



REPRESENTATIVES OF PARTNER AGENCIES INCLUDING ROTARIANS AT THE 3 YEARS MILESTONE PRESS 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 Jide Akeredolu, DG Victor Onukwugha, DG Nze Aninzor, DG Sam Uko

Chairman's Address

ON TO CERTIFICATION AND BEYOND

Now that we have crossed the very hard fought and important milestone of three years without a case of wild polio and are succeeding in not creating room for complacency, it's time to look at what lies ahead. In the immediacy, it's the certification of Africa as a polio free continent by the Africa Regional Certification committee (ARCC). This is predicated on the committee being satisfied that Nigeria meets the following set down criteria in the presence of a high quality and robust surveillance system:

- (i) The absence of wild poliovirus for at least 3 consecutive years from any source, in the presence of high quality, certification-standard AFP surveillance;
- (ii) High routine immunization coverage in OPV3 (high numbers of children receiving at least three doses of oral polio vaccine);
- (iii) The completion of phase 1 poliovirus containment activities;
- (iv) Country readiness to respond to any poliovirus importation and;
- (v) The presence of a functional NCC to critically review, endorse and submit complete documentation to the ARCC.

Individual countries can't be and are not certified polio free. The major role of the NCC is to oversee certification activities at country level, and to review and endorse country reports and national documents on polio-free status. The NCCs present national documentation on polio-free status to their respective Regional Certification Commissions (RCCs), who conduct certification for the whole WHO region.

A region is eligible for regional certification only after meeting all criteria for certification, and after a period of three years has passed without detection of any wild poliovirus in any country in that region, from any source.

Our Score card

Our score Card as far as the above considerations are concerned is still tottering. While we have succeeded in keeping the wild polio virus at bay, the programme is still plagued by frequent outbreaks of vaccine derived polio and low level of routine immunisation due to inaccessibility to primary healthcare for majority of the population.

Currently we are carrying out outbreak responses to the outbreak of vaccine derived polio in Kogi state but our efforts to revitalize primary health care is painfully slow. This is a critical factor if we are to increase the



DR. TUNJI FUNSHO
Chairman NNPPC

level of routine immunisation in the country which is currently below 10% in some states.

These challenges will persist even after certification because to keep the virus at bay we must increase routine immunisation coverage far beyond our current poor levels.

Funding is critical at this point to the programme so all hands with sleeves rolled up must be on deck to ensure we close the funding gap. On our part Rotary is engaging the state governors to provide more funding for polio and routine immunisation as a whole. In the next few weeks we shall be engaging the leadership of the national assembly to give deserved consideration to the health budget so that adequate financial resources are dedicated to the health system.

So, as we work toward certification, let us look forward to the ultimate prize- a world without polio.

FROM EDITOR'S DESK

OUR FIGHT AGAINST THE INFANT CRIPPLING MONSTER – ROTARACT IN D9110 RISE AGAINST POLIO

Since the launch of the Global Polio Eradication Initiative in 1988 with the adoption of a resolution at the 41st World Health Assembly, the initiative which has been spearheaded by national governments, the WHO, Rotary International, the US Centers for Disease Control and Prevention, UNICEF and the Gates Foundation has seen the incidence of the disease fall by more than 99 percent. Economists have estimated that between 40 and 50 billion dollars will be saved once polio is eradicated from our world. That in itself is huge but more important is the fact that no child will again have to suffer from the ravaging effects of paralysis caused by the virus. I once heard a prominent Nigerian share his story of the difficult times he had to experience he had as a child not being able to take to his heels as other children did when faced with a masquerade. That experience would have psychological and emotional effects on him which he would have to overcome in order to become the person he is today. His success story negates the stories of many others who could not overcome the challenge of paralysis and have been confined to the floor both literally and figuratively. Polio is indeed a crippling monster!

There is no way to talk about the great gains that have been made against polio without talking about Rotary International. Rotarians and

Rotaractors have raised billions of dollars and devoted millions of volunteer hours towards making the world polio-free. Rotaract which is the youth wing of Rotary is a community of diverse young professionals between the ages of 18 and 31 across various fields of endeavour. For half a century



DAVID ODUNSI
Chair, End Polio Committee, Rotaract District 9110, Nigeria

Rotaractors have been transforming their communities and taking part in international service projects in a global effort to bring peace and understanding to the world. Rotaract focuses on equipping members with cutting edge professional and leadership skills that set them apart in a competitive world. They become adept at identifying problems in society and proffering solutions to them.

