

# End Polio Now in Zone 17



How much is a vaccine? On page three of this edition, EPNZC Reg Ling, my colleague from Zone 18a, answers this question posed by a District Governor Nominee, giving a comprehensive and clear answer. However, the news report on page two about two Polio Vaccinators murdered in Pakistan makes me go back again and pose that question :

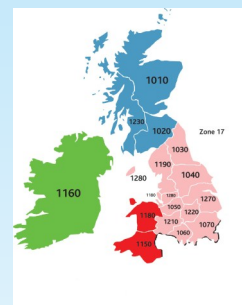
How much is a vaccine?

A few pennies or a life?

I am reminded of Shakespeare's words from his Scottish play when Macbeth says: "I am in blood stepped in so far that should I wade no more, Returning were as tedious as go o'er,"

No matter the challenges and the risks we must keep going. As Past IPPC Chair Bob Scott said: "It's all about the children".

Calum Thomson



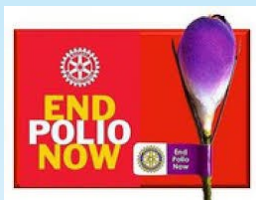
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**Zone 17**  
(Ireland, Scotland, Wales,  
North & Mid England and  
The Isle of Man)



The Rotary Club of Strathendrick, like so many clubs in RIBI, have chartered a Rotakids club in the local



primary school.

The Killearn Rota-peeps (as they are known) work hard in their community selling our fabulous crocus button-holes.

Another couple of box orders has just been sent out in the last few days.

## Murder of Polio Vaccinators: the New York Times..

Two polio vaccinators — a mother-daughter team — were shot dead in Pakistan on 22nd January, the first time in two years that the polio eradication drive had been shaken by assassinations.

While tragic, the killings in Baluchistan Province will not seriously disrupt Pakistan's eradication drive, said one of its leaders.

"We are very close to winning the battle," said Aziz Memon, a textile executive who heads Rotary International's local polio vaccination efforts.

Last year, Pakistan had only eight confirmed cases of polio paralysis; four years ago, the nation had 306.

The only other country with continuing transmission of polio is Afghanistan, which had 14 cases last year, most of them in provinces adjoining Pakistan and among Pashtuns, the predominant ethnic group in border areas.

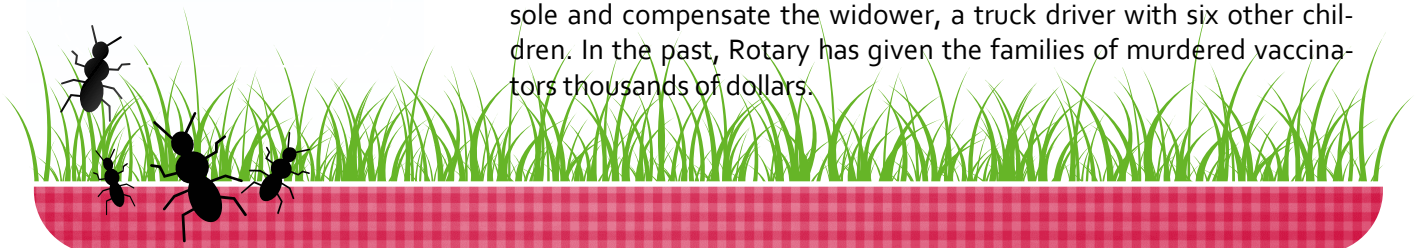
The two countries now coordinate their national vaccination days, in which more than 200,000 part-time canvassers in Pakistan and 40,000 in Afghanistan try to give vaccine drops to every child under 5.

Two years ago, the blast of a suicide bomber near a polio center in Quetta, the province's main city, killed a local official and 13 police officers assigned to guard vaccination teams. The Pakistani Taliban claimed responsibility.

The Taliban in Afghanistan have never opposed polio vaccine; hostility to it by some factions of the fragmented Pakistani Taliban has largely faded in the last two years, Mr. Memon said.

But there is persistent hostility between Pakistan's military and clan militias in some mountainous border areas that have never been fully under government control.

The vaccinators, a 38-year-old woman and her 16-year-old daughter, were each shot in the head by motorcycle-riding assassins, the Pakistani authorities said. Mr. Memon said he would go to Quetta to console and compensate the widower, a truck driver with six other children. In the past, Rotary has given the families of murdered vaccinators thousands of dollars.



