

# PolioSTOP

MARCH 2021

OFFICIAL NEWSLETTER OF THE NIGERIA NATIONAL POLIOPUS COMMITTEE

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COVID-19 VACCINE IS SAFE.  
GET VACCINATED!

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**Chairman's Address****Covid-19 Vaccination- To be or not to be**

The most topical issue right now is COVID-19 vaccinations. There are all sorts of debates going on including sadly vaccine diplomacy. However, what should be most paramount now is how to get the vaccine to the people who need it most and bring an end to the pandemic. Like in our polio eradication campaign, the ultimate goal is to get the vaccine to the mouth of all children below the age of five until polio is eradicated from the world. So, for COVID-19 we must strive to reach everyone above the age of 18 years for now until trials are concluded for those below the age of 18.

One of the obvious obstacles is vaccine resistance. As I always say, you can't shave a man's head in his absence. We faced the same challenge with polio immunization. We have the tools to overcome this resistance including advocacy tools at all levels of our polity. However, one tool we have not exploited adequately is actually explaining the very tedious process of vaccine development, production and licensing in order to ensure safety and efficacy. For instance, the new OPV being rolled out now was ten years in the making and even at that it's still under emergency use licensing. A well thought out advocacy strategy on this is overdue.

This will create confidence in the vaccine and dispel the falsehood being peddled by antivaxxers about the COVID-19 vaccine. The information should be out there that the mortality rate for vaccine candidates is very high indeed. Typically many vaccine candidates will be evaluated before any is found to be both safe and effective. For instance, of all the vaccines that are studied in the lab and laboratory animals; which is the first stage of development, only about 7 out of 100 will be considered good enough to proceed to clinical trials. Of this 7% that scale through to clinical trials only 1 in 5 succeed in becoming licensed for human use. So vaccine development is not a walk in the park.

In the case of COVID-19 there were 200 vaccine candidates being developed as of December 2020. Of these, only 52 are in human trials and up to 25% of these will not make it to licensing. So, vaccine development is a rigorous, painstaking, time consuming and expensive process.

The global certification of vaccines is done by an independent group of experts drawn from all over the world; Dr Mohammed Afolabi of the London school of tropical medicine and hygiene is one of them. Rotarians are now repurposing the skills they brought to see to the end of polio in Nigeria to ensure the speedy end of Covid-19 transmission in Nigeria. We are coordinating our efforts with the primary health care agencies both at the national and state level particularly in the area of advocacy. We have already commenced advocacy on television.

I have in the last few weeks been on major TV stations advocating the need for vaccine uptake and dispelling rumours about vaccine uptake particularly the rumour about the AstraZeneca vaccine. This is taking place across the nation by Rotary leaders who have been trained on the current facts about the COVID-19 vaccine.

While at it, we must continue to stress the need for wearing face masks, social distancing, and hand hygiene. That is our vaccine for now until we reach herd immunity which is unlikely to take place for another year at least

Let us not forget however to keep our eyes on our major goal to eradicate polio from the world and keep Nigeria at zero cases until world certification. The polio case load this year is quite encouraging; 2 cases as against 23 as of the same time last year.

However, circulating vaccine derived polio virus still poses a major challenge. I am delighted that we have finally deployed a new polio vaccine which is definitely designed specifically to protect against this virus. And this rollout occurred in 4 states in Nigeria starting on the 13th March. With this new tool we hope to put a lid on the spread on vaccine derived polio virus.

So, let's keep our eyes on the ball to eradicate polio from the world but at the same time get rid of the distractions which is COVID-19 by advocating for vaccine uptake all across the country.

# SOMETHING SO SIMPLE

One or two shots and you're protected from a dangerous disease for a long time. That's such a simple proposition. Everyone should be trying to get vaccinated and protected but we have found, in our years of trying to vaccinate the children of the world, that something that should be so simple, gets really messy and really complicated really quickly.

