



POLIO AWARENESS WALK AT DISTRICT 9110 CONFERENCE

National Polio Plus Committee: PDG Tunji Funsho - Chairman, PDG Yomi Adewunmi - Vice Chairman, PDG Charles Femi Lawani - Vice Chairman, PDG Kazeem Mustapha - Vice Chairman, PAG Yakubu Ndanusa - Vice Chairman, PDG Obafunso Ogunkeye - Secretary, PAG Remi Bello - Treasurer, PDG Joshua Hassan - PR Adviser, PDG Tolu Omatsola, PDG Ijeoma Okoro, PDG Alaba Akinsete - Representing CRODIGON, PDG Yinka Babalola - Special Representative, DG Wale Ogunbadejo, DG Nnoka Mbanefo, DG Ogiemudia Ikponmwosa, DG Emma Ude Akpeh

CHAIRMAN'S ADDRESS OUTBREAKS OF VACCINE DERIVED POLIO VIRUS (VDPV)

In the last couple of weeks I have been inundated by inquiries from Rotarians and non- Rotarians alike about stories making the rounds that there are new cases of Polio in Africa; Nigeria and Kenya in particular. I want to start off by saying that there has been no case of polio in Africa since August 2015 when we had the last case in Borno state Nigeria. In other words, the polio virus has not paralysed any child in Africa for 20 months now. However, the virus in different forms is still being detected in the environment. Although, in recent times, only Vaccine-derived polioviruses (VDPVs) are being detected and this is salutary to the robust surveillance system put in place by the programme all over the world under the direction of the WHO.

There are three types of the Wild Polio Virus; Types 1,2 and 3. All three caused paralysis until the past few years when no further cases of type 2 and 3 were seen and the type 2 was declared eradicated. However, their vaccine strains still persist in the environment and can cause paralysis. In the past few weeks they have been detected in environmental samples as follows:

Type 2 virus

Nigeria	6 positive samples
Somalia	4 positive samples
Kenya	1 positive sample

Type 3

Somalia	6 positive samples.
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Vaccine-derived polioviruses (VDPVs) are rare strains of poliovirus that have genetically mutated from the strain contained in the Oral Polio Vaccine (OPV). The Oral Polio Vaccine (OPV) contains a live,

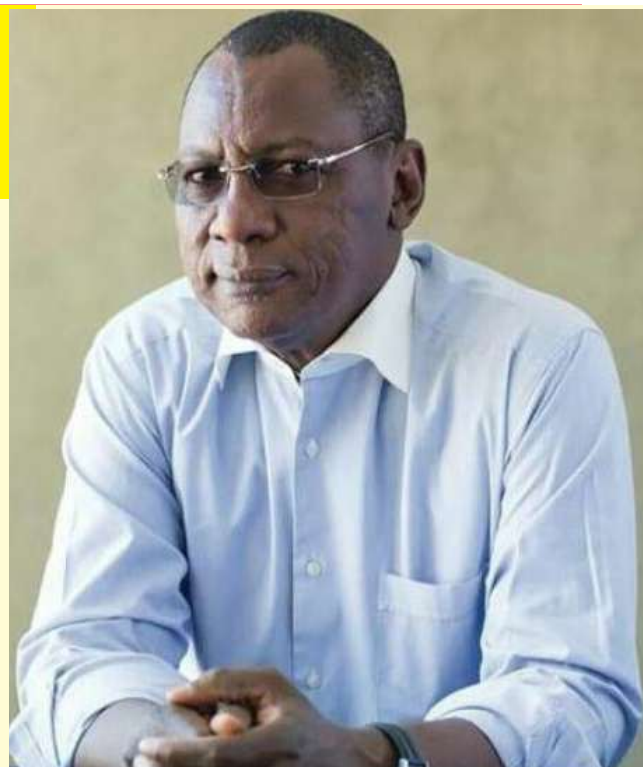
attenuated (weakened) vaccine-virus. When a child is vaccinated, the weakened vaccine-virus replicates in the intestine and enters into the bloodstream, triggering a protective immune response in the child. Like the wild poliovirus, the child excretes the vaccine-virus for a period of six to eight weeks. Importantly, as it is excreted, some of the vaccine-virus may no longer be the same as the original vaccine-virus as it has genetically altered during replication. This is called a VDPV.

