



NIMR NEWS

NIGERIAN INSTITUTE OF MEDICAL RESEARCH VOL. 1 NO 3. JAN -JUNE, 2004

An interview with the D.G -Nigerian Institute of Medical Research

By NIMRNEWS Editorial Board

Editorial

This edition of NIMRNews focused more on facts finding mission by engaging the helmsman (The Director-General) in an exclusive interview.

This makes this edition very juicy and detailed. You will in no doubt find it very interesting as it will answer many of your queries on certain issues bothering your mind about the institute.

Public Health Division is the focus of this edition. The capacity of the division, achievements, contributions and knowledge through various publications, has shown that given more favourable environment to work many public health problems in the country will be a thing of the past

NIMRNews is posed to give you update on the library, staff movements, promotions, retirements and other news. This edition is no exception. Welcome on board for yet another interesting edition of your informative magazine.

NIMRNEWS: Sir, what will you consider as your achievement in the past four years?

DIRECTOR-GENERAL: The first thing I ensure I did was to create an enabling environment especially for health research. This, I considered as my primary objective since I am an insider and know exactly where the shoes pinches. No matter how talented one is, without an enabling environment for research, the achievement won't be much. In developed countries, they are able to achieve much because of the enabling environment. The welfare of the staff was considered paramount and given prompt attention. Staff transportation was provided; dilapidated buildings were rehabilitated, there was improvement in horticultural look of the institute's environment, grounded vehicles were repaired and computers were made available to every division.

Grants to the Institute were local and international and they just don't come easy. They are highly competitive and to stand a chance you must have track record to enjoy the confidence of granting bodies. On coming in, national and international training were organized and we started sourcing for grants. The first grant was received in 1999 and I ensured that there was transparency, accountability and commitment, thereby gaining the confidence of the granting bodies. Now virtually every division has one grant or the other; these have gone a long way in augmenting our shortfall from the government's subvention.

NIMR NEWS: What are your constraints during this period?

DIRECTOR-GENERAL: The major constraint is funding. Though the institute's donor partners are trying; the fact remains that you do not whip a willing horse to



death. Talking about the government subvention, for the past four years nothing has been received. It is only this year (2004) that something has come to the institute from the government.

Between the first and second quarter of 2004, we have eleven projects to execute and if these are executed properly it will go a long way in uplifting various components of the institute.

Secondly it is not easy to carry everybody along because of the differences in human behavior, perspectives, reactions and attitude. All these have a way of rubbing off on NIMR's programs. I always tell the research group of the need for collaborative research because for every problem, you can look at it from various research perspectives. It could be from immunological, viral, biological and economical point of view so as to find a better solution. The more collaborative we are the more our chances of getting international grants.

Lastly the topography of the institute which made it prone to flood is a problem for the institute. The dilapidated buildings need to give way for modern ones. However plans are on the pipe line to find a lasting solution to these problems.

NIMR NEWS: Sir, if you are given a desirable and favorable conditions, what would you like to do?

DIRECTOR-GENERAL: I would like to focus more on human and infrastructural development. Improve on the facilities to work with and continuous improvement of the working environment.

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NIMR NEWS: Sir, on NIMR triangular piece of land what is the present position concerning it?

DIRECTOR GENERAL: The land was given to the institute during the colonial rule. It lied fallow through colonial rule to independence. Due to lack of fund, we were unable to develop it. When Alhaji Jakande became governor he liaised with the institute to use it for metro line in exchange for a similar mass of land in Victoria Island. The agreement was drawn but sadly the metro line never materialized and Jakande tenure came to an end.

The first major problem started when Brigadier Adisa allocated the land to some Brigadiers and Majors, NIMR never knew this until work commenced on the site. Upon enquiry this was discovered and on the advice of our Lawyer, we went to court and got a court injunction suspending work on the land. When Chief Olusegun

Obasanjo became the President of the Federal Republic of Nigeria, he set up a panel headed by Oluwole Rotimi to recover government lands that had been forcefully acquired and are in the hand of individuals. NIMR carried her case to this panel and it was established that the land actually belongs to the institute. But recently, the Lagos state government became interested in the land and used all its might to allocate the land to labour mass and cross country. The institute went back to court and the case is still pending in court. Meanwhile a section of the land which was not taken has been fenced by the institute with our sign post mounted to indicate NIMR ownership. Efforts are also been made to clear the refuse at the extreme right and fence the remaining part.

NIMR NEWS: Thank you very much sir, we would like to get some clarification on the issue of NIMR Guest House?

DIRECTOR-GENERAL: The twenty two room Guest House belong to the Institute. It was only given out on lease to Pentagon. Initially, a catering unit was set up, but the Chief Executive then in the person of Prof. Essien said that his experience with something like this has not been pleasant. He noted that since those going to work there are still staff of the Institute, they will take it as government business. It was then suggested that it be put on bid and Pentagon won the bid; they were to pay a particular sum of money to the Institute as rent every year. In 2003 and 2004, Pentagon defaulted in payment of the stipulated rent and after given some time to pay and they did not, the matter was taken to the governing board and it recommended that the Guest house should once again go on bid. Another body won the bid and when Pentagon got to know, refused to park out. The Governing Board directed the management to use all means to force Pentagon out of the place. A meeting was held by the Director-General, some Management staff and the Chief Security Officer and a decision was reached that no staff of Pentagon would be allowed into the premises. This decision was taken on a Wednesday and by the time I was coming to work on Thursday; I saw their staff hanging outside the gate. This

yielded result to an extent because it made them pay the 2003 rent. They however begged for about 3months moratorium to pay 2004 rent. But once again, they defaulted and dragged the Institute to court thereby preventing another tenant from moving in. But they are wasting their time, because sooner than later, they will come to their knees once again. In view of this development, management sent out a circular that NIMR as an institution should not patronize Pentagon as a guest.