Take our fight against polio as an example. We have had the tools to defeat polio for several decades now. They are safe, effective and available. The oral polio vaccine is actually one of the easiest vaccines to dispense with demonstrable impact like in the Philippines where polio cases dropped by more than 50 percent in just 2 years of mass vaccinations in the early 80s. Our fight has however been anything but simple. Politics, ideology and even economics have stood against us and slowed us in our march towards a polio-free world. The world is currently faced with a devastating pandemic which has robbed many people of life and livelihood. We've raced at a furious pace to develop vaccines, using cutting-edge and innovative solutions to achieve our goal in record time. All the international

regulatory agencies have examined the data surrounding the production of these vaccines and deemed them to be safe and effective for our use. Two shots and one would be protected from the virus for a long time. Men and women of good will also came together to make sure that through arrangements such as the COVAX facility or through the African Union, the vaccine is made available to us for free. All that is left for us to do is to step up and take the vaccine. It should be so simple, shouldn't it? We however keep finding that nothing in this vaccination business is ever so simple.

Recently, all the technical heads of agencies involved in vaccination in Nigeria were at Nnamdi Azikiwe International Airport Abuja to receive the first batch of COVID-19 vaccines for Nigeria. A lot of people felt it was overkill and unnecessary. There was even a little mockery on social media but there was a reason for it. We are in the age of aggressive misinformation with unrelenting assaults being launched against the truth and undermining public confidence in vaccines and vaccination. There had been misinformation that Nigeria had been disqualified from getting the

vaccines and the vaccines would not arrive, so a public reception for the vaccine had to be organized to counter that. There have been other rumours that the vaccines are not safe. So, to show the public that they are safe, political, traditional and religious leaders are having to take their vaccine shots on TV and in full view of the world. We are having to constantly and consistently release information to the public on the processes involved in getting these vaccines into arms. It seems that having to fight misinformation and rumours has become a constant part of our effort to protect our people but it really doesn't have to be. That's why we need your help to counter these false narratives and anti-vaccination rumours being peddled around, especially on social media. Please visit the websites and social media handles of Rotary and any of our developmental partners for correct and accurate information on these vaccines and how you and your loved ones can benefit from them. We really need you. Together we will beat covid and then proceed to deliver a polio-free world.

## Polio 2021 SIA Calendar

S/No	Date of implementation	No of States	No of LGAs	No of Wards	Details	Target Population	Antigen	Remark
1	13-16 Mar 21	5 States (Zamfara, Niger, Sokoto, Bayelsa, 1 <sup>st</sup> phase of Delta-20) and FCT-1 LGA	91	998	OBR1	6,851,025	nOPV2	Proposed
2	10-13 Apr 21	5 States (Zamfara, Niger, Sokoto, Bayelsa, 1 <sup>st</sup> phase of Delta-20) and FCT-1 LGA	91	998	OBR2	6,851,025	nOPV2	Proposed
3	1 <sup>st</sup> -4th May 21	Delta state- (Delta 2 <sup>nd</sup> phase in 5LGAs)	5	51	OBR1	357,945	nOPV2	(=>12 weeks after the last mOPV2 round (22nd 25th January 2021)
4	15-18 May 21	35 states +FCT (Minus Delta state)	749	9552	National wide SIA withbOPV	61,385,585	bOPV	Delayed in order to respond with nOPV2
5	29 <sup>th</sup> May – 1 <sup>st</sup> June 21	Delta state- (Delta 2 <sup>nd</sup> phase in 5LGAs)	5	51	OBR2	357,945	nOPV2	Proposed
6	19th - 22 <sup>nd</sup> June 21	11 States	270	3,060	SIPDs in 11 HR states namely Borno, Sokoto, Kwara, Bauchi, Jigawa, Yobe, Zamfara, Niger, Katsina, Kaduna and Kano	22,236,735	bOPV	Proposed
7	26 <sup>th</sup> -29th June 21	Delta state	25	268	State wide SIA withbOPV	1,394,795	bOPV	Carried over NIPDs, in order to respond with nOPV2
8	11 <sup>th</sup> -14 <sup>th</sup> Sept 21	6 (Borno, Sokoto, Jigawa, Yobe, Katsina, and Kano)	172	1,866	SIPDs in 6 HR states namely Borno, Sokoto, Jigawa, Yobe, Katsina, and Kano	12,360,067	bOPV	Proposed



**Rotarian 'Gbenga Olayiwole**  
Editor, Poliostop

## The four phases of COVID-19 vaccination in Nigeria



The first batch of the Oxford/AstraZeneca COVID-19 vaccine, which is about 3,924,000 doses arrived Nigeria on Tuesday 2nd March 2021. All necessary safety and quality control measures have been put in place for the arrival, storage and successful administration of the vaccine in the country. A few vials of the vaccines were handed over to the NAFDAC team and analyzed over a period of two days and found to be safe and effective. The first doses of the vaccine were administered at the treatment center of the National Hospital on Friday March 5th 2021 to frontline health workers and support staff. These Staff were also electronically registered in the Covid-19 vaccine database and received their COVID-19 vaccination card which has a QR code that can be verified worldwide. The President and Vice President of the Federal Republic of Nigeria were also vaccinated live on television on March 5 2021 at the Presidential Villa.