On very rare occasions, if a population is seriously under-immunized; as was the case in all the places listed above, there are enough susceptible children for the excreted vaccine-derived polioviruses to begin circulating in the community. If the vaccine-virus is able to circulate for a prolonged period of time uninterrupted, it can mutate and, over the course of 12-18 months, reacquire neurovirulence (the ability to infect and cause paralytic disease). These viruses are called circulating vaccine-derived polioviruses (cVDPV).

If a population is fully immunized against polio, it will be protected against the spread of both wild and vaccine strains of poliovirus.

Circulating vaccine-derived polioviruses is managed in the same way as wild poliovirus outbreaks. This has informed the several outbreak responses in recent times; the last being in Jigawa, Gombe, Bauchi and Niger states in Nigeria which commenced on the 11th May 2018.

The solution is the same for all polio



outbreaks: vaccinate every child several times with oral polio vaccine to stop polio transmission, regardless of whether the virus is wild or vaccine-derived.

Vaccine-derived polioviruses appear to be less transmissible than wild poliovirus. Outbreaks are usually self-limiting or rapidly stopped with 2-3 rounds of high-quality supplementary immunization activities.

Once wild poliovirus transmission has been stopped globally, the vaccine-viruses will be the only source of live polioviruses in the community and could potentially lead to the re-emergence of polio. Use of the oral polio vaccine in routine immunization programmes will therefore be phased out to eliminate the rare risks posed by vaccine-derived polioviruses.

The end game therefore will be predicated on raising the immunity level in all communities to more than 85%, and a gradual switch over to the inactivated polio vaccine (IPV) which has no live polio virus.

So Africa still remains at zero cases for 20 months now but we need to ensure no type of the polio virus is circulating anywhere in the environment.

FROM EDITOR'S DESK

OF VIRUSES AND TROJAN HORSES

Computers are everywhere today doing everything. They make our lives easier but some folks believe that computers will soon take over the world and they will do that by first making humans obsolete. Computers are taking over functions that humans would ordinarily perform. They now constitute the bulk of the assembly line in many of our factories. They cook, they wash, they clean and they drive too! I just read an article about a computer that makes schedules, appointments and calls on behalf of its owner. That is both exciting and frightening! It is exciting because of the limitless potential for its applications but it is also frightening because of what that potential might be in the wrong hands. That is why, the field of Cyber security is becoming a more important and prominent field today. We have to keep bad guys out of our computer systems at all costs and that means building walls and cutting off bridges and access even as the whole world gets more interconnected. Meanwhile the bad people are also trying hard to create means of breaching those walls. New viruses and worms are being created every day. Some of these are called Trojan horses.

We are already familiar with the Trojan horse, the hollow wooden horse that was built by the Greeks and presented as a gift to the Trojans in order to be able to smuggle fighters into their city and breach their defences. The success of that tactic is what led to the fall of Troy. In computing, Trojan horses surreptitiously mask their true nefarious intent in order to be able to access secure individual and organizational computer systems. Once they penetrate, they can disable the system or hold it hostage and difficulties for the owner. They are designed to adapt to beat the security systems that have been put in place to prevent them.

The Poliovirus, is just like the Trojan horse. It is insidious and deceitful. It can also adapt or mutate. The expression of this insidious or duplicitous nature is found in the phenomenon of the Vaccine Associated Paralytic Polio (VAPP) or Vaccine Derived Polio Viruses. Because a Live Attenuated form of it is required to confer immunity through the Oral Polio Virus (OPV) and the antigen mimics the character of the wild virus to confer immunity, the virus has found a way to mutate and cause paralysis in unimmunized children who come into contact with the food or water

contaminated with the faeces of a child who was immunized. As we approach the end of Polio in the wild, these types of viruses are becoming more significant. Last year, whereas we had just 22 cases of the Wild Polio Virus in the world, there were 96 cases of vaccine derived viruses globally mainly in crises zones in Syria and the DRC where immunization services have been hampered. They are mainly a reflection of poor vaccine coverage and wherever they are found, the vaccine coverage needs to be improved dramatically. It is important to note that an immunized child will not contract vaccine derived polio. It only affects unimmunized children. The only defence against all types of polio remains the polio vaccine but vaccine derived polio viruses show us that we cannot afford to leave any child behind. Every child must be vaccinated. It is that simple, really. Vaccinate every child and no child will have any type of polio. So when we do not vaccinate our children, we act like the people of Troy who built a sturdy and well fortified wall to keep out their enemies but allowed a single horse to come in and break down their defences. Vaccines work, vaccinate your child today.

