



President's Post

Greetings Fellow Rotarians

No post from the President for this week's bulletin

Graham

President

Rotary Club of Hutt River Valley

Meeting Tuesday 30th January - Polio Display

Michael Fagg, District Chair for the Polio Awareness committee, Graham Smeaton and me spent a few hours at the Stokes Valley Hub promoting the polio campaign.

Fairly quiet day but some passers buy did show some interest.



Meeting Tuesday 30th January - Bowls

A good attendance of about 40 people from four different clubs competed at our annual bowls tournament. This number was less than expected due to a power problem experienced on the Hutt Line.



All had a lot of fun with the Petone club pipping us at the post and hence retaining the trophy.





Parting thought

Bowlers have their own language and for the information of the uninitiated, here are a few terms translated into English.

- "Good weight!" = lousy line
- "Good line" = lousy weight
- "Good back bowl" = you were lucky you didn't put it in the ditch
- "That's in their way" = that's in my way
- "That could be useful up there" = that bowl is closer to you than it is to the jack
- "Get it next time" = you sure didn't get it this time
- "He's surprisingly good" = you're surprised he ever makes a shot
- "I'd bowl with him any day" = he always buys the first round

Upcoming programme

February 6th – No Meeting – Waitangi Day

February 13th – First formal meeting for the year where our own Peter Chaney will be talking about recent trips

February 17th – Saturday 17th is the day for the Petone Fair and we will again be collecting for Shelter Box. Again anyone who can help will be appreciated, please put in your diaries.

April 13th – Golf Tournament – an important event for the club, please add to your diaries now because we need all the help we can get. You may need to make arrangements because this day is a Friday.

PLEASE NOTE THAT THE DATE FOR OUR GOLF TOURNAMENT HAS CHANGED.

Meeting Duties

	6-Feb	13-Feb	20-Feb	27-Feb
Guest Speaker & Topic	No Meeting. Waitangi Day	Club Forum	Away Meeting	Speaker TBA
Host				Ron Wainwright
Set Up		Alan Thorburn		Alan Thorburn
Grace		John Anderson (G)		Joe Howard
Thanks				Peter Wright
Parting Thought		Richard Beaufort		Dennis O'Grady
Stewards & Tidy Up		Phil Hankinson Raj Prasad		Leole Malama-Prasad Graham Smeaton

The Rotary Foundation - Polio

Polio is again in the news and with our presence at the Stokes Valley Hub where we will be presenting Rotary's Polio campaign it may be useful to look at some figures.

Wild poliovirus in numbers 2017 (2016 numbers in brackets)

Globally 17 (34)
 Afghanistan 11 (12)
 Pakistan 6 (18)
 Nigeria 0 (4)

Circulating vaccine derived poliovirus type 2 cases

Democratic Republic of the Congo: 10 (0)

Syria: 74 (0)

As you can see numbers are trending down in all areas except the two above where cases reported in 2017 where there were none in 2016.

Amidst conflict and humanitarian crisis in Syria, health workers are battling to end the current polio outbreak. Since the World Health Organization announced the outbreak on 8 June 2017, 70 cases have been confirmed, with 67 in Deir Ez-Zor governorate, two in Raqqa and one in Homs.

Vaccinating children

WHO and UNICEF are supporting the Government of Syria and local authorities to [end the outbreak](#). Two mass vaccination campaigns have taken place, thanks to dedicated health care workers on the ground, striving to reach resident, refugee and internally displaced children. Despite the [challenges of holding vaccination campaigns in a conflict zone](#) and effectively reaching displaced populations from infected areas, more than 255,000 have been vaccinated in Deir Ez-Zor, and more than 140,000 in Raqqa.

Contingency plans for an additional vaccination campaign are being put in place to reach children under the age of five with monovalent oral polio vaccine type 2 in the infected zones and areas hosting high risk populations, particularly recently displaced families from Deir Ez-Zor.

Two different vaccines are being used to ensure that population immunity against polio is rapidly increased. The monovalent oral polio vaccine type 2 is being used to rapidly increase immunity against type 2 polio. To boost immunity against type 2 and also provide protection against types 1 and 3, the inactivated poliovirus vaccine is also being provided to children aged between 2 and 23 months in high risk areas.

Preventing spread of polio

While all hands are on deck to stop polio, outbreak response teams are also working hard and adapting complementary strategies such as vaccination at transit points and registration centres for internally displaced persons from infected zones, to prevent spread of the virus to other parts of the country. The inactivated poliovirus

vaccine is being used strategically in high risk areas, especially where there are high numbers of internally displaced families.

In order to reduce the threat of polio spreading to the countries surrounding Syria, vaccination activities have been carried out in Iraq, Lebanon and Turkey. These activities are aiming to reach both Syrian children and those from local communities to limit the possibility for the virus to spread across international borders.

Searching for the virus

Knowing where the virus is at all times is crucial to stop the outbreak. **Surveillance** is ongoing across the country, with doctors, community members and vaccinators on the alert for any child with potential symptoms of polio. The surveillance system is operating well, despite the challenges of transporting stool samples from children with symptoms to laboratories for testing.

Plans are also in place to begin environmental surveillance in Syria by the end of the year. This will enable laboratories to identify the presence of polio in sewerage to provide early warning.

The information from disease surveillance are being used to inform where and when vaccination campaigns need to take place.

Vaccine derived polio

The current outbreak in Syria is caused by circulating vaccine derived poliovirus type 2, a very rare virus that can occur when population immunity against polio is very low. In Syria, conflict and insecurity have compromised community access to immunization services, which has allowed the weakened virus in the oral polio vaccine to spread between under-immunized individuals and, over a long period of time, mutate into a virulent form that can cause paralysis. The only way to stop transmission of vaccine-derived poliovirus is with an immunization response, the same as with any outbreak of wild polio. With high levels of population immunity, the virus will no longer be able to survive and the outbreak will come to a close.