



Polio Update + current priorities

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When I was a boy, my father always used to say

if you don't have something worthwhile to say, it is better to say nothing at all.



Or sometimes he would say
Do not speak unless it improves on silence.

I think that you may find what I have to tell
you today would keep my dad happy.

Thirty Years On...

The Rotarian
AN INTERNATIONAL MAGAZINE
February 1985
80th anniversary special

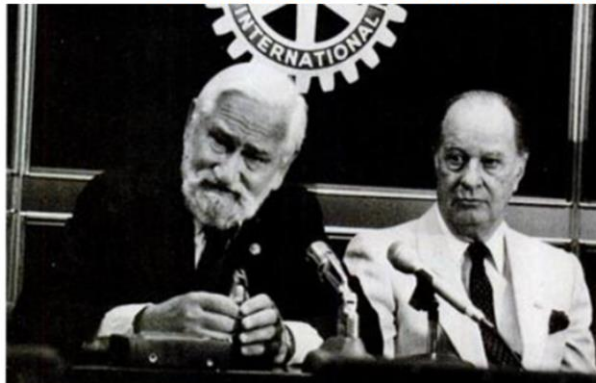


Rotary's Goal by 2005:
No More Polio

Dr Albert Sabin

RI President
Carlos Canesco

**Target
polio
2005**



A very popular FAQ: “major outbreak in Australia?”

Could an outbreak
on the scale seen
in the mid-20th
century happen
here again?



This is a question that people often ask during question time, after I speak to clubs and community groups about polio

... “major outbreak in Australia?”

No 😁
91% of children in
Aus are
vaccinated
‘herd immunity’
requires **86%**.



Ranked 48 out of 55 high-income countries
(116 out of 198 countries overall)
(measles = 93%; Aus = 94%, USA = 91%)

herd immunity means there are not enough
hosts for the virus to keep spreading

But Australia’s level of vaccination is still
much lower than most advanced economies
— not even in the top half of ALL countries

... “major outbreak in Australia?”

What about
individuals?

Hmmm 😞

unvaccinated
Australian children
(*and adults!*) remain
vulnerable.



But
if the virus re-enters Australia,
or if unvaccinated people travel to infected
countries
they can still contract the disease

However...

Immunisation rates at age 5
are low in some areas.



But the level of vaccination in Australia
varies considerably

However...

Immunisation rates at age 5
are **low** in some areas.

Desirable: 90%+
Herd immunity: 86%

Locality

Castaways Beach, Noosa Heads (Qld)
East Killara and Killara
Kurraba Point, Neutral Bay and Neutral Bay Junction
South Yarra (Vic)
Kalamunda, Lesmurdie, Walliston (WA) and eight others
Strathfield (NSW)
Ashfield (NSW)
Waterloo and Zetland (NSW)
Athelstone and Castambul (SA)
Ferndale, Riverton, Shelley (WA) and one other
Centennial Park, Moore Park and Paddington (NSW)
Casuarina, Jingili, Wanguri (NT) and 13 others
Beaumont, Burnside, Erindale (SA) and four others
Harris Park and Parramatta (NSW)
Annandale (NSW)
Cedar Creek, Murwillumbah (NSW) and 55 others
Manly and Manly East
Haymarket, Sydney, The Rocks (NSW) and five others
Brunswick Heads, Ocean Shores (NSW) and 12 others
Broken Head, Byron Bay (NSW) and seven others

District

District	% fully immunised
Sunshine Coast (Qld)	83.1%
Northern Sydney	83.0%
Sydney North Shore & Beaches	83.0%
Bayside (Vic)	82.9%
Perth Central & East Metro	82.8%
Inner West Sydney	82.6%
Inner West Sydney	82.5%
Inner West Sydney	82.4%
Central Adelaide & Hills	82.1%
Bentley-Armadale (WA)	81.9%
Eastern Sydney	81.8%
Northern Territory	81.7%
Central Adelaide & Hills	81.7%
Western Sydney	81.2%
Inner West Sydney	81.1%
North Coast NSW	80.6%
Sydney North Shore & Beaches	80.4%
Eastern Sydney	72.1%
North Coast NSW	70.2%
North Coast NSW	66.7%

-30

-10



Healthy Communities: Immunisation rates for children in 2012-13
www.myhealthycommunities.gov.au National Health Performance Authority

Has anybody in the audience ever been to Queensland's Sunshine Coast?