Revised 2018 SIAs Calendar

May	4th -7th May	1st OBR to cVDPV2 in Jigawa & Polio event in Sokoto	1,676,209	mOPV2
May	5th-8th	NIPDs (14+1) Excluding Borno,Yobe & Adamawa	45,502,049	bOPV
May	10th-11th	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability		
May	19th-22nd May	NIPDs (17 Southern States) Excluding Lagos & Kogi	13,368,535	bOPV
May	26th-29th May	SIPDs (Lagos & Kogi)	4,797,705	bOPV
June	9th-12th June	2nd OBR to cVDPV2 in Jigawa & Polio event in Sokoto	1,676,209	mOPV2
July	14th-17th July	Missed bOPV round in May 2018-Jigawa & Sokoto	3,118,521	bOPV
August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara, Katsina & Jigawa	
October	13th-16th October	SIPDs (18 HR States)	31,715,796	bOPV
October	TBD	36th ERC		
December	8th-11th December	SIPDs (Borno + 7 HR States)	7,482,305	bOPV



Rotn Olugbenga Olayiwole
Editor PolioStop

NIGERIA POLIO UPDATE: APRIL 2018

Outbreak Response OBR to VDPV2 in Bauchi, Gombe, Sokoto and Jigawa states Partnership with NPHCDA on Management Support Team (MST)

Following isolation of 6 cVDPV2 and 2 VDPV2 isolates from the environment in 3 LGAs of 3 states in 2018 namely Jigawa State: 5 cVDPV2,2 from Garko Government Day site in Hadejia LGA,3 from Mai Lolo Gabari site in Hadejia LGA ,Gombe State: 1 cVDPV2 ,From Baba Roba Valley site in Gombe LGA , Sokoto State: 2 VDPV2 , From Kofar Dundaye site in Sokoto North LGA

The National EOC deployed Management Support Teams (MST) to support the upcoming outbreak response to cVDPV2 phase 1 from 10th to 14th May 2018 and phase 2 from 2nd -5th June 2018

MSTs visited States and LGAs to provide guidance on solving persistent and emerging management issues and to hold leaders accountable for core actions to improve performance. They also supervised teams and were accountable for the team performance and vaccine accountability for the assigned teams and wards.

Many of the key management issues in these LGAs have been discussed in workshops with the LGA team and the National EOC. These teams composed of members from NPHCDA, WHO, CDC/NSTOP, UNICEF, ROTARY & Core Group. Team members worked together, but also focused on areas of work related to their core functions. For example the NPHCDA focused on overall management, the WHO on microplans, NSTOP on underserved communities, UNICEF on communication and community mobilization, Rotary on Advocacy

and Core Group on community mobilization. However, all team members additionally also focused on vaccine accountability at team and Ward levels.

MSTs are expected to produce a report (outlining key issues, actions taken, and implications for future rounds) upon completion of the field visit. Before departing the State, MSTs are expected to debrief the State team at the State review meeting.

The Management Support Team fulfills these key roles:

Provide guidance and technical support to resolve management challenges during pre-implementation

- Provide leadership to assist in selection. For example, ensuring Ward Selection Committees are functional, their operations are well documented and selections are on merit.

- Ensure sufficient supervision and team deployment based on updated microplans (with sufficient logistics, etc.) based on the recently conducted Household enumeration

- Recommend/support hiring of additional teams where needed, using State/LGA counterpart funds (where available)

- Ensure accountability of the IPD team, including LGA Chairman, Ward Focal Persons, supervisor, and team performance.

- Ensure vaccine accountability and proper

management

Harmonize plans to coordinate fieldwork and address resource constraints

- Implement “one plan, one LGA” approach to integrate all plans into High Risk Operational Plans (HROPs)

- Review HROPs and implementation of LGA action plan to hold teams accountable

- Support the LGA in prioritizing utilization of available funds and other resources.

Provide advocacy to leaders at LGA level

Advocacy with the state and LGA team for issues related to commitments, Counterpart funds, Evening Review Meetings and Supervision.

The teams coordinated with the state technical teams and reported daily to the EOC regularly throughout the field assignment.



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR



NIGERIA 16 MONTHS AWAY FROM POLIO —FREE CERTIFICATION – REPRESENTATIVE OF ROTARY INTERNATIONAL PRESIDENT

The representative of Rotary International President, Mary Beth Selene, is in Nigeria to mobilise financial support for polio eradication.