On Monday March 8th 2021, more vaccination sites were set up at designated locations such as National Assembly clinic, State House clinic and Federal medical centre, Jabi where strategic leaders such as the SGF, Senate President, Speaker of the House of Representatives, Attorney General of the Federation, Inspector General of Police, the Ministers and Ministers of States, Senators, House

of Representatives, traditional leaders and religious leaders were vaccinated. The rest of the population is scheduled to be vaccinated in four phases as follows:



### Phase One

This phase is the vaccination of all frontline health workers, their supporting staff and strategic leaders and petrol station attendants. All these activities are being monitored strictly by the PTF, FMOH, NPHCDA and independent bodies such as EFCC, DSS, ICPC, and Civil Society Organizations. States/health facilities/health workers that are identified as defaulting from the standard protocol and guidelines for this phase of vaccination will be sanctioned.

### Phase Two:

While this is ongoing, the National team are getting ready for the arrival of the next batch of vaccines which would be used for the next phase of vaccination. Phase 2 vaccination process involves vaccination of the elderly from 50 years and above. This has been sub grouped into 2, with the vaccination of 60 and above occurring first followed by 50—59years. This will occur across all 36 States and the FCT. Those who are eligible for vaccination that have not registered electronically, would be assisted at the designated health facility and would be vaccinated.

### Phase Three:

The phase 3 vaccination process involves vaccination of those

between 18—49 years with co-morbidities (such as hypertension, diabetes, lung disease, other heart disease, liver or renal disease, etc). Individuals at ages 50 and above with co-morbidities would already have been Immunized within their age group.

### Phase Four:

The phase 4 vaccination process would involve vaccination of the rest of the eligible population between the ages 18—49 years. It is worthy to note that at each phase of vaccination, the level of preparedness of the States are assessed before vaccines are deployed and accountability measures have been put in place to ensure strict compliance to the vaccination process. Pregnant women will be evaluated by their health providers to weigh the benefit versus risk, before a decision is taken to vaccinate them. We urge all eligible Nigerians aged 18 years and above to be patient as we will eventually vaccinate them. As the vaccines arrive in batches due to limited supply, we will inform Nigerians about who and where to receive the vaccine.



**AMINU MUHAMMAD**  
NATIONAL PROGRAMME COORDINATOR



## In Covid-19 world, Rotary President Knaack takes stock of global polio situation

*In a special interview, PolioNews (PN) talks to Holger Knaack (HK), President of Rotary International.*

**PN:** President Knaack, thank you for taking the time to speak to us. A little more than a year into the global COVID-19 pandemic, what is your take on the current situation, also with a view of the global effort to eradicate polio?

**HK:** There are many interesting lessons we learned over the past 12 months. The first is the value of strong health systems, which perhaps in countries like mine – Germany – we have over the past decades taken for granted. But we have seen how important strong health systems are to a functional society, and how fragile that society is if those systems are at risk of collapse. In terms of PolioPlus, of course, the reality is that it is precisely children who live in areas with poor health systems who are most at risk of contracting diseases such as polio. So, everything must be done to strengthen health systems systematically, everywhere, to help prevent any disease.

