

# Poliostop



SEPTEMBER 2018

OFFICIAL NEWSLETTER OF THE NIGERIA NATIONAL POLIPLUS COMMITTEE

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# MEET A FATHER CHAMPIONING FOR HIS CHILDREN'S VACCINATIONS

UNICEF community mobilizers engage mothers and fathers to ensure that every child is safe from polio.



Thanks to the efforts of Hauwa, a UNICEF community mobilizer, Nasiru has taken responsibility for ensuring that all his children receive their polio and other routine vaccinations. © UNICEF/Nigeria



Hauwa inspects a baby's vaccination card. By building up trusting relationships with her community, her health advice gains credibility. © UNICEF/Nigeria

“Please wait, I'll soon be with you,” says Nasiru, the father of six children, as he disappears into his house in GagiMakurdi settlement in Nigeria's northwestern State of Sokoto.

Within minutes, Nasiru reappears, proudly displaying immunization cards with the record of the vaccines given to his youngest three children. It is unusual for fathers in this conservative part of Nigeria to readily know the whereabouts of these documents. Tending to children and ensuring that they stay healthy is usually a mother's job.

“Take a look at the cards. My children Fidausi and Fatima have completed all their required immunization, whilst my youngest, Nana Asmaiu, is well on course to complete his,” he says.

Nasiru is a champion for immunization, but he wasn't always so enthusiastic.

## 20,000 community mobilizers

It was Hauwa Ibrahim, a 46-year-old UNICEF-trained Volunteer Community Mobilizer, who persuaded Nasiru that the vaccine was safe and effective. She is part of a 20 000-strong network of community mobilizers who work across twelve Nigerian states like Sokoto, where some communities have been resistant to polio vaccination.

As recently as 2012, Nigeria used to account for half the world's polio cases. Today, with help from women like Hauwa, no wild poliovirus has been detected in the country since August 2016. There are still many immunity gaps in Nigeria – as underlined by an outbreak of vaccine-derived virus currently ongoing in the country – but in the villages where VCMs like her work, these gaps are beginning to close.

Using a simple register, Hauwa goes house to house in GagiMakurdi to record all children below the age of five, as well as women who are pregnant. It is the same register that Hauwa used to track the pregnancies of Nasiru's wife – Zara'u – and she now uses it to find out who manages the routine immunization schedules of the three youngest children in the household.

## Strengthening routine immunization

This forms part of the polio programme's work in Nigeria to strengthen routine immunization, building on the infrastructure developed to eradicate the virus.

Upon her first visit, Hauwa was determined to convince Nasiru that vaccination against polio and other diseases is important – and that he

should take the children to the health facility.

“My culture does not allow a wife to go outside of the compound, so when Hauwa insisted that we take our children to the health facility for vaccines, I had no way but to go myself. Else, Hauwa would not give up,” Nasiru explains. Whilst he travels with his children, Zara'u takes care of their older siblings at home.

By recruiting locally influential women like Hauwa from communities where some parents are vaccine-hesitant, and training them to be advocates for child health, vaccination rates are improved throughout their neighbourhoods. In some areas, more than 99% of parents now accept the polio vaccine for their child.

“Hauwa resides in this settlement and I trust her; I trust that the advice she is giving is in the best interest of my children,” says Nasiru.

He also notes, however, that he is often the only man at the health facility.

## Engaging all fathers

Hauwa hopes that by encouraging more fathers to take on the parental responsibility of completing their children's routine immunization schedule, immunization coverage will increase across Sokoto. Greater vaccine acceptance and awareness means that children are more likely to receive a life-saving polio vaccine, and other vaccines, whether through routine immunization or through door-to-door vaccination.

Already, the trust that she has built amongst parents in GagiMakurdi has helped surmount many of the barriers that deny children immunization and other health services. In Nasiru and Zara'u's compound, nearly all children are now protected against polio and other vaccine-preventable diseases.

Only their baby, Nana Asmaiu, has yet to have all his vaccinations – and Hauwa will soon visit his household to support Nasiru and Zara'u, and ensure he gets them.