Selene, a member of Rotary Club of Madison West Towne – Middleton, Wisconsin, United States, said the new intervention is part of the global confidence that polio can be eradicated in Nigeria. Speaking on arrival at the Murtala Mohammed International Airport, MMIA, Lagos, the emissary explained that the yearly visit of the Rotary International

President's representative is to commemorate humanitarian activities and conference of the Rotary District 9110, Nigeria. Rotary, she stated, had been in the vanguard of supporting Nigeria to eradicate polio, noting that Nigeria is a year and four months away from being declared polio free country, thereby leading the world in the fight against polio. According to her, the club would continue to give Nigeria the support it needs financially and morally. Her words: "Nigeria is a year and four months away from

being declared polio free. So, the rest of the world is behind you and we want to support you as much as possible morally and financially. We will give you money and whatever it takes." The Chief Host and Governor of Rotary District 9110, Nigeria, Dr. Wale Ogunbadejo, said the representative of the RI President was always present at the District's yearly conference. "When you talk about polio, you talk about the foundation. So, our guest knows so much about polio. She is inspiring us to do more for Rotary".

From the reporting of Olayinka Latona for vanguardngr.com

How Nigeria's Start-Stop Immunization Battle Is Winning the War to Eradicate Polio in Africa

The 50 million doses of polio vaccine stored in laboratory refrigerators all over Nigeria had a big weekend planned for them. If things had gone as intended, on Saturday morning, May 5, all of the little vials would have been trucked, flown, biked, walked around the all 36 states of the nation – to be delivered to every single one of the 49,882,036 known Nigerian children under 5 years old. But, as things developed, an outbreak of circulating virus in one region of the country upended those plans for routine immunization, replacing them for now with a crisis response in the affected area. The 50 million doses will instead remain on ice until sometime late in June.

That is the start-stop way polio surveillance and immunization works—indeed, is supposed to work. And that's what has allowed Nigeria to go a full 20 months without a single case of paralytic polio. If the country can make it to three years, plus a few extra months as an epidemiological cushion, it will be certified polio-free, which will also mean that the entire continent of Africa is clear of the disease. That will leave Afghanistan and Pakistan as the only nations on Earth where polio is endemic.

'Certification will be an achievement,' says Dr. Tunji Funsho, a former cardiologist who is now the chair of Rotary International's Polio-Plus Committee in Nigeria. "But we're not in a hurry for that. We're in a hurry to make sure no child is paralyzed."

Dr. Funsho would have been one of the ranking officials overseeing this weekend's planned National Immunization Day (NID), which actually would have spanned four days. NIDs are held twice a year in Nigeria, always from Saturday to Wednesday, to help ensure that field workers have two days to visit families when children are home from school. In addition to the semi-annual NIDs, sub-NIDs covering

nearly 23 million children are also held in 13 northern states, which are considered high-risk areas.

The current NID was suspended when routine surveillance of sewage detected traces of live poliovirus in the northern states of Jigawa, Sokoto and Gombe, meaning somewhere in those states at least a few children were carrying the virus — perhaps asymptotically. It had already passed through their bodies and into the environment. Bauchi state, which lies between Jigawa and Gombe, was also likely contaminated.

"When the geneticists sequenced the virus from Jigawa and Gombe they found they were identical," says Dr. Mohammed Soghair, UNICEF's polio field coordinator in Nigeria. "Somebody traveled from one state and shed the virus in the other, and that means it could have been shed in Bauchi too." In response, vaccine teams scrambled to the affected states to administer 2.4 million vaccine doses, hoping to cauterize the epidemiological wound before any cases of actual paralysis could turn up. Only when that situation is stabilized will the NID get underway.

In some ways, the weekend's developments in Nigeria capture the devilishly tricky business of polio eradication overall. There are two types of vaccine used to prevent the disease: the oral polio vaccine (OPV) and the inactivated polio vaccine (IPV). OPV is easier and less expensive to administer and so that's the kind that is used in mass-scale immunizations. The problem is, OPV uses a live, weakened form of the poliovirus to confer immunity, and on extremely rare occasions, that virus can mutate in the environment and actually cause the disease in an unimmunized child. The IPV, which is preferred in the developed world for routine childhood immunizations, uses a killed virus.