The second lesson is the value of scientific knowledge. COVID-19 is of course a new pathogen affecting the world, and there remain many unanswered questions. How does it really transmit? Who and where are the primary transmitters? How

significant and widespread are asymptomatic (meaning undetected) infections and what role do they play in the pandemic? And most importantly, how best to protect our populations, with a minimum impact on everyday life? These are precisely the same questions that were posed about polio in the 1950s. People felt the same fear back then about polio, as we do now about COVID. Polio would indiscriminately hit communities, seemingly without rhyme or reason. Parents would send their children to school in the morning, and they would be stricken by polio later that same day. Lack of knowledge is what is so terrifying about the COVID-19 pandemic. It also means we are to a large degree unable to really target strategies in the most effective way. What polio has shown us is the true value of scientific knowledge. We know how polio transmits, where it is circulating, who is most at risk, and most importantly, we have the tools and the knowledge to protect our populations. This knowledge enables us to target our eradication strategies in the most effective manner, and the result is that the disease has been beaten back over the past few decades to just two endemic countries worldwide. Most recently, Africa was certified as free of all wild polioviruses, a tremendous achievement which could not have been possible without scientific knowledge guiding us. So, while we grapple for answers with COVID, for polio eradication, we must now focus entirely on operational

implementation. If we optimize implementation, success will follow. And the third lesson is perhaps the most important: we cannot indefinitely sustain the effort to eradicate polio. We have been on the 'final stretch' for several years now. Tantalizingly close to global eradication, but still falling one percent short. In 2020, we saw tremendous disruptions to our operations due to COVID-19. We never know when the next COVID-19 will come along, to again disrupt everything. Last year, the polio program came away with a very serious black eye, so to speak. But we have the opportunity to come back stronger. We must now capitalize on it. We know what we need to do to finish polio. We must now finish the job. We must all recommit and redouble our efforts. If we do that, we will give the world one less infectious disease to worry about once and for all.

**PN:** You recently called on the Rotary network worldwide to use its experiences from PolioPlus in supporting the COVID-19 response. Could you elaborate on that?

**HK:** We have a global network of more than 1.2 million volunteers worldwide. This network has been consistently and systematically utilized to help engage everyone from heads of state to mothers in the most remote areas of rural India for polio eradication. We have helped secure vaccine supply and distribution, and increased trust in vaccines among communities. In the process, we have learned many lessons on what it takes to address a public health threat and

these same lessons now should be applied to the COVID-19 response, especially as vaccines are now starting to be rolled out. That is why I thought it was important to call on our membership network to use their experiences and apply it to the COVID-19 response.

**PN:** What has been the reaction so far?

**HK:** Overwhelmingly supportive, I would say. As an example, in Germany, Switzerland, Liechtenstein, Austria and other countries in Europe, Rotarians are encouraging active participation of the provided vaccination service. And because COVID vaccination is provided free of charge, vaccinated individuals are encouraged to instead donate the cost of what this vaccine would have cost them – approximately US\$25 – to PolioPlus. This has a dual benefit: they are protected from COVID and contributing to the global response, and they are ensuring children are also protected against polio, critically important now as the COVID-19 pandemic has significantly disrupted health services and an estimated more than 80 million children worldwide are at increased risk of diseases such as polio.

**PN:** And from what we understand, the Rotary PolioPlus network of National PolioPlus Committees has in any event been supporting global pandemic response over the past 12 months already, is that correct?

**HK:** The 'Plus' in PolioPlus has always stood for the fact that we are eradicating polio, but doing it in such a way that we are in fact doing much more, by supporting

broader public health efforts. I'm extremely proud that Rotary and Rotarians around the world have helped bring the world to the threshold of being wild polio-free. But I'm perhaps even more proud of the 'plus' – or 'added' value – that this network has provided in the process. Things that are largely unseen, but which are very evident and concrete. So indeed, Rotarians have been actively engaged in the pandemic response, particularly in high-risk areas such as Pakistan, and Nigeria. We have supported contact tracing, educated communities on hygiene and distancing measures, supporting testing and other tactics. We have a unique set of experiences, and more importantly a unique infrastructure and network, to help during such crises. It's morally the only way to operate. And actually, it is operationally beneficial also to polio eradication, as we are engaging with communities on broader terms, and not just on polio.

**PN:** Thank you again for taking the time to speak with us. Do you have any final thoughts or reflections for our readers?

**HK:** If we did not know it before, we certainly know now how quickly and dangerously infectious diseases spread around the globe. Polio is no different, and we know that it will not stay confined to Pakistan and Afghanistan if we don't stop transmission there as soon as possible. We know that given the chance, this disease will come roaring back, and within ten years, we would again see 200,000 children paralysed every single year, all over the world. Perhaps even in my country, Germany. That would be a humanitarian catastrophe that must be averted at all costs.

