Promoting Compliance to Covid-19 prevention Protocol: Health Education Action Point

Ukandu, Chidiebere. P.*, Echewendu, Ezinne & Ekenedo, G. O.

Department of Human Kinetics and Health Education, Faculty of Education, University of Port Harcourt, Nigeria
**Corresponding Author*

***Abstract*: COVID-19 is a very significant public health problem that has challenged to exhaustion the scientific, technological and medical prowess of all nations including the acclaimed industrialized/developed nations of the world. Owing to the fast spreading nature of COVID-19 and its fatality potential, preventing the spread, treatment and development of vaccine for the virus became topmost priority of world leaders. Although, vaccines have been recently developed, eliminating the source of infection, cutting off the route of transmission, and protecting people from COVID-19 has been central to the actions of health authorities. Therefore, the need to leverage on health education. Health Education is important components of disease prevention activities in general, but during disease outbreaks and health emergencies. This paper is review on the trends of COVID-19 with particular focus on compliance prevention protocol and compliance. Most importantly, the reviewed and identified health education action points for improve compliance to COVID-19 prevention protocol.**

***Keywords*: COVID-19, COVID-19 prevention protocol, compliance, Health Education action point**

I. INTRODUCTION

COVID-19 is a very significant public health problem that has challenged to exhaustion the scientific, technological and medical prowess of all nations including the acclaimed industrialized/developed nations of the world. Anozie, Ikeotuonye, Nwokporo, Esike, Ewah, Azuogu, Nwafor, and Ukaegbe (2020) also observed that COVID-19 is a public health emergency of international concern which has voraciously infected people in all the countries of the world with its effects having spared no country regardless of technological or scientific advancement.

COVID-19 is a nomenclature ascribed to a viral disease that broke out in China in 2019 but had its first significant pandemic expression in the first quarters of 2020. The concept, COVID-19 stands for Corona Virus Disease of 2019. This name was given because the first case of the disease was diagnosed in 2019 (World Health Organization, 2020). However, COVID-19 is caused by SARS-CoV2 which means Severe Acute Respiratory Syndrome Corona Virus 2. By implication, COVID-19 is a communicable viral disease that severely affects human respiratory system. Thus, it causes breathing difficulty, cold, catarrh, oxygen suffocation among other health challenges. Labban, Thallaj and Labbban (2020) on the etiology of the disease revealed that the incubation period of the virus is up to 14 days with symptoms like fever, cough, muscle pain, difficulty in breathing and fatigue. They further noted that the severe cases of the virus present symptoms of acute respiratory distress syndrome, progressive pneumonia, sepsis, organ failure as well as septic shock which often lead to death.

Almost by the middle of the month of March, COVID-19 was conceptualized as a pandemic. A pandemic disease is a disease that know no national boundary (Achalu, 2010). It is a disease that infects everybody all over the world (though sometimes demographic disparity do factor in). So, due to the rate at which COVID-19 permits countries across the continent with over 200 countries becoming victims, COVID-19 was declared a pandemic diseases (WHO, 2020).

Owing to the fast spreading nature of COVID-19 and its fatality potential, preventing the spread, treatment and development of vaccine for the virus became topmost priority of world leaders. Although, vaccines have been recently developed, eliminating the source of infection, cutting off the route of transmission, and protecting people from COVID-19 has been central to the actions of health authorities. The disease which is predominantly transmitted through respiratory droplets and contact (Yang & Wang, 2020) has prompted the institution of COVID-19 protocols including social/ physical distancing, use of face mask, regular washing of hands with soap and running water, isolation of individuals who show symptoms of infection or who have had contact with an infected person, use of alcohol-based hand sanitizers as well as quarantining of confirmed cases of the disease.

Regardless of the various prevention and control protocols provided by the various health authorities, there has been second and third waves of COVID-19. The continuous spread of the disease is an indication that majority of the populace are not religiously observing the practice necessary for the control of COVID-19 or question the efficacy of the control measure in flattening the curve of the incidents. But most especially, the compliance rate since compliance is more prime to the control effectiveness.

Compliance means to follow a directive(s) religiously. It is a common terminology in social economics and health sciences. Public health-wise, compliance, according Subho (2014) is a relative term which means the extent to which a patients' healthcare-seeking behaviour (in terms of taking medication, following diets or executing lifestyle change) coincides with recommendations by healthcare providers or with health and medical advice.

