



SIR EMEKA OFFOR; INETMI ODON (TIMAYA); CHIBUZOR AZUBIKE (PHYNO); BAR. ADAORA OFFOR AND DR TUNJI FUNSHO

Chairman's Address AND THE GAP IS FIZZLING OUT...

As the new Rotary year begins with so much optimism, we may find it necessary to congratulate ourselves again in a short while as Nigeria and Africa attains the historic feat of having gone three years without a case of the wild polio virus. This may not mean much to the ordinary person on the street but to Rotarians and other stakeholders involved in the eradication of Poliomyelitis it is not a mean achievement. We still have painful memories of how we had almost reached this landmark when sometime in 2016 our hope was shattered with the isolation of indigenous wild polioviruses in Borno State. Thus, Nigeria was again included in the list of polio endemic countries, one of only three countries in the world still endemic to the wild poliovirus, alongside Afghanistan and Pakistan. The fact that Nigeria, in spite of the insurgency in the northeast and insecurity in most of the northwest, has not had any report of wild polio since 2016 is a great achievement.

One thing that is common to the three polio endemic countries is conflict. The cost of conflict is indeed enormous. Rotarians and other people of goodwill should therefore continue to strive towards world peace and understanding, bearing in mind that the first of the six areas of focus of the Rotary Foundation is Peace and Conflict Prevention and Resolution. The prevention or early resolution of conflict will certainly do a lot of good in our world.

The last leg of a relay race is usually the most crucial in delivering the winning trophy. Our slogan for quite a while has been 'we are this close.' Despite this, we are anxious to see even that little gap closed finally and without further delay. We cannot therefore, sleep off or lose concentration. All hands must be on deck in our drive to close the funding gap, in our continued advocacy on the need to achieve and maintain high herd immunity through routine immunization and supplemental immunization activities.

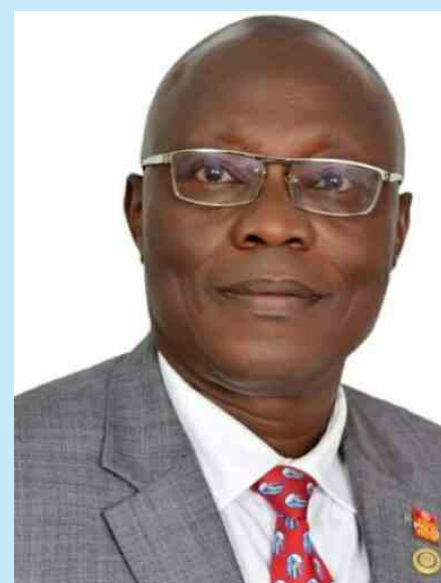
Just as it was at the onset of Rotary's involvement in the drive to eradicate polio, the need for adequate funding cannot be overemphasized. Rotarians and friends of Rotary like GAVI have been very supportive in funding the purchase of vaccines. Rotary's matching fund pact with the Gates Foundation is another good example of a funding arrangement which has helped to meet some of the needs of the programme. Even with the impending polio-free certification of Nigeria, the funding gap will still need to be bridged. We must therefore continue to take advantage of the Gates matching grant arrangement. Every dollar contributed by Rotarians and friends to the Rotary Foundation's polio fund will be matched by two dollars from the Gates Foundation to make three dollars available for polio eradication. If 1.2m Rotarians donate an average of \$100 each, we will raise \$360 million which will help bridge the

funding gap. I am therefore appealing to us all not to give up most in the face of other competing priorities because we are in the last leg of this race.

We also need to continue to carry out our advocacy and awareness efforts to ensure that we kick polio out of our world completely. We must continue to make it known that any child with the polio virus anywhere in the world is presents a risk for children all over the world.

We will soon ring the bell to announce that polio is going... going... gone. Where will you be and what will be your contribution when this occurs?

Now is the time to increase our support in all ways than ever before in our drive to eradicate polio. The gap is fizzling out and we shall soon replace our chants of 'we are this close' to 'we are proud to be part of those that eradicated polio.'