FROM EDITOR'S DESK

# MAKING HISTORY

There is something about this time in history that has a kind of serendipitous feel to it. Like déjà vu, it feels like we have been here before. A little more than 2 years ago, we stood almost at this same point, the point where the certification of or polio-free status was a mere 365 days away. I remember the feeling of elation that we had when marking the occasion of going two years without a case of polio and how quickly that feeling sank when news broke that new cases of the Wild Polio Virus (WPV) had been found among children recently liberated from insurgent controlled territories in Borno State. Perhaps that is why we are a little reluctant to celebrate this landmark like we did the previous one. It is almost as if we are standing still, cautiously with our fingers crossed behind our backs, trying really hard not to jinx the achievement or upset it in anyway. Personally, I don't think it matters whether we celebrate this achievement or not. As long as we keep following the well tested and proven formula that has ensured that we have come down from 122 cases a year to a situation where 3 of the last 4 years have been polio free, I believe we can achieve and maintain a polio-free status.

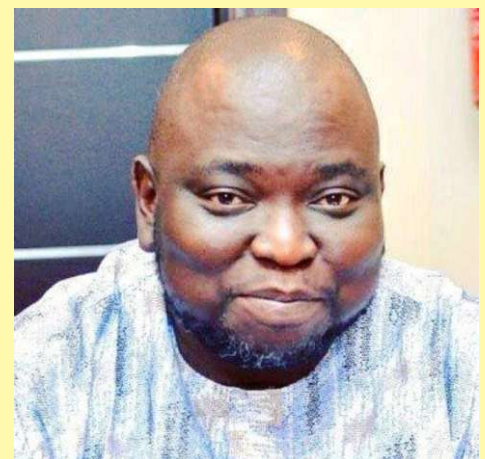
We have to remain relentless in the pursuit of a polio-free status. We cannot give in to the complacency that breeds the mediocrity that is capable of setting us back. Benjamin E. Mays says that "The tragedy of life is not in our failure but rather in our complacency; not in doing too much but rather in doing too little; not in living above our abilities but rather in our living below our capacities." We have become a great team because we have become accustomed to a culture of excellence and have not made excuses for failure. Pat Riley, the Championship winning coach of the LA Lakers and the Miami Heat, said "Complacency is the last hurdle between any team and its potential greatness. It is therefore that fear of complacency that should drive us to continue the pursuit of excellence to ensure that this chain of going without case of polio remains unbroken.

That relentless pursuit can only be driven by a fire that comes from within. Passion is that fire from within that drives us like the locomotive drives an engine. We have to get excited and remain excited about the possibility of a world without polio and being part of the team that helps to eradicate the second human disease from

the world. Oprah Winfrey describes passion as energy, like a power that comes from within but can only be achieved when we focus or pay attention to what excites us. Let's get excited about ending polio and let that excitement fuel our passion to get rid of this disease once and for all time. Like Harriet Tubman said, we have the passion within us to change the world.

We also need new innovations and new ideas to help us do things better, be more effective and achieve better results. We need out of the box ideas that can lift us over that finish line. It is in that spirit that the Chairman NNPPC has requested that we all submit ideas for celebrating the next world polio day in order to have maximum impact. So let me ask, what is that idea that you have been incubating and need to burst out? Let us hear it. Send us a mail or just walk in and talk to us at Polio House. Yours might just be the idea that pushes us over the line and helps us achieve a polio-free world.

REVISED SIA CALENDAR 2018			
September	1 <sup>st</sup> – 4 <sup>th</sup> Sept.	1 <sup>st</sup> OBR to cVDPV2 in Yobe & Katsina in 8 States (Katsina, Kano, Bauchi, Borno, Jigawa, Yobe & Bauchi)	mOPV2
September	5 <sup>th</sup> -8 <sup>th</sup> Sept	10 LGAs in Katsina	mOPV2
Sept-Oct	29 <sup>th</sup> Sept -10 <sup>th</sup> October (Staggered implementation)	2 <sup>nd</sup> OBR to cVDPV2 in Yobe & Katsina in 8 States (Katsina, Kano, Bauchi, Borno, Jigawa, Yobe & Bauchi)	mOPV2+IPV
October	10 <sup>th</sup> -11 <sup>th</sup> October	36 <sup>th</sup> ERC	
November	3 <sup>rd</sup> -6 <sup>th</sup> November	SIPDs (18 HR States)	bOPV
December	8 <sup>th</sup> -11 <sup>th</sup> December	SIPDs (Borno + 7 HR States)	bOPV