Rotaract, like Rotary has as her cardinal project the eradication of

polio from the world. We take the fight against polio very seriously both in our words and in our actions. We have a committee called the End Polio Committee for Rotaract District 9110 covering Lagos and Ogun States which is saddled with the responsibility of developing and executing programmes that will help to create awareness, raise funds and guarantee effective immunization programmes in support of the fight to ensure that the world become polio-free. To this end we publish a quarterly newsletter dubbed "Zero Polio" which is designed to create awareness across various regular and online media platforms and help to support our fundraising drive in support of polio eradication. We also organize seminars and press conferences and we stage treks and other awareness activities in support of Rotary's World Polio Day celebrations. Apart from these we volunteer to monitor and support vaccination teams across Lagos in conjunction with the NNPPC and Lagos State Primary Healthcare Board. These are just a few of the activities that we have undertaken to ensure a polio free Nigeria. Even as Nigeria prepares to exit the group of polio-endemic nations, Rotaractors in District 9110 remain committed to the goal of a polio-free world and will continue to do everything they can to ensure that we kick polio out wherever it may be in the world.

REVISED SIA CALENDAR

KOGI STATE

Phase 1 OBR :
14 September to 17 September, 2019

Phase 2 OBR:
5 to 8 October, 2019

IMPLEMENTATION IN 4 BREAKTHROUGH STATES

Phase 1: 14 - 17 September 2019 -
Kwara Sokoto Oyo and Osun states

Phase 2 : 2 to 5 November -
Sokoto, Kaduna, Katsina , Jigawa, Kano, Niger and Kwara



**ROTN. OLUGBENGA
OLAYIWOLE**
Editor PolioStop

NIGERIA POLIO UPDATE: SEPTEMBER 2019

MANAGING CVDPV OUTBREAKS AFTER 3 YEARS WITHOUT WILD POLIO

It has been 36 months since the last WPV1 case in Nigeria. However, the country continues to deal with four separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2). These consist of cases and isolates from environmental samples. Two genetically distinct outbreaks are centered in Sokoto state with two additional, separate outbreaks originating in Jigawa state and Bauchi state. The cVDPV2 outbreak originating in Jigawa has spread both within Nigeria and internationally to the Republic of Niger and Cameroon.

A total of 49 cVDPV2 isolates from AFP cases and 4 from contacts of cVDPV2 have been reported in 2018/19 as of August 2019. 34 of these cases were in 2018 and 15 cases in 2019 with the most recent case from Ibaji, Kogi State having onset of paralysis on 20 June 2019. Also in 2018/19, 97 cVDPV2 isolates from environmental samples have been confirmed in 15 states. 46 of the positive isolates from environmental samples were confirmed from 11 states in 2018 and 51 positive isolates from environmental samples in 7 states with the latest from Ilorin East with date of collection on 13 July 2019.

The Program has also confirmed 65 cVDPV2 from healthy children- (36 in Katsina, 5 in Jigawa, 4 in Yobe, 8 in Kwara, 3 in Kogi, 2 in Osun, 1 in Sokoto

and 6 in Borno). The most recent is from Ibaji, Kogi state with stool collection date on 24 July 2019. To end these outbreaks and prevent future ones, global partners, donors and affected-country governments must maintain their commitment to vaccinating every child against polio.

The Nigerian program uses the same proven strategies for stopping wild polio in responding to cVDPV cases strengthening surveillance systems and ensuring high vaccination coverage. We have the tools and knowledge to stop vaccine-derived polio outbreaks. For example, the 2017 VDPV outbreak in Syria was successfully stopped, despite protracted conflict and instability, following 18 months of intense vaccination and surveillance efforts.

The GPEI and its partners are continuing to support public health authorities in the DRC and neighboring Angola to conduct risk assessments, strengthen surveillance and improve vaccination coverage. The technical and scientific knowhow and infrastructure for eradication are in place to stop vaccine-derived polio outbreaks. Now, global partners, donors and affected-country governments must maintain and strengthen both political and financial commitments to vaccinating every child against polio.

If a population is fully immunized against polio, it will be protected against both wild polio and cVDPVs. To prevent international cVDPV transmission within Africa, countries with outbreaks near border areas are collaborating with neighboring countries. For example: Nigeria is working closely with countries across the Lake Chad sub region to prevent further cross-border transmission.

cVDPV outbreaks signal that immunization gaps persist across the continent and underscore the need for sustained dedication to reaching every child with polio vaccines. To prevent the resurgence of WPV and stop the spread of cVDPV outbreaks, donors, partners and country leadership across the region must redouble political and financial support to the program. With strengthened commitments from country governments, GPEI donors and partners, we can be confident that global polio eradication is within reach.