REMI BELLO

District Governor(D9110) 2021-22

FROM EDITOR'S DESK

THE NUMBER 1

No one forgets the number1. It simply cannot be ignored. It's unforgettable. It stays with us wherever we go. "Polio Eradication remains Rotary's number 1 priority." That is a profound statement. It means that for all the good that rotary does in the world, for all the medicines we supply, the boreholes we dig, the schools we build and the scholarships we give, we consider nothing as important as our quest to rid the world of polio.

There is something so special about the number 1. Nothing starts without it. You don't get to execute anything without undergoing the first stage or the first process. It is the most relevant and the most important. For Rotarians and Rotary Clubs all around the world, it means that whenever the issue of polio eradication comes up, all other subjects become secondary. It's like when the President steps into a room, everyone else stands up. It simply means that in everything that we do as Rotarians we must factor polio

eradication into it or defer to polio eradication. Nothing compares to it in importance.

We do not start or end meetings without number 1. We have to find a way to remind everyone in every meeting of their roles in polio eradication and when making financial commitments, we have to make sure that polio is taken care of. If it is number one, it has to have the highest priority in fundraising.

When planning for projects, we must consider the synergy and benefits derivable to polio eradication through the project being executed. We cannot use executing projects as an excuse for not being involved in polio eradication but rather polio eradication should be a reason why we execute projects. It is only what we do not consider to be important that doesn't come up. If it is number 1, it definitely has to come up.

Being number 1 means that we prioritize the relationships that will help us fulfill our objectives.

Relationships with the LGAs, the health departments and our polio eradication initiative partners should therefore receive our highest priority. It means we will not only show up during vaccination campaigns, take photos and leave. It means that we will always be in touch, listening, contributing and offering our support. For polio eradication to truly be number 1, it means that we will always be available to support and to help.

Talking about number 1- July is the first month in the new Rotary year. It offers us a new opportunity to start afresh, to repurpose and to refocus our attention and resources to make sure that polio is not one of those things that will always be with us. So I welcome everyone on board this new Rotary year. I look forward to a reinvigorated effort to make sure that we rid the world of the scourge of polio. Polio eradication is our number 1 priority and this is the year to make it happen.

REVISED SIA CALENDAR

20 th -23 rd July	NIPDs Phase 1: Southern States (SSZ, SEZ, + selected SWZ & NCZ States- Ekiti, Ondo, Osun, Benue, Kogi, FCT, Plateau & Nasarawa)	bOPV
20 th -23 rd July	Stand-alone OBR in 10 LGAs of Sokoto state (Kware, Wurno, Sokoto North, Sokoto South, Bodinga, DangeShuni and Wamako) ▪ Selected wards: Gwadabawa (5), Goronyo(2) and Rabah (3)	mOPV2
21 st – 27 th July	National TOT on AEFI, Northern States	NA
25 th -28 th July	Stand-alone OBR in 6 LGAs of Kwara state (Ilorin East, Ilorin South and Ilorin West LGAs) ▪ Selected wards: Asa (7), Ifelodun (2) and Moro (3)	mOPV2
30 th July- 2 nd August	NIPDs Phase 2: NIPDs in Northern States (Adamawa, Gombe, Jigawa and Taraba)	bOPV
30 th July- 5 th August	NIPDs Phase 2: NIPDs in Kwara State (State-wide RI intensification)	bOPV + fIPV
	NIPDs Phase 2: NIPDs in Northern States (RI Intensification in selected LGAs in 14 States) - ▪ State wide: Borno, Kwara and Zamfara States ▪ Selected LGAs: Bauchi, Kaduna, Kano, Katsina, Kebbi, Lagos, Niger, Ogun, Oyo, Sokoto and Yobe states.	bOPV + fIPV



ROTN. OLUGBENGA OLAIWOLE
Editor PolioStop

NIGERIA POLIO UPDATE: JULY 2019

Nigeria is one of only three countries in the world still endemic to the wild poliovirus, alongside Afghanistan and Pakistan. The country is also affected by circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks. The Nigeria Polio program made remarkable progress in 2018 and 2019 having now gone 34 Months with no case of wild poliovirus (WPV) reported. This progress has been made possible through improvements in vaccination and surveillance reach into inaccessible areas in the northeast. The Reaching Every Settlement (RES) and Reaching Inaccessible Children (RIC) strategies were specially employed in Borno and Yobe states to address areas with security threats or risks. The program has also continued to implement innovative and impactful in-between round special interventions targeted at

vaccinating more children potentially missed during the House-to-House campaigns. The Global Polio Eradication Initiative is focused on strengthening surveillance to find and respond to the virus, wherever it emerges, and closing immunity gaps to protect the population and stop the virus from circulating. The programme is also committed to advocating for sustained political commitment and ensuring necessary financial resources and technical support for polio eradication at all levels.