**Rotn Olugbenga Olayiwole**  
Editor Poliostop



# NIGERIA POLIO UPDATE: SEPTEMBER 2018

## ROTARY INTERNATIONAL THROUGH NNPPC SUPPORT POLIO SURVIVORS WITH 150 MOBILITY TRICYCLES

Rotary International and GPEI Partners across countries around the world are united in their efforts to eradicate polio so that it will never again cause a child to be paralyzed. This is important because there is no cure to this paralyzing disease. For polio survivors in Nigeria, the opportunity to be independently mobile in their own communities can be life changing.

### MOBILITY SUPPORT AFTER DISABILITY

Rotary International through NNPPC, along with partners, provided support to over 150 Polio Survivors Group for Adult and children living in IDP Camps, and other communities whose limbs are paralyzed by polio, there is often very little support available to make them independently mobile.

Giving a child a wheelchair puts previously inaccessible opportunities within reach so that children can reach their potential; such as going to school, playing outside with friends and learning new skills. In many cases the children are free to explore the world around them for the first time without a friend or family member to help.

### CUSTOM-MADE WHEELCHAIRS / TRICYCLES

The tricycles are hand-crank operated by the individual to navigate the difficult roads of Kaduna and Maiduguri and other states. A wider version is also available for adults riding with children which were developed by Polio survivors group in Kaduna with funding support from Rotary International through NNPPC Nigerian National Polio-Plus Committee.

The success of the project is largely due to the determined efforts of NNPPC Chairman Dr Tunji Funsho together with Exco members supported with the initial donation of 100 tricycles to Polio survivors in Borno and 10 to Rigasa Community of Kaduna state. Young boys and girls in their new wheelchairs, an exciting future awaits in Rigasa Kaduna state and Maiduguri metropolitan city IDP Camps more than 80% of children with disabilities have no access to education.

Now, able to navigate to school by themselves, they can become part of those who do have the opportunity to learn. With the support of Rotary and other partners adult Polio survivors also will use the mobility support to increase access to non-compliant families and mobilize caregivers to accept Polio vaccine in addition to using it for their daily means of livelihood.

NNPPC is well on the way to helping more Polio survivors like this, the target being to provide increased mobility to every polio survivor across all states in Nigeria.





# NIGERIA GETS OVER \$16 MILLION TO END POLIO



Pakistan this year so far. As long as a single child has polio, all children are at risk, which underscores the need for ongoing funding and political commitment to eradication.

To support polio eradication efforts in countries where polio remains endemic, Rotary is allocating the majority of

In a statement issued to coincide with Nigeria's achievement of going two years without a case of the Wild Polio Virus, Rotary International recently announced the provision of additional funds to support the country's polio eradication efforts. This follows the last reported cases in the country in 2016.

The \$16.1 million fund announced for Nigeria is part of the \$96.5 million that Rotary is granting to support the global effort to end polio, a vaccine-preventable disease that once paralyzed hundreds of thousands of children each year.

"Nigeria has prevented further cases of wild poliovirus thanks to the improved surveillance and rapid response protocols Rotary and its Global Polio Eradication Initiative partners have supported, particularly in Borno," said Dr. Tunji Funsho, chair of Rotary's Nigeria PolioPlus Committee. "We must remain vigilant about maintaining political and financial support to ensure strengthened immunization practices as we

redouble our efforts toward ending polio in Nigeria and around the globe."

Concurrently, Pakistan has made strides in reducing reported cases of wild poliovirus, having lowered its case count from 306 in 2014 to only eight reported cases in 2017.

"Nigeria's progress proves that halting the spread of wild poliovirus is possible," said Aziz Memon, chair of Rotary's Pakistan PolioPlus Committee. "Although we currently have a record low number of reported cases of polio in Pakistan, we must remain vigilant about implementing the rapid response and surveillance protocols Rotary and its Global Polio Eradication Initiative partners have established and focus on accelerating our efforts toward eradicating polio."

