



ETSAKO CLUB '81 Express

MAP OF ETSAKO



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3rd Edition

Vol. 3

The e-Newsletter of Etsako Club '81

Reward for Hard Work.



B.O.T Chairman Chief S.S Afemikhe presenting Award Plaque for brilliant performance to Dr Bala Yesufu in his First year in office on behalf of the Club.



V.P 2 Tafa Zibiri-Aliu Emerged chairman Ikoyi club 1938



Editorial Board: Hajia Aminah Muhammad - Editor-in Chief, Mr. Columbus Inuwanu, Mr. Yussuf Kadiri, Mr. Greg Afemikhe, Hon. Usman Dauda (Abuja), Mr. Isah Jatto (Benin), Mr. Stanley Etsesimokhai (Admin. Secretary)

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18+
Drink Responsibly



SMOOTHNESS UNCAGED

INTRODUCING THE NEW TIGER DRAUGHT



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ENJOY RESPONSIBLY. NOT FOR SALE TO PERSONS UNDER THE AGE OF 18

EDITORS

CORNER



To God be the glory, the first quarter of 2023 is winding down with lots of democratic activities with the general elections. But for a few hiccups here and there, we thank God that there has not been any major issue that bother on uprising and major insecurity contrary to the fears nursed.

While some of us bask in the euphoria of victory of our candidates, some are nursing the wounds of defeat. Be that as it may, let us all come together to chart the way forward on re-building our great country Nigeria as we

have no other. Even those presently outside the country (The JAPA group) they sure will find their way back to add value. (Japada). Brain drain turning to BRAIN GAIN)

At the club level we have a lot to rejoice about. We made history when the club produced the Chairman of Ikoyi Club 1938 in a keenly contested election for the position of Chairman of the evergreen club. It will be recalled that our own Alhaji Tafa Zibiri-Aliu had earlier served as the vice chairman few years ago before competing for this exalted position, the first Etsako and Edo man to so occupy the revered position. We congratulate our VP2 for making us proud. We also rejoice with our diaspora member, Azeez Brutali for winning another award and also making us proud.

We specially appreciate the Health committee ably led by Professor Mustapha Danesi for the weekly health tips. This should create the desired awareness for our health checks. You get to read the tips once more in this edition.

The executive committee ably led by our President Dr. Bala Yesufu had the first Executive committee meeting to explore and xray the way forward for the year. The robust meeting was hosted by our amiable VP1 Sir Greg Otsu who made the entire meeting process a relaxed one and fun filled. We rejoice with all birthday celebrators for March. A group of wonderful and amiable Afemai sons and daughters, We congratulate you for another milestone on earth.

As we gradually fine tune our plans to move back to site for the continuation of our building project, the Afemai Cultural and Vocational Centre, we thank those who have redeemed their pledges and those yet to do so to make us realize the completion of the project in record time.

Once again, congratulations to all for a peaceful election as we wish you God to guide all the leaders aright to govern well for the growth of our great country and benefit of all including generations yet unborn. N' Etsako yalo.

Happy reading.

MY TIME IS NOW



ARTICLE

Tips on Malaria

What is Malaria

Malaria is a mosquito-borne disease caused by a parasite called the plasmodium parasite. It is spread to humans through bites from an infected female Anopheles mosquito. It tends to be a serious illness, and sometimes can be life-threatening if it is left untreated, especially in children, pregnant women, and visitors from Europe or America.

It is an illness quite common in Nigeria, a tropical country whose climate permits mosquitoes to live and thrive for a long time, especially in marshy areas and open gutters.

Each year, malaria infects nearly 290 million people worldwide, with more than 400,000 people dying from the disease, especially children ranging from ages 0 – 5 years and pregnant women. Though it is preventable and curable, people with malaria tend to feel very sick with chills, high fever, and flu-like illness. When these symptoms are left untreated, they develop into more severe complications that may lead to death in children or pregnant women.

In the quest to make the environment a malaria-free society, the World Health Organization in partnership with health institutions, and health ministries of various countries have: (1) provided various health programs that have helped to sensitize individuals on how to recognize persons with malaria; (2) preventive methods such as insecticide-treated bed nets; (3) approved anti-malaria drugs for children and adults who live in countries with high numbers of malaria cases.

How Can We Recognize Someone with Malaria?