Following the discovery of 3 positive environmental samples and one case of the circulating vaccine derived polio virus in Lagos and Ogun States a series of outbreak response activities were implemented in the southwest states from 15-25 June 2019. In addition, one circulating vaccine-derived poliovirus

type 2 (cVDPV2)-positive environmental sample was also reported from Kwara state, collected on 27 April.

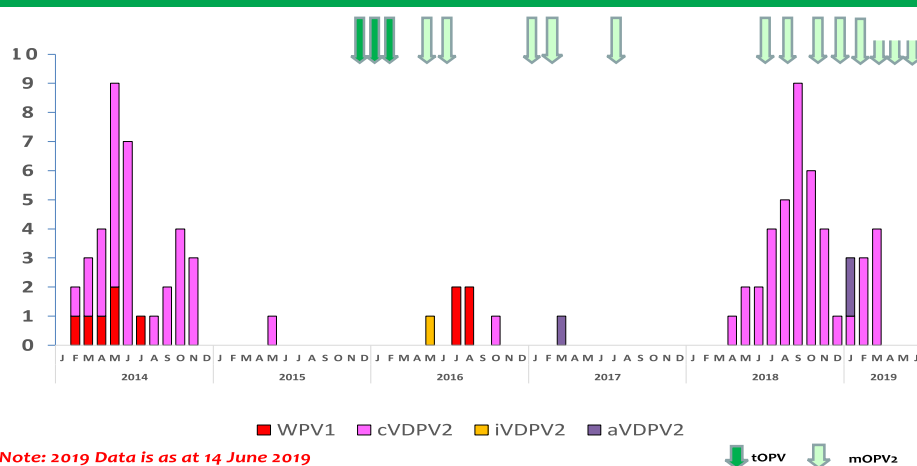
As at 26 June 2019, a total of 43 cVDPV2 from AFP cases and 4 from contacts of cVDPV2 cases have been reported in 2018 through 2019. The number of cases from AFP in 2018 remains 34 while there have been 9 cases from AFP in 2019 with the most recent from Ilorin East LGA (Kwara state) having its date of onset on 19 May 2019. Also, In 2018 through 2019, 87 cVDPV2 positive environmental samples have been confirmed from 15 states. 46 cVDPV2 were reported in 2018 from environmental samples in 11 states. An additional 41 cVDPV2 positive samples have been collected from 6 states in 2019 with the latest date of collection being 13 May 2019.

59 cVDPV2 isolates from Healthy Children have also been confirmed within this period with 36 of them in Katsina, 5 in Jigawa, 4 in Yobe, 8 in Kwara and 6 in Borno. The most recent of these is from from Konduga LGA in Borno State with stool collection date on 9 February 2019.

There have also been two compatible isolates in 2019, one each from Kebbi state and Kaduna state. 3557 AFP cases have been reported in 2019 with 2,592 (27.2%) wards having reported at least one case. The National NPENT rate is 10.7% and about 95 percent of AFP cases aged 6 to 59 months for the past 12 months received more than 3 doses of OPV (rolling one year data).

A total of 40 suspected AFP cases in the surveillance database were classified as Not True AFP based on case verification report.

