

6 September 2016

Nigeria & Lake Chad Polio Outbreak Appeal

KEY FACTS

- Wild poliovirus type 1 outbreak in Nigeria: 2 cases.
- High risk of poliovirus spread in the Lake Chad area.
- Ongoing Polio Outbreak Response in Northern Nigeria and Lake Chad area implemented as part of the broader humanitarian response effort.
- WHO has declared Northern Nigeria Grade 3 Humanitarian Emergency.
- UNICEF has activated its Level 3 Corporate Emergency Procedure for North-East Nigeria.
- Budget requirements: US\$116 million.
- Funding gap: US\$ 33 million.

Humanitarian situation overview in Northern Nigeria

Nigeria has been experiencing insurgency in the north-eastern part of the country since 2009 which led the Nigerian President to declare the state of emergency in the 3 worst affected states of Borno, Yobe and Adamawa states in May 2014.

The Humanitarian Needs Overview (HNO) for 2015 states that health facilities have been systematically targeted by insurgent attacks, leading to complete or partial damage to health infrastructure. According to the 2016 Humanitarian Response Plan (HPR), about 14.8 million people in four states (Borno, Yobe, Adamawa, Gombe) were affected by the insurgency with about 7 million in need of humanitarian assistance. Of these, about 3.7 million are in need of health interventions.

Given the rapidly escalating humanitarian needs identified by increased access in newly liberated areas, WHO has developed an immediate Scale-Up Plan for Borno State, where the needs are the most extreme.

Wild poliovirus outbreak situation overview in Nigeria and Lake Chad Area

- **A Wild Poliovirus type 1 (WPV1) outbreak** was confirmed on 10 August 2016 in Northern Nigeria. Two polioviruses were isolated from two local government areas (LGAs) of Borno State - Gwoza and Jere. This is the first WPV1 outbreak in Nigeria since July 2014.
- In response to the outbreak and to prevent further spread, the Global Polio Eradication Initiative has supported the Government of Nigeria in the preparation of a **Nigeria Response Plan to WPV1 in Borno State** and a **Regional Response Plan to the Polio Outbreak in Lake Chad Basin Countries**.

- Nigeria has declared the polio outbreak a National Public Health Emergency and Ministers of Health from Cameroon, Central African Republic, Chad, Niger and Nigeria have declared the polio outbreak in Nigeria a Public Health Emergency for Countries of the Lake Chad basin.

Additionally, WHO has developed a humanitarian **Scale-up Plan in Borno** in response to WHO's official declaration on 19th August of Northern Nigeria as a Grade 3 Humanitarian Emergency. WHO is maintaining Grade 2 status for the surrounding countries of Cameroon and Niger, with consideration to be given of a grading for Chad. UNICEF has also activated its Level 3 Corporate Emergency Activation Procedure at surge phase for North-East Nigeria until 28 February 2017.

The polio outbreak highlights the fragile health systems and the impact of conflict and insecurity while underscoring the risk of transmission throughout the Lake Chad region, notably Chad (Lake Chad area), northern Cameroon, southern Niger and parts of the Central African Republic.

It is not unexpected to find polio transmission in the last stages of polio eradication. This recent discovery does not discount the gains made in Nigeria or on the African continent, but rather underscores the importance of surveillance and of reaching every last child. Every country in Africa and elsewhere needs to assess areas with limited access to find out if there are other pockets where the virus is hiding, preying on neglected and isolated children and families.

Stakeholders Coordination and Collaboration

Ministers of Health from Cameroon, Central African Republic, Chad, Niger and Nigeria have declared the polio outbreak in Nigeria as a public health emergency for countries of the Lake Chad basin. The declaration was made at the 66th session of the WHO Regional Committee for the African Region on 21 August 2016.

The Nigerian Government is taking the leadership in response to the WPV1 outbreak and has declared a national public health emergency. The coordination is through the National Polio Emergency Operations Center (EOC).

The Minister of Health holds regular briefings with the National technical team. Coordination at Borno state level is also taking place through the State EOC and Sub coordination teams within the EOCs have been established with defined responsibilities.