After an individual has been bitten by an infected mosquito, it takes about 10 – 15 days for the symptoms of malaria to start kicking in. Apart from high fever, chills, or flu-like symptoms, one can recognize an individual infected with malaria with the following symptoms:

ARTICLE

Tips on Malaria

- High temperature of 38OC or above
- Constant headache, body aches, or muscular pains
- Diarrhea
- Abdominal pains
- Cough, nausea, and vomiting
- Jaundice
- Convulsions
- Difficulty breathing and bloody stools

What Causes Malaria?

Malaria is caused by a parasite called the plasmodium which is then transmitted to humans through the female Anopheles mosquito. Mosquitoes can become infected when they feed on a person who has malaria, and when these mosquitoes bite an uninfected person, the person contracts the malaria parasites. Once these parasites enter the body, they travel to the liver; then infect the red blood cells, which then causes individuals to develop malaria symptoms.

Who Is at Risk of Contracting Malaria?

For malaria especially in countries like Nigeria with high cases of malaria, where good health facilities or preventive measures are lacking, everybody is at risk of getting infected with malaria.

However, certain people are at higher risk of contracting severe malaria, and they include:

- Young children between the ages of 0 – 5 years
- Pregnant women and their unborn children
- People who are visiting from locations with very low cases of malaria e.g., Europe

When Should You Visit a Doctor?

Due to how life-threatening malaria can be, it is important for any individual who develops malaria symptoms to seek medical care immediately, especially pregnant women and infants/young children who are at more risk of severe malaria.

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Tips on Malaria

How Can You Manage People With Malaria?

Malaria can be well managed through proper diagnoses, treatment, and preventive measures used. The World Health Organization recommends that the use of early diagnosis and treatment of malaria can help reduce the effect of the disease, deaths, or further transmission. It also recommends that all suspected cases of malaria be confirmed using parasite-based diagnostic testing (through either microscopy or rapid diagnostic test). This can be done using the (1) blood smear test; (2) Fyodor Urine Malaria Test (UMT) which can be done in the comfort of the patient without visiting a hospital.

The best treatment for malaria according to WHO, particularly for *p. falciparum* malaria, is artemisinin-based combination therapy (ACT). This treatment is done to ensure the rapid and total elimination of plasmodium patients from the patient's bloodstreams and also prevent any complications from malaria treatment.

Drug Treatment

Artemisinin-based combination therapy such as Coartem, Lonart, Amartem, or P-alaxin. Patients should take paracetamol along with these antimalarial drugs to reduce temperature and body pains.

Severe malaria is usually treated in the hospital. Patients are admitted and given an intravenous injection of quinine or artesunate.

Uncomplicated Malaria (Explained with Illustrative Cases)

Malaria can be classified as uncomplicated when a patient has the symptoms of malaria and a microscopy or RDT positive test, but no sign of severe symptoms (breakdown of organs; abnormalities in the bloodstream; low blood sugar, etc.).

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Tips on Malaria

The symptoms of uncomplicated malaria include fever; chills; sweats; headaches; nausea and vomiting; body ache; and general malaise. The incubation period of malaria ranges from 10 to 14 days depending on the parasite species.

Treating of uncomplicated malaria is usually done using Artemisinin-based combination therapy. The ACT is a combination in which one of the components is Artemisinin and its derivatives of Artesunate, Artemether, and Dihydroartemisinin. Artemisinin helps to produce a rapid clearance of the malaria parasites in the bloodstream.

Case 1: A five-year-old boy is brought to the hospital's outpatient department. The mother says he was well until that morning when he woke up and said he was feeling tired and refused breakfast. When the mother touched him, he felt hot and she gave him a tablet of Paracetamol. Examination showed a well-nourished 15-kg child, not pale, alert, and with an axillary temperature of 38.50C. The rest of the examination is normal.

Management: The child has uncomplicated malaria; he had RDT which was positive for malaria parasites. He should be treated with Artemether / Lumefantrine. Artemether is an artemisinin while lumefantrine is combined with it for effectiveness

Case 2: A 22-year-old lady at 26 weeks gestation in her first pregnancy complains of headache, joint aches, and malaise. She had one dose of Sulphadoxine-pyrimethamine (SP) at the early stage of her pregnancy but tests positive for malaria parasites with a rapid diagnostic test (RDT)

Treatment: This patient has uncomplicated malaria which requires immediate treatment using Artemether – Lumefantrine. Artemisinin is not contraindicated in pregnant women in the first trimester.

