



SITUATION REPORT N° 02

Management of the Type 2 circulating poliovirus outbreak isolated in an environmental sample in the Far North Region



INCIDENT MANAGEMENT
SYSTEM meeting for Polio held at the CTG-
EPI conference hall on May 31, 2019



KAP survey in the MADA HD

I – MAIN POINTS

- Notification by CPC on May 16 2019, of a strain of type 2 poliovirus detected in a septic tank located within the premises of Mada District Hospital, Far North Region
- From the 17th to 22nd of May 2019, a preliminary field investigation conducted by the District Management Team, WHO, UNICEF and IMC in the Mada and Makary health districts
- Three components: observation of the Hospital environment, review of surveillance data, immunization coverage survey and social/community survey according to the Global Polio Eradication Initiative (GPEI) guidelines.
- May 23, 2019: confirmation of a circulating strain of vaccine-derived type 2 poliovirus
- 23 and 24 May 2019: first crisis meeting held at CTG-EPI
- From May 26 to June 04, 2019 ongoing field investigation in the Mada health district
- May 28, 2019:
 - Activation by the MOPH of the Incident Management System
 - May 29, 2019:
 - press release signed by the MINSANTE and diffusion to the media
 - May 29, 2019 authorization from the WHO general director to liberate OPV m2 for round 0 vaccination **response** in the Mada and Makary health districts



II- EPIDEMIOLOGICAL SITUATION

- Countries of the Lake Chad Basin face a permanent risk of Poliomyelitis outbreak
- Nigeria remains the only polio endemic country in Africa
- The upsurge of polio outbreaks over the last 5 years:
 - o Between October 2013 and April 2015, nine cases of wild poliovirus (PVS) detected in Cameroon
 - o in 2016, four cases of wild poliovirus type 1 (WPV1) and two confirmed cases of cVDPV2 detected in Borno State, Nigeria, border with Cameroon and subsequent declaration of the outbreak within the entire Lake Chad Basin
 - o in 2018, 16 cases of cVDPV2 were confirmed in Nigeria with the date of the last case of paralysis from in September 11 2018.
 - o as well as 6 confirmed cases of cVDPV2 in Niger with the date of last paralysis dating from 7 September 2018
 - o in 2019, 3 cases of cVDPV2 confirm in environmental samples in Nigeria with the recent extension of the outbreak to the international level
 - o Follow-up of WPV1 outbreaks
- The risk of silent circulation / transmission of PVS and cVDPV2, especially in inaccessible areas (insecurity, geographical access)
- In June 2015: Inactivated polio vaccine (IPV) in routine EPI in Cameroon
- June 20 2016: Switch of tOPV(1,2,3) to bOPV(1,3)
- Since 2016, 15 polio immunization campaigns have been carried out in Cameroon; two with the OPVm2 and the rest at with the bOPV
- Notification of 10 cases of AFP in Mada health district from 2018 to 2019; with 2 unknown vaccination status

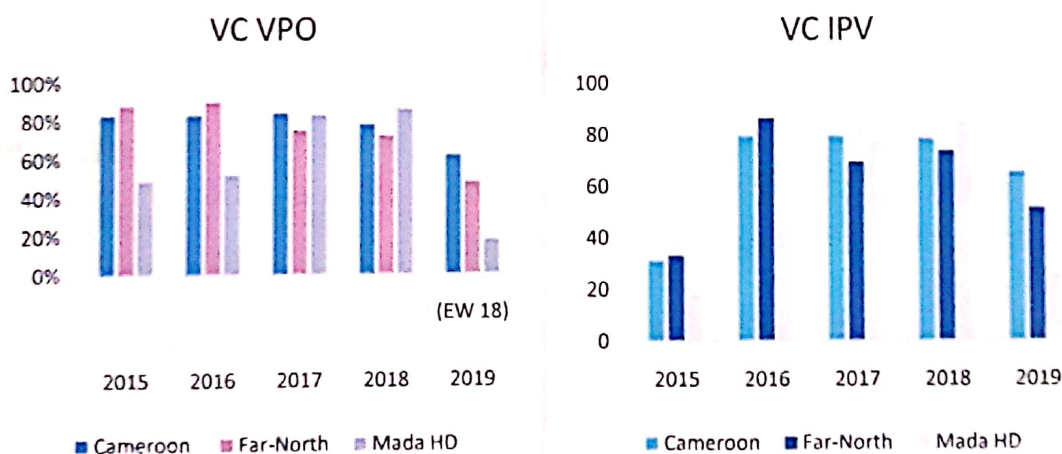


Figure 1: vaccination coverage in VPO and VPI, Cameroon, Far-North, Mada HD from 2015 to 2019



Table1: Performance of environmental monitoring in the Mada health district, 2017 to 2019

Year	No of sites	Scheduled withdrawals	Samples taken	Sample teste	Laboratory results				PVS	cVDPV
					NPENT	PV + NPENT suspected	PV suspected	Negative		
2017	1	26	14	13	1	0	0	12	0	0
2018	1	26	11	10	0	0	0	10	0	0
2019 (EW 20)	1	10	6	5	0	0	0	4	0	1

III- RESPONSE

RESPONSE OBJECTIVE

- Strengthen the coordination of the outbreak response activities
- Enable within 120 days, all the districts of the country to detect any circulating poliovirus
- Strengthen collective immunity to prevent local circulation of poliovirus
- Improve people's adherence to immunization and disease surveillance activities