While significant strides have been made against the paralyzing disease, wild poliovirus is still a threat in parts of the world, with 11 cases in Afghanistan and 3 cases in

the funds it is giving globally to: Afghanistan (\$22.9 million), Pakistan (\$21.7 million), and Nigeria (\$16.1 million).

Further funding will support efforts to keep 12 vulnerable African countries polio-free: Cameroon (\$98,600), Central African Republic (\$394,400), Chad (\$1.71 million), Democratic Republic of the Congo (\$10.4 million), Guinea (\$527,300), Madagascar (\$690,000), Mali (\$923,200), Niger (\$85,300), Sierra Leone (\$245,300), Somalia (\$776,200), South Sudan (\$3.5 million), and Sudan (\$2.6 million). Africa will also see \$5.8 million in funding for surveillance activities and \$467,800 for technical assistance. Additional funding will go to Bangladesh (\$504,200), Indonesia (\$157,800), Myanmar (\$197,200), and Nepal (\$160,500), with an additional \$96,300 funding surveillance in Southeast Asia. The remainder of the funding (\$6.6 million) will go to the World Health Organization (WHO) for research activities.

Adapted from healthnews.ng

## WHY WE NOW ACCEPT POLIO IMMUNISATION FOR OUR CHILDREN – KEBBI COMMUNITY



Kebbi State, in northern Nigeria, is one state that has witnessed serious challenges in the fight to eradicate poliomyelitis in some of its local government areas such as Birnin Kebbi, Jega, Gwandu, Danko Wasagu and Yauri where the issue of non-compliance and missed children has posed a danger to the campaign to prevent polio within communities in the state. Some communities have refused to make their children available for immunization due to ignorance of the dangers of the poliovirus to children, inadequate publicity about vaccination campaigns, deep rooted religious, cultural or ideological beliefs.

Two communities in Gwandu Local Government used to be in this category. A recent visit to the communities of Kofar Liggi and Unguwa Yarbawa known for their non-compliant posture on polio immunization revealed some very interesting findings. Some of the reasons that they gave for being non-compliant and refusing to allow children be immunized against the poliovirus also included too many rounds immunization, poor attitude of health workers, especially nurses at the hospitals and the high cost of medicines.

A 38-year-old resident of Kofar Liggi community, Muhammad Sambo admitted to being among the people who had wrong perceptions about polio immunization, he changed after being counseled by health workers and listening to polio information at Friday sermons at the mosque which urged people to allow their children get immunized. He said that many of the people had the belief that accepting the polio vaccine or seeking prevention before sickness struck was against their religion. Even though he now allows his children to be vaccinated, he admits to still not being fully informed on the dangers of not vaccinating his children. He therefore called for more sensitization efforts to be made through health workers as well as religious and community leaders in order for the people to get better informed. When he was asked about the community sources of information as well as awareness campaign, he said, "Look, we only get our information from the town crier and what he usually announces is the day that the immunisation

will take place. He does not sensitize people about it but the health workers and community mobilizers meet us occasionally to talk about it." "We rarely use radio or TV because we don't have light in our community and the few people who even have light do not bother to use it", he said. On why their community before now was defiant in accepting the vaccination exercise for their children, Sambo said, "Well, many people say anytime their children are sick and if they happen to take them to the hospital for medication, the health workers, especially nurses, usually treat them with disdain and lack of respect and even if they are attended to, they are made to buy medicine, which is very costly and is not given free." "However, it is the same health workers who will visit them at their respective homes to ask them to bring their children for immunisation, free of charge. So, they are of the opinion that there must be something hidden to them about immunisation because it is administered free while medication for malaria, which is rampant in their community, is not free. "I think it is good since government is part of it. Our people should forget whatever wrong perceptions they have about it. I used to have that perception as well, but later, I changed my mind and joined the community mobilisers in helping them to talk to people to allow their children come out for immunisation." An Islamic teacher, Malan Dan Yaya (98yrs) sitting in his mud house in Unguwar Yarbawa community, struggled to answer any questions we put to him because of his age. He said whatever he explained represented his view or non-compliant posture of polio immunisation before now. However, his present view about polio has completely changed to that of acceptance of the campaign. He started by saying he was ignorant about polio and was not privileged to be informed on the awareness campaign about it in the media because he neither uses radio nor television, due to the fact that his house does not have electricity. "You see, I am almost clocking 100 years. I am ignorant about polio, I only hear about it when the health agents come by occasionally. I give out my children for immunisation now, unlike before when they come, we hide our children for them not to see. When it started, we thought it was anti Islamic, because it was brought by the white man to achieve a hidden