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR



Governor Kayode Fayemi, Chairman Nigeria Governors' Forum

Nigeria State Governors under the aegis of the Nigeria Governors' Forum (NGF) have promised to prioritize routine immunization coverage in their states to ensure that Nigeria is declared polio-free. Chairman of the forum, Governor Kayode Fayemi made this known in a communiqué issued after the forum's meeting recently in Abuja. Nigeria has not recorded any case of the wild polio virus in the last

NIGERIA GOVERNORS FORUM PLEDGES TO PRIORITIZE IMMUNIZATION

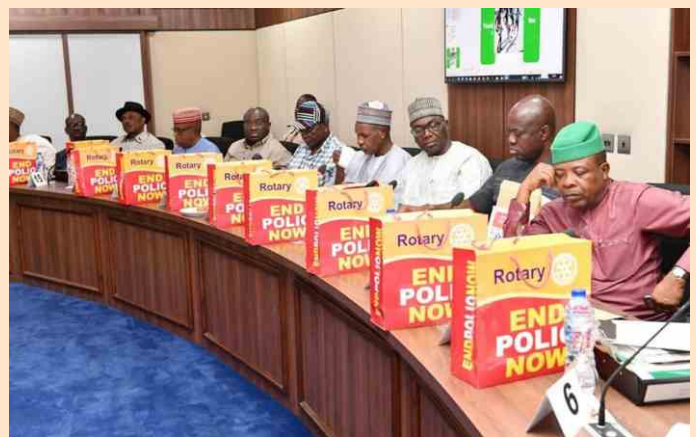
three years and is on the verge of being certified polio free by the World Health Organisation.

The forum had earlier received a presentation on polio eradication from Rotary International's Nigeria National PolioPlus Committee led by its Chairman, Dr. Abdulrahman Tunji Funsho.

Governor Fayemi said the governors also resolved to continue to support the actualization of universal health coverage in the country following an update on the Basic Healthcare Fund (BHCF) and state health insurance agencies. Deputy Chairman of the forum, and Governor of Sokoto State Aminu Waziri Tambuwal, also briefed the press about the meeting between

the forum and the African Development Bank. The meeting was part of a series of high level engagements driven by the bank to promote the establishment of special agro-processing zones (SAPZs) in Nigeria. According to the forum, the SAPZs which will bring together the farming and processing community and have the potential of attracting about \$1billion from AFDB and up to \$4 billion with the entry of private sector investors. Managing Director of CWC, Scott Sheldon also briefed the forum on the State of the States Conference slated for November 26-27. The governors promised to work with the team from CWC to deliver on the objectives of the conference.

Source: dailytrust.com.ng



End Polio Now gift bags arranged in front of State Governors



From right - RIVP Yinka Babalola, Dr Tunji Funsho and PDG Ijeoma Okoro at a meeting with the State Governors

Africa is now on the brink of Polio Eradication



Africa is on the brink of being declared officially polio-free after Nigeria, the continent's last remaining endemic country, marked three years without any new cases of the wild polio virus.

The WHO says that more than 125 countries had polio cases in 1988 but the disease is now endemic in only three countries and with Nigeria having gone three years without a case, it is hopeful that it will soon leave Afghanistan and Pakistan as the only countries endemic to polio. With Nigeria's last case of wild polio virus having been recorded on 21 August 2016, the WHO Africa region could soon be declared polio-free if certain other conditions and processes are completed. "There is no doubt that three years without a case of wild polio virus is a historic milestone for the Polio Eradication Programme in Nigeria and the global community," Faisal Shuaib, Executive Director, National Primary Health Care Development Agency, said at a press conference held in Abuja to celebrate the achievement of the milestone. "Completely eradicating all types of polio virus will be one of the greatest achievements in human history. However, we must not take for granted our current success because it is one which we must delicately manage with

cautious euphoria and resilience," Shuaib added.

Despite the achievement, he explained, Nigeria has not been declared polio-free by the WHO because of the certification process that includes a country enjoying three consecutive years without a child being paralysed by wild polio virus, evidence of quality surveillance that shows no child is paralysed again and excellent routine immunisation coverage for eligible children and high quality campaigns with oral polio vaccine.

"These processes are expected to be completed between March and June, 2020".

Shuaib cautioned Nigeria against losing sight of the huge amount of work that is left before being certified polio-free by relevant global organisations including the WHO.

The press conference also addressed the factors that have led to Nigeria being on the verge of eradicating polio. After the discovery of a case in 2016, Nigeria's President Muhammadu Buhari ordered the immediate release of 9.8 billion naira (about US\$26.7 million) to the country's Polio Eradication Programme.

Peter Clement, the WHO officer in charge of Nigeria, said that the feat was due to renewed commitment by Nigeria, partners and the thousands of health workers over the past three decades to bring the wild polio virus count to zero. "Since the last outbreak of wild

polio in 2016 in the northeast, Nigeria has strengthened routine immunization as well as improved the quality of her supplementary immunisation activities. The government and partners have also implemented innovative strategies to vaccinate hard-to-reach children. These efforts are all highly commendable," Clement explained.