At 83.1% coverage, they could have a localised outbreak

And it gets worse...

The level of vaccination in the city of Sydney would put it in the bottom 30 countries worldwide

And the North Coast of NSW is in the bottom ten countries!!

Polio Program Priorities

1. Now that SE Asia is polio-free 😊 ...
finish the job in ***Africa!***
2. raise immunity levels
in **vulnerable countries.**
3. *radically* improve
the polio program
in **Pakistan.**



NOW...

What are the top three priorities in the GPEI's fight against polio?

Great news in Africa!

- **Possibly...already** seen the last case of wild polio in Africa(??)
 - August last year (Somalia)
 - **Nigeria** – none in last 8 months! (24/7)
- **However**
 - reliability of **reporting?** (note impact of Ebola).
 - polio coming into 'high season' (in May).
 - *circulating vaccine derived polio (cVDP)*
 - 32 cases in Africa in 2014 (29 in Nigeria), none in 2015!
 - extreme security risks from **Boko Haram**.
 - 'powder keg' status in many countries.



over the past year or two, the polio landscape in Africa has received HUGE effort and a dramatic change in political will.

It has paid off.

It is way too early to say the disease has been beaten there but the signs are outstanding.

But the risks are formidable.

Africa Status:

**“now we must be
more vigilant
than ever,
as our progress
is fragile”**



Dr. Tunji Funsho, Rotary's
PolioPlus Chair for Nigeria.

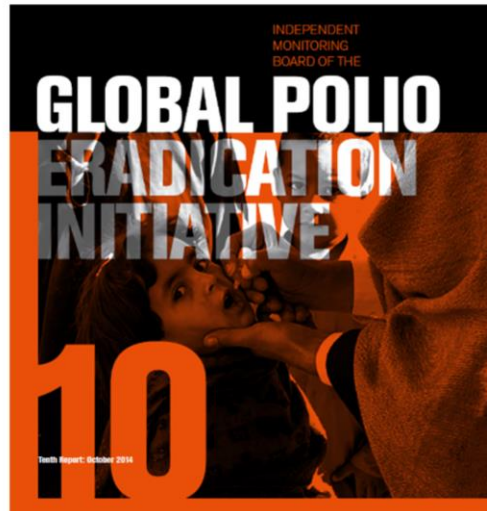


Rotary's lead person in the polio fight in Nigeria summarises it well.



And a large part of the need to be vigilant is
six and half thousand km away...
in **Pakistan** — where the poliovirus is
making its last stand.

- “Pakistan’s polio program is a **disaster**”.
- “...a **mystery** why Pakistan cannot do what Nigeria is doing”.
- “...puts **entire global goal** in jeopardy”.
- the only ‘**exporter**’.



The Independent Monitoring Board is one of the key groups advising Rotary and our partners on how we are travelling in this fight.

They summarise the situation in Pakistan in six words — “Pakistan’s polio program is a **disaster**”

Pakistan is now the only country that ‘exports’ the virus to other countries.

The numbers



(All but one of the cases in Afghanistan in 2014 originated in Pakistan.)



I have grouped Pakistan and Afghanistan together because essentially the cases in Afghanistan are actually attributable to Pakistan, through cross-border movements. (And it is worth noting that it is not Pakistan that has been the war zone.)

What's going on in Pakistan?

