the point where importation of rice was eventually banned last year to make room for local farmers to earn and keep funds in the country. However, this was short-lived as the CORONA virus pandemic hit the country in January and Government had to lock down the whole economy and human activity to prevent spread of the virus. Subsequently, farmers could not go to farms to plant and harvest crops, previously harvested crops could not be moved to storage facilities or markets because land and sea transportations were shut down and everyone had to remain at home in fear and hunger.

The effect of the reduced agricultural and economic activity will be seen within the shortest period as undernutrition (reduced weight for age, weight for height and eventually, height for age) will become manifest in our emergency rooms and out patient department. The mathematical model for this increase in prevalence will show a 4 fold rise and

many hospitals should be ready to face the challenge. The Nutrition unit of all organizations will have to come up with strategies to care for those children that will present with Severe acute malnutrition to reduce death and prevent last longing complications.

The other spectrum of malnutrition i.e. overweight and obesity will be seen in the more affluent social class as the lockdown has forced children to remain indoors and not be in school where physical activities would have helped increase the metabolic rates. The fear of the infection has also prevented children from outdoor activities in their homes and neighbourhoods. Since parents and children are in the homes all the time, the children's constant nagging and noise increase the parents' need to hush them with food gratifications. Feeding on canned and processed foods also increase the risk for obesity and overweight as these food were stocked up for the lockdown.

The micronutrient deficiency especially Vitamin D cuts across both spectrum of malnutrition as reduced exposure to sunlight will cause deficiency of this vitamin. Fruits that provide other vitamins have become expensive so these will be rationed for those who can still afford them or they will not be available all together for the many parents who have lost their jobs during the pandemic.

How can Nigeria tackle and overcome this clear and present danger of food insecurity within the next decade? Mechanised farming and artificial intelligence will need to be scaled up and this is the time to go to all corporations that have these resources asking them to come in and invest. With the electricity deal being brandished by the Government with Seimens of Germany, power generation and damming fro irrigation will be sustained. Analyzing data and images from farms using spectrophotometry can help during processing of perishable items so sort nonuniform produce like carrots, tomatoes etc to reduce waste and impurities. With this, food security will increase and sustainability will be assured, while research and development continues in the agriculture faculties of our Universities and corporations.

**As the country gradually eases on the lock down, farmers going back to their farms will need Government support, and protections from the other threats they face; bandits. PAN will continue to partner with all organizations that are ready to help reduce the burden of undernutrition and obesity so the children will grow to become responsible adults that will contribute meaningfully to the economy of the nation. It will be emphasized here that pediatric clinics should continue to use the protocol for Severe Acute Malnutrition and obesity but also to be prepared for the surge in prevalence of these BURDENS.**

## Child abuse and COVID-19: facts, actions and prevention

By Abieyuwa Fagbohun and Iroro Yarhere

Many children are victims of physical and sexual abuse and in most cases, the perpetrators are known to the children. These go on in the homes and in the schools and in this period of COVID - 19, most incidents occur in the homes as schools have been closed to prevent the rise in cases of the pandemic.

### HOME:

In quite a number of families, monthly income has reduced drastically as a result of this pandemic. The contributory factors to this were laying off staff by companies, limitation and restriction of movement within states and across borders. These restrictions affected small and medium scale businesses significantly. Reduced income results in severe stress and anxiety in the parents who may in turn transfer these untoward feelings to their children and wards. These could result in physical, emotional, psychological and sexual forms of abuse. School attendance which previously would have been a possible means of mitigating these unpleasant actions was also brought to a halt by the pandemic.

**CYBERSPACE:** In a bid to continue education of children, many educational institutions resorted to the use of the internet (school on-line). While this novel approach has a lot of advantages, it also has numerous demerits. Access to Internet increases their exposure to cyberbullying, risky online behavior and sexual exploitation.



### ACTIONS AND PREVENTION

**THERE** are several intervention strategies involving the families, health care personnels, community leaders and stakeholders, Government agencies including the Nigeria Police force, religious leaders and legislation.

**FAMILIES** need to be more vigilant and observant of their children's internet browsing history, and any camera or video session must be done in the presence of the supervising parents. Mothers should be aware of signals and cues of abuse by their children and must find ways of protecting these children from their "known" preys.

**PSYCHOLOGISTS**, guidance counsellors, and social workers must be trained and retrained in skills of detection, reporting, and counselling children who come to them for help. They must understand that the overall objective and goal is to protect the child from further abuse and mitigate the psychological trauma they may face in the future.

**GOVERNMENT** agencies, like the Police, judiciary and legislation should enforce already existing laws or create new ones that will prevent these abuses and protect the children. Government at various levels must partner with non profit organizations in developing community (THE MIRABEL CENTRE is one of many others) and skill acquisition centers where these children can find solace or develop their skills for entrepreneurship, and martial arts to ward off would be offenders.

