

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards

GVAP-RVAP goals

NIGERIA

A. Progress towards achievement of GVAP goals

1. Summary

The summary table below describes the current situation in Nigeria regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex.

Area	Indicator	Nigeria
1. Interrupt wild poliovirus transmission	Transmission Interrupted	No, 2 new WPV cases detected in 2016
	Risk of late detection: Percent of adequate stool specimens (Rolling 12m) (target > 80%)	99.1
	Risk of late detection: Non polio AFP rate (Rolling 12m) (target > 2/100,000)	18/100,000
	Risk of spread after importation: % of 6-59 month olds having received less than 3 doses in the last year before occurrence case/environmental positive)	2%

2. Progress towards specific GVAP goals (issues/challenges/successes)

3.1 Goal 1: Achieve a world free of poliomyelitis

Has Nigeria interrupted polio transmission?

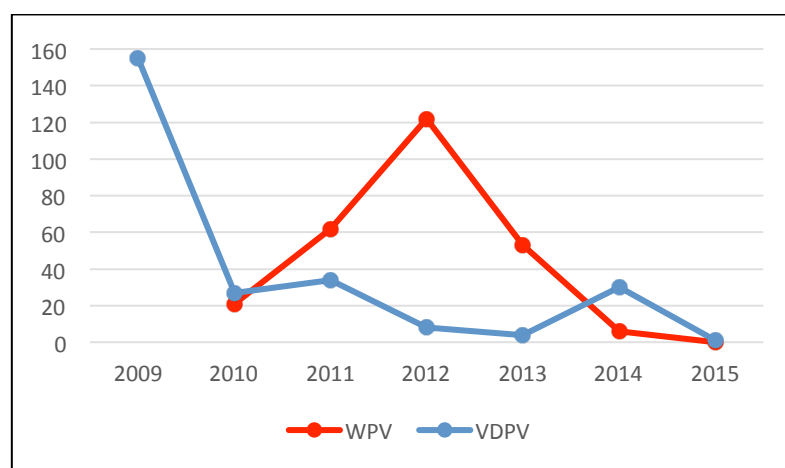
Official data from the country's extensive AFP/polio surveillance system showed that transmission of wild polio virus (WPV) had been interrupted by the first quarter of 2015 –

with the last case reported in July 2014.¹ WP incidence had been decreasing each year since 2012 (when 122 cases were confirmed) to only six cases in 2014, and the map of the disease had narrowed to two remote states with security problems (Kano and Yobe) (Figure 1). The incidence of vaccine-derived polio virus (VDPV) – reported since 2005 – has also declined from a peak of 155 cases in 2009 to only one case in 2015.

There has been a recent setback, however, with the detection of two cases of WPV type 1 in July 2016 in Borno state in the extreme Northeast corner of the country, a remote area where Boko Haram is centered. The strain was found to be closely linked to the last WPV1 cases reported from Borno state in 2011, indicating that the virus has been circulating undetected in the state for five years. This is clearly a setback to the country's plans to achieve certification of cessation of all types of WPV by 2018, as stated in the immunization program's multi-year plan (cMYP).

The Nigeria Government – with partner support and under the direction of the National Polio Emergency Operations Centre (EOC) – has been conducting a series of polio vaccination campaigns for several years to halt transmission of the disease. The country has held two or three rounds of national immunization days (NIDs) and six or seven round of sub-national immunization days (SNIDs) per year, including in reaction to cases. In response to the two recent WPV cases, three large-scale SIAs using the bivalent OPV are currently being planned in Borno state.

Figure 1: Trends in incidence of confirmed wild polio virus and vaccine-derived disease in Nigeria



Source: WHO, Highlights of new wild poliovirus and cVDPV cases reported globally, week of August 9, 2016 (presentation)

The quality of the SIAs has improved in recent years, with the Government funding innovative ways and making special efforts to reach under-served and hard-to-reach areas. These include:

¹ WHO, Highlights of new wild poliovirus and cVDPV cases reported globally, week of August 9, 2016 (presentation).