A coordination team has been established in N'Djamena to support countries in the implementation of the Polio Outbreak Response. The Lake Chad Polio Coordinator has been appointed as the GPEI regional coordinator of the response in Northern Nigeria and Lake Chad area.

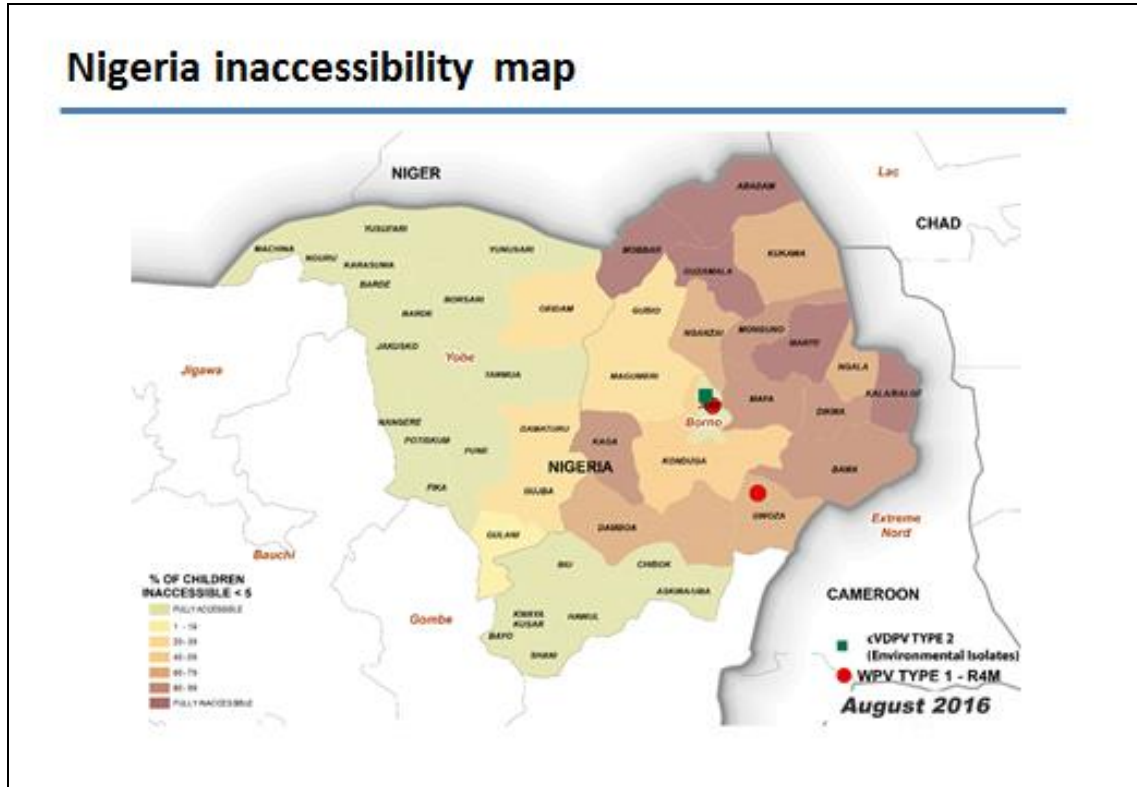
Collaboration with UN Force (MINUSCA) and humanitarian NGOs has been strengthened.

Risks

The Northern Nigeria WPV1 outbreak has the potential to spread rapidly throughout the Lake Chad region.

- **Large susceptible population:** For the past four years, immunization activities in northern Nigeria have been significantly constrained by a lack of access. This has led to the build-up of a large susceptible population of

children, estimated between 500,000 and 1,000,000 in the inaccessible areas. As a result, immunity in northern Nigeria is therefore much lower than other States in Nigeria. There is an estimated 7 million people requiring immediate humanitarian assistance, of which 2.2 million people are currently inaccessible.



- **Spread to the entire region:** The previous outbreaks in the region resulted in extensive circulation across West and Central Africa – “the importation belt”. There is a real risk of spread from Nigeria into countries in the Lake Chad region – all of which are experiencing varying levels of humanitarian and security situations.
- **Virus already on the move:** The detection of virus in two LGAs shows the potential for the virus to spread due to population movement within the state and across neighboring borders, primarily for security reasons.