NIMR NEWS: Sir, we would like to know about the issue of economic rent on NIMR Staff leaving in the quarters?

DIRECTOR-GENERAL: The problem of economic rent is the one we created for ourselves. NIMR used to rent quarters outside the compound for her staff two years before the issue of economic rent started. But due to constraints of fund and government policy, NIMR have to stop renting quarters outside the institute. When the issue of economic rent came up, those displaced from the rented apartment petitioned and put an end to discussion on economic rent.

NIMR NEWS: Sir, you once promised to make available a bus to the Institute to supplement what we have now so that more members of staff could benefit from it? When will this materialized

DIRECTOR-GENERAL: Once again, I tell you that funding is a constraint. It is unfortunate how people treat government properties. The Institute used to have a big coaster bus, one day it stopped at Ikeja and it was discovered that the problem was with the engine for lack of oil. It was towed to the institution and the service of a mechanic was employed. Unfortunately, the mechanic complicated its problems after working on it, the bus never worked again.

NIMR NEWS: Sir, won't the issue of monetization affect transportation especially staff bus?

DIRECTOR-GENERAL: NIMR as a body has not been monetized and therefore we get for ourselves whatever we could pending monetization.

NIMR NEWS: Sir, without any bias, I will like to say that a well equipped library should be found at the heart of any research institute. What we have presently may be regarded as reading rooms?

DIRECTOR-GENERAL: I quite agree with you that NIMR needs a comprehensive Library. But I want to point out that we once had a Library where the Molecular and Biotechnology division is, presently. When the administrative building was completed the Library was moved to the third and fourth floors. At a time, the Japanese Government wanted to build a Library for us. They were instrumental to equipping our Laboratories. They brought in equipment worth more than 4 million Japanese Yen with a condition attached to it. The condition was that the Federal Government of Nigeria pay a counterpart funding every year to ensure the sustainability of the equipment. The counterpart funding was just a meager amount but they were strict on it. The first and second quarter were paid and when the third quarter could not be paid, the Japanese Government pulled out thereby aborting the proposed Library complex and the collaboration. But we still have plan to set up a Library but the fact is that Government will always ask you not to start any new project. The Institute is looking for what she could do to ensure the project kick-off and then get government to support. There is also this plan of getting individuals to help build a new Library.

NIMR NEWS: Sir, what is the Institute doing to generate revenue?

DIRECTOR-GENERAL: There are a number of areas which the Institute has set up to generate fund. The business centre for example is there for that purpose though its efficiency is in doubt because it has no internet facility. We are also trying to expand on health care, to improve the out patient care unit with the ultimate hope of generating revenue. We want to establish a Clinical Centre that will provide services to outsiders and staff. We are also looking at the possibility of running an ante-natal unit, employ the services of a Pediatrician and

Gynecologist, expand the Diagnostic Unit, and institutionalize training. All these are with the sole aim of generating revenue.

NIMR NEWS: Sir, it is pertinent that NIMR as an institution should have a journal and we are aware that a committee was set up towards it. We would like to know what is next on it?

DIRECTOR-GENERAL: The Governing Board of the Institute has approved that the publication of journal take off but the constraint is funding. We would want it sustained once it is started, so we are doing our possible best to scout for support.

NIMR NEWS: What is happening to your dream of collaborative research activities in the Institute?

DIRECTOR-GENERAL: I have always noised it into the ears of the research group of the need to work as a group in order to get maximum result. One person with two eyes can not see what two or three others will see. Currently research problems tackled from myopic point of view are no longer been accepted for publication. Therefore there should be collaborative research activities in the institute

NIMR NEWS: Still on monetization sir, when exactly do we expect monetization? and what about pension contributory fund?

DIRECTOR-GENERAL: I am also waiting to be monetized. NIMR as a parastatal is yet to be monetized. As for the pension contributory fund, it is been deducted from source.

NIMR NEWS: Finally sir, we would like to ask these three questions in one; what are you doing to ensure that non-research staff also benefit from training, we would like you to speak on your plan for house four and what is your administration doing to improve the level of social interaction among staff of the Institute?

DIRECTOR-GENERAL: On training of Administrative Staff, it still boils down to lack of fund. When money was coming in

easily, every division came-up with her training needs and they were taken care of. However, irregularities in funding has crippled training. It is also pertinent to note that researchers are keener on improving their capacity and thereby surfing the internet to get information unlike their non-research counterpart. But hope fully, if funding improves, everybody will be carried along.

The issue of House 4 is a long story. People had once lived in House 4. In 1999, I wanted to move into House 4, it was renovated, I put in my furniture and window blinds, but suddenly, during a Management meeting, some committee members kicked against it. The issue is that lots of people had at one time or the other lived in house 4, I have slept in House 4 for a whole week. However, there are two schools of thought, concerning the house. One school of thought is that it should be renovated and given to someone, while the second school of thought is that it should be shared into two to accommodate two families.

On Social Interaction: In 1999, I set up a committee headed by Dr. Anyanwu and they came up with the issue that a staff club should be set up but some staff members opted for a canteen so that every member of staff could fully benefit. NIMR once had a table tennis center, football team that represents the institute but somehow all these died down but we are still trying our best to improve on staff social interaction?