- **Opposition of Taliban and tribal leaders**

- mainly northwest provinces
- ‘western **plot**’ – ‘stop the drones’.
- ‘**misunderstandings**’ (eg. ‘sterile’ bottles)
 - refusals / resistance to routine immunisation.
- **assassinations** (mainly women & girls).
- primitive **sanitation**.

- **Religious**

- fear (assertion) that vaccine is **Haram**.

- **Accessibility**

- rugged **terrain**.



There is no doubt that the challenges in Pakistan are enormous, particularly in the more remote areas of the northwest (but also in the huge coastal city of Karachi)

Some tribal and religious leaders seem perfectly willing to sacrifice their children for political advantage

An often used way of assassinating polio workers is an armed pillion on a motor bike (rapid escape through crowded streets)

SCORES of polio workers have been assassinated

(‘Haram’ — ‘forbidden’)

... what's going on?

- **ALL** these issues have been successfully addressed in other countries.
 - religious leaders elsewhere have become **advocates**
 - *including* the Taliban in Afghanistan.
 - vaccine proven (by Pakistani Muslims) to be **Halal**
 - methods devised to reduce risk of assassinations
 - Pakistan is not the only country with mountains!
- These are issues
- **The problem** is the program's administration.



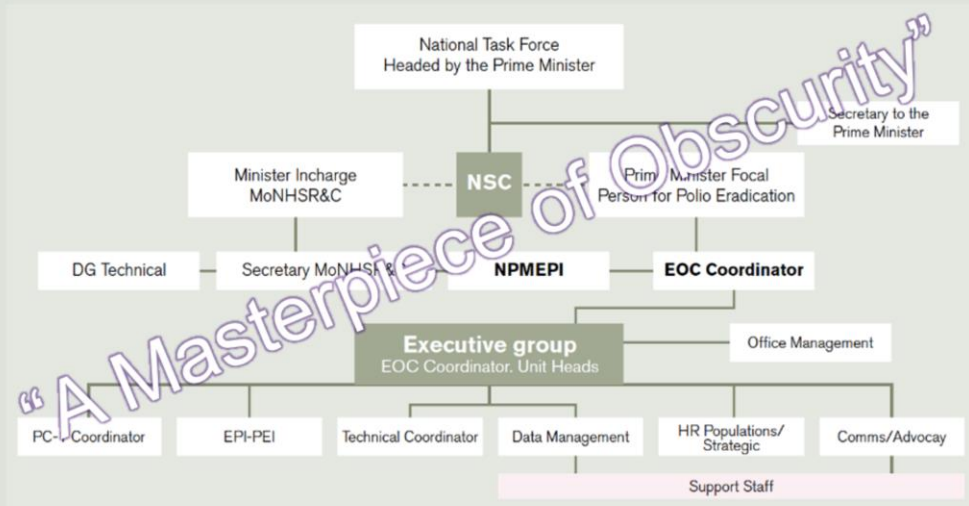
The key point is that **NOT ONE** of these issues is unique to Pakistan.

The contrast with neighbouring Afghanistan (a war zone!) is stark.

The tone of government statements has been overwhelmingly one of EXCUSES, not action.

(‘Halal’ — ‘not forbidden’)

Emergency Operations Centre Org Chart.



Last May, WHO declared the situation with polio a ‘Public Health Emergency of International Concern’.

Pakistan’s response included the formation of an ‘Emergency Operations Centre’.

However its convoluted structure, seemingly designed to appease factional interests, was described by the IMB as a ‘masterpiece of obscurity’.

Administrative complexity

- **Six tiers of government (6!)**
 - high degrees of **local autonomy**
 - **FATA** (a problem area) officially ‘semi-autonomous’.
- **However:**
 1. administrative complexity ***not*** unique to Pakistan
 2. similar issues overcome elsewhere
 3. the pressure on Pakistan is now intense
 4. a question of **leadership**
 5. it **can** be done.

◇Federal ◇Province ◇Division ◇District ◇Tehsil/Mardan/Town ◇Union Council



There is no disputing that the political situation in Pakistan is very complex.