Trend of poliovirus from AFP cases by month of onset, 2014 - 2019



Global Wild Poliovirus 2014 - 2019



Country or territory ¹	Wild virus type 1 confirmed cases								Wild virus type 1 reported from other sources ²							
	Full year total							Date of most recent case	Full year total							Date of most recent virus
	2014	2015	2016	2017	2018	2019	2014	2015	2016	2017	2018	2019				
Pakistan	306	54	20	8	12	2	21	19-May-19	127	84	62	110	141	140		18-May-19
Afghanistan	28	20	13	14	21	8	8	08-May-19	17	20	2	42	83	23		25-Apr-19
Nigeria	6	0	4	0	0	0	0	21-Aug-16	1		1 ⁶					27-Sep-16
Iran	0	0	0	0	0	0	0	NA					2			11-May-19
Israel ⁴	0	0	0	0	0	0	0	NA	14							30-Mar-14
West Bank and Gaza	0	0	0	0	0	0	0	NA	1							05-Jan-14
Somalia	5	0	0	0	0	0	0	11-Aug-14								
Cameroon	5	0	0	0	0	0	0	09-Jul-14								
Equatorial Guinea	5	0	0	0	0	0	0	03-May-14								
Iraq	2	0	0	0	0	0	0	07-Apr-14								
Syrian Arab Republic	1	0	0	0	0	0	0	21-Jan-14								
Ethiopia	1	0	0	0	0	0	0	05-Jan-14								
Total	359	74	37	22	33	10	29		160	104	65	152	224	165		
Total wild virus type 1	359	74	37	22	33	10	29									
Total wild virus type 3	0	0	0	0	0	0	0									
Tot. in endemic countries	340	74	37	22	33	10	29									
Tot. in non-end countries	19	0	0	0	0	0	0									
No. of countries (infected)	9	2	3	2	2	1	0									
No. of countries (endemic)	3	2 ⁵	2 ⁵	3	3	1	0									

¹Countries in yellow are endemic. ²Data reported to WHO HQ on 05 June 2018 for 2018 data and 04 June 2019 for 2019 data.

³Wild viruses from environmental samples, selected contacts, healthy children and other sources. Last WPV type 3 had its onset on 10 November 2012. ⁴In March 2014, a serotype 1 wild poliovirus was detected in an environment specimen from Brazil, further investigation indicates this is an isolated event without evidence of circulation.

⁵Results are based on L20B positive culture. Prior to reporting week 16, 2014, results were based on a combination of direct qRT-PCR on RNA from concentrated sewage and L20B positive culture. ⁶Between 27 Sep 2015 and 27 Sep 2016, Nigeria was not classified as endemic. NA - Most recent case had onset prior to 1999⁹Exceptionally reporting case-contact of a positive index case given the date of collection is later than the onset date of the most recent WPV.



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

NIGERIA TO SAVE \$500M IF CERTIFIED POLIO-FREE AS ROTARY UNVEILS PHYN0, TIMAYA AS POLIO AMBASSADORS



The Chairman, Nigeria National Polio Plus Committee of Rotary International, PDG Dr. Tunji Funsho has said Nigeria would save about \$500m in 10 years, if certified polio free, as about \$50m is spent on containing wild polio virus annually. Speaking at the unveiling of Phyno and Timaya as polio Ambassadors, Dr. Tunji Funsho said that Nigeria is about three months away from attaining the minimum period of three years without a case of wild polio virus which is required to be certified polio free by World Health Organisation (WHO). By September, Nigeria would have gone three years without recording any case of Wild Polio Virus, a prerequisite by WHO to certify the country polio-free.

PDG Funsho revealed that Rotary International and her partners had spent about \$15bn on polio eradication globally. Rotary International alone has raised over \$1.9bn of this amount out of which over \$270m has been expended in Nigeria. He said "Twenty million volunteers, including Rotarians have been involved in this effort because we need to utilise massive number of people in this kind of global mission. We have vaccinated over two billion children and prevented the death or crippling of 16 million people who would have been victims of the scourge of the polio virus.

"The Federal, State and Local Governments have also contributed vast resources in addition to what

has been expended by Rotary International, WHO, UNICEF, Gate Foundation and CDC. So, it will be very difficult to get the total amount spent."

Nigerian singers, Timaya and Phyno were on Sunday unveiled as the ambassadors of Polio campaign by Sir Emeka Offor Foundation.

The billionaire's foundation has been working in conjunction with Rotary International to eradicate polio in Nigeria and last year donated \$1million to support the campaign.