- Vaccination campaigns in registered IDP camps in four states (Adamawa, Borno, Gombe and Taraba) that, despite the insurgency, was able to vaccinate nearly 58,000 children 0-59 months old in one month in 2014;
- Health camps in 2013 and 2014 in areas with low utilization of routine immunization and health services. In three state where health camps were used to introduce IPV (Borno, Yobe and Kano), three million children were vaccinated in 2013.

Official data show high coverage of these campaigns (e.g., 95% of more), but given issues with data quality (often showing coverage of >100%), the numbers of children being missed by polio SIAs is uncertain.

Key problems contributing to the continual risk of polio transmission in Nigeria

- **Gaps in AFP/polio surveillance.** Nigeria's AFP surveillance system – implemented by Disease Surveillance and Notification Officers in all 774 LGAs, State Epidemiologists and the polio “surge” staff – has met the global performance targets for more than 10 years, with a current AFP detection rate of 18 per 100,000 children under 15 years of age (up from 13/100,000 in 2014) and a 99% rate of adequate stool specimens. The system is supported by two national laboratories, a reference lab and specialized lab in the U.S. Nonetheless, both the two recent cases found in Borno state and orphan viruses detected in 2014 through genetic sequencing suggest that the virus has been circulating undetected in certain areas – for five years in the case of WPV1 in Borno state – and thus there remain gaps in the surveillance system. The challenge in conducting consistent, high-quality surveillance in inaccessible and insecure areas like Borno state is likely a key reason for this gap.
- **Continued low performance of the routine immunization program.** The WHO-UNICEF estimated routine vaccination coverage rate for three doses of polio vaccine was only 55% nationally in 2015 and 49% in 2014.² Coverage in remote and unsafe areas is likely considerably lower than these rates. This points to a failure of the routine program to reach children with all required vaccine doses. While issues affecting routine immunization coverage are covered in detail in Section 3.3 below, two main factors for the poor OPV coverage we can mention here are the insufficient availability of health services and low population utilization rates, especially in remote areas; and the shortage of health workers in many areas. The insecurity caused by Boko Haram in the North and militants in the South contribute to both of these problems.

² These are recently revised estimates that were lowered following a recent survey.

ANNEXES

1. Polio

- Transmission stopped in 2014, but new WPV cases have been detected in August 2016.
- Eradication certified (not yet).

Table 1: SIA activities planned in 2016-2017

Activity	Intervention	Year	Start Date	End Date	Age Group	Extent	Status	Target
Catch Up	MR	2017	29/02/1904		9 M-14 Y	National	Uncertain	8,0447,735
Follow Up	Measles	2016	28/01/2016	01/02/2016	9-59 M	Sub-national	done	14,562,967
Mop up	mOPV2	2016	11/06/2016	14/06/2016	0 to 5 years	Sub-National	Planned	2,536,136
NID	tOPV	2016	27/02/2016	01/03/2016	0 to 5 years	National	Planned	62,037,657
SNID	bOPV	2016	15/10/2016	18/10/2016	0 to 5 years	Sub-National	Planned	27,916,946
SNID	tOPV	2016	16/01/2016	19/01/2016	0 to 5 years	Sub-National	Planned	2,528,986
Mop up	mOPV2	2016	09/05/2016	12/05/2016	0 to 5 years	Sub-National	Planned	2,670,459
Mop up	mOPV2	2016	18/06/2016	19/06/2016	0 to 5 years	Sub-National	Planned	3,440
NID	tOPV	2016	19/03/2016	22/03/2016	0 to 5 years	National	Planned	62,037,657
SNID	bOPV	2016	14/05/2016	18/05/2016	0 to 5 years	Sub-National	Planned	30,000,000
SNID	tOPV	2016	16/01/2016	19/01/2016	0 to 5 years	Sub-National	Planned	27,500,275
Mop up	IPV + mOPV2	2016	09/07/2016	16/07/2016	0 to 5 years, 0-23M	Sub-National	Planned	2,534,469
Mop up	mOPV2	2016	25/06/2016	28/06/2016	0 to 5 years	Sub-National	Planned	1,957,604
Mop up	mOPV2	2016	23/07/2016	26/07/2016	0 to 5 years	Sub-National	Planned	1,955,575
Mop up	mOPV2	2016	27/08/2016	30/08/2016	0 to 5 years	Sub-National	Planned	1,955,575

Source: WHO/IVB Database as at 12/4/2016