**RELIGIOUS** institutions are run by men and women who are also fallible, so the members must not drop their guard in those settings and some of these institutions have been known to covertly and overtly cover incidents of such abuses. Any complaints must be reported to the authorities of the institutions and actions or punishment must be known to the congregation.

Dr. Fagbohun heads the Adolescent unit in the University of Ibadan.

## Impact of COVID 19 on my Clinical Practice, Research, Personal Life and Economy.

Uchenna Onubogu

### Introduction

I had been following the news since December 2019 and it was clear that the novel coronavirus disease (COVID-19) was spreading across continents and causing a catastrophic damage in its wake. Although information about the virus was being unraveled daily, certain things were clear about it- First, that it was highly infectious. Secondly, it kills a lot of people, and thirdly the mere presence of this virus in any country could overwhelm its health system and negatively impact the lifestyle of everyone in it. I also learnt that in order to fight the virus, every country needs a good and timely strategy, a very efficient health system and financial resources to get the equipment needed to treat patients, supplies to protect healthcare workers and provide relief for its citizens. So far, the richer countries in Asia, Europe, and America were still struggling to contain the virus and reduce the widespread death toll and in spite of all they had, they really could not say that they had won the battle against COVID 19.

By mid-March 2020, it was clear that the coronavirus had entered Nigeria. My initial dream that somehow, we were protected from Covid-19 was dashed. I actually hoped that our tropical weather or maybe some divine grace of God was going to help us this time, that we had way too many problems as a nation already and that adding this seemingly insurmountable coronavirus to Africa's problem was going to be a bit too much. I had hoped that as we were spared the SARS virus, it was going to be the same escape but, boy! was I wrong. It has been more than 2 months since the arrival of COVID-19 in Nigeria and now I am reflecting on the effect it has had on my clinical practice, research work, my personal life with my family and my personal economy.

### Clinical practice impact

I am a Paediatrician with interest in paediatric pulmonology and cardiology subspecialty. I run both specialist clinics in a public hospital as well as overseeing the general paediatric clinic on my call days. I also have an administrative role as the pediatric departmental head. The Coronavirus brought a change to the departmental patient processing protocol in order to enable us to identify high-risk patients, isolate and treat them according to the NCDC guidelines. To achieve this, we developed a new triage

checks and compulsory wearing of masks for both patients and health care workers. We also stratified our emergency room to have a section for probable cases until a final diagnosis of COVID-19 was made. These processes have increased the length of time from arrival to the hospital, to the time at which treatment is received in the hospital.

The pandemic also enabled us to look inwards and produce things locally that could help us fight this virus. It pushed us to be more resourceful- for example we started producing sanitizers within the hospital as opposed to spending so much to buy foreign brands in the market. We also produced fabric masks locally for non-patient related interface. In addition to that, our hospital became cleaner as our hospital cleaners had to be retrained on how to continuously clean surfaces to minimize the spread of the virus.

In terms of clinical consult experience, the pandemic has brought an added anxiety to the physician-patient interaction. Before the Coronavirus era, interaction between the patients and I were usually interesting. Clinical examinations were done patiently with warm hands palpating gently and sequentially even at eye level, most times making eye contact to gain the trust of the little child that I had to examine. It was usually a nice ritual that leaves the patient calm, the mother nodding in approval and me smiling in a reassuring manner that all is well and the patient is in good hands, but all that changed with the arrival of COVID-19. First, we all had to mask up- both patient and doctor, making those non-verbal communication cues almost impossible to pick. In addition to this, the added apprehension of a paediatric patient who is terrified at looking at a masked face, makes accurate resting vitals almost difficult to get. Then the social distancing that requires you to push your patient's chair a little further than you normally would have done, puts a barrier to seamless communication, and makes the patient feel like a stranger.

Then comes the cleaning and intermittent hand sanitizing, which can be done in an almost obsessive manner. All that makes the patient anxious and takes the fun out of the consulting process. As a pediatrician in the COVID-19 era, when you have a paediatric patient, you pay special attention to the caregiver that brought the patient in and you constantly have to dichotomize your consults

### Research

The decreased clinical workload has created more time for research work, although not COVID-19 related. I have been able to look at data that I meticulously gathered over 5 years of clinical work, and it has been exciting putting it together at my own pace. I have even had the time to review an article for an international

request I would usually delete or turn down, due to work pressure. From research point of view, it has been quite progressive and exciting.

