



# Manna from Pakistan

From Jenny Horton of Kenmore Rotary Club  
on the Polio Eradication Trail



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Newsletter No. 8: March 2007

## Greetings from Karachi! Assalam Alaikum!

Oh it is so hard to believe it is March already I am not sure where time goes, it just seems to disappear. It is a busy time for us as we are having polio campaigns in Karachi every month up until June. This means that we no sooner finish one campaign and the preparation for the next starts. Right now is low season for the transmission of virus so it is the right time to have campaigns to build the immunity of the children before peak season comes. Let's pray, Inshuallah, that we reach each and every child with polio vaccine to enable that to happen.

## Results for 2006

As yet final details for the year are not in...but the big change for the program was the reduction in the number of polio endemic countries from 6 to 4 (Nigeria, Afghanistan, India and Pakistan) and the reduction of cases in non-endemic countries. Only 7% of all cases were in the non-endemic countries in 2006, compared to 2005 when 52% of cases were in non-endemic countries. So the focus is on those 4 endemic countries.



Two more drops!



## Take to the streets

Currently the case count for 2006 is 1988, compared to 1979 in 2005. The importation of virus into non-endemic countries and the ongoing transmission in the endemic countries requires large scale responses which has produced a burden on the financial resources of the program. There is a funding gap of US\$575 million for the 2007-2008 needs of which US\$60 is urgently needed by April 2007 to sustain the required activities.

There are 193 Member States of the World Health Organisation of which 189 have stopped the transmission of indigenous wild polio virus.

## Polio Eradication Strategies

The strategies for polio eradication are:

1. Improving Routine Immunization to 90% coverage.
2. Supplementary Immunization Days: National (NID) and Sub national Immunization days (SNID) where all children under 5 years are given oral polio vaccine (OPV).
3. Disease Surveillance.
4. Mopping-up when there is an outbreak or continued circulation, this is confined to a limited geographic area.

## Surveillance in Pakistan

Polio Eradication in Pakistan has a very strong surveillance system for the collection of data and detection of patients with Acute Flaccid Paralysis (AFP) in under-15 year olds. AFP is one of the symptoms of polio, although most AFP cases are not polio. This is sudden onset of paralysis or weakness more often in a limb but not restricted to extremities. "Sudden onset" means one day the child is running and the next the child cannot stand (that quickly).

All AFP cases are reported through informed persons and stool specimens are taken and sent to the lab. The results usually take 28 days to confirm or discard cases. Data is collected on each case and follow up examinations are done 60 days after the onset of paralysis to assess the child once more. In order to detect polio virus if it is present, the specimens have to be collected within 14 days of onset of paralysis, as this is when the virus is excreted at a peak levels in the stool. However polio virus can be excreted and passed on for up to 60 days following infection.



## Suffer little children Poor sanitary conditions

Last year in Pakistan we had reported and investigated 4408 AFP cases of which 40 were confirmed as polio by our regional laboratory. There are several other diseases that cause AFP in this age group and the occurrence rates are known internationally. This is how we monitor the sensitivity of the surveillance system; countries should have 1 child under the age of 15 years out of every 100,000



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who will develop AFP from causes other than polio. If this is not reached this means we could be missing polio cases.

In Pakistan we have set the standard to 2 cases per 100,000 to ensure sensitivity of the system at this vital time in the program. For us this starts with educating as many people as possible about AFP and the reporting system. We teach doctors, paramedics, faith healers, homeopaths, quacks, traditional healers, parents and notables so that when a concerned parent seeks help in any direction the case will be reported. Here we have many quacks and reaching them is not easy as they are practising illegally but still through personal contact we try to sensitise as many as possible as they are often cheaper than doctors so the poor will seek their help before attending a medical officer. That's surveillance.

### Home for a break

I had a very quick trip home late January. I was feeling homesick so just decided at short notice to fly home. It was so nice to visit my mother and my friends and to live in my apartment if only for a week. It was really special to worship in our beautiful St John's Cathedral.

While I was home, PRIP Sir Clem Renouf presented me with the Rotary Foundation International Service Award for a Polio Free World. This was a real honour for me both to receive this award and to have it presented by PRIP Clem. So many Rotary colleagues were present to support Polio Plus which was lovely. My Rotary Club of Kenmore held a panel discussion on Polio Plus with PRIP Clem and PRIT Brian Knowles and our D9600 Chair Brian Hansford as the delegates. It was a great night and many of us learnt a lot about the initial plans of polio programs internationally through 3-H and the certification of the Western Pacific Region as polio free. I am so thankful to the Club. This was a special evening and special thanks to President Judy Xavier and PP Geoff Haigh who worked so hard to make this happen.

My Mentors:  
Clem and  
Brian



Rotary builds incredible relationships as we put Service Above Self toward building a better environment for all. I know I have been especially blessed through my extended Rotary family. On this special night at home PRIP Clem also presented PP Dan Holzapfel (Rotary Club of Cleveland D9630) with a globe in recognition of his contributions to TRF. Dan has supported the Pakistan Projects through the Open Projects Listing in PolioPlus Partners very generously and we all here are so thankful to him.

Dan too is a good friend....made through another Rotary program of Donations in Kind where we both work on humanitarian aid for our neighbouring countries of Papua New Guinea and the Solomon Islands under the leadership of PDG Bill Waterfield. What an incredible organization we belong to. I know I have been and continue to be richly blessed by those I have met through Rotary.



My helpers

### Thanking an Urdu Pop singer for a TV ad



I thank each and every one of you for your interest and involvement in Polio Eradication. This is an incredible team program where all hands are now needed to ensure these final stages in eradicating this crippling disease from the world are achieved.

May God Bless each of you.

**Allah hafiz,  
Jenny, WHO Team in Pakistan**

**PS. PolioPlus Partners Open Project List includes  
Project ID: P307PAK003 2006 Pakistan Lab**

This project involves laboratory equipment for use in the PolioPlus Campaign – Funds still needed.

If you or your Club want to help us, please contact [terry.davies@rotary.org](mailto:terry.davies@rotary.org), TRF Parramatta