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Tips on Malaria

Severe Malaria (Explained with Illustrative Cases)

Severe malaria is a type of malaria that is caused by the Plasmodium Falciparum, occurring in patients with no strong immunity to malaria e.g., under 5 years children and pregnant women, etc. At this stage, malaria infections are complicated by serious organ failures. And its symptoms include Seizures; Coma (adults: 2 – 4 days, children 1 – 2 days); Respiratory distress; convulsions; hypoglycemia (common in children); jaundice (common in adults); metabolic acidosis, etc. Severe malaria cases are medical emergencies that should be treated urgently and aggressively once it has been diagnosed.

There are two classes of drugs currently available for severe malaria; cinchona alkaloids (quinine and quinidine) and the Artemisinin derivatives (Artesunate, Artemether, and Artemotil)

Case 1: A 3-year-old boy suddenly started feeling feverish and became breathless. During the examination, he became pale and dyspnoeic with tachypnoea. Pulse is 110/min regular; normal heart sounds but there is a 3rd heart sound; the chest is clear but the abdominal exams showed hepatosplenomegaly.

Diagnosis & Treatment: This patient has malaria which should be confirmed with a blood test for malaria parasites or RDT, and pneumonia which can be confirmed by Chest X-ray. His treatment should include antimalarial drugs and broad-spectrum antibiotics.

Case 2: A 30-year-old woman at 32 weeks gestation in her first pregnancy presents at the accident & emergency with fever, jaundice, coma, and a history of convulsions before the coma. Her blood film for the Malaria parasite was positive.

Diagnosis & Treatment: The above patient has severe malaria and possibly cerebral malaria. The patient should be treated with intravenous Artesunate in the first 24 hours followed by oral Artemether/Lumefantrine. It is not safe to use Quinine at this stage of pregnancy because it may cause uterine contraction and premature birth.

ARTICLE

Tips on Malaria

Malaria Drug Resistance and Treatment Failure

Most people ask the question: 'why do I still feel ill and get reinfected with malaria even after treatment with malaria medication?' People who ask this question do not get the right answers.

Malaria treatment can fail as a result of the following:

- Malaria drug resistance
- Treatment failure

Malaria Drug Resistance

Drug resistance is the ability of a parasite strain to survive and/or multiply despite the administration and absorption of a drug given in doses equal to or higher than those usually recommended but within the tolerance of the subject.

Certain drugs are no longer used to treat malaria. They include chloroquine tablets or injections, the single-use (not combined with Artemisinin) of Pyrimethamine – Sulphadoxine (Fansidar, Amalar), and camoquin. Unless they are combined with Artemisinin as combination therapy.

Treatment Failure

Malaria treatment failure is when a patient who is diagnosed with malaria fails to improve on an administered antimalarial medication.

There is a difference between treatment failure and antimalarial drug resistance. Drug resistance can lead to treatment failure but not all treatment failure is a result of drug resistance.

Many factors can lead to treatment failure of malaria in a patient, and these factors can include:

- **Delay in starting antimalarial therapy:** Treatment should commence as soon as malaria symptoms are visible and clear to prevent its progression to a more severe infection. Any delay in starting treatment for malarial infection gives the disease a chance to progress from simple to severe complicated malaria. Delays in treatment may be caused by medical practitioners who fail to make the correct diagnosis or try to postpone treatment. Similarly, it could also be caused by a patient who seeks medical attention at a much later time or one who does not take the malaria medication as prescribed.