Risk mitigation

- The Global Polio Eradication Initiative (GPEI) has significant experience in managing large polio outbreaks in Africa and Asia based on the international outbreak response guidelines adopted by the World Health Assembly (WHA) in 2006. This involves conducting rapid, vigorous and large-scale immunization activities in infected countries, protective campaigns in the surrounding countries, increasing the age group of the target population, providing surge staffing support for operations and communications, mobilizing emergency funding at the country-level, using new vaccines such as bivalent OPV and intensifying active surveillance for acute flaccid paralysis (AFP). The effective implementation of the outbreak response guidelines has considerably reduced the severity and duration of such outbreaks.

- There is strong government ownership of the response in Nigeria and the surrounding affected countries:
 - Ministers of Health from Cameroon, Central African Republic, Chad, Niger and Nigeria have declared the polio outbreak in Nigeria as a public health emergency for countries of the Lake Chad basin. The declaration was made at the 66th session of the WHO Regional Committee for the African Region on 21 August 2016.
 - The Nigeria Minister of Health declared the recent polio outbreak as a national public health emergency on 18 August 2016 following the report of two (2) wild polio virus (WPV) cases in Gwoza and Jere local government areas (LGAs) of Borno state last week after two (2) years without a single case.
- The tenth meeting of the Emergency Committee under the International Health Regulations met on 11 August 2016 and concluded the current epidemiology continues to constitute a Public Health Emergency of International Concern.
- Vaccination posts are being set up in security-compromised areas, to immunize all those entering/leaving such areas. High-risk areas and populations are regularly assessed, including mapping major population movement routes. Local-level negotiations have intensified, to increase access to communities.
- Outbreak response in insecure areas is complex, but special tactics help ensure many children are reached with the polio vaccine. These tactics include maintaining programme neutrality, setting up permanent vaccination posts to reach travellers and partnering with community workers, local vaccinators, and traditional and religious leaders who are able to more easily access insecure areas. These proven strategies have helped us eliminate polio in much of the world, including in other regions with insecure areas like the Horn of Africa and Middle East.

Polio Outbreak Response in Northern Nigeria and in the Lake Chad Area

Regional Response in Lake Chad Basin Countries

The Lake Chad region has been responding to a circulating Vaccine Derived Poliovirus type 2 (cVDPV2) since March 2016 when a cVDPV2 orphan virus was detected from environmental sampling in Maiduguri, Borno State, Nigeria. The outbreak was considered as a **Lake Chad regional polio outbreak** given the potential for undetected circulation of the virus in the Lake Chad basin (Cameroon, Central African Republic, Chad, Niger and Nigeria).

Following the confirmation of the Borno WPV1 cases and the high risk of poliovirus spread throughout the Lake Chad area, GPEI developed a Regional Response Plan to the Polio Outbreak in Lake Chad Basin Countries – Chad, Niger, Cameroon and Central African Republic (August 2016 to February 2017).

I. Strategic objectives and activities

The strategic objectives of the Regional Response Plan are to support the five countries to interrupt poliovirus transmission by the end of December 2016 and to

strengthen surveillance, including active case search, thorough review of surveillance systems, and inclusion or expansion of environmental surveillance as possible. Based on the context, epidemiology and the risks of spread, the area has been categorised into 3 epidemiological zones:

- Zone 1: the Outbreak zone including areas in:
 - Cameroon: Extreme Nord, Nord, Adamawa
 - Chad: Lac, Hadjer Lamis, N'Djamena, Mayo Kebbi Est, Mayo Kebbi Ouest
 - Niger: Diffa and Zinder
 - Nigeria: Borno, Gombe, Adamawa, Taraba, Yobe
- Zone 2: Zone 1 + the neighbouring areas/countries:
 - Cameroon: Extreme Nord, Nord, Adamawa, Nord Ouest, Ouest
 - CAR: RS 2 and RS 3
 - Chad: Lac, Hadjer Lamis, N'Djamena, Mayo Kebbi Est, Mayo Kebbi Ouest, Kanem, Salamat, Batha, Guera, Tandjile, Logone Occidental, Logone Oriental, Chari Baguirmi, Mandoul, Moyen Chari
 - Niger: Diffa, Zinder and Maradi
 - Nigeria: Borno, Gombe, Adamawa, Tabara, Yobe, Jigawa, Bauchi, Kano, Katsina, Zamfara, Sokoto, Kebbi, Niger, Kaduna, FCT/Abuja, Nasarawa, Plateau, Benue
- Zone 3: Zone 1 + Zone 2 + the rest of states/regions of all 5 countries