Abdulrahman Funsho, Chairman, Nigeria National PolioPlus Committee of Rotary International, attributed the feat to hard work and commitment on the part of key institutions but cautions against complacency. "Nigeria needs to ensure we reach all children with the polio vaccine before the polio virus reaches them," he said. "The funding levels must continue and even increase before we can rejoice."

Mallam Isa Yakubu, a community health attendant in Damaturu, Yobe state, one of the areas in Northern Nigeria under constant attack from the Boko Haram insurgency, said the success recorded by Nigeria was because of the determination of local health workers to ensure that no child is left out of the routine immunisation programme.

"At the risk of our lives, we ensure that we take the vaccines to all parts including the internally displaced people camps so that we can reach as many children as possible," Yakubu said. From the reporting of Alex Abutu for scidev.net

WHO SUPPORTS CROSS RIVER STATE IN ADMINISTERING POLIO VACCINES TO CAMEROONIAN REFUGEES



Following the 2016 crisis in the South West and North West Anglophone regions of Cameroon, a large number of asylum seekers fled into neighboring villages in Cross River State Nigeria for safety. The asylum seekers mainly came from Akwaya, Otu, Eyumojock, Nsan, Dadi and Bodam villages. The World Health Organization (WHO) is supporting the state to reach more refugees against Polio.

Migration and infectious diseases are highly connected. Immigrants are associated with the spread of infectious diseases, it is also important to recognize that some migrants—particularly refugees fleeing war, persecution, or natural disaster—come from regions with weak or disrupted health systems therefore face a unique set of challenges to health care, hence the need for immunization.

“For you people to travel all the way from Calabar during this rainy period to immunize our children, may you be blessed and rewarded” says Ketches Peter, Head of the 13 autonomous Communities in the Okende Refugees Settlement, Ogoja Local Government Area (LGA) of Cross River State. “We are so happy with your support.”

Mr Peter's praises are a reflection of the dire need for health and humanitarian assistance in the refugee settlement areas. As at 31 July 2019, 74% of the Cameroonian refugees in Nigeria reside either in recognized settlement camps or within host communities across six LGAs of Cross River State. Unfavorable living and environmental conditions continue to be the main challenge among refugees.

The WHO Nigeria Expanded Program on Immunization (EPI) Unit resolved to leverage on National Immunization Days (NIDs) to vaccinate all eligible refugee children, not only in Okende and Adagom refugee Settlements of Ogoja LGA, but also across all other settlements in six LGAs of the State.

Prior to the implementation of the July 2019 NIDs, WHO team conducted an advocacy visit to community leaders of the communities in Adagom and Okende Refugee Settlements in Ogoja LGA seeking collaboration and commitment towards successful implementation of the exercise. With the support of biometric registration data from UN High Commission for Refugees (UNHCR) micro-plans were developed with community leaders to ascertain the spread of refugees within and outside Ogoja LGA. Vaccination team members were nominated from the refugees trained and carefully selected alongside State Government health workers with daily orientation before commencement of the daily vaccination activities.

“During the implementation exercise, there was supervision by the WHO led team on the ground and committed refugee community heads ensured that pockets of non-compliance were resolved and all eligible children immunized,” says WHO Cross River State Coordinator, Dr Rilwan Raji.

At the advocacy visit to the elected Chairman and Head of the 41 Communities in Adagom, Dr Raji and his team emphasized the need to go beyond the polio national immunization days soliciting the support of the community leaders to mobilize their wards for weekly routine immunization sessions at the health centers in Adagom and Okende, which they fully agreed. “WHO will continue to work with Government to ensure every child is immunized and not one single child left behind,” he stated.

The national immunization campaign was held with the supervision of the state government from 20 to 23 July 2019 using the household, fixed-post and special teams strategy throughout Cross River State benefitting the two refugee settlements in Ogoja, as well 26 refugee host communities across six (6) LGAs- Akamkpa, Bakassi, Boki, Etung, Ikom, Obanliku. A total of 5,863 eligible children from refugee camps were vaccinated with two drops of the oral polio vaccine (OPV) as against 2,042 and 1,809 vaccinated in April and July 2018 NIDs respectively when the influx into Cross River initially began.

Source: WHO

MORE WORK REMAINS TO BE DONE EVEN AFTER 3 YEARS WITHOUT POLIO



About two decades ago, the notion around the world was that Nigeria would be the last country in the world to get rid of polio. There was good reason for this notion. At that point in time the idea of polio eradication was a pipe dream. Nigeria had the largest reservoir for the wild polio virus. Its burden and transmission rates of polio were also among the highest in the world.

Today, however, it is a completely different story. There has been no case of the wild polio virus in the country since the last documented case on 21st August, 2016. Now, the country is on the verge of being certified as having interrupted the transmission of polio and commencing the process of certifying Africa polio-free. Nigeria's last WPV case was isolated in a child in war-torn Borno State on August 21, 2016. The milestone has put Africa on track to be certified polio-free. According to the WHO, after three years of no incident of the virus on the African continent, the official 'certification' of polio eradication would be conducted at the regional level.