NIMR NEWS: Sir, we would like to thank you immensely for creating time out of your busy schedule to grant the Editorial Crew of NIMR News this interview, we assure you that once this issue is published, it will enlighten many darkened and grey issues in the institute. Once again, thank you very much sir

FROM THE HOD'S DESK : Public Health Division

Preamble

The research activities of Public Health Division focus on communicable and non-communicable diseases and other health problems that are of public health importance in the country.

The Division conducts epidemiological (including control interventions), social and laboratory-based research on diseases such as

onchocerciasis, schistosomiasis, filariasis, malaria and, in addition nutrition, reproductive and sexual health, and HIV/AIDS. These research activities are conducted in collaboration with and support of local and international bodies such as the States' ministries of Health (e.g. Ondo, Ogun, Borno, Osun and, Niger), National Control Programs (such as National Onchocerciasis Control Program, National Schistosomiasis Control Program, Malaria Vector Control Unit/Roll Back Malatia), the African Program on Onchocerciasis Control

(APOC), the German Technical Cooperation (GTZ), the office of Population Research, Princeton University, USA and the Swiss Tropical Institute. Others include the Applied Research on Child Health (ARCH) project of Boston University School of Public Health under the auspices of USAID in Washington, the WHO, UNICEF, the National Institute for Communicable Diseases, the University of the Witwatersrand, Johannesburg, South Africa and the Centre de Recherche Entomologique du Benin, Cotonou.

SPECIAL FEATURE FROM PUBLIC HEALTH DIVISION

THE MOLECULAR ENTOMOLOGY AND VECTOR

Vector-borne diseases constitute major health hazard in Africa and in spite of control efforts, their vectors stay one step ahead of man by rapidly evolving multiple survival mechanisms. While vector control methods are available for the interruption of disease transmission, their effectiveness has been limited by logistic problems and development or resistance to insecticides. There is therefore a need to identify other approaches that will remain effective even in the face of growing drugs and insecticide resistance.

Recent developments in molecular biology (a powerful tool for the study of disease transmission) and the knowledge of classical entomology provide opportunities for better understanding of human-vector-parasite relationships. Among these recent developments are: germ line transformation of mosquitoes, molecular genetic markers for the identification of cryptic species, gene flow studies and detection of resistant genes from a variety of disease vectors. Understanding the population biology of mosquito, for instance, is a prerequisite for their control, and molecular genetic

markers are indispensable tools for population study. Currently, the potential application of genetically modified (transgenic) mosquitoes for the control of mosquito-borne diseases is receiving Considerable attention. Availability of infrastructures for molecular biology research and the application of molecular biology techniques are still at infancy stage in Nigeria. Consequently, little has been done to provide related information for the control of major mosquito borne diseases in the country.

The Molecular Entomology Laboratory in Public Health Division is engaged in studies on vector population dynamics, vector-human parasite relationships and, the molecular basis of vector resistance to insecticides with special focus on malaria and filariasis vectors. The long term goal is to develop mosquito strains that are unable to support parasite development which can be introduced into the natural population. The laboratory, which receives financial support from the WHO Special Programme for Research and Training in Tropical Diseases and

the Wellcome Trust, has established facilities for polymerase chain reaction, Spectrophotometry, and a photo-documentation system. The laboratory insectary component cultures live mosquito colonies with special genetic traits such as resistant genes. The laboratory does not only serve the Institute but also serves as reference laboratory to the National Malaria and Vector Control and Roll Back Malaria Programme, for malaria vectors identification while susceptible mosquito colonies are provided for quality assurance of insecticide treated nets

Training workshops and Students industrial attachment are part of the capacity building component of this initiative.

A. SCHISTOSOMIASIS

i) Investigations on the status and production of database on schistosomiasis for Niger State, Nigeria, (Mafe MA et al): GIS database on schistosomiasis distribution and prevalence have been provided for the entire Niger State with information

Up to the school level. This allows for meaningful decision-making, policy development and prioritization on not only schistosomiasis control or monitoring of such intervention but on different aspects of development in the State as the GIS database includes information on physical, human, administrative, education, health, water and other social infrastructures in the State.

ii) Praziquantel Delivery In Mass Treatment of Schistosomiasis (Mafe MA, Adewale B, Idowu ET, Akinwale OP, Adeneye AK, Manafa OU, Sulyman MA, Akande DO, Omotola, BD)

Praziquantel is the drug of choice in the national policy on the disease control and whichever treatment approach that is adopted in the control of the disease, it is important that high coverage of infected persons be achieved to impact on transmission. The best delivery channel for praziquantel in schistosomiasis control in Nigeria is however yet to be determined. This study seeks to identify the most cost effective and sustainable of the 3 channels (PHC, school and, community) for praziquantel delivery in a mass treatment effort in schistosomiasis control.

iii) Social Aspects Of Drug Delivery In Schistosomiasis Control: The Abeokuta Experience. (Adeneye AK, Akinwale OP, Idowu ET, Adewale B, Manafa OU, Sulyman MA, Omotola BD, Akande DO, Mafe MA and Appelt B)

The study seeks to examine the influence of social factors in drug delivery programmes tailored towards community ownership. This will ultimately provide insights on how to develop effective strategies that adequately take cognizance of factors that may impair community participation and sense of ownership in control programmes at the community level.

iv) Willingness to Pay for Praziquantel Treatment (Adeneye AK, Mafe MA, Idowu ET and Akande DO)

