Huda Hussain is Gama settlement’s main medicine man. As the traditional healer for this Kano State locale, villagers seek his counsel for a wide range of illnesses and ailments – from malaria and malnutrition to anemia and arthritis. He offers advice and provides herbal remedies from his ‘pharmacy’ – three rows of plastic and glass jars filled with herbs, powders and natural medicines.

He is also an important community-based surveillance agent for detecting signs of resurgence of the polio virus. Mr. Hussain, who has been trained by the CORE Group Partners Project (CGPP) in Northern Nigeria, contributes to the village’s health through his secondary role of Community Informant (CI). Being properly trained on the case-definition for polio, he keeps his eyes open for symptoms of Acute Flaccid Paralysis (AFP), the key indicator for polio paralysis, by identifying children under 15 years who exhibit a sudden weakness and floppiness in any arm or leg. He also conducts passive surveillance for other common childhood diseases, such as measles.

CGPP/Nigeria joined the Global Polio Eradication Initiative (GPEI) efforts in 2013. CIs like Huda are trained and supervised by the CGPP and partnering community-based organizations. Nigeria is one of three polio endemic nations in the world (alongside Pakistan and Afghanistan) and the only country in Africa with Wild Polio Virus (WPV). The country has made dramatic progress in the last several years by shifting from the country with the highest number of WPV cases globally in 2012 (122) to four cases reported in 2016. Zero cases of WPV have been reported since then.

Mr. Hussain is one of approximately 200 CGPP-trained CIs in northern Nigeria. Together with traditional healers like Mr. Hussain, bonesetters, traditional birth attendants, barbers, and chemists all contribute to the country’s high quality and robust sensitivity for AFP surveillance.
While the CGPP Volunteer Community Mobilizers notably detect and report most of the AFP cases in the project implementation areas (most likely due to their numerous household visits and frequent contacts with children) the contributions of CIs is critical to a country that has technically reached the 3-year mark for polio-free certification.

In the last year, Mr. Hussain has identified and reported a total of four AFP cases; none of the cases proved to be true AFP cases, but his strong detection skills contribute to the overall sensitivity of the surveillance system. Most recently in July 2019, a mother from the community carried her 3-year-old-daughter to his clinic. The child was suffering from a high fever and was not able to stand on one of her legs. Suspecting AFP, he completed the requisite form and submitted it immediately to the local Disease Surveillance Notification Officer (DSNO) for follow-up, according to protocol.

The mother returned to his ‘healing home’ four days later. The child no longer exhibited signs of paralysis yet the fever persisted. The child additionally exhibited a troubling cough and experienced labored breathing. The healer referred the family to the nearest health facility to seek a greater level of attention, as he was trained to do so by the CGPP. As Nigeria battles active transmission of Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2), the surveillance work of Mr. Hussain is bringing the country and the continent to polio-free certification.

*The CORE Group Polio Project is referred to as the CORE Group Partners Project in Nigeria.*