The viral samples found in the affected northern states were this vaccine-derived form of the virus—specifically Type 2. Originally, there were three types of wild poliovirus. Types 2 and 3 have been vaccinated into extinction; Type 1 remains at large. The vaccines used in NIDs include protection against both 1 and 3—since 3 was wiped out only recently. Vaccinations against Type 2 were discontinued in 2016, which made it vexing that it was that type that turned up in the northern-state sewage.

"The vaccines might simply have been discarded when they were no longer needed," says Dr. Funsho. "Even when a vial looks empty, there can be some traces of virus left."

To prevent this kind of careless contamination, doctors and other caregivers are cautioned to dispose of vaccine leftovers much more carefully. Vials that are returned to labs can be handled and destroyed like any other medical waste. In villages, empty vials are given something akin to the nuclear waste treatment, boiled and then buried five meters, or about 15 feet, underground. The burial site is then covered with a slab of concrete. In Bauchi state, used vials are taken to the local Ashaka Cement Factory and incinerated in an industrial oven.

It says something about Nigeria that so many of its institutions—political, medical, industrial, to say nothing of the volunteer community—are engaged in the eradication campaign. But it says something about the particular cruelty polio too—a disease that steals the happy, kinetic activity that is supposed to define childhood—that it inspires such immovable human resolve. The virus has no mind. Humans have both minds and hearts. The contest, in the end, isn't even close

By Jeffrey Kluger for time.com

How Imams, Royalty and Family Celebrations are Wiping Out Polio in Nigeria



A Voluntary Community Mobilizer gives immunization information at a naming ceremony

Ramlatu Musaa has never met the Emir of Kano in northern Nigeria. Of course, Ramlatu Musaa hasn't met a lot of people. She's only about a week old, and yet in some ways, the Emir may have helped saved her life. Two years ago, the polio vaccine was available in Nigeria, but it was still frequently rejected by families. Stray rumors continued to circulate that it was unsafe, able to sicken children and render them infertile. So before one of that year's national vaccination campaigns began, the Emir appeared at a public ceremony and called for a vial of polio vaccine to be brought to the stage. With the audience watching, he broke its seal and drank down its entire contents. And with that, vaccine resistance in Nigeria retreated one more step. Ramlatu just got her own, much smaller, two-drop dose of the vaccine to coincide with when the tradition of her region says a baby's naming ceremony should be held. So for Ramlatu, as for many Nigerian newborns, the two occasions were combined.

Her celebration and vaccination took place in a small courtyard in a crowded Kano neighborhood, and the event was packed with mothers and children, along with a few representatives from Rotary International, UNICEF and the Bill and Melinda Gates Foundation. That provided an opportunity for the health care workers to review basic health and immunization guidelines with the mothers, as well as to

vaccinate half a dozen or so other children who were due for their next doses. One modest ceremony resulted in an entire community's health being improved. Opportunity-seizing like that has played a significant role in bringing polio to the edge of extinction here.

"When community surveys were conducted and we asked why children hadn't been at home during a previous round of house-to-house vaccinations, the answer was often that they were at social events," says Dr. Mohammed Soghaier, polio field coordinator for UNICEF. "So we began using weddings, naming ceremonies and more as occasions to get them vaccinated."

Vaccine gaps in Nigeria were also caused by something that doctors regularly see in wealthier part of the world, as well: denial. Parents will head straight for a doctor or hospital when a child is sick or injured, but it can be hard to motivate them to seek preventive medical attention for a disease their children don't have and may never get.

In Nigeria, the trick was to expand the services for acute needs—which had to be expanded anyway—and fold in vaccinations too. Health camps were thus established in communities around the country, attracting families who then get treated for current ailments and protected against prospective ones. "The camps are a kind of bait," says Dr. Imam Wada Bello, an incident manager for the Emergency Operations center in Kano. "They provide health education, as well as malaria testing, treatment for diarrheal diseases and nutritional guidance. And they also provide vaccines."

The blunter term for the strategy is "capture and vaccinate," but whatever it's called, it works. "We're up to 90% vaccine coverage in Kano," Dr. Bello says with no small

amount of pride. "We're going to be together in this until the end."

Mosques, which are so central to communities in northern Nigeria, are also focal points for health education. Despite vaccine resistance in the past, the Imams are now fully engaged in the polio eradication campaign. Earlier this month, Muhamad Nasir Adam, the Imam of Kano, visited the home of Sarkin Yakin, the Emir's representative, to talk about local Islam's endorsement of vaccination.