Adapted from the reporting of guardian.ng

Lagos Mulls Executive Order On Polio Eradication



Lagos State Government recently hinted that it is considering issuing an Executive Order that will compel operators of private nursery and primary schools in the state to give unrestricted access to polio eradication officers to enter their premises and administer anti-polio vaccines on their wards in order to protect them against the crippling and potentially deadly infectious disease.

The Lagos State deputy governor, Dr. Obafemi Hamzat disclosed this when the Incident Manager, National Polio Operation Centre, Dr Usman Adamu and a team of polio eradication partners including Rotary International, UNICEF, WHO and the Core Group paid him a courtesy visit to reflect on the isolation of environmental samples of vaccine derived polio in Makoko, Itire and Maracana Canals in the state and how urgent steps can be taken to stop the spread into other parts of the state.

The deputy governor noted that one of the six pillars of development strategy of the present administration in Lagos State is Health and Environment, assuring that the State government may soon issue the executive order as recommended by the team of the World Health Organization (WHO).

He disclosed that the Executive Order when it is issued would also cover gated streets in every parts of the state, urging all landlords members of various Community Development Associations to join hands with government by ensuring that gates are opened and vaccination teams are allowed easy access to their streets in order to administer the vaccines to the children.

Hamzat stated that administering vaccines on pupils in public schools alone would not solve the problem as pupils in both private and public

schools are products of the same community as they play and relate together after the school hours, urging parents and operators of private primary schools in the state to cooperate with the state government in its efforts at eradicating polio completely from the state.

To ensure that the exercise gets to the grassroots, the deputy governor disclosed that all the Chairmen of the 57 Local Government areas would be carried along and enlightened to mobilize their communities for the exercise and educate them on the importance of regular vaccination for the eradication of the disease in our communities.

“Just be very assured of the state government commitments to this fight against polio, we are of the opinion that the health sector should get it right and we must ensure that the polio exercise agenda is achieved in the interest of our children”

Earlier, Dr Usman Adamu explained that there was an urgent need to give an update on the status of the ongoing polio eradication and routine immunization exercise in the state to the government hence the visit of the team of partners to the office of the Deputy Governor.

From the reporting of George Okojie for leadership.ng

NIGERIA CANNOT AFFORD TO BE COMPLACENT DESPITE ALMOST GOING 3 YEARS WITHOUT THE WILD POLIO VIRUS-GATES FOUNDATION



The Bill and Melinda Gates Foundation has called on the Federal and State governments not to relent in the campaigns to totally eradicate the wild polio virus. In a media chat with newsmen in Abuja, the President, Global Policy and Advocacy of the Foundation, Mark Suzman cautioned governments not to relax until the World Health Organisation's certificate is obtained.

Suzman explained that Nigeria is the last country in Africa to have recorded the disease, adding that the nation only had a few months to meet its 3-years mark specified by WHO before the transmission of the virus can be said to have been interrupted. Suzman expressed worry over some cases of circulating vaccine derived polio which had been recorded in 16 states in the last few months, attributing it to complacency. He acknowledged that it was difficult to spend time and money on vaccinations when there has been no case in over 30 months, but warned that if any new case is recorded as a result of reduced vaccination, then Nigeria would be back to square one. "On the fight against polio you are all aware that Nigeria is the last country in Africa that has had endemic polio, we are getting very close: you need to have not had a wild polio virus case for three years to be certified polio-free

by the World Health Organisation (WHO). We are getting tantalizingly close to that date and we are hoping that we are going to be able to celebrate with the government and WHO."

"The risk when you get so close and people don't see any case is that there would be a slowdown in vaccination campaigns. You have to keep vaccinating every child as long as there is any polio case anywhere in the world."

"We have also seen in the last few months unfortunately some cases of when you have very low immunization rates, lower than expected, you see a spread of some related polio."

"We have seen this in around 16 Nigerian states in the last 6 months where vaccination rates dropped below 50 per cent. "We have had a good meeting with the governors forum and a strong commitment from them that they will redouble their efforts to make sure that we increase the vaccination rates and meet that deadline," he said. He urged the governments at all level to follow through with their commitment by fully funding the polio campaigns for the remaining few months to the issuance of the WHO certificate.