Many parts of the country have very high levels of autonomy.

But again... we have seen this time and again in other countries.

And finally IT IS BEING DONE!

- **June 2014**

- military operations in North Waziristan
- mass exodus of civilians.
- in-transit vaccinations (both directions).
- 400,000* previously inaccessible kids vaccinated!



This outstanding result was basically a byproduct of an effort by the government to reassert control in some remote areas. As people fled, ahead of this operation, vaccination teams had been put in place at transit points.

When they returned home, the (*live*) oral vaccine was *transmitted* via the same vector (foecal-oral) to other children who had not fled, effectively vaccinating them too!!

Source for 1.7 million previously inaccessible:

<http://www.dailytimes.com.pk/national/09-Feb-2015/27-projects-worth-rs-28-85bn-launched-to-promote-industrial-sector>

Note however, Imran Khan (Pakistan Tehreek-e-Insaf, PTI) says that “children residing at the border were not vaccinated and since the province had accommodated 2.2 million temporarily dislocated persons (TDPs), 0.3 million out of which were children; majority of the children were not immunised.” — unclear whether these children are included in the 1.7 million. see <http://www.geo.tv/article-174985-Imran-joins-hands-with-federal-govt-against-polio>

... some recent huge successes

- **January 2015 — one-day campaign in Peshawar**
 - **booklets** about childhood diseases distributed
 - **4,000+ police** and security personnel deployed
 - ‘**Section 144**’ — carrying deadly weapons banned
 - **motor bike riding** completely banned for the day
 - **700,000** hard-to-reach kids vaccinated.



In the first months of 2015, the Pakistani authorities have (finally!!) become extremely active.

Peshawar is one of the key problem areas.

Many of these children had had no opportunity to be vaccinated since June 2011.

An *extremely* important campaign.

... some recent huge successes

- Further major campaigns
 - Early-March— >1 million kids in **Karachi**
(previously suspended for security reasons)
 - Mid-March — Rawalpindi ~800,000 kids
- Authorities send a message...
 - ~500 parents **arrested** for refusing vaccine in Peshawar



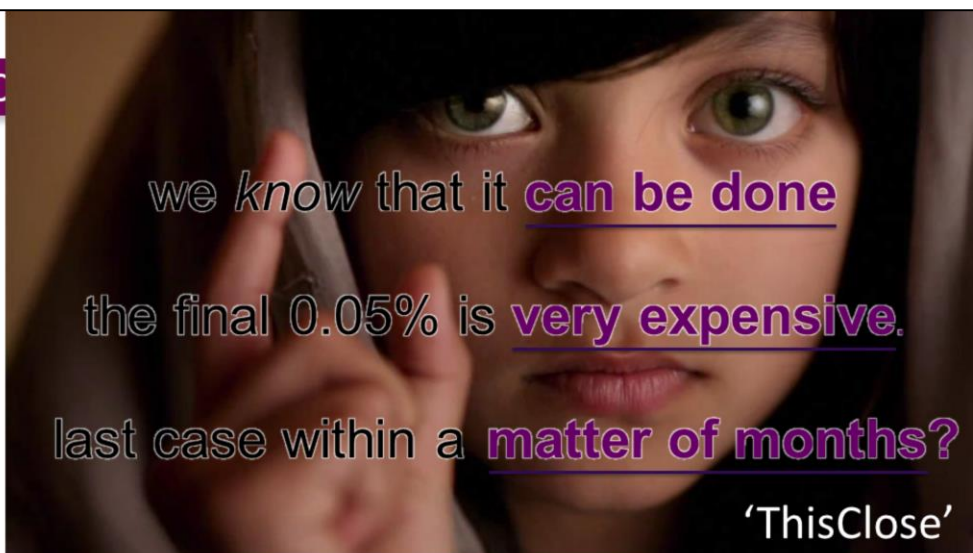
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2015 C



we know that it can be done

the final 0.05% is very expensive.

last case within a matter of months?