agenda. "It was much later that I had a change of heart about it because of the pressure from our leaders and secondly, my children ended up in court for refusing to release their children for immunisation. When I rushed to the court and met the judge, I told him that they are my children and pleaded for their release with the agreement that henceforth, I will make sure my children make their wards available for immunisation anytime the agents come by and he ordered the release of my children. "From that time, we never stopped releasing our children for immunisation. I think why people here are having wrong perception about polio immunisation is because of ignorance. There may be other reasons but to me, this constitutes a greater part of their reasons," he said. When asked that, supposing his children were not arrested, could he have remained adamant about polio immunisation? Laughing, he answered, "Well, everything has a reason, it could be part of it but largely in Islam, we believe that as Allah wills of any disease, Allah equally provides a cure for it unless if one is not aware of the cure." When Leadership contacted Musa Haruna, the UNICEF representative in Gwandu local government area he attributed the non-compliance issue within some households to wrong religious beliefs. He said many people believe that Islam prohibits one from seeking for medication before one is sick but the trend is fast changing in the communities because many people are now making their children available for immunisation in the non-compliant community due to the tireless awareness campaign by UNICEF. "Well, to tell you the fact, most of the non compliant households hinge the belief on religion, however, we will not relent in creating awareness for them to know the dangers of not allowing their children to get immunisation. "We usually engage religious leaders in mosques and traditional leaders so that they can talk to people about its importance and dangers surrounding preventing children from Immunisation. We also hold community dialogue to hear from them as well. But when it comes to media, many of them don't use TV or radio, only few people listen to radio. Use of these other methods has really helped in changing their attitude from negative to positive," he explained.

Adapted from leadershipng.com



# ROTARY ANNOUNCES AN ADDITIONAL \$96.5MILLION TO END POLIO:



"While this progress is promising, it's time to redouble our efforts so we can continue to maintain the political and financial support necessary to end polio for good."

While significant strides have been made against the paralyzing disease, wild poliovirus is still a threat in parts of the world, with 10 cases in Afghanistan

and three cases in Pakistan this year so far.

As long as a single child has polio, all children are at risk, which underscores the need for ongoing funding and political commitment to eradication.

To support polio eradication efforts in countries where polio remains endemic, Rotary is allocating the majority of the funds it announced today to Afghanistan (\$22.9 million), Pakistan (\$21.7 million), and Nigeria (\$16.1 million).

Further funding will support efforts to keep 12 vulnerable African countries Polio-Free:

- Cameroon (\$98,600)
- Central African Republic (\$394,400)
- Chad (\$1.71 million)

- Democratic Republic of the Congo (\$10.4 million)
- Guinea (\$527,300)
- Madagascar (\$690,000)
- Mali (\$923,200)
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Africa will also see \$5.8 million in funding for surveillance activities and \$467,800 for technical assistance. Additional funding will go to Bangladesh (\$504,200), Indonesia (\$157,800), Myanmar (\$197,200), and Nepal (\$160,500), with an additional \$96,300 funding surveillance in Southeast Asia. The remainder of the funding (\$6.6 million) will go to the World Health Organization (WHO) for research activities.

Rotary has committed to raising \$50Million a year to be matched 2-to-1 by the Bill & Melinda Gates Foundation, yielding \$450Million for polio eradication activities over a three-year period to date.

Rotary has contributed more than \$1.8 billion to fight the disease, including matching funds from the Gates Foundation, and countless volunteer hours since launching its polio immunization program, PolioPlus, in 1985. In 1988, Rotary became a core partner in the Global Polio Eradication Initiative with the WHO, UNICEF, and the U.S. Centers for Disease Control and Prevention. The Gates Foundation later joined. Since the initiative launched, the incidence of polio has plummeted by more than 99.9 percent, from about 350,000 cases in 1988 to 22 confirmed in 2017.