The good news is that it can be averted. We know what it takes. Pakistan and Afghanistan are re-launching their national eradication efforts in an intensified, emergency manner, following a disrupted 2020. This is encouraging to see. Mirroring this engagement must be the strengthened commitments by the international development community. We must ensure that the financial resources are urgently mobilised to finish polio once and for all. I am particularly proud that my own government, Germany, for example, has just recently committed an additional 35 million EURO to the effort, along with an additional 10 million EURO for efforts in Nigeria and Pakistan. Such support is particularly critical now, given that more than 80 million children are at heightened risk of diseases such as polio due to COVID-19 disruptions, and late last year, UNICEF and WHO issued an emergency call for action to urgently address this. And as we have seen, by supporting polio eradication, donors effectively get twice as much for their contribution: they help contribute to polio eradication, but also by doing so help contribute to the polio network's support to public health emergencies such as COVID-19.

In short, we have it in our own hands to achieve success. There are no technical or biological reasons why polio should persist anywhere in the world. It is now a question of political and societal will. If we all redouble our efforts, success will follow.

*Source: [polioeradication.org](http://polioeradication.org)*

## Victories against polio in Africa are worth celebrating, especially now



The defeat was in a large way, due to the dedication of Rotarians from around the world.

Rotarians around the world contributed almost \$890 million toward eradicating Polio in the African region. Last August, the WHO certified the region free of wild poliovirus. This is the culmination of a decades-long effort involving millions of Rotary members, health workers, government officials, traditional and religious leaders, and parents. According to Gaston Kaba, longtime chair of the Niger PolioPlus Committee, “Volunteers, town criers, many other people were involved. Nobody knows about them. They worked quietly to get the job done.”

Interestingly, the legacy of the efforts put in place for polio in the healthcare infrastructure are playing an important role in the COVID-19 pandemic and created a mechanism to respond to future public health emergencies.

Over the years, security was one of the biggest challenges to the polio eradication effort in Africa. Rotary and its partners worked to negotiate truces and military protection to make sure that healthcare workers could reach every child in conflict areas. There were times when bloodshed derailed polio eradication efforts, such as in Nigeria when it was thought the last case of wild polio had been seen in 2014. The militant group Boko Haram was against immunizations and kept vaccinators out of its strongholds in the northeastern part of the country at the time. This caused polio to fester and resulted in unvaccinated children, and by 2016, four cases were recorded.

There were also persistent rumors about the safety of the vaccine. This led to vaccination becoming a political thing rather than a means to protect children against paralysis. Polio cases had, after much work and progress in vaccinations, been trending downward until the early in the 2000's. Because of those rumors and missed immunizations, it led to the exportation of the virus from Nigeria to almost 20 countries. Once the rumors and missed immunizations were reversed, the cases went down until they reached zero.

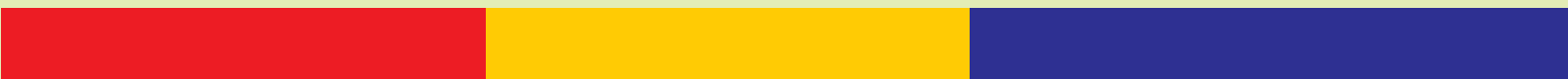
What is in the future?

The certification of the African region as wild polio free is a testament to Rotary's commitment to rid the world of polio. If poliovirus remains anywhere, it is just a plane ride away. There will still be a need to hold regular National Immunization Days in order to maintain the current slogan of “Keep Polio at Zero.”

So, how you can help? People around the world can join Rotarians in keeping Africa free of polio and help to wipe it out in the last two epidemic countries, Afghanistan, and Pakistan. Every contribution to Rotary's PolioPlus Fund gets matched by the Bill & Melinda Gates Foundation with a \$2-to-\$1 match. This makes every donation go further. Rotary has a goal of \$50 million per year to end polio. And their donations go towards polio vaccine and other lifesaving vaccines and health care.

You can learn more and even donate by visiting the website: [endpolio.org](http://endpolio.org). You can be a part of history in the making and save children from needless suffering and make life better for all of us!