Praziquantel, an effective schistosomicide, is the drug of choice for schistosomiasis control. This drug, unlike ivermectin used in onchocerciasis control, is not donated free neither is it subsidized. As such there is a need for infected persons or caregivers to be able to purchase the drug once they are aware that they or their wards are infected. This study examines the willingness of people in a hyper-endemic community to pay for schistosomiasis treatment, with a view to understanding the feasibility of achieving widespread coverage with the drug.

v) Alternative Means of Determining Praziquantel Dosage

for Mass Treatment In Schistosomiasis Control (Idowu ET, Mafe MA, Appelt B, Adewale B, Adeneye AK, Omotola BD, AkInwale OP, Manafa OU, Akande DO AND Sulyman MA)

Current concept in controlling diseases such as schistosomiasis, which requires annual/ biennial treatment as a result of re-infection, focuses on community empowerment and ownership anchored to the Primary Health Care system. Weight is usually the means of determining drug dosage, however given the fact that most communities affected by schistosomiasis are rural with high illiteracy level, an alternative means of determining dosage that is user friendly comes in view. This study compares the use of height as an alternative to weight for praziquantel dose determination in some hyper-endemic communities.

vi) Intra Specific Variations In Schistosoma Haematobium Egg Counts of infected Individuals (Adewale B and Mafe MA)

This study determines the validity of point prevalence data on urinary schistosomiasis when compared to prevalence data derived from increased sampling efforts over many days. The study has implication for those communities on the borderline of low and moderate endemicity in the context of control.

vii) Effect of Praziquantel On Prevalence and Intensity of Intestinal Helminth Infections (SulymanMA, Mafe MA AND AjayiMB)

This study assesses the effect of praziquantel treatment on the intestinal helminthic infections harboured by school-aged children in endemic foci. The study has implication for integrated control of schistosomiasis and soil-transmitted helminths.

viii) Molecular Characterisation of Schistosome Haematobium Infections Using Molecular Techniques (Akinwale OP et al)

The study seeks to characterize Schistosome haematobium parasite from endemic Nigerian communities using molecular techniques. This is with a view to identify epitopes that could be used as potential candidates for vaccine development.

ix) Laboratory Evaluation of the Molluscicidal Properties of Extracts of Some Plants on Biomphalaria Species in Lagos State, Nigeria. (Sulyman MA, Fagbenro-Beyioku AF, Mafe MA AND PeterAM).

The molluscicidal properties of five plants namely Ovaria Chamae, Anthoseleista nobilis, Strophantus bispidus, A ilium ascabonicum and Jactropha curcas were screened on Biomphalaria, the intermediate host of Schistosoma mansoni. The study has implications for identification of potential candidates for molluscicide development for use against the intermediate hosts in schistosomiasis control.

B. ONCHOCERCIASIS

i) Endemicity Status of Some Local Government Areas of Niger State (Idowu ET, Adewale B, Mafe MA AND Bamigbose A)

The established method of justifying ivermectin delivery to a

community is by rapid assessment (RAM) of the community for onchocercal nodules and leopard skin. The values obtained for these indices determine its classification as either hypo-, meso- or hyper-endemic with the latter 2 categories qualifying for ivermectin delivery. This study was carried out to determine the endemicity level of onchocerciasis in 74 communities of 8 Local Government Areas (LGAs) of Niger state to justify their inclusion or otherwise in the ongoing state wide mass treatment for onchocerciasis using ivermectin.

ii) Comparison Of The Use of Height To Weight In Ivermectin Delivery In Mass Treatment Of Onchocerciasis (Idowu ET, Adedoyin JA, Mafe MA and Otubanjo, OA)

This study seeks to compare the use of height to weight in dose determination in ivermectin delivery.

iii) Molecular Assessment of The Long Term Impact of The Use of Ivermectin Nationally on Onchocerciasis Transmission (Adewale B, Awolola TS, Idowu ET and Mafe MA)

The absence of a macrofilaricide or a potential vaccine makes annual mass treatment (for at least 15 years) of endemic communities with ivermectin the most effective method of controlling onchocerciasis. This study assesses the impact of this long-term treatment on infection and transmission using molecular techniques.

C. MALARIA

i) The Use of Pyrethroid Treated Bed Nets For Malaria Control In The Kainji Lake Area: Preliminary Entomological Indices (Awolola TS, Idowu ET, Adeneye AK and Mafe MA)

This community-based study seeks to determine if sufficient protection could be achieved through the use of pyrethroid treated bed nets to reduce malaria transmission and, monitor vector resistance to pyrethroid insecticides over time.

ii) Willingness To Pay For Insecticide Treated Mosquito Nets In Kainji Lake Area Of Niger State (Adeneye AK, Mafe MA, Appelt B, Idowu ET AND Awolola TS)

Currently advocated malaria control strategies prioritize prompt diagnosis, early treatment and use of insecticide treated bednets (ITNs). There are presently very few evidence on the usage and social marketing of ITNs in malaria endemic communities in Nigeria. This study evaluates the social marketing, willingness and affordability of the nets and the re-impregnating potential in the context of rolling back malaria (RBM).