This certification would happen after careful assessment of the risk of missed transmission in inaccessible areas of Borno, and other countries in the region where there is lack of confidence in surveillance. This is a major victory for the nation's polio eradication efforts. One of the arrowheads for attainment of this milestone is the Executive Director of Nigeria's National Primary Health Care Development Agency, NPHCDA, Dr. Faisal Shuaib. Shuaib, a public health specialist is well experienced in developing and implementing strategies on outbreak response activities in Africa. "We are here acknowledging this milestone while ensuring there is no complacency about the quantum of work that needs to be done to ensure certification, and to ensure population immunity continues to be maintained," Shuaib stated during an encounter. He said combining the vaccination with other health services, such as medical checks and malaria treatment, also made it more acceptable. "President Muhammadu Buhari's decision to vaccinate his own grandchildren against the virus also helped to ease

this many supporters' minds," Shuaib said. Over the past few years, hundreds of thousands of volunteers have repeatedly vaccinated about 50 million Nigerian children aged 5 and below. The effort was driven by the Nigerian government, through the Global Polio Eradication Initiative, a joint effort between the WHO, Rotary International, the US Government, UNICEF and the Bill & Melinda Gates Foundation. He explained how the Federal government has strongly put effective measures of surveillance in place to ensure children in remote areas are vaccinated to sustain routine eradication of polio. The government also employed trained health workers and mobile team to reach out to remotest areas with geographical barriers in order to make vaccines accessible to children and guard against polio outbreak again in Nigeria. "Measures have been put in place to ensure mobile teams and ad-hoc workers break the issue of geographical barriers which would ensure the success of the programme." Shuaib remarked that polio eradication is moving in the right direction although it is faced with several challenges such as getting access to hard to reach areas and parents not allowing their children receive the routine immunisation. Improvement in public acceptance of the vaccine was a major contribution to the milestone but a lot more needs to be done. Nigeria had been removed from the list of polio endemic nations in 2016 but the discovery of new cases in 2016 was a major setback to the programme. Nigeria is once again, on the last lap to becoming a polio-free country. Surely, the last days of polio in Nigeria and Africa are at hand.

From the reporting of Sola Ogundipe
for vanguardngr.com

COULD THE WORLD SEE A RESURGENCE OF POLIO? EXPERTS FEAR A CAUTIONARY TALE IN MEASLES



As measles case counts have exploded around the globe this year, public health officials doggedly trying to rid the world of another disease scourge have watched the numbers rise with some concern.

That disease is polio, and for the people who have long worked to eradicate it, the resurgence of measles has become a cautionary tale — both useful and unsettling — of why the polio campaign must push on across the finish line. Failure to do so could have dire consequences.

“In my opinion, there's no doubt if we stopped the extra efforts we do for polio, we'd have a big resurgence,” said Dr. Walter Orenstein, associate director of Emory University's Vaccine Center and a consultant to the Global Polio Eradication Initiative.

The effort to eradicate polio is nearly two decades past its original target date for completion, and there are concerns about what could happen if funding dries up or the political will to persevere towards the elusive goal

erodes. For now, wild poliovirus is cornered in eastern Afghanistan and western Pakistan, hard-to-access places where vaccination teams are often unwelcome and unsafe. But it is not magically corralled there. Any easing of the pressure on the virus could see a version of what is happening with measles unspool with polioviruses — though on a slower, less visible but still insidious basis.

The polio program, which goes by the acronym GPEI, has drawn up a five-year plan to take the effort through to the end of 2023; theoretically, with some lucky breaks, the job could be completed by then. But the polio program is not known for lucky breaks — very much the opposite, in fact. Through massive efforts it has succeeded in battling paralytic polio cases down from about 350,000 cases a year when the effort began in 1988 to very low numbers; in 2017, the best year on record, there were only 22 reported cases of paralytic polio. But the following year, the virus rebounded, with 33 cases reported. So far this year there have been 71 cases reported, with many of them coming during what should have been polio's low season, when the virus typically doesn't transmit well.

The program needs to raise \$3.27 billion to cover the costs it will incur between now and the end of 2023. Funders — a number of governments, the Bill and Melinda Gates Foundation, and the service organization Rotary International, which has been a partner in the eradication effort from the start and has raised \$2 billion for the effort — are weary and worried. Questions are going to be asked “How long is it going to take? How much money is it going to cost? Is it worthwhile?” It might even be rationalized that “Well, can't we control the disease in Pakistan and Afghanistan and stop investing such a massive amount of resources?”

The answer, though, is no. It costs about \$1 billion a year to keep polio transmission at the current levels. Relenting on that spending would see polio numbers climb again. We started the effort, we need to the end, however painful it is for this last mile.