### Personal and family Life

The lock down period necessitated by the COVID-19 pandemic made me realize the importance of work and its role in maintaining good mental health, especially when I saw the effect the Government- imposed compulsory stay at home order had on other close family members. It also made me appreciate the importance of the work of a healthcare worker in the community and the respect the society bestows on its doctors. Driving through barricades manned by security officers to enforce restriction of movement for non-essential workers, and having those barricades opened up to me- by a mere display of my hospital Identity card, made me realize that I am like a soldier going to a war front and that the society is depending on my colleagues and I to win this biological war, to keep them safe from this enemy and to protect them from harm. The period of this COVID-19 pandemic, has also enabled me to focus on things that are truly important in life and in my own opinion, they include my spiritual journey with GOD, good health, family and enough food to eat. Family life is specially a pleasant experience in the face of the lockdown period.

### Economy

I see the COVID-19 era as a time to share if you have more than enough and an actualization of the rainy days that people have been saving for. It is not surprising to see that this has been a time of significantly diminished income. As a government worker involved in essential service, I appreciate the fact that I still have a salaried job. Although the income is static compared to the relative rise in the cost of living, there are a lot of people around me that have totally lost their sources of income and I cannot allow them to bear the burden alone. From my perspective, the quarantine period has been one where my dependents increased, and I had to share the love by accommodating those who cannot take care of themselves.

### Conclusion

I cannot end this without pointing out one major lesson that I hope we have all learnt, which is that health care is extremely important, and the fragile state of our health care system was exposed in this pandemic. Good leadership at the government level, should always give healthcare the priority it deserves.

*Uchenna Onubogu is the Head, Department of Paediatrics, Rivers state University Teaching Hospital*



Prof Hamidu Ahmed is the Distinguished Paediatrician of the Year 2020

DR HAMIDU AHMED has been a Professor of Paediatrics and Child Health of the Usmanu Danfodiyo University Kano for over 20 years. He is a Fellow of the National Post Graduate Medical College (FMCPaed, 1989), DTCH (Liverpool University 1988), MD (Kiev Medical Institute, 1978). He is an alumnus of Government College Sokoto and Federal Government College Warri. He is a member the Governing Council of the Usmanu Danfodiyo University and has served as the Provost of the College of Health Sciences in the same institution. He has served in the National Universities Commission and Medical and Dental Council of Nigeria as team leader in several accreditation visits to Colleges and Hospitals. At the international level, he has served as consultant to African Epidemiological Network, under CDC Georgia. He has over 90 peer reviewed publications and has supervised over 22 PhD theses and 34 dissertations. He loves to read history and play with his grandchildren.



Workshop for the Development of National Guidelines for Neonatal Care in Nigeria, which held at Dover Hotel Ikeja, Lagos state from 10th to 15th March 2020

**OBITUARY**



Late Dr. Nkechi Anunobi

It is with a deep sense of loss and sadness that PAN announce the death of our member Dr. Nkechi Anunobi. Dr Nkechi Anunobi was a Chief Consultant Paediatrician with the Hospital Services, FCT and an active member of PAN whose cheerful and kind nature will be greatly missed.

Our former President, Dr. Dorothy Esangbedo lost her husband, Dr John Osa Esangbedo in February 2020. The PAN secretary and President represented the Association during the burial ceremonies in Lagos and Edo



NEW PAN WEBSITE is updated and upgraded to open the Association to her members and the world including her partner organisations. The website features members corners, with log in details where members can view their membership and financial status, administration log in, and diaspora pediatricians who wish to partner independently or as a group. The website also updates activities being undertaken with collaborators and partners. Kindly visit the website, log in and update your profiles on [www.pan-ng.org](http://www.pan-ng.org).

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**CHILD ABUSE: AN ESCALATING MENACE IN NIGERIA**

**DATE: 19TH - 23RD JANUARY 2021**

**SUB-THEMES:**

- Technological and Molecular Advances in Child Healthcare
- Adolescent Depression & Suicide
- Genetics in Child Health
- Pneumonia in the wake of COVID-19

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**PRE-CONFERENCE WORKSHOPS**  
**18TH - 19TH JANUARY 2021**

**VENUE:**  
**1000 SEATER TETFUND AUDITORIUM**  
**UNIVERSITY OF UYO, PERMANENT SITE, UYO,**  
**AKWA IBOM STATE**



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2020 - 2022



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PAN IPP with Chairman LOC PAN 2020 at the walk



PAN President at a panel discussion



PAN EXCO with PAN 2020 LOC



Prof P. Abiodun at a workshop during the PAN 2020 conference



Prof T. Slusher during the haematology symposium at PAN 2020



PAN executive council with LOC members



PAN IPP with some PAN members



Haematology symposium during the PAN 2020 conference

PHOTO GALLERY FROM PANCONF 2020