COORDINATION

- Diffusion of Sitrep N°2
- Holding the of the second teleconference with ISTc, Afro, HQ, LCB and TAG (Round 0 in HD Mada and Makary) on 27/05/2019
- Second INCIDENT MANAGEMENT SYSTEM polio meeting held on 31/05/2019

OPERATIONS

- Development of the response action plan
- Preparation of round 0 riposte campaign
- Ongoing in-depth field investigation
 - profiling of patient intake at the Mada District Hospital for the last three months
 - o Patients' origin: Nigeria (1.3%) and Chad (16.6%), Cameroon [Mada DS (52.5%), Makary (40%), Goulfey (3%), Kousseri (4.8%) %]
 - Surveys of immunization coverage of children aged 6 to 59 months in health areas (Blangoua 3, Mandina and Matabouk)
 - **Evaluation of population movements in the Mada HD :**
 - o 107 nomad camps counted in the 10 Health Zones
 - o 01 IDPs camp in the Blangoua Health Area
 - o Presence of Nigerian refugees scattered among the population of the Darak health area



- o Existence of nomadic populations from Nigeria in inaccessible areas (Bargaram and Tchika Health Areas)
- o Limitation of nomad's movement in the Cameroonian territory
- o Presence of 07 international markets welcoming populations from Nigeria and Chad: Mada, Blangoua, Bargaram, Tchika, Kofia, Madaik and Darack

Table: 1 preliminary results of the KAP survey in the Mada HD, May 2019

Information level on the outbreak	Perception on poliomyelitis	Relation with water	Membership and involvement in vaccination
Not informed	<ul style="list-style-type: none"> - 40 households visited - Very low level of knowledge on the disease - Low awareness of the risk of transmission - Vulnerability of the non-integrated population - poor understanding of the severity of the disease 	<ul style="list-style-type: none"> - Use of drinking fountains - Activity of bath, laundry, cooking with water in the streams - Defecation in watercourses 	<ul style="list-style-type: none"> - Involvement of traditional leaders in the preparation of vaccination activities - Religious leaders are not much involved in immunization activities - No attendance at fixed immunization services (Advanced Strategy only)

LOGISTICS

- Update of the operational management timeline of the OPVm2
- Update of OPVm2 management tools

COMMUNICATION

Activation of the media watch cell (Members designated and TOR shared)

- Preparation of the information note for the media
- Socio-anthropological investigation ongoing in Mada HD

IV- DIFFICULTIES ENCOUNTERED

- Constraint linked to the availability of vaccine for round 0
- Security concerns in the area of investigation
- Insufficient cold chain equipment
- Poor weather conditions (impassability of roads)

V- NEXT STEPS

- Briefing of the central level supervisors scheduled on June 03, 2019



- Monitor the progress of the Mada and Makary IID response campaign preparation (Dashboard tracking and teleconferencing)
- Develop a distribution plan for OPVm2 in Health Districts and Health Areas
- Follow up closely the requests submitted to MINDEF and UNAS for the rapid delivery of vaccines in the Mada HD
- Produce tools (labeled sachets, bags ...) for vaccine management
- Mapping of nomadic and religious leaders in the Mada and Makary health districts
- Support the preparation of advocacy meetings in the health districts concerned

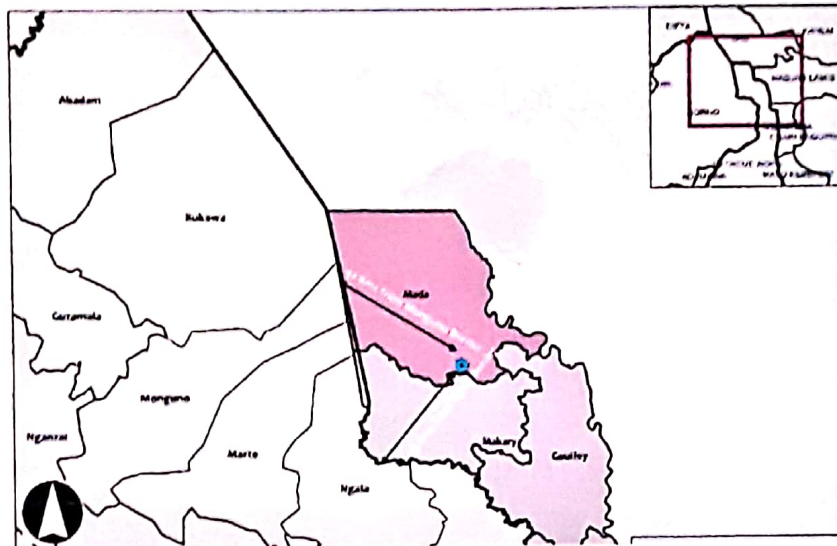
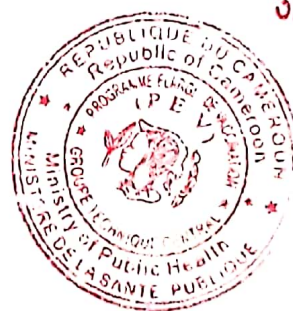


Figure 1: Location of the collection site of the Mada District Hospital, 2019.



**SECRÉTAIRE PERMANENT
GTC / PEV**

Dr Ename Harmelle
Médecin
Economiste de la Santé