However, considering that the present study is not factored into patients, rather, the healthcare workers, compliance was taken to mean the extent to which healthcare workers' behaviour or practice regarding COVID-19 prevention and control protocols aligns with the recommendations by health authorities. This definition correlates with the definition proposed by Jin, Sklar, Oh, and Li, (2018) in which compliance was defined as the practice of obeying rules or requests made by people in authority.

Health Education is important components of disease prevention activities in general, but during disease outbreaks and health emergencies (Achalu, 2019), and play a key role in an active response by offering well-established tools (especially important in the absence of specific drug therapies and vaccines) to communicate and engage quickly and effectively with the public and prevent infections.

Primarily, Health Education involves the communication and dissemination of information facts or knowledge related to health and disease aimed at improving health status of individuals, family or community. Communication is the core process of health education without which health education cannot occur. Health education and communication is based on transfer of information, ideas, emotions, knowledge and skills from person to person. This paper there reviewed the trends in COVID-19 prevention, highlighting action points of health educator as key stakeholder in the fight against COVID-19.

II. THE CONCEPT OF COVID-19

As usual, the conceptualization of diseases is a very straightforward task. The focal requirement is often the cause (virus, bacteria, fungi or protozoa), the nature (communicable or non-communicable), mode of transmission, and sometimes the discoverer or areas that the diseases was found as in case of MERS (Middle East Respiratory Syndrome). In the case of COVID-19, the conceptualization was founded on three epidemiological basis, (1) the cause of the disease (2) the nature of the disease and (3) the year of detection. These conceptualization foundations were found in WHO's nomenclature and definition of COVID-19.

In the early part of 2020, WHO named the sparingly detected virgin disease in China (precisely in the city of Wuhan) COVID-19. This name was rationally based on the facts that it is caused by coronavirus and was first detected in 2019. WHO (2020) thus, defined COVID-19 as "an infectious diseases which is caused by a newly discovered version of corona virus. A critical look at the WHO's definition will tell that COVID-19 is a communicable disease (an infectious disease). This means that the disease can be passed from an infected person to an uninfected person or animals to humans. It is also disclosed in the definition that COVID-19 is a viral infection. This implies that is caused by a virus.

COVID-19 is caused by a unique version of corona virus known as SARS-CoV2. SARS-CoV2 stands for Severe Acute Respiratory Syndrome Corona-virus 2. Coronaviruses are a group related RNA (Ribonucleic Acid) viruses that causes diseases to mammals and birds. Majorly, coronaviruses cause respiratory disease which ranges from mild to fatal respiratory diseases. Mild disease conditions caused by coronaviruses include common cold while fatal ones include Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and COVID-19.

Coronavirus belongs to the family of *Coronaviridae*, sub-family of *Orthocoronavirinae* and order of *Nodovirales*. The the viruses are encapsulated with a positive-sense single strand RNA genome and nucleocapsid of helical symmetry. Intriguing about the genome of coronaviruses is that they have one of the largest genome size of viruses which is about 26-26 kilobases. Furthermore, they possess club-shaped spikes that protrude from the circumference, hence their name – corona (meaning crown).

The name "coronavirus" is derived from Latin *corona*, meaning "crown" or "wreath", itself a borrowing from Greek, "garland, wreath"(International Committee on taxonomy of Viruses [ICTV], 2017) The name was coined by June Almeida and David Tyrrell who first observed and studied human coronaviruses (Terryl & Fielder, 2002). The word was first used in print in 1968 by an informal group of virologists in the journal of *Nature* to designate the new family of viruses. The name refers to the characteristic appearance of virions (the infective form of the virus) by electron microscopy, which have a fringe of large, bulbous surface projections creating an image reminiscent of the solar corona or halo. This morphology is created by the viral spike peplomers, which are proteins on the surface of the virus (Lalchhandama, 2020).

Nigeria response to and Adoption of COVID-19 Prevention Protocol

In response to the reports of the coronavirus disease in Wuhan, China in December 2019, the NCDC published a notification of a new virus on its website on January 7, 2020. Subsequently, on January 26, 2020, the NCDC established a Multi-sectoral National Coronavirus Preparedness Group (NCPG) in order to ensure a cohesive and effective coordination of the country's preparedness efforts. The NCPG met daily to review global COVID-19 epidemiology, assess the risk of spread, and initiate measures to strengthen the country's preparedness for early detection and timely response in the event of a COVID-19 outbreak in Nigeria. An inter-ministerial Multisectoral Technical Working Group was inaugurated at the Federal Ministry of Health on January 31, 2020, to further strengthen preparedness.