Kimberly Thompson is a mathematical modeler who has been working on polio for years. In 2007, she published an analysis showing that even small decreases in the intensity of the polio eradication efforts would lead to large outbreaks of polio. Thompson argued then for more investment in the

polio program, saying the costs of not doing so would be greater in the long run. A dozen years later, Thompson makes the same argument.

“From a health economics perspective, the best thing to do is go big and go strong until you're really done and then be done. You can't take your foot off the gas and expect that you're not going to lose ground,” said Thompson, who is president of the nonprofit Kid Risk, which conducts research on infectious diseases including polio. “If we're not doing that and not willing to put in the resources then it takes longer and costs more. And this is what it looks like.”

What's happening with measles serves as a reminder. Last week the WHO released preliminary data for 2019 that showed huge increases across the world, attributable to declines in vaccination rates. Case numbers for the African region are up 900%; in WHO's western Pacific region, cases are up 230%. The United States has recorded more measles than the country has seen in a quarter century. Numbers in Europe have already exceeded the tally for all of last year. The measles virus is highly contagious and the illness it causes is generally visible, with its bright red rash. Polio is not as easy to spot, which would create major problems were it to spread globally again.

Nearly three-quarters of infections — 72% — have no symptoms and in another 24% of cases children have non-specific illness, nothing that would signal polio to a parent or a health care provider. In fact, less than 1% of children infected will develop paralytic polio.

“Polio is a little more stealth in its ability to move around the world,” said Dr. William Moss, executive director of the International Vaccine Access Center at Johns Hopkins Bloomberg School of Public Health. “Most infected persons are asymptomatic. And people can shed polioviruses for months. So you have a great opportunity for infected individuals to travel. If they end up in a community where there are a high number of unvaccinated children, you're going to get polio cases.”

Without consistent efforts to try to finish the eradication job, polio will move, said Michel Zaffran, Director of Polio Eradication at the WHO. “If we stop the effort, the virus is not going to ask for permission to cross the border.”

There's recent evidence that underscores his warning. In May, the WHO reported that poliovirus was found in sewage in southern Iran, which has not recorded a case of polio since 1997 and hasn't seen polioviruses in sewage — a standard way countries do surveillance for polio — since

2001. Polioviruses shouldn't be floating in sewage in a country that hasn't had polio cases for more than 20 years. Analysis of the virus showed it came from Pakistan; someone who contracted it there traveled to this part of Iran. If polioviruses were to break out of Afghanistan and Pakistan, there is no guarantee the United States — with its clusters of unvaccinated children — wouldn't again see paralytic polio, Orenstein said. “As long as there are pockets of [susceptible children] we run the risk.”

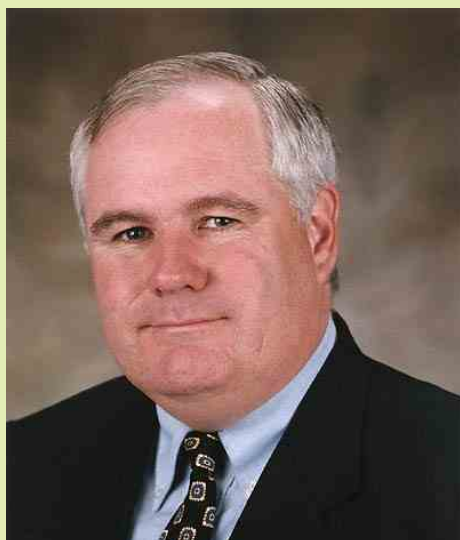
Orenstein said when he talks to funders about polio he makes the case that this isn't just a humanitarian effort — that there are domestic health security concerns for donor countries too.

This far into an eradication effort is a risky time, Moss suggested.

“I think the lesson is that ... when you make progress in reducing the incidence or transmission of a pathogen like measles virus or poliovirus, and particularly as you move toward eradication, if there are lapses — whether that's due to fatigue or from resistance in communities — there's an extremely high risk,” he said. “It's almost inevitable that you're going to have outbreaks and move backwards.”

From the reporting of Helen Branswell for statnews.com

5 REASONS WHY POLIO WILL BE ERADICATED



Michael McGovern , Rotary IPPC Chair

Since Rotary International conducted the first mass immunization against polio in the Philippines, the international service organization has been committed to the struggle to rid the world of a highly contagious and debilitating disease. This commitment was further solidified with the launch of PolioPlus in 1985. The point where the game truly changed was when the WHO and other partners codified this fight into a partnership and established the Global Polio Eradication Initiative (GPEI) at the World Health Assembly in 1988.

These five core partners— Rotary International, World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), United Nations Children's Fund (UNICEF), and the Bill & Melinda Gates Foundation along with over 20 million volunteers have vaccinated nearly 3 billion children and prevented over 16 million cases of paralysis or death in an initiative that has existed for over 30 years and spanned 200 countries. The partnership has

grown to become arguably the biggest public-private partnership in human history.