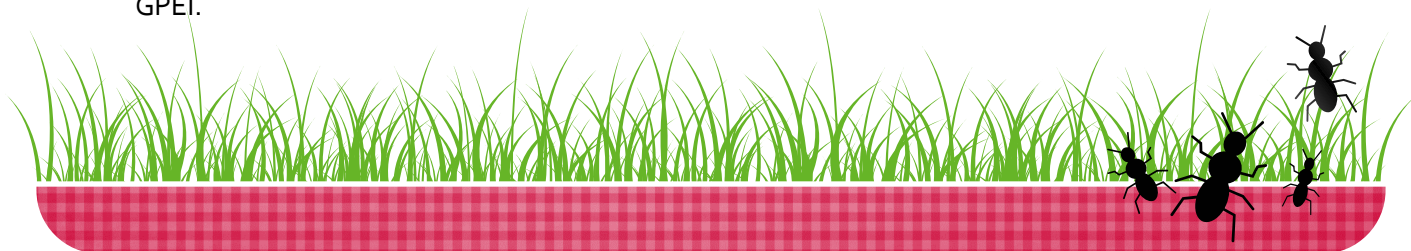
## How much is a vaccine? EPNZC Reg Ling answers your questions

This depends on which vaccine you are referring to and in which country.

- There are oral polio vaccines or OPV. Now principally bivalent OPV or bOPV. This is a vaccine for polio viruses types 1 and 3. **This is quoted at costing 20 GB pence or 25 Euro-cent.** For polio virus type 2 there is the monovalent vaccine mOPV2 but this is in now controlled and may only be used with WHO authority in agreed areas of outbreak. (Currently only in Syria and the Democratic Republic of the Congo or DRC.) The other vaccine is the injectable Inactivated Polio Vaccine IPV. At present this costs is about **15 times that for bOPV**. However it is in short supply. WHO is attempting to certify more manufacturers and you may have noted in a recent polio position from me that China has now been certified. It is though being introduced in some countries already. Pakistan uses it in conjunction with bOPV. India does it as part of their national health programme but not in the NIDS or SNIDs. The WHO plans to phase out OPV and replace it with IPV.
- Different countries have access to different suppliers. In some countries trade barriers prevail while in other counties there are racial constraints. (Some part of the Muslim world will not use supplies from non-Muslim countries, etc.)
- In any event as far as GPEI is concerned all vaccines are procured and distributed through UNICEF. All Rotary donations are made to GPEI.

- In practice while cost of vaccine may have some publicity use in general this is only a part of the immunisation cost going from manufacture, to distribution, cold chain management and immunisation. OPV works well in well-nourished, healthy children in temperate climes but is a nightmare in the developing world. The vaccine viruses die at high temperatures so a cold chain from refrigerators to iceboxes is needed in tropical heat. Children are usually vaccinated under the shade of an umbrella because the oral polio vaccine is light sensitive. Most often the vaccines are provided in phials of 10 doses but sadly some doses may be wasted. Rotary usually refers to **the cost of immunisation as \$3** though this is also subject to numerous factors.

PDG Reg Ling (Zone 18a) has been a EPN zone coordinator for over a decade now and also acts as team (multi-zone) leader for Zones 11,12, 17,18a and 19



## Belfast remembers ...

1957 saw the largest outbreak of polio ever in Northern Ireland, with 297 people contracting the disease in Belfast during the year.

Rotary in Ireland, along with the One Last Push campaign recently hosted an event at Belfast Castle to mark the 60<sup>th</sup> anniversary of the outbreak, and bring together individuals who had their lives impacted by the epidemic.

One of those individuals was Eddie McCrory, whose very first memory was contracting the disease in the summer of 1957 as a five-year-old boy.



After initially being bed-ridden with suspected flu, Eddie was transferred to Belvoir Park Hospital three days later.

Eddie recalled: "My daddy promised I would only be in the hospital for a night. In fact, I was kept in the isolation ward for a further six weeks – and then transferred to Greenisland Orthopaedic Hospital where I stayed for nearly a year."

Growing up, Eddie, pictured centre, received regular hospital treatment and wore callipers on his legs until the age of 10.