Measures instituted by the NCPG included strengthening in-country diagnostic capacity for the testing of COVID-19 by leveraging and optimizing three existing laboratories within the NCDC molecular laboratory network and assessing existing infectious disease treatment centres with a focus on identifying gaps and developing plans for case management. Interim protocols and protocols for case management of COVID-19 were developed while the Nigeria

Pandemic Influenza Preparedness and Response plan was reviewed for relevance to COVID-19 response. Infection prevention and control (IPC) and case management trainings were conducted for frontline health care workers in designated treatment centres.

Following the confirmation of the first COVID-19 case in Nigeria on February 27, 2020, the NCPG transitioned to a national Multi-sectoral Emergency Operations Centre (EOC) at the NCDC. The EOC was activated at level three, the highest level of response in the country intended for public health emergencies requiring national coordination and use of all available resources for the response. The EOC comprises multiple pillars, including: coordination, surveillance and epidemiology, case management, laboratory, Points of Entry (PoE), IPC, risk communication, logistics, and research. POE and case management pillars are led by the Departments of Port Health Services and Hospital Services of the Federal Ministry of Health respectively. Sub-national EOCs were activated in both Lagos and Ogun states to coordinate the response in the first two affected states. National multidisciplinary rapid response teams (RRTs) were strategically deployed to the initial two states (Lagos and Ogun), plus FCT, and then to all states to strengthen coordination and response activities at the state and local government area (LGA) levels. The national RRTs, comprising NCDC staff and graduates/residents of the Nigeria Field Epidemiology and Laboratory Training Program (NFELTP), provided technical and logistical support at the state and sub-state levels.

At the national level, the Presidential Task Force (PTF) on COVID-19 was established by the President of Nigeria on March 9, 2020, with an overarching mandate to coordinate and oversee the country's multi-sectoral and inter-governmental efforts both to contain the outbreak and to mitigate the impact of the COVID-19 pandemic in Nigeria. The National COVID-19 Multi-Sectoral Pandemic Response Plan was adopted by the PTF in March and serves as a blueprint for a whole-of-Government response.

Given the novelty of the virus, the evolving nature of transmission in Nigeria from imported cases to clusters of cases to community transmission and level of response implemented, the NCDC EOC convened a mid-action review meeting on May 9, 2020, to strategically review the existing response approach, share lessons learnt, and identify key opportunities for improvement and further collaboration. The outcome and key recommendations of the meeting in line with the emerging data and global best practices have been used to improve response strategies, drive control and prevention measures against the disease, as well as focused interventions to strengthen the health system. The gaps identified include poor utilization of state level public health EOCs for coordinated responses, sub-optimal utilization of data to guide decision making, delayed turn-around-times of laboratory results, non-standardization of case management across treatment centers and poor adherence to IPC practices in health care facilities. Several intervention measures were instituted which include training and mentorship of State EOC teams on the incident management system as a tool for outbreak response coordination, development and operationalization of data management, analysis and use plans, deployment of the electronic surveillance system to laboratories to speed up the release of results, the establishment of a community of practice for COVID-19 case managers and deployment of online IPC training programme for health care workers.

On March 30, 2020, the President of Nigeria issued a series of stringent non-pharmaceutical interventions, including stay-at-home orders and cessation of non-essential movements and activities (collectively referred to as a "lockdown strategy") in Lagos and Ogun States and FCT for an initial period of 14 days, extended for an additional 21 days in the same three states and adding Kano State. The states were selected based on a combination of the burden of disease and their risk: Lagos State was the initial epicentre of disease and had the highest number of cases; Ogun State borders Lagos State, was the source of the index case, and has a highly urban population with a high rate of travel into Lagos State; the FCT had the second-highest number of cases at that time. After the initial two-week lockdown period, incidence in Kano increased rapidly, prompting inclusion in the lockdown. The lockdown included closure of schools and workplaces, bans on religious and social gatherings, cancellation of public events, curfews, restrictions on movement, and cessation of interstate and international travel. Alongside the federal lockdown in Lagos, and Ogun States and the FCT, many states adopted measures as well, including school closure, movement restrictions, and curfews.