D. VECTOR RESEARCH

i) Molecular Characterization Of Member Of The *Simulium damnosum* Complex From Three Onchocerciasis Endemic Foci In Nigeria (Idowu ET, Awolola TS, Mafe MA AND Otubanjo OA)

Morphological identification of adult *Simulium damnosum* s.l.

has been beset with a number of problems. The identification of actual biting population of adult flies in a community, which Often changes due to migration and ecological change, has implications for the epidemiology of the disease, is essential for monitoring success of control efforts and invasion from other foci. The study seeks to characterize adult *Simulium* flies collected from forest area in Ondo State using Restriction Fragment Length polymorphism Polymerase Chain Reaction (RFLP-PCR).

iv) Molecular Characterisation of Members of The *Anopheles Funestus* (Diptera Culicidae) Group In South Western Nigeria (Awolola TS et al)

Information on members of the *Anopheles funestus* (Diptera Culicidae) group is scanty in Nigeria. Since the nine species in the group are morphologically similar and are virtually indistinguishable in all of their life stages and only *An. funestus* s.s. is recognised as a major vector of malaria parasites, it is important that correct identification of this specie be made to avoid wastage of scarce resources in controlling non-vectors. The project also seeks to determine the distribution of these vectors and their role in transmission in different ecological zones of the country.

v) Insecticide Resistance Study of The Malaria Vector Mosquito In Nigeria

(Awolola TS, Idowu ET and Manafa OU)

Malaria vector control in Africa relies mainly on interventions targeted at adult anopheline vectors through the use of insecticide treated nets or indoor residual spraying. However, resistance of the major Afro-tropical malaria vectors to pyrethroid insecticides used for treating nets has emerged in Africa. In Nigeria, little is known about the susceptibility or resistant status of major malaria vector to pyrethroid insecticide. The overall goal of this study is to bridge this gap in support of the National Malaria Vector Control and the Roll Back Malaria Program in Nigeria.

E. NUTRITION

i) Prevalence of iron deficiency anaemia in pregnant women of Lagos state of Nigeria (Omotola BD and Adedoyin JA)

One of the factors affecting pregnancy, pregnancy outcome and morbidity and mortality of children is the iron status of the mothers during the period of pregnancy. Therefore, this study assessed the prevalence of anemia (using PCV) among pregnant women attending ANC in Shomolu PHC of Lagos state. Other socio-demographic characteristics of the subjects were collected to assist in determining the various causes of anemia.

ii) Feeding and care practices of low birth weight babies in Lagos state, Nigeria (Omotola BD et al)

Babies who are born with low birth weight require more nutritional attention to enable them cope with various childhood (and even some at adulthood) health challenges. This study

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determines how low birth babies are fed and relate this with the various standard infant growth indicators (i.e. height for age, weight for height and weight for age), health and nutritional status of the mothers, health status of the child, etc.

iii) **Community influence, breast feeding promotion and current trends in infant feeding practice in 2 communities of Lagos state: Process, practise and status (Omotola BD, Adedoyin JA and Grange A)**

The practise of exclusive breast feeding has been shown to be the best and safest option for feeding a child. This study therefore set out to document the infant feeding practises adopted by mothers in 2 LGAs of Lagos state (Epe and Oshodi-Isole LGAs). The roles of various socio-cultural, economic and other factors which influence the practise of exclusive breast feeding were investigated.

iv) **Health and nutritional status of women in Nigeria (Omotola BD and Adedoyin J.A)**

Women play major roles in the society, however they are usually burdened by a lot of problems that borders on health and nutrition status. This study determines the health and nutritional status of women in coastal LGAs of Lagos state with a view to documenting their current health and nutritional status and also identifies their major health and nutritional problems.

v) **Needs assessment of the elderly (Omotola BD, Grange A, Olubajo O)**

The needs of the elderly are usually not well taken care of, however they constitute an important group in the society. This study identifies the needs (health, nutritional, shelter and other social needs) of the elderly in the society.

F. RESEARCH ETHICS

(Adewale B, Manafa OU and Adeneye)

Ethics in research involves the recognition of a person's dignity and autonomy in such a way that affords special protection for those persons with diminished capacity. This study seeks to determine the present status of ethnical issues in the country as it relates to obtaining truly informed consents in different cultures and ensuring the benefits of research both to the participants as well as host community. The outcome of this will enable the development of improved methods of obtaining consents in research as well as the incorporation of such findings in public health practice.

G. HIV/AIDS

i) **Knowledge and perception of voluntary HIV counseling and testing among pregnant women in South-West Nigeria: a case study of Ijebu North Local Government Area of Ogun**

State.(Adeneye AK et al.)

Antenatal voluntary HIV counseling and testing (VCT) is one of the several key interventions existing to reduce mother-to-child transmission (MTCT) of HIV. However, the success of these key interventions is dependent upon their widespread by the women and communities. This cross-sectional descriptive study examines the knowledge and perception of women attending antenatal clinics on VCT in Nigeria. The goal of the study is to contribute to the control of MTCT through increased acceptability and demand for confidential antenatal HIV testing by pregnant women as a prelude to the large-scale introduction and use of nevirapine therapy in the country.

ii) **An assessment of the knowledge, beliefs and practices of religious leaders on HIV/AIDS.(Akinwale OP et al).**

H. OTHER PROJECTS

i) **Treatment Failure In Experimental Trypanosoma Vivax Infection of Sahel Goats (Akinwale OP et al)**

ii) **Development of Parasites Banks (Mafe MA, Adewale B, Awolola TS, Manafa OU, Akinwale OP, Idowu ET and Sulyman MA)**