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Tips on Malaria

- **Substandard/Fake Drugs:** When substandard drugs are administered to a patient infected with malaria, treatment can fail. This is a result of the extremely poor quality of the drug which will not be able to treat the infection. Even if such drugs are administered correctly, they cannot cure malaria even if the parasites are not resistant.
- **Incorrect Use of Antimalarial Drugs:** For example, drugs containing Artemether/Lumefantrine (Coartem or Lonart) should be taken after a meal containing oil or fat. Antimalarial drugs should be taken with a meal like bread and butter or after a proper meal containing oil which provides the fat required for proper absorption of the malaria medication into the body system. Treatment failure could occur if the patient does not take the malaria medication with a fatty meal. Taking it on an empty stomach or after drinking soft drinks such as coke, fanta or sprite will result in treatment failure. While on these drugs, avoid taking Vitamin C or fruits as they neutralize the drugs.
- **Incorrect Dosages:** Ideally, drug dosages are given per kilogram of body weight. Incorrect doses, especially under-dosing of patients, lead to the persistence of malaria infection. This is so because the dose in the body is not sufficient to clear the infection present and hence the disease persists and progresses as the parasites develop resistance to the drug used.
- **Ceasing the Use of Antimalarial Medication Before the Recommended Duration:** Once a patient stops taking the antimalarial medication for the recommended duration, it can lead to treatment failure. For example, taking Artemether/Lumefantrine for only 2 days instead of the recommended 3-day duration.
- **Failure to Switch Patients from Parenteral to Early Oral Therapy in the Treatment of Severe Malaria:** It is important to switch your patient from parenteral to oral medication as soon as they stabilize and can take it orally. Failure to do this can lead to treatment failure since parenteral treatment is not a combination therapy. For example, intravenous quinine or Artesunate, the patient should take oral artemether/lumefantrine.

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Tips on Malaria

- **Multiple Diagnoses on a Patient:** When multiple diagnoses are carried out on a patient, it may cause the doctor to focus attention on one particular disease than the other. If the doctor fails to diagnose malaria and treat only the other disease patient's health will deteriorate until malaria is treated.

How to Prevent Malaria Treatment Failure and Drug Resistance

To prevent drug resistance, avoid the use of antimalarial medications that are old and no longer recommended.

To avoid treatment failures, do these:

- Ensure a proper diagnosis is carried out and commence malaria treatment immediately
- Administer the correct medication as directed by the Manufacturer
- Take the correct dosage over the recommended period
- Monitor the progress of malaria treatment for each patient
- Stabilize the patient in severe malaria cases
- Review all treatments especially if the patient is deteriorating and not responding to the treatment

The following are some of the ways to manage treatment failures in malaria treatment:

- Using the appropriate antimalarial drugs for the treatment of Malaria: for example, Artemether/Lumefantrine should be taken after a food containing oil or fats; vitamin C or fruits should be avoided during the 3 days of treatment.
- Administer the medication in the recommended dosage and duration. Also, schedule an appointment to ensure the patient completes the dose. Artemether/Lumefantrine should be used for 3 days and not 2 days.
- If there is treatment failure despite this, use another combination, for example, if there is treatment failure with Artemether/Lumefantrine, use P-alaxin (Dihydroxy-artemisinin plus piperaquine).
- Assess, investigate, and exclude all possible differential diagnoses in a patient with malaria while treating all concurrent diseases appropriately.

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Tips on Malaria

What to Avoid in Treatment Failure?

There is a tendency for most Nigerians to start treating typhoid once malaria treatment fails. Unless a patient has clinical symptoms of typhoid fever, and the tests are positive, treatments should not be carried out.



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MARCH

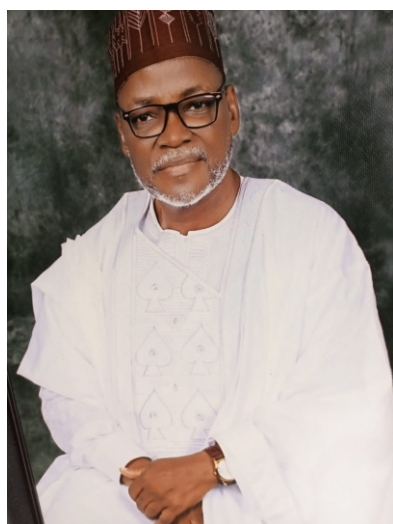
Birthday Celebrators



Name : Mr. Yusuf Tijani Shehu
Clan : Ayuele
Village : Agbede
Birthday : 23rd March
Employer : Techno Group of Companies
Position : MD/CEO
Member : Abuja Chapter



Name : Mr. Omoti Momodu Barry
Clan : Okpella
Village : Awuyemi
Birthday : 14th March
Employer : Partnerslink Consulting Ltd
Position : Principal Consultant
Member : Lagos Chapter



Name : Alh. (Chief) Hassan Momodu
(Past President)
Clan : Auchu
Village : Utsogun
Birthday : 2nd March
Employer : Veteran Banker and
Investment Consultant
Position : Chairman Auchu
Microfinance Bank
Member : Lagos Chapter