The lockdown strategy was a drastic and temporary measure implemented with two objectives: first, to slow the spread of the virus across the country, and second, to buy time for the health system to increase its preparedness. During the lockdown period, the NCDC worked with all states to enhance contact tracing activities and increase capacity for case detection and treatment. Treatment centres were expanded from an initial single centre in Lagos with 35 beds, as of February 29, 2020, to 38 centres with 1055 beds by April 14; by May 30, 2020 Nigeria had 121 treatment centres with 6550 beds. In the four-week period, the number of laboratories able to carry out COVID-19 testing increased from the initial three to 13 laboratories in 10 states as of April 15, to 28 in 18 states by the end of May. More than 13 000 health care workers were trained on IPC as well as on COVID-19 case management and personal protective equipment (PPE) and response commodities were deployed across the country to reinforce and better prepare the multi-sectoral response.

Despite bans on interstate travel, the virus had already spread geographically. Ten states reported their first COVID-19 cases during the first 14-day phase of the Federal lockdown, while an additional 13 states reported index cases in the second phase of the lockdown. Index cases in several states were traced to domestically exported cases from Lagos State and FCT (NCDC, 2020). Nearly three-quarters (74%,

n = 7532) of current cases have no known epidemiological link, suggesting substantial community transmission. Cumulatively, as of May 31, 2020, 337 of Nigeria's 774 LGA have reported a confirmed case.

In summary, Nigeria response to COVD-19 constituted the adoption of formal control protocol for epidemic disease. The control approach involved social activities restrictions such as closing of schools, churches, and other forms of gathering that involves the convergence of large population of people, ban on international travel, closing of international and state borders, continues sensitization of the people on social distancing, proper coughing and covering of mouth techniques, regular hand washing, use of hand sanitizers using all the possible media, and compulsory wearing of facemask and face shield.

COVID-19 prevention protocols and measures (WHO, 2020, NCDC, 2020):

When it dawned on the world leaders that COVID-19 is a beast disease that has appeared to wipe humans from the surface of the earth, the urgency to control and prevent its spread became a high priority for all health organizations. As such, the leading health organization – WHO, CDC, and other relevant health organization developed a prevention and control protocol for all nations to adopt. Some of the COVID-19 prevention protocols can be explained below:

Restricting mass gathering. Stopping COVID-19 pandemic through limiting mass celebration is actually a vital goal of hygienic prevention of the disease. COVID-19 is spread out from one person to another through direct contact. Thus, the spread of respiratory illnesses during the mass gathering is a major public health concern with the potential of distribution of these infectious diseases. Based upon an earlier understanding of SARS and also MERS contaminations, thus, restraining mass party might be the major preventative approach for COVID-19.

Avoid touching eyes, nostrils and mouth. Hands contact lots of surface areas as well as may get infections. When infected, hands may move the infection to your eyes, nostrils or even oral cavity. Coming from certainly there, the infection may enter your body system as well as affect you.

Make certain you, and individuals around you, adhere to really good respiratory system hygiene. When you sneeze or even hack, this indicates covering your mouth and also nostrils along with your elbow. At that point deal with the made use of cells right away and clean your palms. This is because through observing great breathing care, you shield individuals around you coming from infections like chilly, influenza and also COVID-19.

Maintain at the very least 1 metre (3 feet) proximity in between you and others. This is because when a person coughing, sneezes, or even talks they spray tiny fluid beads coming from their nostrils or even oral cavity which might consist of infection. If you are actually as well close, you can easily inhale the beads, consisting of the COVID-19 infection if the individual possesses the ailment.

Avoid visiting busy spots. Where individuals integrated in groups, you are actually most likely ahead right into near exchange somebody that possesses COIVD-19 and also it is actually harder to preserve bodily proximity of 1 metre (3 feet).

Regularly and also extensively wash your hands along with an alcohol-based sanitizer or even clean all of them along with detergent and also running water. This is because your hands along with detergent as well as water or from achievable COVID-19 and also various other infections.

Social distance is another protocol issued by WHO (2020). Social distancing is made to lower communications between individuals in a wider neighbourhood, through which people might be actually transmittable. As disease transferred through respiratory droplets call for a particular distance of individual, the social distancing of individuals will definitely minimize transmittal. Instances for social distance include the closure of universities or even office complex and revocation of social markets, as well as the termination of events.

Cleaning and disinfection. It is recommended by the WHO that high-touch areas such as bedside tables and door handles should be disinfected daily with a regular household disinfectant containing a diluted bleach solution (that is, 1-part bleach to 99 parts water). For surfaces that cannot be cleaned with bleach, 70% ethanol can be used. Toilets and bathrooms should be cleaned and disinfected with a diluted bleach solution (one-part bleach to 9 parts water to make a 0.5% sodium hypochlorite solution).