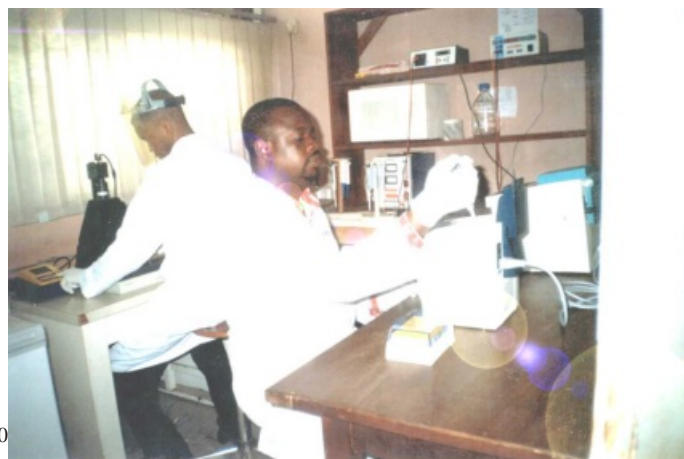
This project aims at developing parasites bank as reference materials in understanding and monitoring changes in parasite constitution.

iii) **Immune status of school children heavily infected with schistosomiasis and its implications on child focused health programmes. (Sulyman MA et al).**

iv) **Monitoring of praziquantel use for possible development of resistance in schistosomiasis control. (Mafe MA et al)**

v) **Parent-child communication on sexuality education in Lagos Mainland Area of Lagos State (Akinwale OP, Omotola BD, Manafa OU, Adeneye AK, Sulyman MA, Idowu ET and Adewale B)**

This study assessed the influence of parent-child communication on sexual education of the adolescent child.



2002 / 2003 SEMINARS PRESENTED BY NIMR STAFF

S/N	SEMINAR TOPICS	PRESENTERS	DATE PRESENTED
1.	Evaluation of Parameters for effective diagnosis of typhoid fever in relation to genotypic traits of <u>Salmonella</u> in Lagos, Nigeria.	Dr(Mrs) Niemogha-Mary Theresa.	04/09/2003
2.	Drug distribution in Schistosomiasis Control	Dr. B. Adewale	06/11/2003
3.	Biochemical and Immunogenic properties of a recombinant plasmodium vivax Thrombospondin Related Adhesive Protein (PvTRAP): A MALARIA VACCINE CANDIDATE.	Dr. Jamiu A. Ogunbanwo	03/06/2004
4.	Haematological and biochemical response to treatment of HIV-1 infection with a combination of Nevirapine + Stavudine + Lamivudine in Lagos, Nigeria.	Dr. N. N. Odunukwe	02/07/2004
5.	Malaria Vector research and networking in Nigeria.	Dr. T. S. Awolola	07/08/2004
6.	Microbicide research and development: Concepts of C31G (Savvy) Phase 3 trial in Nigeria.	Dr. A. Adeiga	07/08/2004
7.	Application of the fluorescent <u>in situ</u> hybridization (FISH) for the detection of clarithromycin and tetracycline resistances in mice co-infected with H. pylori. SSI and X47.	Dr. S. I. Smith	08/09/2004
8.	Willingness to seek voluntary HIV Counselling and testing among Pregnant women in Ogun State, Nigeria.	Mr. A. K. Adeneye	08/10/2004
9.	Enhanced Efficacy of Chloroquine with Chloropheneramine and molecular Correlates of Drug Resistance in children with acute uncomplicated Falciparum Malaria in Lagos, Nigeria.	Mrs. Y. A. Olukosi	03/11/2004

LIBRARY UPDATE

LIST OF JOURNALS RECEIVED BETWEEN JAN AND JUNE 2004

TITLE	VOL	NO	YEAR
Afr. Jnl. of Clinical & Experimental Microbiology	4	1	2003
Afri Jnl of Library, Archives & Information Sciences	14	1	2004
African Journal of Medicine	30/32	4/2	2001/2003
Annals of Saudi Medicine	23	6	2003
Annals of Saudi Medicine	24	1/2/3	2004
Biomedical Services	2/3	1	2003/2004
British Journal of Nutrition	91& 92	1, 3, 4, 6	2004
Bull WHO Org	82	6-7	2004
Environmental Health Criteria	2	30	2003
Environmental Health Perspectives	109	11	2001
Environmental Health Perspectives	111	13,14,15,16	2003
Environmental Health Perspectives	112	1, 2, 5,7,10	2004
Glimpse	25	3-4	2003
International Family Planning Perspectives	29	4	2003
International Family Planning Perspectives	30	1, 2	2004
Iranian Journal of Medical Sciences	28	1&2	2003
Medi Link Journal	2	6	2001
Medicinal Tropical	36	6	2003
NAFDAC Consumer Safety	2		2001
NAFDAC Consumer Safety	2	3	2003
Nigerian Journal of Health & Med. Tropical	37	1	2003
Nigerian Medical. Practical	45	3, 4, 5 & 6	2004
Nutrition Research Reviews	16	2 & 4	2003 & 2004
Pharmanews	26	3, 4 & 5	2004
Proceeding of the Nutrition Society	62	4	2003
Proceeding of the Nutrition Society	63	1 & 2	2004
Public Health Nutrition	6	8	2003
Public Health Nutrition	7	1, 2, 3-4	2004
Revista da Sociedade Brasileira de Medicina Trop	37	2 & 4	2004
Science Council, Republic of China	20	2	1996
Specialist Doctor	9-10	93	2003
The Nigerian Medical Practitioner	44	4, 5 & 6	2003
Waterfront	5		2004
W. African. Jour. Med.	23	1&2	2004
WHO Bulletin	81& 82	11&12	2003
WHO Bulletin	81& 82	1 & 2	2004
WHO Drug Information	17	4	2004
World Hosp. & Health Services	40	2	2004
WHO Technical Report Series	9	10, 21 & 17	2003 2004