"God asks people to seek protection and prevention from any harm that might come to them," he said. "A healthy mind and brain will not come from an unhealthy body. We are committed to make sure that a virus gap will not form from a weak chain of religious leaders."

A similar theme was echoed at a small mosque in the Fagge district of Kano shortly before Friday prayers. A group of men, many fathers of small children, gathered with Imam Mujtaba Adam Saleh for one of their twice-monthly meetings to discuss health in general and polio eradication in particular. Equal parts pure science and deep faith, the gatherings have had an impact. At the end of that day's session, one of the men stood and formally declared, "In the past, there were vaccine refusals. Now we are fully convinced and we understand. We are thankful."

Challenges remain. Ramlatu won't have any more naming ceremonies to ensure that she receives the next seven polio vaccines she needs. And even a little carelessness or complacency could bring Nigeria's twenty-month stretch of zero cases of paralytic polio to an end. These days though, the fight to wipe out the disease doesn't come just from the tip of a vaccine vial. It comes from the words of an Imam and the commitment of a parent and the lessons taught by a health care field worker. They are powerful weapons, and Nigerians are increasingly confident that they will do the job.

From the reporting of Jeffrey Kluger for time.com

Determined for Change-Women at the Forefront of Polio Eradication in Nigeria.



Binta Tijjani works to eradicate polio in her native Kano state of Nigeria. She is one of the over 360 000 frontline workers dedicated to ending polio in her country, the vast majority of whom are women. Nigeria is one of only three countries in the world yet to stop poliovirus circulation, together with Afghanistan and Pakistan. Binta has worked in polio eradication for over 14 years. Starting as a house-to-house vaccination recorder, she was soon promoted to the role of polio campaign supervisor and now works as an independent polio campaign monitor.

“My biggest strength is my ability to work closely with our teams to ensure we reach every last child with vaccines, and advising teams so they can ask the right questions and raise important issues in each household they visit,” Binta says. Working with the polio programme often opens up other opportunities for women to enter the workforce and utilize their skills

to contribute to their communities, leading to positive investments beyond polio eradication.

“My work with the polio programme has enabled me to buy land and take care of my children's school fees and our household needs. Currently I've enrolled in a course to get a certificate in catering. My dream is one day to open a restaurant,” Binta says.

Similar to Binta, Halima Waziri has been serving the polio eradication cause in different roles since 2005. Currently Halima works as a lot quality assurance sampling interpreter in Kano state, assessing the quality of vaccination coverage after immunization campaigns in her area.

“I am most proud of engaging in many productive dialogues about polio vaccination in remote and hard-to-reach areas and high-risk communities in Nigeria. This has helped me to improve my interpersonal communication skills and given me confidence in public speaking and influencing people,” Halima says.

With the money she has earned as a polio worker, Halima has opened a medicine store where she sells

medicines and also acts as a community informant and focal point for disease surveillance. Nigeria was on the brink of eradicating polio when a new wild poliovirus case was reported in 2016 after two years without any confirmed cases. Low overall routine immunization coverage is a key stumbling block to eradication, combined with ongoing violent conflict in the northeast where over 100 000 children remain inaccessible for vaccination teams. Nigeria continues to implement an emergency response to vaccinate all children under the age of 5 to ensure they are immunized and protected, including implementing vaccination campaigns whenever security permits, vaccinating children at markets and cross-border points, and conducting active outreach to internally displaced people.

Without the critical participation of women as vaccinators, surveillance officers and social mobilizers, Nigeria would not be as close to eradicating polio as it is today. The latest nationwide immunization campaign, synchronized with countries in the Lake Chad basin, aimed to reach over 30 million children in Nigeria in April.

No wild poliovirus cases have been reported in 2017 or 2018. Binta and Halima, together with an army of frontline workers, are determined to keep it this way and secure a polio-free future for Nigeria.

Source: polioeradication.org

Vaccines Work: How Vaccines have changed our world.



Fear of paralysis, severe illness, or death from polio and smallpox was a very real and pervasive reality for people worldwide just a few decades ago.

In 1977, the world was close to finally being smallpox free. The number of people infected had dwindled to only one man; a young hospital cook and health worker from Merca, Somalia named Ali Maaow Malin.

Before Ali, smallpox had affected the human population for three millennia, infecting the young, the old, the rich, the poor, the weak and the resilient.

Spread by a cough or sneeze, smallpox caused deadly rashes, lesions, high fevers and painful headaches – and killed up to 30% of its victims, while leaving some of its survivors blind or disfigured.