To shield your own self and also others against COVID-19, clean your hands often as well as completely. Use alcohol-based hands sanitizer or even clean your hands with detergent or soap with running water. This is reliable against COVID-19.

Avoid touching your eyes, mouth and also nose quickly after making use of an alcohol-based sanitizer, as it may lead to irritability.

The approved way of using face masks

In the case that you are instructed to wear a mask, the World Health Organization advises the following:

1. Make sure it covers the mouth and nose and fits snugly, minimizing any separation between the mask and the face.
2. Avoid touching the fore front of the mask while you are wearing it.
3. When removing the mask, do not touch the front of it. Instead, use the strap at the back. Once you have taken it off, wash your hands.
4. When the mask is wet, it should be replaced with a clean, dry one.

5. Disposable masks should be thrown away. They should not be recycled to save money, as they do not guarantee

Compliance to COVID-19 Prevention Protocol in Nigeria

Compliance is the act of abiding to internal or external standards laid by organizations or government in order to achieve certain specific goals. Most definitions of compliance are rooted in business development. However, some of the definitions have general application. For instance, Anozie et'al. (2015) provided two generalized definitions; (1) compliance as either a state of being in accordance with established protocols or specifications, or the process of becoming so. (2) Compliance as efforts to ensure that organizations and individual members of a community are abiding by both regulations and legislation.

In public health paradigm, compliance is a prevalent concern because, to a greater extent, it is the hallmark of every successful intervention. No intervention programme can boast of seeing the light of the day without being complied by the target population. Whenever, there is a proliferation of a particular unhealthy behaviour or a disease in the environment, either pandemic or just localized in a particular region, protocols are often provide by health authorities to help curb the incidence of such disease or unhealthy habit. The individual ability to abiding by the protocols or act in accordance with the protocol is conceptualized here as intervention compliance.

Generally, because of the high susceptibility of people to COVID-19, the conventional thought surrounding individual compliance to its control measure would be that of a high optimism that everyone is abiding. Unfortunately, studies have recorded a varied levels of compliance both among the general populace and HCWs. Anozie et'al. (2020) found a poor attitude and practices of COVID-19 control protocol among HCWs in Alex Ekwueme Federal University Teaching Hospital, Abakiliki of Ebonyi State. In a personal discussion with Nurse Damian (the CEO ODC Integrated Nursing Service Nigeria), he disclosed that the COVID-19 prevention and control measure in Nigeria are not adequate to combat COVID-19 in Nigeria especially in the areas of contact tracing, point source prevention and testing amongst others. The study found among others that people of the area heard about COVID-19 but thought it is a disease of the rich and political propaganda aimed to root government treasury. Iorku, Donald, Benedict, Nyajoh and Yaakhu (2020) found that people are not applying the COVID-19 prevention guidelines and that the few that were applying failed to properly apply them. Thus, they concluded that the social distance of 3 feet, use of face mask, regular washing of hands with running water among others were not properly practised and adhered to.

Factors Associated with Non-Compliance to Covid-19 Prevention Protocol in Nigeria

It should be of note that the non-compliance with the Covid-19 Prevention Protocol aimed at curbing the spread of the disease is linked to a number of demographic, psychological and social factors (Hills & Eraso, 2021). Individuals will find it challenging to follow the Covid-19 procedures due to the following factors:

1. Demographic factors (such as gender, age, ethnicity, religion, educational attainment and employment status): The male gender, the blacks and young people believes that they have stronger immune system and are less likely to be infected with the virus and this make them not to comply with the covid-19 prevention protocols (Iorkosu et'al., 2020). Level of education and employment status individual can lead to non-compliance as some organization where people work do not see the spread of the covid-19 as some serious just as those with poor educational attainment. Also some religion believes that covid-19 is a demonic disease and can be eradicated through prayers and this will lead to non-compliance of the prevention protocols.
2. Psychological factors (such as perception, self-interest and pressure): Poor perception of susceptibility and perceived barriers associated with covid-19 spread can lead to non-compliance of covid-19 prevention protocols. if risk of the disease is perceived to be low and there are perceive barriers to engagement, prevention protocol messages such as stay at home messages will be perceived to be extreme and inappropriate (Teasdale & Yardley,2011). Low sense of social responsibility and social consciousness coupled with self-interest values, such as individuals being more concerned about the risk to themselves rather than the risk they would pose to others, have also been associated with non-compliance to prevention protocols (Zhong, Luo, Li, Zhang, Liu, Li, et al, 2020). Also lack of pressure from family friends, government and organization to comply with the prevention protocols leads to its non-compliance.
3. Social Factors (such as financial support, community, family and friends support): Lack of support from a special person, family and from friends both financially, emotionally and psychologically can lead to non-compliance of the prevention protocols.
4. Sources of information about COVID-19 (such as family members, peers, mass media, social media, healthcare centres, health organization, etc.) can influence individual compliance to COVID-19 prevention protocol. Iorkosu et'al. (2020) study revealed that individuals who were informed about covid-19 in healthcare centre complied more to