MARCH

Birthday Celebrators



Name : Lady Agnes Nwabuwa
(Public relations officer)
Clan : Wanno
Village : Ivioghe
Birthday : 23rd March
Employer : Vessel of Honour
Healthcare, Atlanta Georgia
Position : Owner/CEO
Member : Americas Chapter



Name : Dr. Bala Yesufu (National
President)
Clan : Ayuele
Village : Agbede
Birthday : 19th March
Employer : Charles Consulting and
Management Services Ltd.
Position : Chief Consultant
Member : Lagos Chapter



Name : Mr. Pius Akpaibor (JNR)
Clan : Uzairue
Village : Elele
Birthday : 10th March
Employer : Shell Petroleum Development
Company
Position : Production Performance Lead
Member : Lagos Chapter

MARCH

Birthday Celebrators



Name : Prince Aminu Momoh
Clan : Auchu
Village : Utsogun
Birthday : 27th March
Employer : NBRRI
Position : Chief Technical Officer
Member : Lagos Chapter



Name: Prince Mohammed Momoh
Clan : Auchu
Village : Utsogun
Birthday : 22nd March
Employer : NYSC
Position : Director, Ventures Management
Member : Abuja Chapter



Name: Engr. Osi Joseph Momodu
Clan : Uzairue
Village : Jattu
Birthday : 22nd March
Employer : Civil / Building Engineering
Position : MD/CEO
Member : Lagos Chapter

MARCH

Birthday Celebrators



Name : Dr. Tony Anyia (Secretary)
Clan : Wanno
Village : Iviukhua
Birthday : 12th March
Employer : Canadian Food Inspection Agency
Position : Chief Plant Health Officer
Member : Americas Chapter



Name: Chief Sylva Emoekpere
(Past President)
Clan : Uwanno
Village : Ivhiukwe
Birthday : 30th March
Employer : Retired
Position :
Member : Lagos Chapter



Name : Amb. Dr. Lois Itace Adams
(Assistant Publicity Secretary, Abuja Chapter)
Clan : South Ibie
Village : Ugiekha
Birthday : 3rd March
Employer : Stars and Styles Comm. & publishing CO. Ltd
Position : Lead Editor/Author
Member : Abuja Chapter

MARCH

Birthday Celebrators



Name : Mrs. Laurretta Ochuwa
Osigbemhe
Clan : Uzairue
Village : Apana
Birthday : 10th March
Employer : Century 21 Freedom Group
International
Position : Senior Consultant
Member : Benin Chapter

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PHOTO

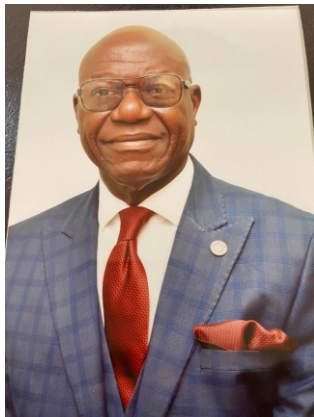
Speak



L-R: Tony Mr. Anyia, Secretary; Barr. Grace Egbagbe, Mentor and Mr Fred Udochi, Chairman, All of E.C '81 Americas Branch.

PHOTO

Speak



PHOTO

Speak



L-R Prince Asamah Yusuf-Kadiri SAN, Mr Tafa Zibiri-Aliu VP2 & Chairman, Ikoyi Club 1938 Dr Bala Yesufu, President E.C '81 @The Mental Health Conference held at Oriental Hotel V.I Lagos today Sunday 19th March 2023, Themed - The Mind Behind The Mask. Convener is Dr. Maymunah Yusuf-Kadiri, Africa's leading Mental Health Advocate & Therapist.

PHOTO

Speak



It was celebration galore at Ikoyi Club when our own VP2, Alhaji Tafa Aliu Zibili was given a befitting welcome party for emerging as the Chairman of Ikoyi Club. In line with our mantra, N' Etsako yalo, Past President Asamah Kadiri SAN and our hardworking president Dr. Bala Yesufu were on ground to celebrate with him. We wish uncle Tafa success in his tenure. Congrats sir.

PHOTO

Speak

Meeting today ably hosted by VP2 Sir Greg Otsu. Very pertinent and important issues were discussed. N' Etsako yalo.