He greatly commended the governments at all levels for the amazing work that had been done so far, stressing that it was only through good leadership that the nation had come thus far in the fight.

"Nigeria had been doing that but in the last few months we have seen slippages where some times the immunisation rates and campaigns dropped below 50 per cent. That is the point where we want to see the political leadership, where we need a clear commitment from the Nigeria Governors Forum. When you are close to the finish line, it's easy to just get a little bit complacent, we cannot just let up. The risk of a let up just raises the prospect of if we were to get another case of wild polio outbreak then we would be back to square one."

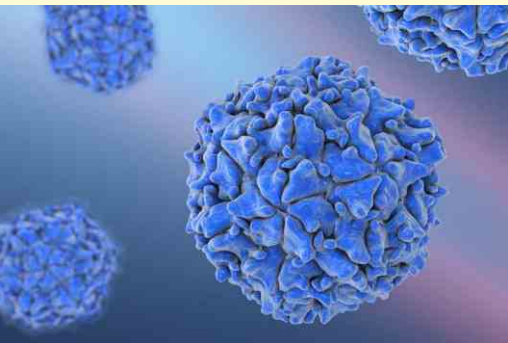
"So far, the news is good, we want you to be optimistic but we also want to be vigilant," he stressed. The Country Director of the BMGF, Paulin Basinga said that the foundation was the biggest funder of the Nigerian government's efforts to eradicate polio. Basinga also clarified that the programme was domiciled in the National Primary Health Care Development Agency (NPHCDA), an agency of the Nigerian government.

"The surge of the cases that you have been seeing is not wild polio, the wild polio that we are supporting the government to eradicate we have never seen any since close to three years."

"By September 2019 it would be three years since we have seen the wild polio so we are really waiting to celebrate that big achievement for the Nigerian government."

Source: guardian.ng

NUMBER OF POLIO CASES IN 2019 UP FROM 2018



The near eradication of poliomyelitis is one of the great public health achievements of the last century, but, in a new report detailing global progress made toward polio elimination, investigators say that the first months of 2019 have seen an uptick in cases of wild poliovirus compared with the same period in 2018.

More than 2.5 billion children have been vaccinated against polio since the start of the Global Polio Eradication Initiative in 1988, and since then the global incidence of polio cases has dropped by 99%. Today polio transmission continues in only 3 countries, and the new report published in the US Centers for Disease Control and Prevention's (CDC) Mortality and Morbidity Weekly Report details revised emergency action plans for polio vaccination in Afghanistan, Nigeria, and Pakistan, where polio continues to be endemic. The new report details global cases of wild poliovirus (WPV) and circulating vaccine-derived poliovirus (cVDPV) and progress toward their eradication from January 1, 2017, to March 31, 2019. Since 2015 WPV type 2 (WPV2) has been declared eradicated, and no cases of

WPV type 3 (WPV3) have been detected since 2012. There have also been no reported cases of WPV1 in the World Health Organization's (WHO) African Region in over 30 months. For the first time since 2014, however, the number of WPV cases reported in Afghanistan and Pakistan rose, from 22 WPV1 cases in 2017 to 33 cases in 2018. In addition, from January through March 2019 there were 12 cases of WPV type 1 (WPV1) reported worldwide, 4 more than the 8 cases reported during the corresponding period in 2018.

"The increase in WPV1 cases tells us 2 things," study co-author Sharon A. Greene, PhD, said "First, our surveillance is sensitive enough to detect cases and to succeed in eradicating polio. We must know where the virus is circulating. Second, it tells us that children are not getting vaccinated. Inadequate immunization coverage, either through routine immunization programs or supplemental immunization activities must be strengthened to stop poliovirus circulation."

Although 88% of infants worldwide age 1 or older had received 3 doses of poliovirus vaccines in 2017, that rate of coverage was only 60% in Afghanistan, 40% in Nigeria, and 75% in Pakistan. In addition, in areas where oral poliovirus vaccine coverage is low, cases of cVDPV are more likely to occur, and from 2017 to 2019 there have been 210 cases of cVDPV reported in 8 countries.