Source: [www.rotary.org](http://www.rotary.org)

Rotary International today announced nearly \$100 Million in Grants to support the Global effort to End Polio Now, a vaccine-preventable disease that once paralyzed hundreds of thousands of children each year.

The announcement comes as Nigeria marks two years without any reported cases of wild poliovirus, following four reported cases in 2016.

"The fact that no new cases of wild poliovirus have been detected in Nigeria points to the improved surveillance and rapid response protocols Rotary and its Global Polio Eradication Initiative partners have established, particularly in insecure and inaccessible areas," said Michael K. McGovern, Chair of Rotary's International PolioPlus Committee.

# MISCONCEPTION IS A MAJOR OBSTACLE TO POLIO ERADICATION IN NIGERIA



Misconception by some parents in parts of the country has been identified as the major factor militating against the smooth eradication of Polio in Nigeria.

Dr Amos Ujulu, Director, Disease Control and Immunization, Adamawa state Primary Healthcare Management Agency, made the observation during a one-day Media Executives and Journalists against Polio review meeting held in Yola, Adamawa State. The review meeting was organized by UNICEF in collaboration with Adamawa State Primary Healthcare Management Agency. Ujulu noted that the sad development had caused a very low coverage and participation of parents for their children to be immunised,

especially in the northern part of the country. "According to the National Statistic of routine immunization coverage, out of the 18 low coverage states in the country, 17 are in the North. He gave the background of the National Immunization Coverage Survey (NICS), stating that low coverage was recorded due to ignorance. "In Adamawa State, the coverage was 59 percent, but we are targeting additional 29 percent before the end of the year," he said. On the bottlenecks and other challenges encountered by field officers, Ujulu said parents were sceptical of the gesture, as they queried why government was more interested in giving free oral polio vaccines rather than in other critical social services. Non-payment of salaries to health workers in Adamawa State was said to also have contributed to low coverage, as health workers had become negatively disposed to carrying out immunization exercise.

However, a UNICEF survey revealed that only 10% of the children in the state are properly vaccinated. The report stated that this followed a

declaration of the state of emergency on June 17, 2017.

"Misconceptions from some quarters remain a big challenge affecting immunization exercises, especially in the northern part of the country.

Therefore, media organizations have a great role to play in community awareness, to eradicate the polio virus in totality," Ujulu said. He called for collective working synergy between the media, UNICEF and government for successful poliomyelitis eradication. In their separate remarks on behalf of the participants, Mr Yusuf Na-Dabo, the General Manager, Adamawa State Television and Zare Baba, Secretary State Council of NUJ, noted that the programme came at a right time. They gave the assurance cooperating with the organizations in creating awareness and sensitization of communities toward eradication of all child killer diseases.

Adapted from vanguardngr.com and saharareporters.com

## PHOTO NEWS



From right - Polio Celebrity Ambassador, Kate Henshaw, AG Remi Remi, Dr Tunji Funsho and DG Kola Sodipo at the D9110 Polio Seminar'



A New Rotarian of the Rotary Club of Port Harcourt, GRA (District 9141) donates \$10,000 to Polio Eradication.



DG Kola Sodipo attending participants at the D9110 Polio Seminar



Cross section of Rotarians at D9125 Abuja Zone Polio Training



Deputy Incident Manager NEOC, Madam Eunice Damisa addressing Rotarians at D9125 Polio Training in Abuja



## THE WHO SPEAKS ON VACCINE DERIVED POLIO OUTBREAKS IN NIGERIA



Dr Wondimagegnehu Alemu is the WHO Country Representative (WR) to Nigeria.

On 5 June 2018, a circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak was confirmed in Sokoto State, Nigeria. From 30 January through 23 May 2018, ten environmental samples collected from two collection sites all tested positive for genetically-related VDPV2 viruses. No associated cases of acute flaccid paralysis (AFP) have been detected with this cVDPV2.

Nigeria is also affected by an ongoing separate cVDPV2 outbreak. A cluster of cVDPV2 was detected in Yobe State from a stool sample from an AFP case with onset on 16 June 2018, and an environmental sample collected on 31 May 2018. The same cVDPV2 was detected in Gombe State from an environmental sample collected on 9 April 2018. Previously, the same cVDPV2 was detected in Jigawa State from an AFP case with onset of paralysis on 15 April 2018 and six environmental samples collected from 10 January through 2 May 2018.