PHOTO

Speak



Condolence Visit to our Honorary Member, Mrs. Bimbo Oloyede whose Mother Mrs Pamela Victoria Olusola Roberts just passed on, aged 90 yrs, 11 months. The visit was a demonstration of our renewed initiative to bond and engage our Honorary Members in our activities.

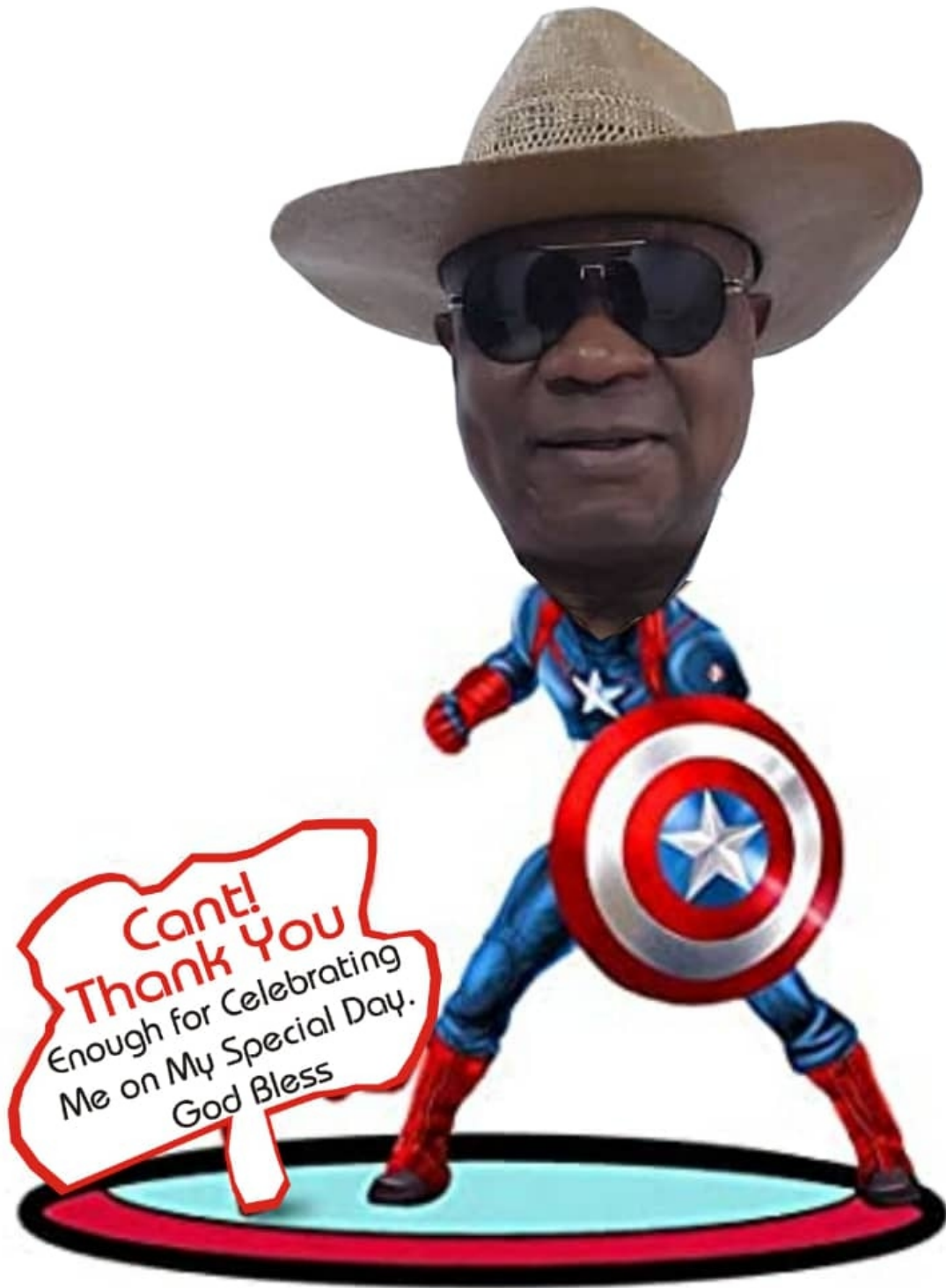
PHOTO

Speak



PHOTO

Speak



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Speak



Cant!
*Thank
YOU*

Enough for
Celebrating Me on
My Special Day.
God Bless

Osog

MY TIME IS NOW