Through supplemental immunization activities, about 3.5 billion doses of oral poliovirus vaccine and inactivated poliovirus vaccine have been allocated in 5 WHO regions, and Greene described the ongoing challenges in polio vaccination efforts. "The largest hurdle in the last mile to WPV eradication is missed children in the delivery of polio vaccines. In countries with reported WPV transmission, there are steep challenges to reaching every child and successfully vaccinating them, including, inaccessibility, mobile populations, weak routine immunization, gaps in supplemental immunization activities, and vaccine refusals."

Despite the recent uptick in cases, health officials say we're closer than ever to reaching target goals for polio. "CDC and the global public health community know that we are on threshold of polio eradication," said Greene. "Recent accomplishments include no detection of wild poliovirus in Nigeria for the past 33 months, and it is possible that the African Region may be certified WPV free in early 2020. We have the right tools for eradication. These strategies have succeeded in making much of the world polio-free. The final push requires us to double down on these efforts to ensure interruption of wild poliovirus."

Source: Einav Keet for contagionlive.com
 *Information from polioeradication.org shows 42 cases of WPV1 as at July 7, 2019

Nigeria intensifies cross border immunization, with special focus on nomadic populations



A part of renewed efforts to vaccinate children traversing in and out of Nigeria, the World Health Organization (WHO) is supporting the government in an initiative to improve supplemental and routine immunization activities in the North Western region, which has a significant nomadic population. Nomadic pastoralists live beyond the reach of established health care programs that are designed to serve sedentary populations. As a result, these groups are often under-immunized and out of the reach of existing disease surveillance activities.

Difficulties have been experienced in the past in tracking and reaching nomadic populations with services such as sensitization on early disease reporting, immunization activities and access to general healthcare services due largely to the nature of their movement, which often involves settling in hard-to-reach transit camps.

Reaching the nomadic population in the cross border areas of the North Western region has been particularly difficult due to the nature of the population which involves settling in hard to reach and sometimes security compromised areas, making the zone the highest with under-immunized children in the country. Jigawa and Katsina states in

particular are maximizing efforts in reaching these populations by identifying major migrant groups and characterizing the movement of nomadic populations in the region for effective administration of vaccines.

In collaboration with Katsina State government, WHO has intensified efforts to reach nomadic communities across the state with immunization services, sensitization on prompt disease reporting and on the need to access health care services. The nomadic settlements span across 14 Local Government Areas (LGAs), wards and settlements passing through international borders with Niger republic. LGAs with nomadic routes include: Baure, Dutsinma, Kafur, Ingawa, Kaita, Jibia, Mashi, Charanchi, Musawa, Batsari, Maiadua, Zango, Danja, Kusada LGAs among others. These communities are among the most marginalized, hard to reach and nomadic in nature who migrate across LGAs, States and international borders due to their transitory movement and settlement in camps and hamlets. The State conducts series of activities to enhance immunity and interrupt transmission of Polio and other priority diseases along transit exit points and settlements with nomadic routes through immunization. Jigawa State also shares international borders with Niger republic in two LGAs namely, Sule Tankarkar and Maigatari.

“WHO Nigeria supported a 10km strip vaccination along Nigeria-Niger border, using mOPV2 in October 2018 which was

conducted along with vaccination at border cross points in March through April 2019,” says Dr Audu Sunday, WHO Jigawa State Coordinator.

“WHO has also supported Jigawa state to establish in-between round vaccination teams providing routine immunization, polio vaccination and Measles vaccines along the border cross points as well as the Maigatari international market. Disease surveillance officers of both countries also conduct joint visits to health facilities in communities at the border using Standard operating procedures for cross border notification of VPDs,” he adds.

In Katsina state, 1,645 eligible nomadic children were reached during nomadic vaccinations in Ingawa and Maiadua LGAs between April and June 2019 from the conduct of Outbreak Response (OBR) and in between rounds, respectively.

For the same period in Jigawa State, 6,280 Nigerian and 5,115 Nigerian children were vaccinated at the border crossing points. At least 8,608 children were vaccinated with mOPV2 in the 10km strip outbreak response in October 2018 in two districts of Niger Republic (Dungas and Magaria).