### Public health response

Detailed investigations were conducted within 48 hours of virus detection from the AFP cases and at each of the different environmental surveillance catchment areas. In addition, the detailed investigation included the search of any residual trivalent oral polio vaccine (OPV) and/or monovalent OPV type 2 (mOPV2), a community coverage survey, health facility retrospective case searching and community active case searching for acute flaccid paralysis, and healthy children stool sampling. In May 2018, two rounds of an outbreak response with mOPV2 were organized in 54 Local Government Areas in Jigawa, Bauchi, Gombe and Sokoto States, to address the two cVDPV2 outbreaks at the same time. Surveillance enhancement activities as well as routine immunization intensification activities were implemented and are ongoing.

Since September 2016, there has been no detection of either wild poliovirus type 1 or cVDPV2 in Borno State. However, a regional public health emergency across the Lake Chad subregion remains in place, following detection of both strains in 2016. Borno State continues to be affected by inaccessibility in some areas, hampering access for both vaccinations and surveillance.

### WHO risk assessment

A risk assessment that was carried out prior to the outbreak response concluded that there was a high risk of geographical spread of the two outbreak virus strains. The detection of these cVDPV2 strains underscores the importance of maintaining high levels of routine polio vaccination coverage at all

levels to minimize the risk and consequences of any poliovirus circulation.

### WHO advice

It is important that all countries, particular those with frequent travel and contacts with polio-affected countries and areas, strengthen surveillance for acute flaccid paralysis in order to rapidly detect any polio case, implement preventive measures, and undertake rapid response if needed. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

WHO's International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than four weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) between four weeks and 12 months prior to departure.

Countries affected by poliovirus transmission are subject to International Health Regulations Temporary Recommendations that request them to report a case of polio as a national public health emergency and consider vaccination of all international travellers. Any country that is currently exporting poliovirus should ensure vaccination of all international travellers before departure.

Source: WHO





The Traditional Ruler, NNPPC Chairman and other dignitaries during the grand commissioning of the Clean Drinking water Borehole



NNPPC Representatives at the Commissioning in Kaduna



The Grand Commissioning of Clean Drinking Water Project sited at LEA Primary School, Rigasa, Igabi LGA, Kaduna State.



The Chairman, NNPPC having a chat with a Polio Survivor in Kaduna State.



NNPPC Vice Chair, officially commissioning one of the boreholes in Katsina



Cross section of some Traditional leaders at the commissioning



Vice Chair Yakubu Ndanusa and some dignitaries drinking the clean water from the Rotary borehole



Children fetching from the Rotary borehole



Dr Tunji Funsho(in blue attire) paid courtesy visit to Kaduna Emergency Operations Centre



Rotary Solar Borehole in LEA Primary School, Kaduna





The Deputy Governor of Borno State, Alh. Usman Durkwa, at the Commissioning of 3 Rotary Solar boreholes in Maiduguri



From right- Dr Tunji Funsho\_ Dr Haruna Mshelia Hon. Commissioner for Health Borno and Engr. Nura Muhammed



Dr Tunji Funsho (right) the Deputy Governor Alh. Usman Durkwa, Dr Haruna Mshelia Commissioner for Health and some dignitaries at the Commissioning



Dr Tunji Funsho (right) presenting the special End Polio Now Cap to the Deputy Governor of Borno State



Dr Tunji Funsho, drinking the water from the Rotary borehole in Maiduguri



The Deputy Governor of Borno State, Alh. Usman Durkwa, commissioning one of the boreholes in Maiduguri



Happy children at one of the borehole sites in Maiduguri



Happy children at one of the borehole sites in Maiduguri



Alh. Umar Abdulwaha, Sarkin Mekera Rigasa Community, Kaduna at the commissioning



NNPPC Representatives and some Traditional leaders at the Borehole Commissioning in Kaduna

08.08.2018 10:36





Rotary

**We're close to ending  
the second human  
disease in history.**  
[www.polioplusng.org](http://www.polioplusng.org)

Rotary's World Polio Day  
Livestream event 24 October 2018