An estimated 300 million people died from smallpox in the 20th century alone, and more than half a million died every year before the launch of the global eradication programme.

Between 1967 and 1980, intensified global efforts to protect every child reduced cases of smallpox and increased global population immunity. Following Ali's infection, the World Health Organization carefully monitored

him and his contacts for two years, whilst maintaining high community vaccination rates to ensure that no more infection occurred.

Three years later, smallpox was officially declared the first disease to be eradicated. This was a breakthrough unlike any other – the first time humans had definitively beaten a disease.

But smallpox wasn't the only deadly virus around. Polio was also at that time causing havoc.

On March 26, 1953, Dr Jonas Salk announced that he had developed the first effective vaccine against polio. This news rippled quickly across the globe, leaving millions optimistic for an end to the debilitating virus.

Polio, like smallpox, was feared by communities worldwide. The virus attacks the nervous system and causes varying degrees of paralysis, and sometimes even death. Treatments were limited to painful physiotherapy or contraptions like the “iron lung,” which helped patients breathe if their lungs were affected.

Thanks to a safe, effective vaccine, children were finally able to gain protection from infection. In 1961, Albert Sabin pioneered the more easily administered oral polio vaccine, and in 1988 through the leadership of Rotary International, the Global Polio Eradication Initiative was launched with the aim of reaching every child worldwide with polio vaccines. Today, more than 17 million people are walking, who would otherwise have been paralyzed. There remain only three countries – Afghanistan, Pakistan, and Nigeria – where the poliovirus is still endemic. We are close to full eradication of the virus – in

Pakistan cases have dropped from 35 000 each year to only eight in 2017.

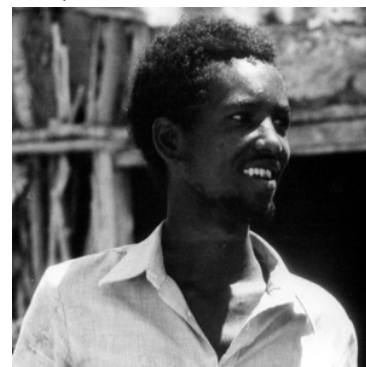
Since there is no cure for polio, the infection can only be prevented through vaccinations. The polio vaccine, given multiple times, protects a child for life.

Thanks to vaccines, the broader global disease burden has dropped drastically, with an estimated 2.5 million lives saved every year from diphtheria, tetanus, pertussis (whooping cough), and measles. This has contributed to a reduction in child mortality by more than half since 1990. Thanks to an integrated approach to health, multiple childhood illnesses have also been prevented through the systematic administration of vitamin A drops during polio immunization activities.

Moreover, good health permeates into societies, communities, countries and beyond – some research suggesting that every dollar spent vaccinating yields an estimated US\$ 44 in economic returns, by ensuring children grow up healthy and are able to reach their full potential.

Ali Maaow Malin, the last known man with smallpox, eventually made a full recovery. A lifelong advocate for vaccination, Ali went on to support polio eradication efforts – using vaccines to support better health for countless people.

Without the life changing impact of vaccines, our world would be a very different place indeed.



Ali Maow Malin

RC ABIJO BRINGS HOPE AND POLIO VACCINES TO OGUNTEDO



Oguntedo seems to be one of those places that everyone else forgot about. It is a community of about 400 to 500 inhabitants in Epe Local Government Area of Lagos State. It is like a settlement lost in time without even basic amenities like electricity, potable water, a functional school or clinic for basic health services. The shortest connection to Oguntedo is through a 30 minute canoe ride from Awoyaya town in Ibeju Lekki LGA followed by another 30 minutes on a sand truck. The primary school in the town and its diesel generator has been abandoned primarily due to lack of access because of the flooded Afa Canal. The school, which was founded in 1982 was last renovated in the year 2000 by the government of Lagos State. Health services are virtually nonexistent without any form of routine immunization service delivery. Outreaches from the Local Government occur rarely due to funding and logistic issues and many of the children remain unimmunized against polio and other childhood illnesses.

This was the condition in which the Rotary Club of Abijo in Ibeju Lekki found this community. In partnership with the health department of Eti-Osa East LCDA, it decided that an intervention, particularly in polio immunization had to be conducted in the community. Led by the club President Rotarian Nkechi Chukwueke and its Vice President Rotarian Lucky Unuode, the club embarked on a series of health missions to Oguntedo.