Meanwhile, for in-between round activities at the border 10,183 children received bivalent oral polio vaccine (bOPV) while 3,358 were vaccinated with Inactivated Polio Vaccine (IPV) as well as 1,035 with measles vaccine.

Source: *afro.who.int*



FROM LEFT- ALIBABA, AKIIN SHUGA, DR TUNJI FUNSHO, KATE HENSHAW AND MRS FUNSHO AT A PRIVATE DINNER ORGANISED FOR THE POLIO AMBASSADORS IN LAGOS



PRESENTATION OF POLIO UPDATE AT A MEETING WITH THE ROTARY POLIO CELEBRITY AMBASSADORS IN LAGOS



NNPPC TEAM AND ROTARY POLIO CELEBRITY AMBASSADORS AFTER A MEETING TOWARDS THE 2019 WORLD POLIO DAY CELEBRATIONS



POLIO CELEBRITY AMBASSADORS AND SOME NNPPC TEAM JOINED PDG YOMI ADEWUNMI IN CUTTING HIS BIRTHDAY CAKE IN LAGOS



PHYNO AND BAR. ADAORA OFFOR AT THE UNVEILLING CEREMONY IN ABUJA



PDG IJEOMA OKORO (MIDDLE) WITH THE NEW POLIO CELEBRITY AMBASSADORS, TIMAYA(LEFT) AND PHYNO (RIGHT)



THE NEW POLIO CELEBRITY AMBASSADORS - TIMAYA AND PHYNO



ROTN. ANNIE ESSINETTE GIVING A WELCOME REMARKS DURING THE POLIO CELEBRITY AMBASSADORS UNVEILLING CEREMONY IN ABUJA



PRESENTATION OF POLIO CELEBRITY AMBASSADOR CERTIFICATE TO PHYNO BY THE ROTAY TEAM



INETIMI ODON 'TIMAYA' DISPLAYING HIS CERTIFICATE



DR TUNJI FUNSHO AND PDG IJEOMA OKORO CUTTING PRIP BARRY RASSIN'S BIRTHDAY CAKE IN ABUJA



SIR EMEKA OFFOR AND SPOUSE WITH OTHER ROTARY TEAM CUTTING PRIP BARRY RASSIN'S BIRTHDAY CAKE IN ABUJA



PARTICIPANTS AT A SPECIAL ROTARY IMMUNIZATION TRAINING WORKSHOP AT IBADAN TENNIS CLUB RC IYAGANKU-IBADAN



MEMBERS OF 2019 WORLD POLIO DAY COMMITTEE ABUJA



FROM RIGHT - DR TUNJI FUNSHO, PHYNO, SIR EMEKA OFFOR, TIMAYA, PDG IJEOMA OKORO AND DR KAZEEM MUSTAPHA AT THE UNVEILLING CEREMONY IN ABUJA



CROSS SECTION OF SOME ROTARIANS AND KWARA POLIO STATE TEAM ADORNING THE ROTARY VACCINATION APRONS



GROUP PHOTOGRAPH OF ROTARIANS AND PARTNERS AFTER THE CAPACITY BUILDING TRAINING FOR ROTARIANS BY WHO IN JOS PLATEAU STATE



PDG KOLA SODIPO (IN RED FACE CAP) AND SOME MEMBERS OF R.C. AKOWONJO DURING THE WORLD GREATEST MEAL FUNDRAISING FOR POLIO



FROM LEFT- PDG JOSHUA HASSAN, PDG KAZEEM MUSTAPHA, DG VICTOR ONUKWUGH AND DGND AYO OLADOKUN AT THE INAUGURAL MEETING OF 2019 WORLD POLIO DAY COMMITTEE IN ABUJA



PRESENTATION OF VACCINATION TEAM APRONS TO THE STATE TEAM IN ILORIN KWARA STATE



PDG JOSHUA HASSAN PRESENTING END POLIO NOW BRANDED JACKET TO DG VICTOR ONUKWUGH IN ABUJA



**ROTARY POLIO CELEBRITY AMBASSADORS - AKIIN SHUGA;
KATE HENSHAW AND ALIBABA**