Activities are primarily comprised of supplementary immunization activities (SIAs), human resource surge capacity and enhanced surveillance. UNICEF will lead on communications and social mobilization.

Supplementary Immunization Activities (SIAs)

Five SIAs will be implemented from August to December 2016 in Nigeria, Chad, Cameroon, Niger and CAR. Special focus will be on maximizing coverage in inaccessible areas, reaching mobile and displaced populations and improving campaign quality.

Surge capacity

Both WHO and UNICEF are deploying staff to support quality improvement, communications and surveillance activities. Particular emphasis is being placed on ensuring that WHO and UNICEF country teams have the adequate international and national technical and operations staff to effectively manage the significantly increased level of activities required for an extended outbreak response.

Enhance surveillance

All countries in the region have enhanced surveillance, which will continue for at least six (6) months after the outbreak is stopped.

Social mobilization - These activities include vaccinating populations as they move in and out of inaccessible areas and working with traditional and religious institutions, community-based organizations and other local groups to secure safe passage for vaccination teams.

II. Budget requirements

The Regional Response Plan for the Lake Chad Basin includes synchronised activities in five countries, Niger, Chad, Cameroon, Nigeria and Central African Republic.

The total activity cost for the five countries is USD 116 million. Nigeria operations amount to USD 80 million and will be mostly covered by domestic funding.

Urgent budget support is required for the rest of the Lake Chad Basin Countries that currently have a funding gap of USD 21.7 million.

The outbreak response is included in the GPEI budget under Objective 1. At this point the immediate outbreak needs can be met without increasing the overall budget for the period 2016-19. Renewed transmission in Nigeria will have longer term budgetary implications that will be assessed as part of an upcoming budget review.

Table 1: Summary of gap per country, including contribution 75% likely to be received

<i>Outbreak Countries</i>	Total Cost (w PSC)	Total contributions (w 75% likely)	Total Gap	% funded total
	Total			
Niger	8,042,707	3,873,487	4,169,220	48%
Chad	12,664,172	4,848,989	7,815,183	38%
Cameroon	12,743,206	4,514,840	8,228,366	35%
Nigeria	79,962,395	68,720,805	11,241,590	86%
CAR	2,550,932	1,037,106	1,513,826	41%
Total	115,963,412	82,995,227	32,968,186	72%

Table 2: Details of activities by agency and country showing the funding gap including only confirmed contributions

<i>Outbreak Countries (in US\$)</i>	OPV		Ops Cost / Soc Mob		Ops Costs		Surge Technical Assistance		Surveillance		Coordination & Monitoring		Total Costs	Total Costs			Total Costs (w/ PSC)	Gap (Confirmed funding)	
	UNICEF	UNICEF	WHO	WHO	UNICEF	WHO	WHO	UNICEF	WHO	UNICEF	WHO	UNICEF		Total	WHO	UNICEF			
Niger	2,096,825	807,806	2,983,603	768,000	205,782	525,913	99,550		7,487,479	4,377,066	3,110,413	7,487,479	8,042,707	2,329,966	1,959,477				
Chad	2,405,613	1,988,881	4,893,589	1,464,000	0	919,562	122,960		11,794,605	7,400,111	4,394,494	11,794,605	12,664,172	6,881,284	2,427,764				
Cameroon	2,852,736	1,293,509	5,331,637	1,272,000	131,766	877,429	110,480		11,869,557	7,591,546	4,278,011	11,869,557	12,743,206	6,598,951	2,529,932				
Nigeria	22,366,276	4,927,536	35,830,894	4,800,000	875,704	5,457,154	210,380		74,467,944	46,298,428	28,169,516	74,467,944	79,962,395	30,411,735	23,508,978				
CAR	238,625	859,059	471,019	480,000	87,720	139,147	97,400		2,372,970	1,187,566	1,185,404	2,372,970	2,550,932	1,270,696	713,082				
Total	29,960,075	9,876,791	49,510,742	8,784,000	1,300,972	7,919,205	640,770	0	107,992,555	66,854,717	41,137,838	107,992,555	115,963,412	47,492,632	31,139,234				
														Total	78,631,866				