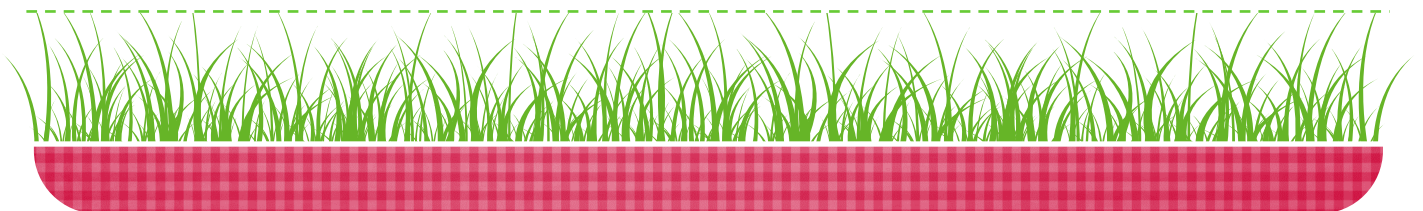
"At that point, the doctors thought I was going to be fine and grow up to walk relatively well," he says. "But when I was 13, I had an adolescent growth spurt and it turned out that polio's lasting impact on me would be a sclerosis – a curvature of the spine."

Polio is considered a thing of the past in the UK, but there are 120,000 people currently living with the after-effects of the disease in this country.

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*"We take action. Because we are not dreamers in Rotary — but doers."*

*President-elect Barry Rassin*





## Selected highlights from the International Assembly

"Our first priority will come as no surprise to anyone: ending polio. **Ending polio has been and continues to be the number one priority of our entire organization.** "

"Our third priority is to encourage every district to use all of their District Designated Funds each year — to encourage doing more good in the world. There are many ways these funds can be used to benefit your clubs, district, and the world, including using them for district grants, using them for global grants, giving them to PolioPlus, or contributing them to another district to enhance a project.

Now is the time to review your district's balance, determine how much you will have available, and plan how you and your district will use these funds in the coming year. **Your Rotarians did not contribute money to our Foundation to build a savings account.** They made their contributions for the purpose of Doing Good in the World. There is certainly no shortage of opportunities. **So engage your Rotarians. Put those funds to work now.** "



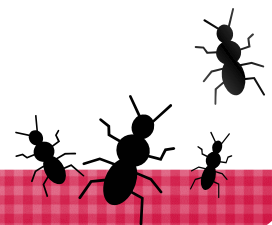
Incoming Trustee Chair Ron Burton

Kudos: Rotary Club of Kirkcudbright

This club, in the South West of Scotland, has not only raised \$3,413 US this year for PolioPlus, it also raised some \$3,611 US last year. In fact, it is a committed supporter of Polio Eradication, year in year out.

Not only that, but the club uses Rotary Club Central and has a \$4,000 US goal for this year.

The club also works with their local schools and talks to youngsters about our dream of a Polio free world.





More information on how to get involved in Rotary GBI's Grand Tour Rally here:

<https://www.rotarygbi.org/what-we-do/purple4polio-rotary-grand-tour/>

## New online DDF form—coming soon!

As part of the on-going efforts to reduce the unspent DDF surplus, The Rotary Foundation have now developed an online version of the DDF donation form.

Thanks to colleagues in Strategy, Research and Evaluation, districts will soon have the convenience of authorizing DDF donations without printing, signing, and scanning a hard copy.

We have finished several rounds of internal testing, and are now testing the process externally.

I have already tested the new system on your behalf and it is very user friendly.

There is already one district eager to be the first to transfer electronically!

### Did you Know?

Polio Eradication is every club and every member's project.

Use it to tell the outside world about Rotary and what we can do together. It is the best Public Image example we have.

Polio Eradication is a fantastic tool to attract new members by engaging with them and demonstrating that Rotary is "People of Action".



## The latest figures in the three endemic countries: as at 1st February

Pakistan— no new cases this week (8 cases in 2017)

Afghanistan—no new cases this week (14 cases in 2017)

Nigeria—0 cases in 2018 (0 cases in 2017)

Total— one case for 2018 (22 in 2017).

More details at <http://www.polioeradication.org>

Calum Thomson  
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