Of course, there are certain characteristics that inform the identification of a disease for eradication, factors that are important in determining whether the cause will end in success or failure. The first is that there must be a way of testing and identifying the disease and those infected with it.



**Tedros Adhanom Ghebreyesus,
WHO Director-General**

The poliovirus causes acute, non-persistent infections-the virus causes acute, short term infections, meaning that a person infected with polio can only transmit the virus for a limited amount of time and prolonged infection with wild polioviruses has never been documented (in most cases infected people can only transmit the virus for 1-2 weeks) but the means to rapidly identify a person with the disease exists.

The Second important characteristic is that it must not have a reservoir or a means of infection other than the human being. The poliovirus is

transmitted only by infectious people or their waste. Some diseases can be transmitted in a multitude of ways, which can make a disease an impossible candidate for eradication but the poliovirus is typically transmitted just one way- through human waste. Eradicating polio is not an easy task, but the way polio is transmitted simplifies our ability to tackle the disease. Survival of virus in the environment is also finite. The wild poliovirus cannot survive for long periods outside of the human body. If the virus cannot find an unvaccinated person to infect, it will die out. This is why we have to keep every single child vaccinated so the virus cannot find any humans to infect.

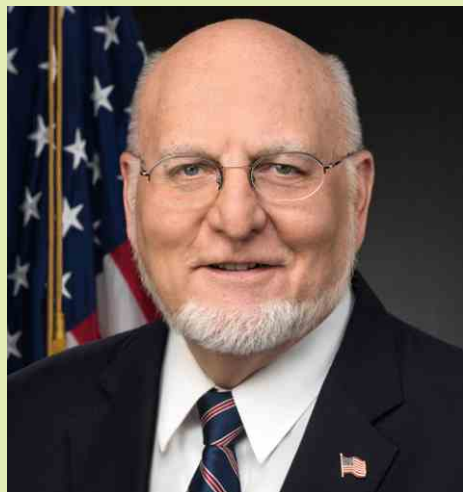


Henrieta Fore, UNICEF Executive Director

The length of poliovirus survival varies according to conditions like temperature, and the poliovirus infectivity decreases over time. People are its only reservoir. Hundreds of diseases can be transmitted between insects, animals and humans but polio is not one of these and this makes it

easier for us to eradicate it. No poliovirus has been found to exist and spread among animals despite repeated attempts to document this.

The third important characteristic of any disease for eradication is that it must have a safe and effective vaccine that is capable of preventing its transmission. Immunization with polio vaccine interrupts virus transmission. Not only are there two safe and effective polio vaccines, but vaccination against polio generates herd immunity, which increases the percentage of the population that is immune to the disease. Mass campaigns using oral polio vaccine, where all children in a specified geographic area are immunized simultaneously, interrupts wild poliovirus circulation by boosting population immunity to the point that transmission of polio cannot be sustained.



Robert Redfield, US CDC Director

We have shown the world with our commitment and our efforts that this is something that can be achieved and hopefully will be achieved in our lifetime. When we started this struggle in 1988, polio existed in over 125 countries and territories across the world. There were over 350,000 cases annually

(about 1000 cases every single day) and everyone knew someone or was related to someone who had polio or was affected by polio. That situation is clearly not the same today with incidence having been reduced by 99.9 percent and only 3 countries in what is essentially two epidemiological belts remaining endemic for polio. Even that is about to reduce further



Susan Desmond-Hellman, CEO BMGF

reduce further with Nigeria having gone 3 years without a case of polio and the Africa region on course for polio-free certification. Significantly too, only one strain out of the three strains of the virus remains in the wild with the type 2 strain having been declared eradicated in 2015.

This marathon of a public health endeavour is now in the last mile but the real reasons we have come this far and are set to deliver on a promise of a polio-free world in our lifetime is due to the vision, doggedness, commitment and sacrifice of 5 key partners – Rotary International, WHO, UNICEF, US CDC and the BMGF. These are the 5 reasons why polio will most definitely soon be eradicated from our world.

Adapted from polioeradication.org

NIGERIA, NIGER RE-COMMIT TO STRENGTHENING CROSS BORDER VACCINATION ACROSS THE LAKE CHAD BASIN



Experts from Nigeria and Niger Republic have reviewed cross-border surveillance strategies with a view to ensuring eligible children along inaccessible borders are protected from vaccine preventable diseases including measles and polio.

The meeting held in Maiduguri is in line with the purpose and scope of the International Health Regulations (IHR). The meeting objectives include tracking cross-border population movement between Niger Republic and Nigerian inaccessible border settlements through profiling as well as fostering collaboration to synchronized cross border vaccination.