Outbreak Response in Borno State, Northern Nigeria

Nigeria's first WPV1 reported cases in two years occurred on 4 and 13 July 2016 in Borno state in northern Nigeria – an area that has been plagued by conflict and insecurity, making it difficult for vaccinators to reach all children.

Genetic sequencing of the viruses suggests that the cases are linked to a virus strain last detected in Borno in 2011. This indicates that the virus has been circulating undetected for five years and underscores the risk of low-level transmission throughout the Lake Chad basin (made up of parts of Chad, northern Cameroon, southern Niger and the Central African Republic).

The Federal Government is implementing the **Nigeria Response Plan to WPV1 in Borno State (August to November 2016)**. The Response Plan consists of five supplementary immunization activities (SIAs) with bivalent oral polio vaccine (bOPV) and inactivated polio vaccine (IPV).

I. **Response strategies and activities**

The outbreak response activities will focus on supplemental immunization activities (SIAs), use of IPV, enhanced surveillance and stronger community engagement.

Short interval supplemental immunization activities

The Federal Government of Nigeria has conducted an immediate vaccination campaign in the area surrounding the cases on 15 August 2016 and has scheduled five (5) SIAs. The first SIA was conducted between 27-30 August 2016 covering Borno, Yobe, Adamawa, Gombe and Taraba states. The second round is slated for 17-20 September 2016 and will cover the 11 polio high risk states in northern Nigeria plus Taraba, Adamawa, Gombe, Plateau, Nasarawa, Benue and FCT. The 3rd round is country wide and the 4th and 5th rounds are same in scope with the 2nd and 3rd rounds and will be conducted 29 October - 1 November and 19-22 November respectively.

Different strategies will be used for vaccination during SIAs such as house to house vaccination, transit teams (markets, streets, schools, churches, mosques), directly observed polio vaccination (DOPV) in targeted communities particularly non-compliant areas, and health camps. Health Camps serve as temporary clinics at strategic locations (persistent non-compliant or under-served communities) led by a Clinician/ Health worker to provide an integrated package of services – OPV, RI vaccines, treatment of common/ minor ailments and ANC (Tetanus Toxoid, Fersolate, Intermittent Preventive Treatment).

Use of Inactivated Polio Vaccine during SIAs

IPV will be administered during the 2nd response round in targeted high risk areas: Maiduguri, Jere, Konduga, Marfa (1 ward), Gwoza and Bama. The vaccine for this response was already approved (excluding Gwoza and Bama) for response to the cVDPV2 isolated from the environment in April 2016. Wider use of IPV for Borno state is planned and will depend on vaccine availability. IPV will continue to be administered routinely for under one-year-old children.

Special Interventions during SIAs

Special interventions for high risk populations include hit and run (shortened vaccination days), transit vaccinations, vaccination in IDP camps, permanent health teams, firewalling, international border vaccination and newborn vaccination using VCMs.

Strengthened surveillance

Surveillance will be intensified through dedicated training sessions, additional logistical support, weekly collection of environmental sewage samples, and engagement and training of community informants and clinicians in recently liberated areas.

Social mobilization and communications

Eligible children living in both accessible and inaccessible settlements have to be vaccinated. Mapping of inaccessible settlements is being done by traditional leaders, and possible vaccinators living in these settlements are being identified.

Radio jingles, skits, Mosque announcements, posters, and health camps have been deployed to reach a wider audience on the importance of immunization and announcements.

II. Budget requirements

The Nigerian Government has expressed its commitment to cover the requirements for the outbreak response from August to November 2016 through its own domestic financing and on-going credit financing negotiations with the World Bank.

For periodic updates, visit: www.polioeradication.org