'ThisClose'

Then? Find ways to stay focussed!

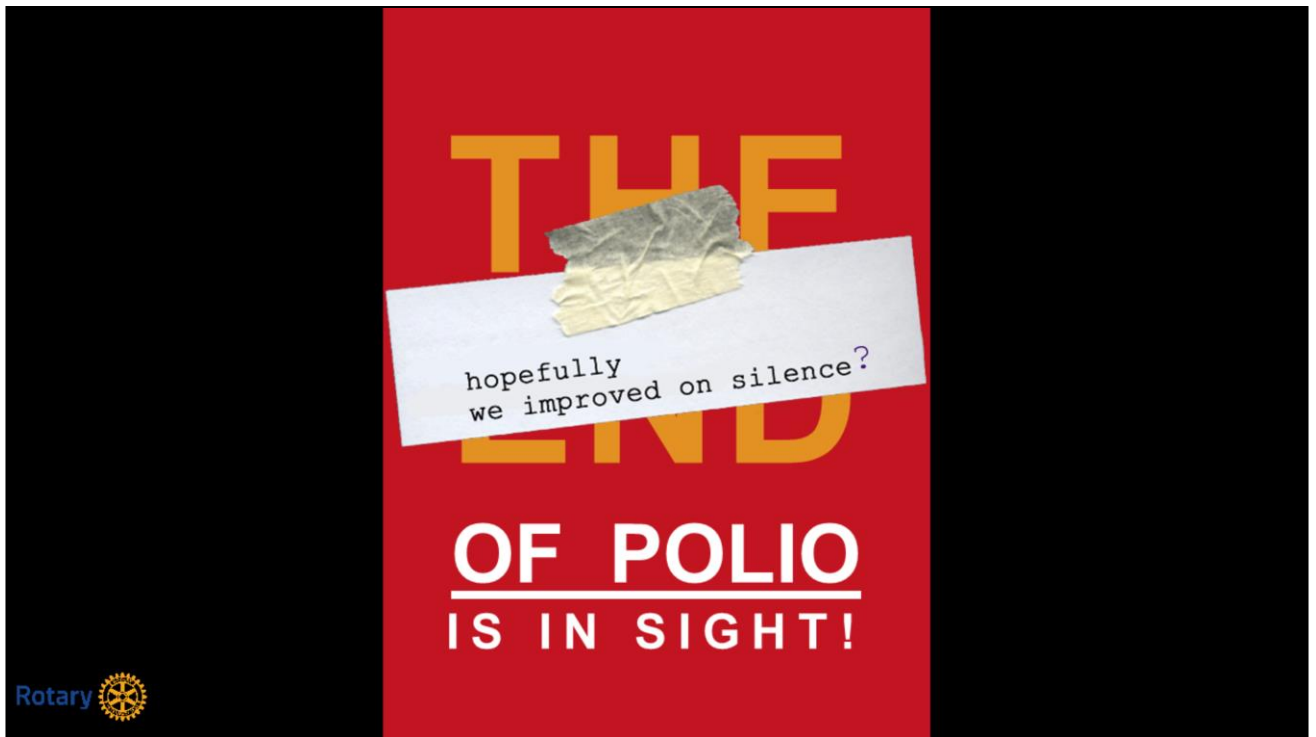


Until these last remnants of the disease are mopped up, vaccination programs EVERYWHERE must continue unabated.

So there are ZERO cost savings until the job is finished.

We need to continue our fundraising.

And this will become increasingly challenging during the three years of continued vaccination required after the last case — to make absolutely certain there are no hidden remnants.



It is exactly 30 years since the formation of the GPEI.

We are the Rotarians who will be able to say: **“we finished the job”**

I’m hoping that the information I’ve passed on today will empower you and your clubs to make it happen.

Finally, success is within reach 😊