COVID-19 prevention compared to those that were informed by the peers and family members.

Health Education Action Point for the Promotion of Compliance to COVID-19 Prevention Control

Health education is a social science that uses biological, environmental, psychological, physical, and medical knowledge to promote health and prevent disease, disability, and premature death through education-driven voluntary behaviour modification activities (WHO, 2012). The goal of health education is to favourably influence individuals' and communities' health behaviours, as well as the living and working situations that affect their health (The Open University, 2021). Health education will go a long way toward promoting Covid-19 Protocol compliance because it provides appropriate knowledge about Covid-19 and its prevention protocols and helps people develop a positive attitude toward the prevention protocols. Attitude plays a significant role in changing people's opinions, feelings, and beliefs, and health education aims to foster an attitude that assists people in maintaining healthy practices and behaviours (The Open University, 2021).

People will be able to prevent the deadly disease (Covid-19), maintain and improve their own and community members' health, reduce exposure to Covid-19 risk factors, and adjust their lifestyles to be more able to live without being exposed to the disease (The Open University, 2021) through health education. To accomplish this, the following health education action points must be properly embraced.

a) Changing Perception: The populace' perception about covid-19, its prevention protocols and the efficacy of its vaccine need to be changed through heath education. This can be done through the dissemination of facts and correct information about covid-19, (its mode of transmission, treatment, prevention and efficacy of its vaccine) and deliberated risk communication messages that employ cognitive and affective strategies. This will help to tackle the controversies and bias associated with the disease.
b) Building community knowledge and beliefs through persuasion, continuous health education and communication with the opinion leaders of the community and not by dictating to them what they should do.
c) Framing communication messages with targeted information about risk and disease outcomes in order to persuade young adults to engage in effective behaviours to prevent infection spread.
d) Explaining clearly collective benefits of covid-19 prevention protocol compliance so as to connect people's heads and hearts.
e) Scrutinizing sources of covid-19 Information and enhancing transparent and coherent public communication to address misinformation and the "infodemic"
f) Enhancing and encouraging self-efficacy (i.e, a person's perception of his or her ability to perform the needed health-related actions) with the aim of building compliance to the prevention protocols. Health Educational messages should essentially focus on improving people´s self-efficacy in complying with the prevention protocols. Moreover, more efforts should be invested in targeting females who would act as influential change agents amongst their social networks.
g) Using social media for health communication. SMS text messaging, social media applications, and public digital advertising screens should be used to disseminate efficient general health messages to engage all members of the society, communicate risk and educate the public about COVID-19 prevention protocols as to promote its compliance. Personalized messages and those directed at target populations may act as cues or "triggers" to activate the desired health behaviour which is compliance.
h) Improving cues to actions, such as perceived COVID-19 symptoms, personal advice, exposure to media messages, hand washing facilities or any other factors that can prompt action.
i) Proactively releasing timely information on prevention protocols, modalities and accomplishments in disaggregated, user-friendly and open source formats.

III. CONCLUSION

COVID-19 is a well-established public health problem with global impact. The prevention and control of the spread of COVID-19 requires the concerted effort of all public health promotion stakeholders – health educators inclusive. Health education is very play important role in preventing epidemics. Thus, every nation must leverage on it to ensure proper orientation of the masses and healthy behaviour through intervention design, development and implementation. Enabling people to increase control over their health and its determinants is at the core of health education. As such, health education may paradoxically be more important in this time of crisis than ever before. As a discipline within public health and a field of professional practice, health education can contribute to addressing the CoV-2 virus threat at different levels, at the downstream level focusing on individual behaviour change and disease management, at the midstream level through interventions affecting organizations and communities and at the upstream level through informing policies affecting the population.

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