*Source: [poconorecord.com](http://poconorecord.com)*



## COVID-19: FG to adopt polio immunisation strategy in vaccinating eligible citizens



Nigeria has just received its first batch of 3.92 million doses of AstraZeneca COVID-19 vaccines, the Federal Government has said it would adopt the strategy deployed during the polio eradication effort in the country in vaccinating eligible citizens.

On the strategy for the vaccination, the government has launched the intended platform for the vaccination of people against the virus. It has adopted a vaccination approach tagged "TEACH," an acronym for a five-point strategy for vaccination developed by the vaccination implementing wing of the Federal Ministry of Health, people would have opportunity of undertaking electronic self-registration for vaccination. The TEACH strategy combines both traditional approaches with modern technologically enabled systems of vaccination. Minister of Health, Osagie Ehanire, while launching the platform, expressed optimism that with the delivery of the COVID-19 vaccines, Nigeria would be able to stamp out the dreaded disease. The minister explained that TEACH stands for T: Traditional Vaccination Campaign Approach; E: Electronic Self-Registration by

Eligible Nigerians; A: Assisted Electronic Registration of Eligible Nigerians; C: Concomitant Vaccination alongside Electronic Registration and H: House-to-House Electronic Registration.

He expressed hope that with the experience garnered by the National Primary Health Care Development Agency, NPHCDA, during vaccination and subsequently elimination of polio in the country, the agency would record another feat in its handling of COVID-19. Ehanire said "In less than 24 hours, the first batch of AstraZeneca vaccines will arrive in Nigeria from the COVAX Facility, and will be deployed to vaccinate, first our critical frontline health care workers, who are providing essential care, especially for severe COVID-19 patients, next to those who are highest risk of severe disease from Covid-19 infection and down to 70 per cent of Nigerians. "The World Health Organisation has advised all countries to limit vaccination for now to persons above 18 years, until research and studies are completed on any possible effect on growing children or 18 years and below, except they have severe underlying illnesses where the benefits justify the risk.

"All countries are following this guideline and other global guidelines, as Nigeria will too. This is made more important by the fact that the target population for this vaccination, as we must remember, is not the usual cohort of children that Nigeria is used to, but this time, adults.

"I urge all eligible Nigerians to take the COVID-19 vaccination when it is their turn. This is the only way we can achieve herd immunity to stop the community transmission of this deadly virus."

He warned Nigerians against anxiety in vaccination, explaining that "before the four million doses of AstraZeneca we are going to receive is expended, we shall be receiving more vaccines, so there should be no need for anxiety." Speaking earlier at the event, Executive Director and Chief Executive Officer of National Primary Healthcare Development Agency, NPHCDA, Dr Faisal Shuaib, reiterated that "the vaccination process will be in four phases with frontline health workers being the priority group of eligible populations to receive the first doses of vaccines." On his part, the Country Representative of WHO, Walter Kazadi, thanked the federal administration for the war it has so far waged against the pandemic.

Meanwhile, National Primary Health Care Development Agency has announced that Nigerians could now register for the COVID-19 vaccination via its website. "To register for COVID19 vaccination, visit our website <http://nphcda.gov.ng> and click on 'COVID-19 Vaccination e-registration,'" the agency said in a tweet.

*Joseph Erunke for vanguardngr.com*



## Community informants employ mobile data collection tools used in polio eradication to strengthen COVID-19 surveillance



With the second wave of COVID-19 outbreak in Nigeria, WHO is supporting government to leverage on the existing Auto-Visual Acute Flaccid Paralysis Detection and Reporting (AVADAR) system to strengthen community-based surveillance for the disease. In 731 wards across eleven (11) COVID-19 high risk states, WHO is supporting engagement of more than 670 AVADAR informants to conduct house-to-house COVID-19 surveillance and reporting of suspected COVID-19 cases, sensitize and support contact tracing in the communities.

So far, the informants have provided more than 85 000 households with COVID-19 preventive messages in Kaduna, Kano, Jigawa, Katsina, Sokoto, Zamfara, Kebbi, Bauchi, Taraba, Borno and Yobe states.

“We are trusted by community members because we are integral to the communities where we work,” says Mustapha, a Kano State-based AVADAR informant. “We speak the same language and are known by our communities since the days of AFP surveillance for polio. Thus, engaging the communities, penetrating the households and

getting the real facts about suspected COVID-19 cases in high-risk wards is easy and achievable” stated Mustapha.