LIST OF CD-ROM IN THE LIBRARY

British Journal of Surgery on CD ROM 1996 - 98
 British Journal of Urology on CD ROM 1996 - 1998
 Clinical and Experimental Immunology on CD ROM 1996 - 98
 Development 1997
 Encyclopedia Virology plus
 Essentials of Physiology
 Elsevier Science
 Fundamental Immunology
 Histopathology on CD Rom 1996 – 1998
 Immunology on CD ROM 1997 – 1999
 Journal of cell science 1996/7
 Journal of child neurology
 Monitoring system 2002 global summary
 Mino surgery and skin lesions
 Nature 1992 – 1994
 Neuroanatomy
 Pediatrics in Review
 Sleep Archives 1998
 Surgical Forum 1996 – 1997
 The book chain Anglophone Africa
 The British Journal of Radiology V. 70 1999
 The British Library inside Science user manual
 The British Library inside Social Sciences and humanities
 The Journal of cardiothoracic and vascular anaesthesia
 The Journal of experimental biology
 The laryngoscope 1995 – 1996
 The second visible human project conference proceeding
 Topics in International Health – Tuberculosis
 Topics in International Health – Sickle Cell Disease
 Transaction of the Royal Society of Tropical Medicine and Hygiene 1997/1998
 WHO Vaccine preventable diseases:-
 3.G + B CD Archive

LIST OF BOOKS RECEIVED BETWEEN JAN AND JUNE 2004

ONATOLA, AYO

Basics Librarianship theory practices: A guide to beginners. Lagos: Omega Publisher Ltd., 2004. X, 144p; Illus.

UNAIDS

Progress Report on the Global response to the HIV/AIDS Epidemic, 2003, (follow-up to the 2001 United Nations

General Assembly special session on HIV/AIDS). Geneva, UNAIDS, 2003. 102p, Illus.

WHO

Basic Laboratory procedures in Clinical bacteriology/J van de Pott (et. Al) 2nd ed Geneva, WHO 2003. Viii; 167p; Illus.

Cardiovascular survey methods/Russell. V. Luepker (et. Al) 3rd ed. Geneva, WHO 2004. Xiv, 185p; Illus.

Global strategy for infants and young child feeding. Geneva WHO 2003. Vi; 30p,

Global Tuberculosis control: Surveillance Planning, Financing: WHO report 2004. Geneva, WHO 2004. Viii, 218p; Illus.

Guidelines for essential Training care Geneva, WHO 2004. X; 93p. Illus/

Guidelines for the management of specially transmitted infections. Geneva; WHO, 2003. Vii, 91p; Illus.

MONICA monograph and Multi-media sourcebook/edited by Hugh Tunsell Pedoe; prepared by Hugh Tunsell-Pedoe ... (et. Al) with 64 other contributors for the WHO MONICA Project. Geneva, WHO 2003. Xix; 244p. Illus.

Prevention of Recurrent Heart Attacks and Strokes in Low and Middle-income populations: Evidence-based recommendations for policy-makers and Health Professionals. Geneva, WHO, 2003. Vii; 99p, Illus.

Toman's Tuberculosis: Case detection, treatment and monitoring questions and answers/edited by T. Frieden 2nd ed. Geneva, WHO 2004. Xiii; 332, Illus.

UNOP/UNFPA/WHO/World Bank special Program of Research, Development and Research Training in Human Reproduction. Research on reproductive Health at WHO: pushing the frontiers of knowledge: biennial report: 2002-2003. Geneva; WHO 2003. 43p; Illus

WHO guidelines on good agricultural and collection practices (GACP) for medicinal plants. Geneva, WHO 2003. Vi; 72p. Illus.

ADMINISTRATIVE UPDATE

NEW MEMBERS OF STAFF

1. Alh. A. S. Yunusazazzau	Chief Personnel Officer	HATISS 13
2. Dr. Oliver C Ezechi	Chief Research Fellow (Gynecologist)	HATISS 13
3. Dr. Joan Abdhweyere	Chief Research Fellow (Pediatrician)	HATISS 13
4. Mrs. A.E.N. Okoye	Principal Personnel Officer	HATISS 11
5. Mrs. T.A. Malomo	Principal Accountant	HATISS 11
6. Mrs. E.C. Herbertson	Pharmacist	HATISS 09
7. Miss Elizabeth Haruna	Snr. Confidential Sec	HATISS 08
8. Mrs. N. I. Akintan	Personnel Officer II	HATISS 07
9. Mrs. C. N. Nwofor	Higher Executive Officer.	HATISS 07
10. Miss R. O. Awogbem i	Executive Officer	HATISS 06
11. Miss A. A. Ibrahim	Clerical Officer	HATISS 03
12. Miss C.N. Effiong	Clerical Officer	HATISS 03
13. Mr. S. Akinmulele	Porter III	HATISS 03
14. Mr. S. Yahim	Porter III	HATISS 03
15. Mr. L. Chuku	Porter III	HATISS 03
16. Mr. L. J. Sebastin	Porter III	HATISS 03
17. Mr. F. Ogunshile	Porter III	HATISS 03
18. Mr. Y. Z. Ahmadu	Porter II	HATISS 03
19. Mr. P. A. Monye	Porter III	HATISS 03
20. Mr. M. S. Porter	Porter III	HATISS 03
21. Miss A. Adeniyi	Laboratory Asst.	HATISS 03
22. Mr. S. Agboola	Sanitary Attendant	HATISS 02

ACADEMIC VERIFICATION EXERCISE

This is currently going on within the Administrative Department of the Institute.

DISSOLUTION OF THE BOARD

The Governing Board of NIMR was dissolved. The dissolution of the board was affected by Mr. President, this was after their second quarter meeting for the year held on the 23rd and 24th June 2004.