During deliberations, officials from Nigeria and Niger Republic have committed to prevent, protect, control and provide a public health response to the international

spread of disease in ways that are commensurate with and restricted to public health risks, without interference to international traffic and trade.

In his remarks, World Health Organization (WHO) Northeast Zonal Coordinator, Mr. Fadinding Manneh said that cross-border integrated disease surveillance reporting (IDSR) including polio and measles as well as other vaccine preventable diseases (VPDs) activities across the international borders of Nigeria and Niger Republic are yielding enormous evidence-based results.

“In the last three years, cross-border surveillance and vaccination activities along inaccessible areas of Borno state in Nigeria and Diffa region in Niger Republic have found no less than 261 cases of Acute Flaccid Paralysis (AFP) and have stemmed the tide of wild polio virus in the north-east Nigeria,” said Manneh.

On his part, Deputy Governor of Diffa region, Alhaji Yahya Godi, reiterated the commitment of the government of Niger Republic to implement recommendations on the cross-border integrated disease surveillance and polio vaccination activities. “We are committed to implementing the expert recommendations on cross-

border surveillance and vaccination activities to ensure that populations across the borders of Nigeria and Diffa region, Niger Republic are protected from vaccine preventable diseases,” said Alhaji Godi.

With a view to strengthening integrated surveillance across the two countries, the review meeting also resolved to establish joint cross-border AFP surveillance including cross notification, investigation and joint work plan; synchronized outbreak response and tracking of international borders population movement, engagement of cross-border community informants and data management support from WHO Nigeria.

Meanwhile, WHO Nigeria in collaboration with the Borno State Primary Healthcare Development Agency has initiated several strategies for improving cross-border surveillance in inaccessible areas (Mobar, Guzamala and Abadam) bordering Nigeria and Diffa region of Niger republic. Through the engagement of 1,180 community-based informants, the programme has found and timely reported 261 AFP cases from inaccessible areas of Borno since April 2018.

Besides, data from the community-based informants have driven and guided vaccination

interventions including the implementation of reactive vaccination of more than 3,000 children in response to the outbreak of circulating vaccine derived polio virus along international borders of Borno state and Diffa region, Niger Republic. In addition, these informants have reported measles and cholera outbreaks in the area. Most recently in July 2019, they reported and responded to measles outbreak in about 12 inaccessible settlements of Guzamala during which over 4,000 children were vaccinated against measles.

Other innovative interventions like reaching every settlement (RES) and reaching every child (RIC) using civilian task force and government structures have enabled access to over 10,000 settlements (RES: 2,800 and RIC: 7,301) in which 279,994 children were vaccinated against polio between November 2016 and July 2019.

Participants at the review meeting include the Incidence Manager polio outbreak WHO Niger, Casmir Manengu, Borno state Honorable Commissioner of Health, Dr. Salihu Kwayabura, Government representatives from Diffa province, UNICEF, BMGF, SPHCDA, NPHCDA, Ministry of health for both countries, WHO Nigeria, e-health Africa, Executive Director State Primary Health Care Agency and other Officers of the ministry and the Agency.

Source: WHO

3 YEARS MILESTONE WORLD PRESS CONFERENCE



Sir Emeka Ofori at the Press Conference



Former Senate President, Ken Nnamani at the Press Conference



Cross section of audience at the Press Conference



Dr Tunji Funsho addressing audience at the Press Conference



Emir of JIWA and Dr Faisal Shuaib with Rotarians at the Press Conference



Emir of JIWA representing Northern Traditional Leaders at the Press Conference



RVP Yinka Babalola addressing the audience at the World Press Conference



Dr Faisal Shuaib NPHCDA Executive Director at the Press Conference



Dr Kazeem Mustapha(left) & PDG Joshua Hassan at the World Press Conference



DG Victor Onukwugha at the World Press Conference

SYMBOLIC IMMUNISATION FOR 3 YEARS MILESTONE



Dr Tunji Funsho immunising at the symbolic immunisation exercise



Ambassador Andrew Young immunising a child



PDG Ijeoma Okoro immunising a child at the symbolic immunisation



Former Senate President Ken Nnamani immunising at the immunisation exercise



Sir Emeka Offor, immunising at the symbolic immunisation exercise



Mr. Abdulaziz M. Adullahi Permanent Secretary Federal Ministry of Health



Ambassador Andrew Young making remarks at the Press Conference



Left - Dr Faisal Shuaib ED, NPHCDA, Dr. Clement Lasuba, Officer in Charge WHO Nigeria and Dr Tunji Fusho at NTA TV interview



NIGERIA NATIONAL POLIO PLUS COMMITTEE



Rotary

What a great day to be Alive!

3 Years

of wild Polio Virus free in Nigeria

CONGRATULATIONS TO ALL ROTARIANS, THANKS YOU OUR FRIENDS, WE ARE ALMOST THERE