The first mission was carried out on 14 November 2018. The team which consisted of enthusiastic Rotarians

and staff of the Eti Osa East LCDA health department was well received by the community at the compound of the village head (Baale). Rotarians took the opportunity to address them in Yoruba language on the dangers of polio and other childhood illnesses and the need to be vaccinated against these diseases. Over 60 children were subsequently immunized while drugs and vitamin supplements were given to members of the community. The children were also given pluses like candy and snacks.

The club carried out its second mission on 26 January 2018. Due to the dry season and the recession of the river at Awoyaya, the team had to access Oguntedo through Lagasa town. They took the opportunity to visit the village head of Lagasa and to talk to him about Rotary and polio eradication. It was from Lagasa that the team crossed by canoe to Dongo, a riverine community which is about 15 minutes on a rickety Landrover to Oguntedo village. Dongo is one of about 20 communities in the area, all lacking basic amenities which the government has tagged "Hard to Reach" due to the challenges associated with accessing the place. This probably explains why these places have been neglected.

At Oguntedo, the team was received warmly again and proceeded to deliver health services, including polio immunization. There were a few cases of refusal but these were addressed by Rotarians with pluses and persuasive health talks. In the end, some of the villagers even attempted to give gifts to Rotarians during the visit. The team also gave the villagers some customized polio tee shirts.



On March 3 2018, the Rotary Club of Abijo embarked on its third mission to Oguntedo in conjunction with the health team of Eti-Osa East LCDA. The team was received by the Baale and other elders of the community even as the children were cheering due to the expectation of goodies that always accompany Rotary's visits. The children were immunized against polio and other childhood diseases. A pregnant woman who had interacted with the team during their last visit had been delivered of a baby girl and her baby was given drops of the oral polio vaccine and other immunizations as well. The team also distributed snacks and slippers to the children having observed during the previous visits that many of the children had no footwear.



The Baale and the people of Oguntedo village expressed their joy and gratitude to the members of the Club for their love, thoughtfulness and concern for the people of Oguntedo village.

The team was accompanied on this visit by PAG Uyi Sowobi of the Rotary Club of VGC during who said, "Thanks for inviting me to participate in this Immunization exercise, it was worthwhile. I still find it difficult to believe that this kind of a place is in Lagos. There are a lot of projects to be carried out in this village."

In all, it was a very fulfilling engagement by the Rotary Club of Abijo but more needs to be done for Oguntedo like setting up a clinic, building a bridge across the Afa canal and renovating the school and repairing the diesel generator to power the community to bring it just a little bit closer to the rest of the world.





Dr. Tunji Funsho (Chairman, NNPPC) and AG Remi Bello (Treasurer NNPPC) conversing before taking off for the POLIO WALK in Abeokuta



Dr. Tunji Funsho taking the Lead during the Polio Walk Awareness Exercise at the RID9110 District Conference in Abeokuta



Interview session with Ogun State Television just after the Polio Walk in Abeokuta



Dr. Tunji Funsho (Chairman, NNPPC) flanked by Members of Rotary Club of Lekki Phase 1, during the May IPDs in Lagos



Members of Rotary Club of Lekki Phase 1 in Eti-Osa LGA of Lagos State during the 4-day Polio Immunisation exercise



Polio vaccine being administered to a child at Eti-Osa LGA by a Rotarian from RC Lekki Phase 1



The District Governor, RID9110, Dr. Ogunbadejo, Chairman NNPPC, Dr. Tunji Funsho amongst other Rotary Leaders and Rotarians during the Polio Walk at the District's Conference



We are committed to ending this Vaccine-Preventable Disease, POLIO. - RID9110



Rtn Chika Ekwueme honoured with Meritorious Service Award by NNPPC in appreciation of his efforts toward eradication of Polio in Nigeria



Rtn Chidiebele Nwanelo R. C. Onitsha Metropolis, receiving NNPPC Award as the Best Active Polio Rotarian in D9142



Group photograph of Donors to the PolioPlus Fund, at D9110 Conference



From Left, DG Wale Ogunbadejo, Mary Berth Grownay Selene, RI President Representative to D9110 Conference, receiving End Polio Now materials from Dr Tunji Funsho



Dr Tunji Funsho announcing Ace Comedian ALI BABA as Polio Celebrity Ambassador during D9110 Conference



PAG Kayode Aderinokun receiving Trophy for the Best Active Polio Club on behalf of R.C. Lekki Phase 1



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