Early detection and timely reporting of COVID-19 especially from rural and semi-urban communities is crucial to controlling the spread of COVID-19. AVADAR informants are trained on the use of mobile-based data collection to ensure real time reporting of suspected cases from communities. Hence, the AVADAR structure serves as the entry point for early detection and response to the outbreak. In addition, the informants are supporting contact tracing of cases and awareness creation using local languages and appropriate cultural mix of the communities. Therefore, they play key roles in increasing sensitivity of surveillance, tracing of contacts and reporting at the community levels.

In Kano state, WHO-supported AVADAR informants raised the risk consciousness of more than 23,000 households. While in Sokoto, the informants have empowered more than 25,000 households with COVID-19 non-pharmaceutical intervention strategies.

Speaking on the intervention, WHO Nigeria Representative /Head of Mission, Dr Kazadi Mulombo says that AVADAR is critical for community-based surveillance for disease outbreaks and indeed handy for COVID-19 surveillance at the community levels. “Leveraging on AVADAR structure for strengthening

community-based surveillance for COVID-19 was borne out of the successful experience of the system in detecting suspected cases of Acute Flaccid Paralysis (AFP) for polio surveillance”, says Dr. Mulombo. “This, therefore, justifies why WHO has deployed its AVADAR informants to penetrate communities, identify suspected cases of COVID and provide real-time reports to the appropriate authorities for targeted response.”

Prior to the deployment of AVADAR informants, WHO developed a standard case definition of COVID-19 in an audio format in major languages, strengthened the capacity of AVADAR informants on added responsibilities to support COVID-19 response in compliance to “Do no harm” and “duty of care” principles and equipped them with adequate IEC materials to facilitate sensitization, active case search and contact tracing.

Nigeria is experiencing a second wave of COVID-19 outbreaks. As of 24 February 2021, Nigeria has confirmed 153,842 cases of COVID-19 including 1,885 deaths. COVID-19 is preventable by social distancing, wearing of face masks and regular hand washing with soap under running water.

Source: WHO

## COVID-19 VACCINE FLAG OFF



Rotary representatives at the official flag off of COVID-19 vaccine in Abuja. From left, PDG Joshua Hassan, Rotarian Winny Fonaka, PDG Kazeem Mustapha and Amb. Aminu Muhammad



Dr Osagie Ehanire, Hon. Minister of Health addressing audience at the event.



Cross-section of representatives of Partner Agencies and government officials



Dr Wamako State Director PHC FCT , Dr Furera State Coordinator WHO , some WHO staff and Aminu Muhammad NNPPC National Programme Coordinator after the flag off.



PDG Adewunmi gives a goodwill message on behalf of the Chairman NNPPC. At the launch of Covid-19 vaccination in Lagos state.



Vice Chairman Yomi Adewunmi receiving covid-19 vaccination



Rotarian Grace Sadiku, Rotary Field Coordinator for Kaduna state, receiving covid-19 vaccination



Mallam Garba Jibrin Rotary Field Coordinator for Katsina state receiving the covid-19 vaccination



PDG Ijeoma Okoro presents 1000 Vaccination Aprons to the Executive Secretary FCT Primary Health Care Board Dr Wamako



PDG Ijeoma Okoro immunising a child in Gwagwalada Abuja during the flag off of March 2021 exercise



Dr Kazeem Mustapha addressing guests at the Flag off ceremony of March 2021 exercise in Abuja



DG Jumoke Bamigboye vaccinating a child in Sokoto



From left Dr Fatima (Polio Scholar) PRIVP Yinka Babalola, DG Jumoke Bamigboye and Dr Anas (Polio Scholar) during March SIAs in Sokoto



# WHAT YOU NEED TO KNOW ABOUT COVID-19 VACCINES

## Can a COVID-19 vaccine make me sick with COVID-19?

**NO.** Covid-19 vaccine cannot make you sick with covid-19. There are different types of vaccines that begin to develop. All of them teach our immune system how to recognize and fight the virus that causes Covid-19. Sometimes, this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building protection against the virus. It typically takes a few weeks for the body to build immunity (protection against the virus) after vaccination. That means it's possible a person could be infected with the virus just before or just after vaccination because the vaccine has not had enough time to provide protection.

**NIGERIA NATIONAL POLIOPLUS COMMITTEE**