Mr. G. O. Olaomo, a Motor Driver died on the 19th of February 2004 in a ghastly motor accident along Lagos Ibadan express way. He had since been buried.

Mr. S. Aliyu Asst. Technical Officer with the Institute died on the 14th of June 2004 and was buried on the 15th June 2004.

PROMOTION EXERCISE

The following members of staff of NIMR were promoted with effect from 1st Jan. 2004.

DECEASED STAFF

Mrs M.C Udo, an Asst. Executive Officer died on the 26th of July 2003 and was buried on the 2nd of August 2003.

NAME	DESIGNATION	HATISS	NAME	DESIGNATION	HATISS
Mr. R.N Iwegbu	Asst. Executive Officer	4	Mrs. E. O.	Onwudimeywu Chief Typist	8
Mr. K.O Ologwu	Snr. Clerical Officer	4	Mrs. A. M. Adedeji	Senior Executive Officer	8
Mr. A.B. Essien	Asst. Executive Officer	5	Mr. I. Nwaneri	Principal Executive Officer	9
Mr. S.A Shobande	Asst. Executive Officer	5	Mrs. G. B. Akintunde	Senior Medical Lab. Scientist	9
Mrs. O.S Mbiam	Senior Typist	6	Mr. D. O. Akande	Senior Medical Lab. Scientist	9
Mrs. Ejaife	Executive Officer	6	Mrs. C. T. Opanaugo	Principal Med. Lab. Scientist	11
Mrs. P.O Uwajeh	Senior Typist 1	7	Dr. (Mrs) M. T. Niemogha	Research Fellow 1	11
			Miss V. N. Asianya	Principal Med. Lab. Scientist	11
			Miss O. O. Adewoyin	Principal Librarian	11
			Mrs. O. A. Nwogbe	Principal Librarian	11
			Mr. O. G. Balogun	Asst. Chief Computer Analyst	12
			Dr. (Mrs) R. A. Audu	Senior Research Fellow	12
			Mr. J. E. Uhumwangho	Asst. Chief Med. Scientist	12
			Mr. B. M. Ajayi	Asst. Chief Med. Scientist	12

STAFF RETIREMENT / DISENGAGEMENT

S/NO	NAME	DESIGNATION	EFFECTIVE DATE	REMARK
1.	Dr. S. A. Alabi	Snr. Research Fellow	1/12/03	Voluntary Retirement
2.	Mr. Odiase Michael	Principal Supervisor	3/01/03	Voluntary Retirement
3.	Dr. H.O.T. Ajala	Research Fellow II	21/07/03	Compulsory Retirement
4.	Mrs. I.A. Ogunnaike	Chief Med. Lab. Tech.	12/04/03	Retirement on age
5.	Mr. A. Nwaneri	Porter I	31/11/03	Retirement on age limit
6.	Mr. O. K. C. Obasi	Deputy Director (W & M)	30/01/04	Retirement on age limit
7.	Mr. S.J.P.Umobong	Senior Executive Officer	17/02/04	Retirement on age limit
8.	Mr. R. I. Njoku	Motor Driver	01/03/04	Termination of App.
9.	Mr. M. Nwabudike	Sen. Clerical Officer	08/03/04	Voluntary Withdrawal
10.	Dr. C. A. Okonkwo	Research Fellow	01/07/04	Termination of Appt.
11.	Dr. Ogunbanwo	Research Fellow	19/08/04	Voluntary Withdrawal

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CLINICAL SCIENCES DIVISION

Nigerian Institute of Medical Research
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The Clinical Sciences Division runs an out-patient Clinic for Staff and provides Comprehensive Services for patients living with HIV/AIDs in the community. The following are some of the services provided by the clinic:

- ✚ **Treatment of minor ailments**
- ✚ **Resuscitation of emergency conditions**
- ✚ **Referral of patient to secondary and tertiary centers**
- ✚ **Notification of infectious diseases**
- ✚ **VCT - Voluntary Counseling and Testing**
 - You can just walk into our Clinic or the Clinical Diagnostic Laboratory and request to know your status
 - There are counselors available to help you with necessary information you need to know and prepare you for what to do with the result, if positive or negative.
 - You will pay only a small amount of money for test but none for the counseling services

✚ **Anti- Retroviral Treatment**

- The division provides highly active antiretroviral treatment (HAART) to people who are positive from the HIV test.
- For those who are positive and do not require drugs, we provide other care and support
- There is a special program called PEPFAR, a treatment program financed by the United States Government which makes the testing (which is quite expensive) free and in addition provides drugs. This complements the Federal Government drug-access program which is already in place in the institute.

Clinic Days

For new patient - Monday and Fridays 9.00 a.m

For old (follow-up) - Tuesday and Thursday 9.00 a.m

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- NEW LAV BLOT 1 (WESTERN BLOT CONFIRMATORY KIT) 18 TESTS / PKT
- NEW LAV BLOT II (WESTERN BLOT CONFIRMATORY KIT) 18 TESTS / PKT
- HEPATITIS A, B, C, D, & E ELISA KITS E.T.C.
- MICROMAT II Haemoglobin A1c instrument & reagents for diabetes monitoring
- ARRAYS OF MICROBIOLOGY PRODUCTS

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- PCR MACHINE
- FLOW CYTOMETER

EQUIPMENT:

- VIRAL LOAD EQUIPMENT
- BLOOD BANK EQUIPMENT

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- RUBELLA VIRUS TEST KITS
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